

Local Government Pension Scheme

Payment direct into an Account (for UK accounts only)

(v2.1 12/11)

About You

Please note: you must complete **all** of the boxes marked * in this section to enable identification using **black ink**. Failure to provide full details may result in your pension being suspended.

Surname*

Other Names*

Address*

Postcode

Telephone Number Date of Birth*

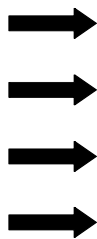
NI Number* Payroll Number*

About the account

Please tick the type of account that you want your benefit paid into:

- My own account
- A joint account between myself & spouse/civil partner
- A joint account between myself & someone else
- My spouse's/civil partner's account
- An account in someone else's name
- An account of a trustee, solicitor or accountant
- An account of a residential care or nursing home

If you have ticked one of these four boxes please also complete Page 2 of this form



Account Details

Account Holder's Name

Bank or Building Society

Branch Address

Post Code

Sort Code Account Number

Roll Number (where appropriate)

Declaration

I want my pension to be paid as I have shown above. I understand that this arrangement can be changed by me at any time.

Signed

Date

Payment direct into an account continued

To be completed where payment is not to the account bearing the pensioners name

(Pensioners name)

I agree to receive the Local Government pension on behalf of

This pension will be paid into the account named on Page 1 of this form. I agree to repay South Tyneside Council (provider of pension services to Tyne and Wear Pension Fund) any overpayment of pension made to me, by them.

I agree to notify South Tyneside Council immediately should entitlement to the pension payments cease. I also understand that this arrangement can be cancelled, in writing, by me or the said pensioner at any time. I indemnify South Tyneside Council against any claims, demands and expenses which may be made against or incurred by reason of the pension payments being made to me.

Surname Other Names

Signed Date

Address

Postcode Telephone No

Identification details Driving Licence
Passport Number** Number**

****If you cannot provide at least one of the above ID details please ring us on (0191) 4244141**

Witnessed by Please note this must not be a family member.

Surname Other Names

Signed Date

Address

Postcode Telephone No

Identification details Driving Licence
Passport Number** Number**

****If you cannot provide at least one of the above ID details please ring us on (0191) 4244141**

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