

## The USA SIPP

## Change of Bank Account

| 01. Member Details  |                |                    |                       |             |                             |                 |
|---|----------------|--------------------|-----------------------|-------------|-----------------------------|-----------------|
| Please ensure all details below are o                     | omple          | eted. Missing d    | etails may delay      | payments    | 5.                          |                 |
| Forename(s)   | ame(s) Surname |                    |                       |             | Date of Birth               |                 |
| Telephone number (for security purposes,                  | we will        | call you to verify | that this instruction | came from   | you*)                       |                 |
| 02. Bank Details  |                |                    |                       |             |                             |                 |
| confirm that I would like to have all fu                  | uture b        | enefit payment     | s made to the foll    | owing bar   | nk 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 receive<br>been completed. | ed dire        | ctly from the M    | ember, this instruc   | tion will n | ot be acted upon until secu | rity checks hav |
| *Please note payments can only be m                       | nade to        | o an account he    | ld in the Member      | 's name, e  | ither solely or jointly.    |                 |
| confirm that the information provide                      | ded in         | this Form is to    | the best of my        | knowledg    | e true and correct.         |                 |
| Member's Signature  |                |                    | Date                  |             |                             |                 |
|   |                |                    |                       |             |                             |                 |
|   |                |                    |                       |             |                             |                 |
|   |                |                    |                       |             |                             |                 |
| For Office Use Only                                       |                |                    |                       |             |                             |                 |
| Processed by: Security check of                           |                |                    | ompleted by:          |             | Approved by:                |                 |
| Date:   | -1             | Date:              |                       |             | Date:                       |                 |

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