

**REQUEST TO CHANGE BANK DETAILS FOR ANNUITY PAYMENTS**

<b>ANNUITY NUMBER</b>	<input type="text"/>
<b>NAME</b>	<input type="text"/>
<b>ADDRESS</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>DATE OF BIRTH</b>	<input type="text"/>
<b>NATIONAL INSURANCE NUMBER</b>	<input type="text"/>
<b>NAME OF ACCOUNT HOLDER</b>	<input type="text"/>
<i>We can only make payment into an account held by the person receiving the annuity</i>	
<b>BANK NAME</b>	<input type="text"/>
<b>BANK ADDRESS</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>SORT CODE</b>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
<b>ACCOUNT NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>ACCOUNT REFERENCE</b> <i>(If Applicable)</i>	<input type="text"/>
<b>SIGNED</b>	<input type="text"/>
<b>DATED</b>	<input type="text"/>

**Please note that this form must be signed and dated by the person who is in receipt of the annuity.**