



**UNIVERSITY OF MANCHESTER SUPERANNUATION SCHEME
PENSION PAYMENT FORM**

Name	
Address	
Date of birth	
National Insurance number	

Please pay my pension into the following account

Account name	
Bank/ Building Society	
Address	
Account number	
Sort Code	
Roll Number (if applicable)	

Signed		Date	
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By signing and returning this form you are agreeing to your personal details being obtained, held and processed by the Trustee, the University and any third party appointed in connection with UMSS.