Israel Mandate

Signature:



Application for payment by direct deposit

West Midlands Pension Fund

Date: D D / M M / Y Y Y

Company Remitter Code: WMP1 Tick as appropriate: New Amendment		 How to fill in the form Please read the leaflet carefully, then fill in the form in CAPITAL LETTERS. Fill in parts 1 and 2. Please note that if the information is incomplete, it may delay your payment. Your overseas bank will help you if you are not sure. Sign part 3. Refer to Data Protection Act (see reverse) 	
PART 1			
Full name:		Pension reference number: 1 0	
Address:			
PART 2			
Name of b	oank or financial institution:		
Address of	f bank or financial institution:		
Type of ac		int' • Enter 2 for 'checking/current account' • Enter 3 for 'others'	
	International bank account n	umber (IRAN):	
	International bank account n	uniber (IBAN).	
	The account is in the name(s)	of:	
	Your payment will be made in	n the local currency.	
	If you would prefer to be paid	d in sterling, please advise in writing.	
	Please read and sign below. d and understood the leaflet wount noted above.	hich accompanied this form and wish the payment to be paid by direct deposit	

Data Protection Act

All personal information provided by you and any other information relating to your account(s) will be treated in confidence and will not be disclosed to any third parties, including other members of CitiGroup, except where permitted by law or where your consent has been received. However, information may be shared with other financial organisations to protect both ourselves and our customers against fraud. The information will be held in our computer systems and will be used to assist us in providing the service for which you have applied.

These uses of your personal information are covered by our registration under the Data Protection Act. Under the terms of the act, you have the right to obtain a copy of the information we hold about you, upon payment of the appropriate fee.