

## Application for Spouse's Pension and/or Child's Pension

Applicant							
Name Domicile			ID. No.				
Spouse's Pension	Death certificate Birth certificates	-			of P	rogress of Probate	
Information on the fund mem	ber						
Fund member's name		ID.	No.			Date of death	
Is the surviving spouse assessed as Was the fund member receiving a re Name and ID. Nos. of children	tirement or disab	ility pension at ti				ide a copy of the disabi No	ity certificate.
Name of child			ID. No		Bank account details		
Name of child		ID.	No			Bank account details	
Name of child			No			Bank account details	
to inform the fund of the income ta: space for "Other monthly income" o Other monthly income					ner	employers can be en	ered into the
<b>Tax rate 1</b> (31,45% tax on t	otal taxable mont	hly income of up	to I	SK 409.986)			
<b>Tax rate 2</b> (37,95% tax on	total taxable mon <sup>.</sup>	hly income of fro	om Is	SK 409.987 to 1.15	1.01	12)	
<b>Tax rate 3</b> (46,25% tax on	total taxable mon	thly income over	ISK	1.151.013)			
Income Tax Card The income tax card and details of of tax card utilisation. Perc	tax rate are entire entge of tax card	ly the responsib	ility	•	•	ent. Please provide w spouses tax card:	ritten details
	from	date:				from date:	
Other Pension Funds I request that this applicat	ion be sent to oth	er pension funds	s in v			s sppuses tax card for 8 months ement.	from date of death.
Details of Bank account into	which paymen	ts are to be de	epo	sited			
Bank branch no.	_edger (HB):	Account no.					
Signature							
Date		Sig	gnatur	re of applicant			
		l a	utho	rise the electronic regi	stra	tion of my pension informa	ition
Information on the Fund's use of the applicant's personal data is available	here.	PRINT		SAVE		CLEAR	