



You can also complete the form and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish)

More information is available at www.kela.fi



If you have questions, please call our customer service number (www.kela.fi/call-kela)



Please make sure to complete the form carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

Send the form and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

i Individual customers can use this form to notify Kela of new account number.

Legal representatives and public authorities use e.g. forms E 41 or EV 255.

1. Beneficiary

Personal identity number

Family name and given name

i Kela obtains the address data from the population data system.

2. Benefit that the changed account number concerns

- All my benefits
- | | |
|---|--|
| <input type="checkbox"/> Disability allowance for persons aged 16 years or over | <input type="checkbox"/> Child home care allowance or Private day care allowance |
| <input type="checkbox"/> Disability allowance for persons under 16 years of age | <input type="checkbox"/> Financial aid for students |
| <input type="checkbox"/> Child maintenance allowance | <input type="checkbox"/> Basic social assistance |
| <input type="checkbox"/> Pension assistance | <input type="checkbox"/> Sickness allowances |
| <input type="checkbox"/> Care allowance for pensioners | <input type="checkbox"/> Conscript's allowance |
| <input type="checkbox"/> Housing allowance for pensioners | <input type="checkbox"/> Guarantee pension |
| <input type="checkbox"/> National pension | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Rehabilitation allowance | <input type="checkbox"/> Parental benefits |
| <input type="checkbox"/> Child benefit | <input type="checkbox"/> General housing allowance |
- Other benefit, please specify: _____

3. Account number in Finland

4. Account number abroad

International bank account number (IBAN)

Bank Identifier Code (BIC)

i If the IBAN account number and BIC code are not known, please fill in the following information.

Name of bank and branch

Address

Country

Account number

SWIFT code

5. Additional information

i Write the number of the section you are referring to.

6. Signature

i If this form is not signed by the applicant, an account statement or other equivalent documentation must be enclosed as verification that the bank account stated is the applicant's bank account.

I declare that the information I have given is true and accurate. I will notify any changes.

Place and date

Signature and printed name of the beneficiary, the beneficiary's provider or other payee

