

## 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 andmonths			
☐ 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 (31,49% tax on total taxable income below ISK 472.006 per month) □ Tax bracket 2 (37,99% tax on total taxable income ISK 472.006- 1.325.127 per month) □ Tax bracket 3 (46.29% tax on total taxable income above ISK 1.325.127 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 nameSpouse'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.			

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