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| Frjálsi lífeyrissjóðurinn | C:\Users\asgerdur\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\6PY9OERI\logo.png |
| Application to receive pension  |

**I the undersigned hereby apply to receive payment of my pension from a co-insurance fund and/or restricted private pension:**

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|       |  |       |
| Name of fund member  |  | ID-No. |
|       |  |       |  |       |
| Address |  | Post code |  | Town/city |
|       |  |       /       |
| E-mail |  | Telephone/GSM |

**Payments from Freedom Path and Insurance Path. If the application is received on the 20th day of the month or earlier, pensions are paid out on the last business day of the same month, otherwise on the last business day of the following month. Please refer to the payment rules on the fund’s website for more information.**

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| [ ]  1. I would like to receive a monthly pension from the co-insurance fund until death. I am aware that if I am younger than 67 and am entitled to benefits from the Insurance Path, or am younger than 70 and am entitled to benefits from the Freedom Path, it means that I am withdrawing my pension early. This means that the monthly pension payments according to my earned rights decrease and that my right to disability pension is cancelled.  |
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**Payments from the Inheritance Path. If the application is received on the 20th day of the month or earlier, pensions are paid out on the last business day of the same month, otherwise on the last business day of the following month. Please refer to the payment rules on the fund’s website for more information.**

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| [ ]  1. I would like to receive a monthly pension from the restricted private pension until the age of [ ]  82 [ ]  83 [ ]  84 [ ]  85. After that I will receive a monthly pension from the co-insurance fund until death. |
| [ ]  2. I would like to receive a lump sum payment of the restricted private pension. *This is possible if the amount is less than ISK 1,753,026 for 2024. Can be split over several months as requested by the fund member.* I would like to receive a monthly pension from the co-insurance fund from the age of [ ]  82 [ ]  83 [ ]  84 [ ]  85. If nothing is selected payments begin automatically at the age of 85.  |
| **Comments:**       |

**Do you have pension rights in other pension funds?**

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| This application will be sent to other pension funds from which you are entitled to pension payments so that payments from them can commence, unless requested otherwise by sending an email to utgreidslur@arionbanki.is as soon as you have signed the application.. When applying for a lump sum payment of the restricted private pension the application will not be sent to other pension funds. |

**Confirmation to Tryggingarstofnun [State Social Security Institute]:** Confirmation of the application will be sent to Tryggingarstofnun so you can apply for a pension there, if applicable.

**Please deposit payment into bank account registered under ID number of fund member:**

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| Bank:      | Sub-account no:   | Account number:      |

**Tax information:**

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| Pension payments are subject to withholding tax just like other types of income and may reduce payments from the Tryggingastofnun [State Social Security Institute]. There are three tax brackets. If you receive other income subject to withholding tax, it is your responsibility to inform the fund of this by listing it below or the number of the tax bracket where taxation should start. It is permitted to use 100% of a spouse’s personal tax allowance in the case of joint taxation. It is also permitted to use a spouse’s personal tax allowance for nine months from the month of death. Further information on withholding tax can be found on rsk.is.

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| Other monthly income subject to withholding tax, before tax: |       | or the number of tax bracket where taxation should start: |       |

**Personal allowance**: the fund is not permitted to obtain information on your past use of your tax allowance, even though tax cards are now digital. Please state your preference below:

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| I would like to use |       | (% or ISK) of my personal allowance from (date): |       |  | **Name of spouse:** |
| I would like to use |       | (% or ISK) of my **spouse’s** personal allowance from (date): |       |  |       |
| I would like to use |       | (ISK) unused/accumulated personal allowance: |  |  | **ID-No. of spouse** |
| I would like to use |       | (ISK) unused/accumulated of **spouse’s** personal allowance: |  |  |       |
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| Application to receive pension  |

**You can book an appointment with one of our specialists to discuss pension payments by calling 444 7000 or sending an e-mail to lifeyristhjonusta@arionbanki.is.**

**Further details on payments can be found in the fund’s articles of association on frjalsi.is.**

**I am aware that payments from pension funds and private pension funds can affect benefits from Tryggingastofnun.**

By signing below, i.e. with a valid electronic signature or signing by hand, I confirm the contents of this document and agree to abide by the rules applicable to the contents of this document. I am aware that an electronic signature is equivalent to a written signature pursuant to Act No. 55/2019 on electronic identification and trust services for electronic transactions, and the signature, if electronic, is made in accordance with this Act. Parties to this document have to sign this document in the same way. In cases where this document is signed electronically, the document will be stored and accessible to fund members in digital documents in Arion Online Banking and/or e-mail.

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| Place and date |  | Signature of fund member |