

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS WITH YOUR DETAILS**

**Pension Reference No:** .....

Name	.....	Current Address	.....
	.....		.....
NI Number	.....		.....
Date of Birth	.....	Postcode	.....
Telephone Number	.....	Email address	.....

I AUTHORISE YOU TO PAY THE INSTALMENTS OF MY PENSION, AS THEY BECOME DUE, TO THE ACCOUNT DETAILED BELOW:

<b>NAME OF ACCOUNT HOLDER</b>	.....
	<b>NOTE: YOU MUST BE THE ACCOUNT HOLDER</b>
	- THE ACCOUNT MUST BE IN YOUR OWN NAME
	- OR A JOINT ACCOUNT

<input type="checkbox"/> <b>BANK</b>	<input type="checkbox"/> <b>BUILDING SOCIETY ACCOUNT</b>	<i>Please tick which one applies</i>
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<b>NAME OF BANK / BUILDING SOCIETY</b>	.....								
<b>ACCOUNT NUMBER</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (must be 8 digits)								
<b>SORT CODE</b>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (must be 6 digits)								
Building Society Roll No (if applicable)	.....								
Building Society Bankers* (if applicable)	.....								
	<b>*If your pension is to be paid into a Building Society account, please ask your Building Society for details of their bankers (if applicable).</b>								

<b>SIGNATURE</b> .....	<b>DATE</b> .....
<b>Please note:</b> As a security measure, this form <b>must</b> be signed by the member. Failure to do so will result in the form being returned with no action taken. If you are not the member, but have been elected to deal with their affairs, please provide documentary evidence of this. Please contact us if you require further information.	
Any information you provide to us will be processed in accordance with our Privacy Notice which is available on our website <a href="http://www.coatspensions.co.uk">www.coatspensions.co.uk</a> or as a paper copy by request.	

**PLEASE ENSURE ALL FIELDS ARE COMPLETED**