

Framtíðarauður

Application for collection of unpaid private pension savings contribution

Name:			ID No:
Address:		Tel:	Mobile:
Postcode:	Place:	Email:	
		<u>'</u>	
Employer:			ID No:
Address:		Tel:	Mobile:
Postcode:	Place:	Email:	
on behalf of the benefit Islandsbanki will send the date of the origin time. Unsuccessful conotobligated to take s Guarantee Fund (Áby contribution as well as date of the District Colf the collection is uns (plus VAT) as well as Expenses collected frol, the undersigned benefits	ct any unpaid Framtíðarauður, Íslands ficiary. The unpaid amount shall be co the employer two collection letters fal collection letter, then it will be serblection attempts may lead to a requich action unless it is guaranteed that graðasjóður launa). The Wage Guaran sany legal expenses incurred, provide burt's receipt of the petition for liquida uccessful, the beneficiary shall pay a cany expenses incurred by collection om the employer or the Wage Guaran eficiary, agree with the above terms an penalty interest and costs will be colley slips.	free of charge. If the claim has not be not to a collection agency contracted uest for liquidation to recover more the cost of collection will be paid by tee Fund guarantees a maximum 49 d that the claim is submitted no long ation. collection fee, which may amount to a attempts, which may amount to a tee Fund will reduce the beneficiary dhereby request that deducted contributions.	peen paid within 40 days of by the Bank at any giver hies owed. The Collector is the employer or the Wage 6 employee supplementary fer than 18 months after the a maximum of ISK 50,000 maximum of ISK 50.350 s costs.
Required document Pay slips	ts:		
This document can e	ither be signed by hand or with an e	electronic signature.	
Place	Date (DD.MM.YYYY)		
	ıry	On behalf of Íslandsbanki	

