

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
Is surviving spouse assessed as disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was fund member receiving a retirement or disability pension at the time of decease? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Tax brackets

<input type="checkbox"/> Tax bracket 1 (31,45% tax on total taxable income below ISK 370.483 per month) <input type="checkbox"/> Tax bracket 2 (37,95% tax on total taxable income ISK 370.483- 1.040.106 per month) <input type="checkbox"/> Tax bracket 3 (46.25% tax on total taxable income above ISK 1.040.106 per month)
Or other monthly taxable income: _____

Personal tax credit

<input type="checkbox"/> Utilise _____ % of personal tax credit, commencing from (date) _____ <input type="checkbox"/> Utilise accumulated personal tax credit ISK. _____
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Spouse's personal tax credit

<input type="checkbox"/> Utilise _____ % of spouse's personal tax credit, commencing from (date) _____
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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
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- Application deadline is until the 15th of each month, with regard to payments at the end of the month.