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 th West Midlands Pension Fund. The Fund's Data Protection Officer can be contacted	he Data Protection Act 2018, I have a right to see the information on application to the Data Protection Officer, d via email at <u>wmpfdataprotectionofficer@wolverhampton.gov.uk</u>		
Signed:	Date:		
Tick as appropriate if you do not wish both benefi	ost Life & Pensions will continue to be paid via cheque payment. fit 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