	Name
	Address
	Date
	Email:
	Tel No:
The Director of Pensions The National Treasury Pensions Department P.O. Box 20191 NAIROBI	
Dear Sir / Madam	
PAYMENT OF MONTHLY PENSION	N – CHANGE OF PAY POINT
I	Pension No
Would like my monthly Pension to be tra	nsferred from:-
Bank	Branch
Account No.	
To:- Name of Bank	Branch
Account No.	
Account No	acceptable
	_
Please note JOINT ACCOUNTS NOT	_
Please note JOINT ACCOUNTS NOT a Attached is a photocopy of my Identity	Card.
Please note JOINT ACCOUNTS NOT a Attached is a photocopy of my Identity Yours faithfully Name For Official Use Only:	Card. Signature
Please note JOINT ACCOUNTS NOT a Attached is a photocopy of my Identity Yours faithfully Name	Card. Signature
Please note JOINT ACCOUNTS NOT a Attached is a photocopy of my Identity Yours faithfully Name For Official Use Only: Acted upon by:- Name Signature	Card.

NB: ATTACH COPIES OF YOUR BANK CARD /PASSBOOK AND NATIONAL 1D CARD.