



Power of attorney to handle my interest at Tryggingastofnun

I, the undersigned, hereby authorize the agent named in this power of attorney document, to obtain and provide information regarding my payments, pension rights and to protect my interests at Tryggingastofnun.

Name of agent	Icelandic ID /kennitala or foreign ID number

I also authorize that communication between the agent and Tryggingastofnun be done electronically in a secure area on My pages and / or by e-mail to the following e-mail address.

Email	Telephone number

This power of attorney is **without time limit*** unless otherwise stated below:

- Time limit: from date _____ until date _____
- Power of attorney, just for today: date _____

Pensioner

Signature _____

Place and date _____

Witnesses:

Name: _____

Icelandic id/kennitala or foreign ID number**: _____

Name: _____

Icelandic ID/kennitala or foreign ID number**: _____

*** The power of attorney can always be revoked at Tryggingastofnun**

****If foreign ID number, then copy of passport must be attached.**