

Power of attorney for financial information and/or transactions

- in all of Íslandsbanki's distribution channels - individuals

Based on the substance covered by this power of attorney it applies to information gathering and/or financial activities, that are available in all of Íslandsbanki hf. distribution channels, including online banking, app and branch services.

The grantor (private person)

| | | |
|-----------|-------|----------|
| Name: | | ID no: |
| Address: | | Tel: |
| Postcode: | City: | Country: |
| Email: | | |

hereby grants his power of attorney to

| | | |
|-----------|-------|----------|
| Name: | | ID no: |
| Address: | | Tel: |
| Postcode: | City: | Country: |
| Email: | | |

Access to the banking accounts of the grantor (select either A or B):

| Statement | Transfers |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- A. Access to all bank accounts
- B. Access to specific bank accounts (specify the account number and select access):

| Account No. | Statement | Transfers |
|-------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

| Account No. | Statement | Transfers |
|-------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

A statement access only includes an authorization to view the current balance and statement overview of the account in question.

A transfer access includes all general authorization and activities related to the accounts in general, such as authorization to withdraw money (including withdrawing from an already overdrawn account), to view the balance and summary of the account and to apply for an additional debit card for the agent of the account in question.

Access to the credit cards of the grantor (select either A or B)

- A. Access to all credit cards
- B. Access to specific credit cards (enter four last numbers):

| Credit Card No. | Credit Card No. | Credit Card No. | Credit Card No. |
|-----------------|-----------------|-----------------|-----------------|
| | | | |



EY-8025 - 08092020

Initials:

Access to statements of securities portfolios of the grantor (select either A or B):

- A. Access to all portfolios
- B. Access to specific portfolio (enter portfolio number):

| Portfolio | Portfolio | Portfolio | Portfolio |
|-----------|-----------|-----------|-----------|
| | | | |

Access authorisations relating to grantor

- The grantor grants the agent full access to information relating to the grantor and which are or will be accessible in Íslandsbanki's branches, Online Bank and App. These include statements of unpaid bills, loans, e-documents, payment services, direct payments, private pension savings, overseas payments, etc.

The agent has the same power of attorney as the grantor to information gathering and/or financial activities described in this power of attorney according to which boxes have been checked.

The grantor is responsible for ensuring that the authorisations of the agent are cancelled or amended as appropriate. Every action executed by the agent within this power of attorney shall be as though the grantor (owner) had performed the same. The grantor pays for all services provided on account of this power of attorney, according to the bank's price list at any given time. This power of attorney is valid until withdrawn by written notice.

With his/her signature by hand in the presence of witnesses or electronic signature the grantor confirms and accepts all of the above.

 Place

 Date (DD.MM.YYYY)

 Grantor

Witnesses

 Name and ID No.

 Name and ID No.