



GOVERNMENT OF BERMUDA  
Ministry of Finance

**Department of Social Insurance**  
Payment Mandate Form  
FOR PAYMENTS OUTSIDE OF BERMUDA

**Please fill out sections 1 & 2 Only**

Your payment will not be authorized if you do not include proof of banking (a **bank statement and transfer instructions from your bank**) and your signature. All writing must be legible to ensure payments are processed. We do not transfer into third party accounts. Please provide a form of ID with this form. (Driver's License/Passport)

Circle or highlight the currency of your bank account:

GBP	EUR	USD	AUD	ZAR	PLN	CAD	NZD	CHF	SEK	HKD	AED	CZK	NOK	DKK	SGD	JPY	CNY
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Section 1.	
Applicant Full Name	
Address	
Date of Birth (MM/DD/YYYY)	
UK National Insurance number (If Applicable)	
Section 2. Your Bank Details (Your account/IBAN number & a routing number, sort code, or swift code are required)	
Bank Name:	
IBAN/Account Number:	
Swift Code/Routing Number:	
Sort Code:	
Bank Name and Location	
FOR OFFICIAL USE Details of Payment	
Reason for the payment	Old Age Pension
Details of Charges	
Type of charge	\$19.50 BEN
Special Instructions	
Any additional relevant special instructions applicable to the transfer.	

Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Official Use Approved by: \_\_\_\_\_