TRYGGINGARFELAGIÐ LÍV
Postboks 206
Kopargøta 1
FO-110 Tórshavn

Tel. 31 11 11
liv@liv.fo
www.liv.fo

Transfer Request

Fulla name:	ID-no.: (P-tal)
Adress:	Tel.
Postal Code:	City/Town:
Occupation:	Email:

The undersigned hereby requests the cancellation and transfer of the value of the below-mentioned insurance/account.

Cancellation Date:	Insurance/Account No

Transfer of Accumulated Value

The funds with the above-mentioned insurance/account number are to be transferred to account **6460-260.444.4** held by LÍV.

Trancation note: **From another pension provider**

Constent Statement

Regarding consent for the collection and dissemination of information, please refer to special statement (FP 601)

Disclaimer

My consent is conditional on LÍV's acceptance under health conditions that are no worse than in the current arrangement.
I am aware that the transferred amount must comply with the same tax regulations concerning disbursement applicable to the arrangement being transferred from.

Location	Date	Signature

To provider

Til veitara

Í samband við flytingina, verða tit vinarliga biðin um at greina upphæddina soleiðis, at LÍV kann bóka flytingina sambært eftirlønarlógini og/ella rentutryggingarlógini á eftirlønarkonto, kapital-, luta – og rentutrygging
í mun til upprunaavtaluna, sum var gjørd við tykkum.

LÍV váttar somuleiðis, at bókað verður inn í tráð við omanfyri nevnda.

TRYGGINGARFELAGIÐ LÍV
Postboks 206
Kopargøta 1
FO-110 Tórshavn
Tel. 31 11 11
liv@liv.fo
www.liv.fo

FP 601 - Consent for the Collection and Disclosure of Information

New Policy or Amendment

Your Consent is Required

When you wish to take out an insurance policy or make amendments to the insurance contract during the policy term, LÍV requires information that may be crucial for assessing the insurance risk. Providing false information or failing to provide relevant information may result in you not receiving the insurance payout or only a partial amount when you file a claim with LÍV. This is stipulated in the insurance contract regulation.

Your Doctor and Others May Disclose Health Information

With your consent, your doctor may share information about your health condition, other private matters, and other confidential information. Public authorities and insurance companies may also, with your consent, disclose information about you. These permissions are in accordance with current legislation.

You Can Withdraw Your Consent Any Time

Your consent is valid for one year from the date you provide it. A copy of this consent will be provided to all parties from whom LÍV seeks information. If you wish to withdraw your consent, you may do so at any time.

You Will Be Notified Each Time LÍV Collects Information

Whenever LÍV collects specific information, you will be notified about the reason for the information request, the exact information being requested, the relevant time period, and from whom LÍV intends to collect the information.

Consent

I hereby give my consent for LÍV to collect all relevant information. This may include medical information, details about my health conditions, interactions with the healthcare system, social conditions, and more.

Information may be collected from doctors, hospitals, other relevant parties in the healthcare system, public authorities including social services/municipalities, the Accident Insurance Council, the police, other insurance companies, and pension funds. The collected information may be disclosed to other insurance companies, public institutions, and authorized individuals within the healthcare system who are involved with my case.

This consent only covers information prior to the signing or amendment of this insurance policy. Copies of this consent will be provided to doctors and other parties from whom LÍV requests information.

_____ _____

(Date & Place) **(Signature of the insurance applicant)**

The Medical Association has approved this consent form for use in connection with requests for health information from doctors. When requesting information from doctors, the agreed form will be used and supplemented with copies or extracts of relevant medical records if LÍV requests it.