# Application for spouse pension



Name of applicant	ID No.
Address	Postcode and location
Email	Phone/Mobile

### Bank account

Bank- sort code – account number			
Name of deceased fund member	ID No.	Date of decease	

	15 1101	
Is surviving spouse assessed as disabled?	Was fund member receiving a retiren	nent or disability pension at the time
□ Yes □ No	of decease? □ Yes □ No	

## Names, ID Nos. and banking information relating to children\*

Child's ID No.	Bank – sort code – account number
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Child's ID No.	Bank – sort code – account number
Child's ID No.	Bank – sort code – account number
	Child's ID No.

\* Child benefit is paid on the last day of each month until the child is 18 years of age

#### Tax brackets

□ Tax bracket 1 (31,45% tax on total taxable income below ISK 349.018per month) □ Tax bracket 2 (37,95% tax on total taxable income ISK 349.018 - 979.847 per month) □ Tax bracket 3 (46.25% tax on total taxable income above ISK 979.847 per month)	
Or other monthly taxable income:	

#### Personal tax credit

□ Utilise \_\_\_\_\_ % of personal tax credit, commencing from (date) \_\_\_\_\_

□ Utilise accumulated personal tax credit ISK.

### Spouse's personal tax credit

□ Utilise	_ % of spouse's personal tax credit, commencing from (date)

By my signature, I accept that the information I provide in this application will be saved and registered in my transaction history at Stapi Pension Fund. All processing of personal information, including its acquisition, registration, electronic recording and handling is in accordance with the Act on Personal Data Protection and the personal data protection policy of Stapi Pension Fund, published on the Fund's website.

Date	Applicant's signature
• Application deadline is until the 15th of each month, with regard to payments at the end of the month.	