International payment mandate form



If you would like your Pension provider to instruct Convera UK Financial Limited (Convera) to pay your pension into your overseas bank account please complete the form below in BLOCK CAPITALS using black ink.

Country	Estonia	Currency code	EUR	
Beneficiary I	Details			
Benefi ciary nam e Address		Pension num ber/ Ref no.		
City		Country		
Post code/ Zip code		Em ail address		
Banking Information				
Receiving ban	k nam e	Beneficiary Bank Sw	ift Code (8 or 11characters) 11 digit is recommended	
Receiving bank address				
City	Country	Post code/Zip code	e Currency of account	
Beneficiary Ac	ccount Number (20 digit IBAN required)		Type of account (cheque, savings etc.)	
Account name (name as quoted on bank account)		Purpose of paym er	nt	

Declaration

I hereby confirm that the information provided above is correct to the best of my knowledge, and confirm that I wish for my pension payments to be paid into the account noted above.

The inform ation you provide within this form will be used by Convera to process your pension payments. The inform ation you provide may be transferred to Convera's affiliate companies and securely held in a database in the United States.

Signature	Date
For pension provider use only	
Signature	Date

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