Payment Instruction Form

ESB Employee Share Ownership Plan (ESB ESOP)

Please complete this form to ensure that payments from your share scheme are made directly to the bank account of your choosing.

			your choosing.	
Bank	details			
	I hereby authorise Mercer to Direct Credit to the following		ke any payments due to me under the above scheme by nk account.	
	Name of Bank			
	BIC			
	IBAN			
	Name of Account Holder			
	Account Number			
Decla	aration			
	This authority will remain in f	orc	e until revoked or amended by me.	
	Name	I	d until revoked of afficienced by file.	
	Staff Number			
		\vdash		
	PPS Number	\vdash		
	Signature			
	Date			
	Daytime Phone Number			
	Email Address			
Instr	uctions			
	Please return your comple	ted	form to Mercer using one of the following ways:	
	/;\			
			ograph of your form to shareschemes@mercer.com OP" in subject line of email)	
			or	
	(ii) by post to: Mercer			
	Share So		me Department, CHG-8	
		Ho	ouse, Charlemont Street	
	Dublin 2			<u> </u>

Payment in accordance with these instructions shall discharge Mercer from any further liability. Mercer shall not accept any responsibility in the event that the sort code or account number quoted by you is incorrect.

Internal use only

Input by Date Checked by Date
