



GOVERNMENT OF BERMUDA  
Ministry of Finance  
DEPARTMENT OF SOCIAL INSURANCE

**CHANGE OF ADDRESS/BANKING INFORMATION FORM**

**ALL OF THE BELOW INFORMATION MUST BE COMPLETED**

1. SURNAME	FIRST NAME	MIDDLE INTIAL(S)	MR. MRS. MISS (CIRCLE ONE)
2. DATE OF BIRTH		DAY	MONTH YEAR
3. MAILING ADDRESS			
4. RESIDENTIAL ADDRESS			
5. CORRESPONDENCE SHOULD BE SENT TO			
6. TELEPHONE NUMBER(S)			
7. EMAIL ADDRESS			

**PENSIONERS WHO HAVE A BANK ACCOUNT AND WHO WOULD PREFER PENSION PAYMENTS TO BE MADE INTO AN ALTERNATIVE BANK ACCOUNT, SHOULD FILL IN THE DETAILS BELOW.**

NAME OF BANK	
ACCOUNT NUMBER	
ACCOUNT NAME	
ACCOUNT TYPE	SAVINGS OR CHECKINGS (CIRCLE ONE)

I hereby request that the benefit to which I am entitled shall be paid to my account at the above named bank. (The Power of Attorney can sign on behalf of a pensioner, if the pensioner is incapable of doing so.)

Pensioner's Name (Please PRINT)	Pensioner's Signature
Power of Attorney (Please PRINT)	Power of Attorney (Signature)

**Date**