

Application for reimbursement of pension contributions made by foreign citizens

Name: _____ ID (kt): _____

Address: _____

Zip code: _____ City and country: _____

E-mail: _____ Phone: _____

The following documents must be enclosed:

- Confirmation from employer of the termination of employment.
- Copy of ticket for return to home country or equivalent confirmation
- Copy of passport

The applicant wishes that the withdrawal will be deposited to the following bank account (in Iceland):

_____ - _____ - _____

General notice:

Reimbursements are open for foreign citizens when leaving the country permanently, if the country they are moving to is not a party to a treaty with Iceland, bannig such reimbursements. Applicants moving to other countries in the EEA (European Economic Area) or to the United States of America can't get reimbursements subject to relevant treaties.

Signature

With my signature, I confirm that I am moving from Iceland and have no intention of returning to work in Iceland. I request reimbursement of pension fund contributions I have made to SL lífeyrissjóður (Söfnunarsjóður lífeyrisréttinda). I am aware the the reimbursement will cancel all rights and benefits from the fund, and that the reimbursement is subject to taxation to the same extent as other pension payments. I am aware that SL lífeyrissjóður reserves the right to deny applications when the applicant has previously received a reimbursement.

Date

Signature
