



Full Name:	
Date of Birth:	
Scheme Name or Scheme Reference Number:	
Your Address:	
Town:	
Postcode:	
Your Contact Number:	
Provious Rank A	ccount Details (If applicable)
We need both your old and new det	alls to update our records
Bank/Building Society Name:	
Bank/Building Society Address:	
Sort Code:	
Account Number: (Last 4 digits only)	
Account Holder Name(s):	
Roll Number (if applicable):	
New Bank Accou	unt Details
	ents into an account which is not your own and these bank
	nsion payments until you inform us otherwise.
Bank/Building Society Name:	
Bank/Building Society Address:	
Sort Code:	
Account Number:	
Account Holder Name(s):	
, lossant holder Name(s).	



Roll Number (if applicable):

Declaration (To be signed by the member only)

I confirm that the information completed above is correct and I will inform GPC Premier SSAS Limited if any future changes are required to my bank details:

Signature:	
Date:	

IMPORTANT NOTE: In order to protect our customers from increasing incidents of attempted fraud we will also need to verify your bank account details upon receipt of this form. To do this we will call you directly in order to verify the account details provided.





For more information please contact

GPC Premier SSAS Limited

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Fitzalan Court,

Fitzalan Road,

Cardiff CF24 0EL

029 20557000

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GPC Premier SSAS Limited is a UK registered company, registration number 01230550, incorporated under the UK Companies Act. Registered office: 2nd Floor Fitzalan House, Fitzalan Court, Fitzalan Road, Cardiff CF24 0EL.