## Framtíðarauður



Waiver of private pension savings inheritance

| Beneficiary:           |      | ID No:  |
|------------------------|------|---------|
| Date of death:         |      |         |
| Surviving spouse/heir: |      | ID No:  |
| Email:                 | Tel: | Mobile: |

I/we, the undersigned, legal heir/s of the above-mentioned beneficiary waive fully my/our rights to the beneficiary's private pension savings. All payments that otherwise would have been allocated to me/us, shall now be paid to the surviving spouse/heir mentioned above.

| Legal heirs: | ID No: | Email: | Mobile: |
|--------------|--------|--------|---------|
| 1.           |        |        |         |
| 2.           |        |        |         |
| 3.           |        |        |         |
| 4.           |        |        |         |
| 5.           |        |        |         |

## **Required documents**

□ Statement or other certified confirmation from the District Commissioner.

Other:

The document can either be signed by hand or with electronic signature.

Place

Date (DD.MM.YYYY)

## Signature of heirs:

| 1. |  |
|----|--|
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Witnesses to the correct date, finanicial competence and signature:

Name and ID No.

