

Information on the applicant

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

Information on bank accounts

Bank: _____ Account type number: _____ Account number: _____

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

Proportion of pension

I wish to apply for: 100% pension 50% pension

When selecting a 50% pension, a new application must be submitted when requesting a 100% pension for the future.

Initial receipt of pension

Initial month and year: _____

Has the Fund member been paid disability pension from a pension fund? Yes No

When requesting payment from the Fund's private pension plan, a separate application must be completed.

Please note that pensions are paid retroactively – on the last working day of each month, e.g. January is paid on 31 January, etc.

Further information on retirement

Will continue to work: Yes No

Name of employer: _____ Anticipated final wage payment month: _____

Other funds and TR (Tryggingastofnun)

- I request that this application be sent to other compulsory pension funds.
 I request that the application not be sent to other funds.
 I request that Tryggingastofnun will be informed about this application.

Comment:

In the event that the Fund member decides to begin withdrawal of old age pension before the age of 67, such decision is final and cannot be changed. The independent right to disability pension is thereby automatically cancelled.

Signature

I understand that through my signature, I provide my consent that the information that I supply in this application is stored and recorded in my transaction history at Birta lífeyrissjóður. All processing of personal information, including the collection, registration, storing and treatment of such information is in accordance with the Act on Data Protection and the Processing of Personal Data and the Data Protection Policy of Birta lífeyrissjóður.

Place and date: _____

Applicant's signature: _____

WITHHOLDING TAX IN PENSION FUNDS

PERSONAL TAX ALLOWANCE AND TAX BRACKET



Name: _____ ID No.: _____

Personal tax allowance

Withholding tax must be paid on pension payments as though they were regular wage payments. Income tax is calculated on total wages in excess of ISK 218,136 per month (once personal tax allowance, ISK 68,691, has been taken fully into account).

Specify whether this is a new registration of personal tax allowance or a notification of changes to the personal tax allowance that has been registered with Greiðslustofa lífeyrissjóða (the Pension Funds' Payment Office).

- Notification of new registration of personal tax allowance
- Notification of changed registration of personal tax allowance
- I request to use _____ % of my personal tax allowance as of _____
- I request to use _____ % of my spouse's tax allowance as of _____

Name of spouse: _____ ID No. of spouse: _____

I wish to use the unchanged personal tax allowance: _____ kr.

Tax bracket

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.

- Tax bracket 1 (31.49% tax on total taxable income up to ISK 472,005 per month)
- Tax bracket 2 (37.99% tax on total taxable income from ISK 472,006 - 1,325,127 per month)
- Tax bracket 3 (46.29% tax on total taxable income more than ISK 1,325,127 per month)

Other taxable monthly income: _____ kr.

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Place and date:

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