

# PENSION APPLICATION



## 1 Pension

Lifelong pension from:      Division A LSR      Division B LSR      ESÚÍ      LA/LR

From (mm.yyyy):

*Note: Pensions are paid on the first day of the month, for the preceding month.*

Half pension payments

I request that this application be sent to other Icelandic pension funds in which I hold an entitlement

## 2 Applicant

Name      Icelandic ID number (kennitala)

Domicile

Postal code      Location and country

Email address:      Tel.

### Bank account information

**Bank branch no. - Ledger (hb) - Account no.**

**Note:** The bank account must be Icelandic and owned by the applicant. All payments from LSR will be made to this bank account. If needed, you can change your bank information by logging on to LSR's web services.

## 3 Taxation

Income tax is withheld on pension payments according to the same rules as regular wages. The fund member is responsible for informing the fund of the applicable income tax rate and details of tax card utilization. Please choose ONE of the tax rate levels below, or state your monthly income from sources OTHER than LSR.

Tax rate 1 (31.49% tax on total taxable monthly income of up to ISK 472,005)

Tax rate 2 (37.99% tax on total taxable monthly income of ISK 472,006 to 1,325,127)

Tax rate 3 (46.29% tax on total taxable monthly income over ISK 1,325,127)

Tax rate based on other monthly income (total monthly wages from other employers and funds):

Percentage utilization:      From the date of:

Use my income tax card:      %

## 4 Signature

**I have read and agree with the following LSR terms:**

By signing this application I am authorizing LSR to contact my employer for information regarding my employment and retirement.

Pension payments from Division B can only commence upon retirement as a state employee.

Date

Signature of applicant

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