

Bank information form

Please, fill out the form with block letters.	
Name of the deceased	CPR no. (Civil reg. no.) of the deceased
Your name	Your Danish CPR no. (birthday)
Address	
City code and city	Country
I want the payment transferred to a Da	nish account:
I want the payment transferred	I to my NemKonto
I want the payment transferred	I to the following bank
Name of the bank	
Registration number	Account number
I want the payment transferred to a fo	reign bank:
Name of the bank	
Address	
IBAN number	
BIC code	
Account number	
The banks national code (BSB, clearing	code, routing number, ABA code/fed wire)
Date	Signature

Please complete and send the form to ATP Livslang Pension, Kongens Vænge 8, 3400 Hillerød, Denmark. Alternatively, you can submit the form at www.lifeindenmark.dk/atp-contact.