

PAYMENT INSTRUCTION FORM FOR PAYMENTS TO DENMARK

You must complete all sections of this form for us to update your record.

Personal Details

Your full name	_____	Pension reference number	_____
<i>(a separate form must be completed if you have another membership with us)</i>			
Address	_____		
	_____	Postcode	_____
Email address	_____	Contact telephone number	_____
National Insurance No	_____		

Previous Bank Details (where we currently pay your pension)

Name of bank	_____	Account name	_____
--------------	-------	--------------	-------

Please fill out the relevant details below from your existing bank account. *(include your sort code, bank address, account number (if UK bank). Or if overseas, your institution number, bank identification code, IBAN or routing number whichever is relevant to the bank).*

New Bank Details (where you would like your pension to be paid)

Name of bank/building society	_____																																										
Bank address	_____																																										
Account name	_____																																										
<i>(The account receiving your pension must bear your name)</i>																																											
Account Type	_____																																										
Swift Code	<table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					Account number	<table border="1" style="display: inline-table; width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
IBAN	<table border="1" style="display: inline-table; width: 180px; height: 20px;"> <tr> <td>D</td><td>K</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																			D	K																						
D	K																																										

PLEASE NOTE THAT ALL PAYMENTS WILL BE MADE IN LOCAL CURRENCY (DKK)

Declaration

In line with data protection and fraud prevention measures, it is important for us to verify your identity before we make any changes to your personal records.

Signed _____ Date _____

We cannot accept this form if it's not signed.

Please post your completed form to: British Airways Pensions, PO Box 2074, 8 Castle Street, Liverpool, L69 2YL. Alternatively, you can email it to post.inbound@bapensions.com