## Form RB1 (D) **Payment of retirement benefits**



Please complete this form in black ink  Pension reference number: 1 0  Surname:			
		First name(s):	
		Date of birth:	National insurance number:
Address:			
Telephone number:	Mobile number:		
Email address:			
I understand that the information given on this form will be stored and that under the West Midlands Pension Fund. The Fund's Data Protection Officer can be contacted	e Data Protection Act 2018, I have a right to see the information on application to the Data Protection Officer, via email at <a href="mailto:wmpfdataprotectionofficer@wolverhampton.gov.uk">wmpfdataprotectionofficer@wolverhampton.gov.uk</a>		
Signed:	Date:		
Tick as appropriate if you do not wish both benefi	ost Life & Pensions will continue to be paid via cheque payment.  it payments to be made by the same method.  on (Please request separate mandate if the account is held abroad)		
Branch:			
Account number:	Sort code:		
Name of account holder(s):			
2) Building Society Account Pension			
Name of building society:			
Branch:			
Account number:			
Name of account holder(s):			
Please complete your building society's bank details This method of payment cannot be used for lump-su	s, which can be obtained from your building society upon request. um payments.		
Building society's account number:			
Building society's sort code:			
3) National Savings Bank Account (not state	pension card accounts) Lump-sum Pension		
Account number:	Sort code:		
Name of account holder(s):			

January 2023