



Falkirk Council

PENSION CREDIT TRANSFER

Please provide the following information to allow your pension to be paid to your Bank, Building Society or Post Office account.

Please note that your pension must be paid to an account in your name or held jointly with you.

If you are a current Falkirk Council pensioner and you want to change the details already held by the Pension Section **you must** provide both your current and new banking details.

| | | | | | | | | | |
|------------------|----------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name: | _____ | Pension Number: | <input type="text"/> |
| Address: | _____ _____ | | | | | | | | |
| Post Code: | _____ | Telephone No: | _____ | | | | | | |
| Former Employer: | _____ | | | | | | | | |

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|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Current Bank/Building Society/Post Office Details | | | | | | | | | |
| Name of Account Holder: | _____ | | | | | | | | |
| Name of Bank/Building Society etc.: | _____ | | | | | | | | |
| Branch address: | _____ _____ | | | | | | | | |
| Sorting Code: | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account Number: | <input type="text"/> |
| Building Society Roll reference (if applicable): | <input type="text"/> |

| | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| New Bank/Building Society Details/Post Office Details | | | | | | | | | |
| Name of Account Holder: | _____ | | | | | | | | |
| Name of Bank/Building Society etc.: | _____ | | | | | | | | |
| Branch address: | _____ _____ | | | | | | | | |
| Sorting Code: | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Account Number: | <input type="text"/> |
| Building Society Roll reference (if applicable): | <input type="text"/> |

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|--|
| Please sign and date: Signed: _____ Dated: _____ |
| Please return to: Falkirk Council Pensions Section, PO Box 14882, Falkirk, FK1 9BH |