

Name

ID No.

Address

Post code

Tel.- Mobile

E-mail

**I hereby terminate my private pension contract with:**

Current depository

At the same time, I request that my credit with the above depository be transferred to Gildi Pension Fund.

**Selection of investment plan at Gildi**

- Framtíðarsýn 1: Bonds 65% - shares 35%
- Framtíðarsýn 2: Bonds 80% - shares 20%
- Framtíðarsýn 3: Indexed deposits 100%

**ID No:** 561195-2779**Bank information:** 526-15-31101**Fund number:** 201

Place

Date

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Signature of pension fund member

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Confirmation from Gildi Pension Fund