



PLEASE ATTACH
RECENT
PASSPORT
PHOTOGRAPH
HERE

REQUEST FOR CHANGE OF BANK ACCOUNT
(For retirees on Programmed Withdrawal)

RSA Personal Identification Number (PIN): PEN.....

Surname:

First Name:

Middle Name:

EX-Employer:

Date of Birth: **Date of Retirement:**

Phone Number (s):

Current Contact Address:

.....

OLD BANK DETAILS

ACCOUNT NUMBER:

BANK NAME:

NEW BANK ACCOUNT DETAILS

ACCOUNT NUMBER:

ACCOUNT NAME:

BANK NAME:

BANK BRANCH:

DECLARATION BY RETIREE

I hereby declare that the Bank Account details provided above are correct and accurate. I also willfully give my consent to FCMB Pensions to change my receiving bank as highlighted above.

Retiree's Signature: **Date:**

For FCMB Pensions Use Only:

I certify that I have seen the above mentioned retiree and have confirmed the retiree biometrics to be the same as on the database.

Customer Service Officer/Sales agent's Name:

CSO's Signature: **Date**

Note: Please attach a valid means of Identification, banker's confirmation of account and a hand written application signed by the retiree.