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Bank account change reque	est form
Date	
Date	
Name pension beneficiairy	
Address	
Residence	
Country	
Date of birth	
Sedula number	
E-mail address	
Telephone number	
he pension may be paid on t	the below bank account number.
Type of account	Current account / Savings account (cross out as appropriate)
Account number	
Name of account holder	
Name bank	
Residence bank	
Bank account outside BES Type of account	islands Current account / Savings account (cross out as appropriate)
Account number	
BIC	
IBAN	
Name of account holder	
Name bank	
Residence bank	
Residence bank	
nat the name of the account lay we avoid problems with t	at the bank account belongs to the pension beneficiary. To make sure holder is correct, we kindly request you to send us a bank proof. This he transfer to your bank account. On the back of this form you will fir hout this proof, a change is not possible.
he undersigned also declare enefits will be reclaimed by F	es to be familiar with the fact that any excessively or wrongly received PCN.
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ignature:	
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 $\textbf{Stichting Pensioenfonds Caribisch Nederland} \mid \underline{www.pensioenfonds\text{-}cn.com}$

Kaya General Carlos Manuel Piar 5 Telefoon 00 599 717 09 84 info-bonaire@pensioenfonds-cn.com Handelsregister Bonaire nr. 7579



Valid bank proofs:

- 1. A printscreen of an online payment or online screen in which both the complete account number and the **name of the account holder** are clearly visible.
- 2. A print-out of the bank, if possible with the bank's stamp, with the complete account number and the **name of the account holder**.
- 3. A bank statement showing both the complete account number and the **name of the account** holder.

In the past there have been issues with benefits being recredited by the receiving bank, because the name of account holder used by PCN did not correspond to the information of the bank. This is why we always request a bank proof.