

## 1 Application for the reimbursement of pension contributions

The undersigned requests that his/her pension contributions be reimbursed by the Pension Fund for State Employees.

## 2 Applicant

Name \_\_\_\_\_ ID no. \_\_\_\_\_

Address \_\_\_\_\_

Po.no. \_\_\_\_\_ City \_\_\_\_\_

E-mail address \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

## Documents supporting the application

The applicant needs to meet certain requirements in order for a reimbursement to take place. Therefore each case needs to be assessed beforehand. It may be necessary to acquire additional documents, e.g. verification of a permanent residency from applicant's home country.

### The following must be enclosed:

- Employer's confirmation of an employment termination.
- Copy of a passenger ticket back to the home country or an equivalent confirmation.
- Copy of applicant's passport.
- Bank account number in Iceland: \_\_\_\_\_

In order for a reimbursement to take place, the applicant must be moving to a country outside of the European Economic Area (EEA). Further information on reimbursement of contributions to foreign citizens may be accessed at: [www.lsr.is](http://www.lsr.is).

## 4 Signature

The undersigned understands and recognises that reimbursement will cancel all benefits from the Fund. Reimbursement of contributions will be taxed in the same manner as pension payments.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant