Wire Transfer Request

For Official Use Only

Important Note

Legislation prescribes that long-term benefits and assistance payments be made into banks in The Bahamas only; however, wire transfers may be facilitated in the case of one-time payments to beneficiaries who reside outside of The Bahamas. This form should accompany claims by persons who live abroad who qualify for such payments, i.e., Maternity Grant, Funeral Benefit, Survivors Grant or Retirement Grant. Costs associated with wire transfers are to be borne by the beneficiary.

TO: The Director
The National Insurance Board

DATE: _____

FROM: _____
surname other name(s)

N.I. #: | | | | | | | | |

Date of Birth: _____/_____/_____
day / month / year

Email: _____

Please accept this as your authority to wire transfer my one-time payment as follows:

☐ Retirement Grant ☐ Survivors Grant ☐ Funeral Benefit ☐ Maternity Grant ☐ Other _____

Beneficiary Name: _____

Address: _____

Country: _____

Bank routing method: _____

Bank routing code: _____

Bank: _____

Bank address: _____

Bank Account No.: _____

DECLARATION OF CLAIMANT

I accept that costs for the wire transfer will be borne by me and, hereby, give permission for the deduction to be made from my entitlement.

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY