

**Information on the Fund member**

Name

ID No.

Address

Post code

E-mail

Tel. – Mobile

**Bank account**

Bank number

Acc. type No.

Account No.

**Initial receipt of pension**

Month and year

 I'm applying for a 50% pension.

NOTE! Pensions are paid retroactively – on the last working day of each month

**Pension rights in other pension funds:**

- I request that this application be sent to other pension funds in which I have rights.
- I request confirmation that this application be sent to Tryggingastofnun (Social Insurance Administration).

**Withholding taxes**

Withholding tax must be paid on pension payments as though 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 927,087 per month)
- Tax bracket 2 (46.24% tax on total taxable income over ISK 927,087 per month)

Proportion of personal tax allowance

From date:

- 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 retirement pension before the age of 67, the Fund member disposes of his/her retirement and disability pension rights entirely and does not have independent entitlement to disability pension thereafter.

Place

Date

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Signature