



GOVERNMENT OF BERMUDA

Ministry of Finance

**Department of Social Insurance**

Payment Mandate Form

FOR PAYMENTS OUTSIDE OF BERMUDA

**Please fill out sections 1 & 2 Only**

Your payment will not be authorized if you do not include proof of banking (a bank statement and transfer instructions from your bank) and your signature. All writing must be legible to ensure payments are processed. We do not transfer into third party accounts. Please provide a form of ID with this form. (Drivers License/Passport)

Circle or highlight the currency of your bank account:

|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| GBP | EUR | USD | AUD | ZAR | PLN | CAD | NZD | CHF | SEK | HKD | AED | CZK | NOK | DKK | SGD | JPY | CNY |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

| Section 1.  |                 |
|---|-----------------|
| <b>Beneficiary Customer:</b>  |                 |
| <b>Full Name &amp; Address</b>  |                 |
| <b>Date of Birth (MM/DD/YYYY)</b>   |                 |
| <b>UK National Insurance number (If Applicable)</b>                             |                 |
| Section 2. Beneficiary Bank Details   |                 |
| <b>Bank Name:</b>   |                 |
| <b>IBAN/Account Number:</b>   |                 |
| <b>Swift Code/Routing Number:</b>   |                 |
| <b>Sort Code:</b>   |                 |
| <b>Beneficiary Bank Name and Location</b>                                       |                 |
| FOR OFFICIAL USE  |                 |
| Details of Payment  |                 |
| <b>Reason for the payment</b>   | Old Age Pension |
| Details of Charges  |                 |
| <b>Type of charge</b>   | \$19.50 BEN     |
| Special Instructions  |                 |
| <b>Any additional relevant special instructions applicable to the transfer.</b> |                 |

Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Official Use Approved by: \_\_\_\_\_