



## USS Pension Number:

Application for payment of pension in CRC by direct deposit to: **Costa Rica**

### Part 1 – Personal Details – Please complete in full

|   |          |
|---|----------|
| Forename:                                 | Surname: |
| Home Address:                             |          |
| Contact Telephone Number / Email Address: |          |

### Part 2 – Overseas Bank Details – Please complete in full

|  |
|--|
| Full Name of Bank or Financial Institution:                  |
| Full Address of Bank or Financial Institution:               |
| Full name of account holder (as quoted on the bank account): |

### Bank Identification Code – Swift BIC

(full 11-character BIC required - if 8 characters last 3 = XXX)

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

### Account number (17 digits)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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### IBAN (22 characters)

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### Beneficiary ID (Passport or Local ID Number)

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### Reason for payment

|                 |
|-----------------|
| Pension Payment |
|-----------------|

### Part 3 – Please sign below:

|  |              |
|--|--------------|
| <b>Signed:</b>   | <b>Date:</b> |
| By signing this Form you consent to the processing of your personal data (i.e. name, address, bank account and payment details) by third party banking agents over which the Equiniti Group and the Payment Agent have no control. In addition you should be aware that data is necessarily transmitted outside the EEA, where Data Protection controls may differ. In certain jurisdictions Equiniti Group and/or the Payment Agent may be required to provide details such as your full name and address, to comply with local anti-money laundering or anti-terrorism requirements. |              |