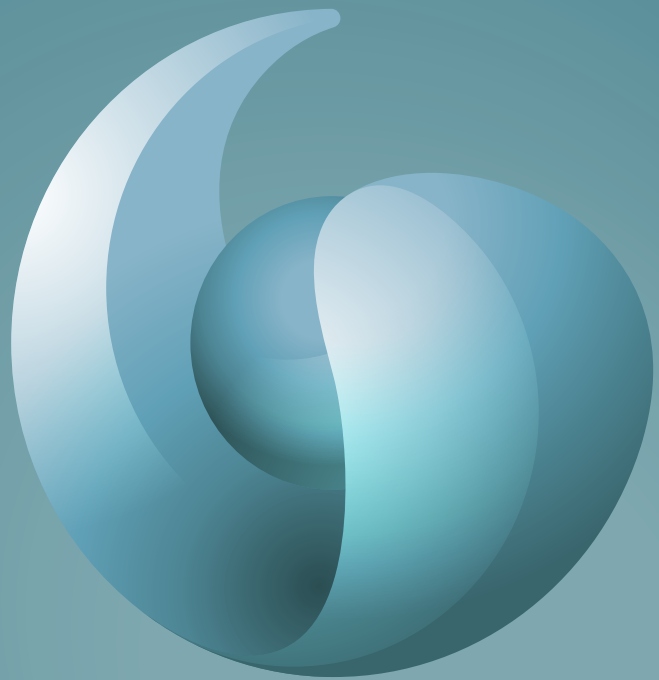# The WMPP SSAS

Change of Bank Account

This form is to be used:

- If your pension is held in The WMPP SSAS scheme AND

- If you wish to change your bank account details with us.

01. Member Details

Please ensure all details below are completed. Missing details may delay payments.

Forename(s)	Surname	Date of Birth (DD/MM/YYYY)

Telephone number (for security purposes, we will call you to verify that this instruction came from you)

Name of SSAS	SSAS Reference Number

For security reasons, please note this instruction will not be acted upon until we have received the original completed and signed form, a valid copy of your bank statement (as detailed below) and security checks have been completed.

02. New Bank Details

Payments can only be made to an account held in the Member's name, either solely or jointly.

I request that benefits are to be paid to the following bank account, which is held solely or jointly in my name:

Bank Name	Bank Address
Account Holder Name	
Account Number	Sort Code
SWIFT / BIC Code	IBAN Number
Building Society reference or roll number	Account Currency

For bank account verification purposes a valid copy of your bank statement must be attached. This statement must be on the bank's headed paper, match the bank account details provided above, clearly show your full name, address and be dated within the last six months. A download from the internet is acceptable provided it is in a non-editable format and certified by an FCA regulated financial adviser or an SRA regulated solicitor.

Bank Statement Attached	☐ Original Statement	☐ Certified Copy of Statement

If a Certified Copy of Statement, please fill out the following statements:

Certified to be a true copy of the original document seen by me	☐

Signature of the certifier	Printed Name of the certifier
Occupation of the certifier	Date
E-mail address of the certifier	Telephone number of the certifier

I confirm that the information provided in this Form is to the best of my knowledge true and correct.

Member's Signature	Date (DD/MM/YYYY)

Please return this completed form to:

iPensions Group Limited

2nd Floor, Marshall House,

2 Park Avenue,

Sale,

M33 6HE