APPLICATION FOR SPOUSE'S PENSION AND/OR CHILD PENSION



Information on the ap	plicant ———		
Name:		ID No.: _	_
Address:		Tel.:	
Post code: Pla	ce:	E-mail:	
Information on bank a	ccounts —		
Bank: Accoun	t type number:	Account numbe	er:
Account number must be registe		pplicant.	
Fund member informa			
Date of death:			
Is the surviving spouse assessed	as disabled? Yes	No If yes, please sub	omit a copy of the disability certificate.
Was the Fund member receiving old age or disability pension at the time of death? Yes No			
If the Fund member has funds in the private pension plan of Birta lífeyrissjóður, the document "Yfirlit um framvindu skipta", i.e. a progress report on the settlement of the estate issued by the District Commissioner must be submitted. The balance will thereafter be transferred to the legal heirs. Information on child pension – children under the age of 19			
ID No.:	Name:	ider the age of 19	Account number:
Comment			
Comment:			
Signature —			
	All processing of personal inforr	nation, including the collection, re	olication is stored and recorded in my egistration, storing and treatment of such Data Protection Policy of Birta lífeyrissjóður.
Place and date:	 Applicant's 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 m	y personal tax allowance as of		
I request to use % of my	y 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			
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.		
Signature —			
Jigilatule			
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:		