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PAYMENT INSTRUCTION FORM FOR PAYMENTS TO NORWAY

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

Personal Details

Your full name	Pension reference number (a separate form must be completed If you have another membership with us)
Address	
	Postcode
Email address	Contact telephone number
National Insurance No	
Existing 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 (wh	nere you would like your pension to be paid)
Name of bank/building soc	ciety
Bank address	
Account name (The account receiving your p	ension <u>must</u> bear your name)
Account Type	
New account number	
(IBAN not applicable)	
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