

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

Applicant						
Name Domicile			ID. No.			
Spouse's Pension Death		and marriage of children are			of Progress of Probate	
Information on the fund member						
Fund member's name			ID. No.		Date of death	
Is the surviving spouse assessed as disa Was the fund member receiving a retirem		Yes bility pension a			provide a copy of the disa	bility certificate.
Name and ID. Nos. of children und						
Name of child			ID. No		Bank account details	
Name of child			ID. No		Bank account details	
Name of child			ID. No		Bank account details	
Tax Information Income tax is withheld on pension paym to inform the fund of the income tax rate space for "Other monthly income" or the	which sho	uld apply. Total	mont	hly wages from oth		
Other monthly income						
Tax rate 1 (31,48 % tax on total	taxable mo	nthly income of	up to	ISK 446.136)		
Tax rate 2 (37,98% tax on total	taxable mo	nthly income of	from I	SK 446.137 to 1.252	2.501)	
Tax rate 3 (46,28% tax on total	taxable mo	nthly income ov	/er ISK	1.252.502)		
Income Tax Card The income tax card and details of tax ra of tax card utilisation. Percentge	ate are entir of tax card		sibility		cipient. Please provide e of spouses tax card:	written details
from date:			from date:			
Other Pension Funds I request that this application b	be sent to ot	her pension fu	nds in		o ues sppuses tax card for 8 mont titlement.	hs from date of death.
Details of Bank account into whic	:h paymeı	nts are to be	depo	sited		
Bank branch no. Ledger	(HB):	Account	no.			
Signature						
Date			Signatu	re of applicant		
					stration of my pension infor	mation
Information on the Fund's use of the applicant's personal data is available here.	i	PRINT		SAVE	CLEAR	