

APPLICATION NO.

APPLICATION FOR SPOUSE'S PENSION AND/OR CHILD'S PENSION

NAME	ID. NO.
DOMICILE	LOCATION
E-MAIL ADDRESS	TEL.

APPLIES FOR:

- SPOUSE'S PENSION Death certificate and marriage certificate or Statement of Progress of Probate
 CHILD'S PENSION Birth certificates of children are attached

INFORMATION ON THE FUND MEMBER

FUND MEMBER'S NAME	ID. NO.	DATE OF DEATH
Is the surviving spouse assessed as disabled? <input type="checkbox"/> <input type="checkbox"/> YES NO - If YES, then please provide a copy of the disability certificate.		
Was the fund member receiving a retirement or disability pension at time of death? YES NO		

NAME AND ID. NOS. OF CHILDREN UNDER 20 YEARS OF AGE

NAME OF CHILD	ID. NO.	BANK ACCOUNT DETAILS
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TAX INFORMATION

Income tax is withheld on pension payments as in the case of normal wages paid. It is the responsibility of each fund member to inform the fund of the income tax rate which should apply.

Total monthly wages from other employers can be entered into the space for "Other monthly income" or the appropriate tax rate can be indicated.

Other monthly income _____

- Tax rate 1 (36.94% tax on total taxable monthly income of up to ISK 834,707)
 Tax rate 2 (46.24% tax on total taxable monthly income over ISK 834,708)

INCOME TAX CARD

The income tax card and details of tax rate are entirely the responsibility of the pension recipient. Please provide written details of tax card utilisation.

OTHER PENSION FUNDS

- I request that this application be sent to other pension funds in which I hold an entitlement.

DETAILS OF BANK ACCOUNT INTO WHICH PAYMENTS ARE TO BE DEPOSITED

Bank branch no. _____	Ledger (HB): _____	Account no. _____
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I AUTHORISE THE ELECTRONIC REGISTRATION OF MY PENSION INFORMATION

SIGNATURE

DATE	SIGNATURE OF APPLICANT
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