



You can also complete this form and file related documentation online at [www.kela.fi/asiointi](http://www.kela.fi/asiointi) (in Finnish) or [www.fpa.fi/etjanst](http://www.fpa.fi/etjanst) (in Swedish)  
More information is available at [www.kela.fi](http://www.kela.fi)



If you have questions, please call our customer service number [www.kela.fi/phone-numbers](http://www.kela.fi/phone-numbers)



Please make sure to complete the form carefully. Attach all necessary documentation.  
We may contact you for further information if necessary.  
You can send the form and any supporting documents by mail [www.kela.fi/by-mail](http://www.kela.fi/by-mail)



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



Kela obtains the address data from the population data system.

## 2. Benefit that the changed account number concerns

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

## 3. Account number in Finland



#### 4. Account number abroad

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International bank account number (IBAN)

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Bank Identifier Code (BIC)

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

Name of bank and branch

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Address

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Country

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Account number

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SWIFT code

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#### 5. Other payee

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**i** If you want the benefit to be paid to another person, you should first check with Kela if an entirely new benefit application is needed.

Name of payee if the benefit is to be paid to a designated payee other than the beneficiary

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Name of payee

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Account number of payee

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#### 6. Additional information

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

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#### 7. Signature

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**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.**

Date

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

