Application for payment from private pension division

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

Bank account

Bank- sort code – account number

Form of payment

☐ Payment requested of credit balance from date.:_____
☐ Total balance in one payment
☐ One payment to the amount of ISK._____
☐ Equal monthly payments of ISK. _____ per month for _____ years and _____months
☐ Disability payment in accordance with Act No. 129/1997, Article 11, Paragraph 3.
☐ Terminate payments from date.:_____

Please note that payments from voluntary division are paid out on the last day of each month. For regulations regarding payments, cf. the fund's Articles of Association, Chapter X, Article 30.

Information relating to deceased fund member (if application concerns decease)

Name of deceased fund member	ID No.	Date of decease

Tax bracket

☐ Tax bracket 1 (31,45% tax on total taxable income below ISK 409.987 per month)
☐ Tax bracket 2 (37,95% tax on total taxable income ISK 409.987- 1.151.012 per month)
☐ Tax bracket 3 (46.25% tax on total taxable income above ISK 1.151.012 per month)
Or other monthly taxable income: _____

Personal tax credit

☐ Utilise_____% of own personal tax credit, commencing from (date):_____
☐ Utilise accrued personal tax credit ISK_____
☐ Utilise_____ % of spouse's personal allowance, commencing from (date)_____
Spouse's name_____ Spouse's ID No_____
☐ Utilise spouse's accrued personal allowance ISK_____

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.