

# Account details form

Please complete this  
form in BLACK ink

## Contact details

Address:

Telephone number:

Email address:

Name

Scheme

The Consortium Care  
Scheme

Please pay my pension benefits to my bank/building society  
account:

Account holder's name:

The name or names as they  
appear on your bank card

Branch sort code:

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

Account number (8 digits):

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

NOT your card number

Roll/Ref number:

Building society accounts only

Bank/Society name:

Bank/Society address:

Signed:

Date:

Print name:

Please return this form to:

The Consortium Care Scheme, C/o Barnett Waddingham LLP, St James's House, St James's Square,  
Cheltenham, GL50 3PR