

**Beneficiary Mandate**  
**APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER**  
**AUSTRALIA**      **Note - Each field on the mandate form must be completed.**

**Part 1 Beneficiary Details**

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tel No or Email Address: \_\_\_\_\_

Reference Number

**Part 2 Account details**      **Please note you must fill in ALL details requested in this section, failure to do so WILL result in a delay in processing your pension.**

Name & Address of Bank \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BIC or SWIFT Code \_\_\_\_\_

**A 6-figure bank code (BSB number), followed by a maximum 9-figure account number.**

BSB number

Account Number:  **(Leading zero's that are part of an account number must be shown).**

Please contact your bank or financial institution if you require clarification on the above banking requirements. Alternatively, If possible, please forward a void cheque or deposit slip (to CAPITA).

The account is in the name of

**Part 3 Please read and sign below**

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature       Date