



SOCIAL SECURITY FUND

BENEFIT REMITTANCE FORM

Social Security Registration No.

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Mr / Mrs / Miss

Full Name

Address.....

.....

Tel. No. Email

To : Director
Social Security Fund

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

[] Credited to my Bank Account No. at

.....
Name of Bank

.....
Address

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

.....
Name of Bank

.....
Address

Routing Number

Sort Code

I understand that if I choose to have my benefit paid by Wire Transfer the bank charges will be deducted from my benefit. I also understand that if I want my benefit paid to another person or entity that I MUST give written instructions to do so.

.....
Signature

Date

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dd mm yy