



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	\$24.50 BEN
Special Instructions	
Any additional relevant special instructions applicable to the transfer.	

Date: _____
Your Signature: _____
Official Use Approved by: _____