



Termination of agreement - transfer of personal pension savings

Applicant

Name of fund member/rightholder

Id. No.

Address

Postal code/location

Tel. no.

E-mail

Notice of termination

I hereby terminate my agreement for personal pension savings which I concluded with:

Furthermore, I request that my balance be transferred to the custodian indicated below:

Name: Lífeyrissjóður verzlunarmanna, personal pension savings division

Id. No.: 430269-4459

Address: Hús verslunarinnar, Kringlan 7, 103 Reykjavík

Pension fund no.: 861

Bank account details: 515-26-1007

Location and date

Signature of fund member/rightholder

Information on the Fund's use of the
applicant's personal data is available here.



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