

# The USA SIPP

## Change of Bank Account

### 01. Member Details

Please ensure all details below are completed. Missing details may delay payments.

Forename(s)	Surname	Date of Birth
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Telephone number (for security purposes, we will call you to verify that this instruction came from you\*)

### 02. Bank Details

I confirm that I would like to have all future benefit payments made to the following bank account, held in my own name:\*\*

Bank Name	Bank Address
Payee Name	
Account Number	Sort Code
SWIFT / BIC Code	IBAN Number
Building Society reference or roll number	Account Currency

\*Please note where the form is received directly from the Member, this instruction will not be acted upon until security checks have been completed.

\*\*Please note payments can only be made to an account held in the Member's name, either solely or jointly.

I confirm that the information provided in this Form is to the best of my knowledge true and correct.

Member's Signature	Date
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### For Office Use Only

Processed by: _____	Security check completed by: _____	Approved by: _____
Date:	Date:	Date: