

Application for payment of pension for ICELAND
*New / Amending instruction. *please delete as appropriate Reference No:
Part 1 – Personal Details:
Name:
Address:
Contact Tolonkon a Niverbory
Contact Telephone Number:
Email Address:
Part 2- Overseas Bank Details:
Full Name of Bank or Financial Institution:
Branch Name / Address of Bank:
Brandin Marile / / Marie e e i Bank.
Full Name of Account holder(s). Max 35 Alphabetic characters including spaces
International Bank Account Number (IBAN): 26 contiguous alphanumeric characters
, , , , , , , , , , , , , , , , , , , ,
Bank Identification Code (Swift BIC): Full 11 character BIC required – if 8 characters last 3 = XXX
Part 3 – Please Read and Sign Below:
I wish my pension payments to be paid by direct deposit to the account noted above. I accept that charges
can be collected from my pension to facilitate this transfer of funds. I understand that any overpayment
arising from a change in my pension entitlement must be refunded.
Signed: Date:



