

PENSION APPLICATION

Information on the applicant

Name		ID No.
Address		Tel.
Post code	Place	E-mail

Information on bank account

Bank	Account type number	Account number
Account number must be registered to the name of the applicant.		

Type

<input type="checkbox"/>	Pension, requested to be paid from _____	
<input type="checkbox"/>	Private pension _____ pr. month, or paid in _____ months	<input type="checkbox"/> One-time payment
<input type="checkbox"/>	Spouses's pension	Please note that pensions are paid retroactively, on the last working day of each month, e.g. January is paid on 31 January, etc.
<input type="checkbox"/>	Child pension	

Application for spouse's or child pension, please fill in the following

Name of fund member	ID no	Day of death
Is the surviving spouse assessed as disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Fund member been paid disability pension from a pension fund <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information on child pension - children under the age of 18

Name	ID No.	Bank account
Name	ID No.	Bank account
Name	ID No.	Bank account

It is the responsibility of the pension recipient to notify the Fund of the tax bracket their tax should be calculated from, if not the lowest. This is done by indicating the appropriate tax bracket or sending notification of other monthly taxable income from entities other than Greiðslustofa lífeyrissjóða.

Other taxable monthly income _____

- ☐ Tax bracket 1 (31,45% tax on total taxable income between ISK 0 - 409.986,-)
- ☐ Tax bracket 2 (37,95% tax on total taxable income between ISK 409.987 - 1.151.012,-)
- ☐ Tax bracket 3 (46,25% tax on total taxable income more than ISK 1.151.012,-)

In order to receive a tax deduction, information about the personal allowance must be available from the fund

Will the applicant use a personal tax discount with the fund? ☐ Yes ☐ No

I request to use _____ % of my personal tax allowance as of _____

I request to use _____ % of my spouse's tax allowance as of _____

All information received by the Pension Fund regarding this application will be treated as confidential. Applicants are encouraged to read carefully the provisions of the Articles of Association of the Vestmannaeyjar Pension Fund on pensions. The Articles of Association of the Pension Fund can be accessed on the Fund's website www.lsv.is

By signing, I agree that the information I provide in this application will be saved and recorded in my business history with the Vestmannaeyjar Pension Fund. All processing of personal information, incl. their acquisition, registration, storage and handling is in accordance with the Act on Personal Data Protection and the Pension Fund's Privacy Policy.

This application will be forwarded to pension funds that are parties to the agreement on pension fund relations

If you do not want the application to be forwarded to other funds, tick it here ☐

Date

Signature