

SOCIAL SECURITY FUND

BENEFIT REMITTANCE FORM

Social Security Registration No.

--	--	--	--	--	--

Surame Mr. / Mrs / Miss.....

First Name.....Middle Name.....

Address.....

.....

Tel. No..... Email.....

To : Director
Social Security Fund

Kindly arrange to have my Social Security Benefit(s) :-

Remain at the Social Security Office for pick up

Credited to my bank Account No. at

.....
Name of Bank

In the name of

Posted to me by Bank Draft at the address above

Sent to me by Wire Transfer to my Account No..... at

.....
Name of Bank

Routing Number

Sort Code

I understand that if I choose to have my benefit paid by Bank Draft or Wire Transfer the bank charges will be deducted from my benefits.

.....
Signature

Date

dd	mm	yy			

NB - If you want your benfit to be paid in another person's name, you must send a signed letter giving full instructions.