

PENSION APPLICATION

Name	ID No.
Address	Postcode
E-mail	Tel. Mobile

Bank Account:

Bank No.	Acc. type No.	Account No.
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Applying for:

<input type="checkbox"/> Retirement pension	<input type="checkbox"/> Spouse's pension	<input type="checkbox"/> Children's pension
Initial receipt of pension – month and year _____		<i>Note! Pension is paid retroactively</i>

Pension rights in other pension funds

<input type="checkbox"/> I request that this application is sent to other pension funds in which I have rights.

Tax

Withholding tax must be paid on pension payments as if they were regular wage payments. It is the responsibility of the pensioner to inform the fund of the pensioner's tax bracket.

Tax bracket 1 (36,94% tax on total taxable income under ISK 893.713 per month)

Tax bracket 2 (46,24% tax on total taxable income in excess of ISK 893.713 per month)

Proportion of personal tax deduction _____ % from date _____

If applying for spouse's or children's pension, fill in the following:

Name of fund member	ID No.	Date of death
Is the surviving spouse assessed as disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the fund member receiving old age or disability pension at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and ID No. of children under the age of 20:

Name of child	ID No.
Name of child	ID No.
Name of child	ID No.

I, the undersigned fund member in Gildi–Pension Fund, hereby confirm that I have acquainted myself with the substance of Article 11.4 in the fund's Articles of Association, which states that on taking a retirement pension before the age of 67, the fund member disposes of his/her retirement and disability pension rights entirely and has no independent entitlement to a disability pension thereafter.

Date

Signature