

Defined Contribution Pension Plan
Application for Designation of Beneficiary for Lump-sum Death Benefit

To Sompo Japan DC Securities Inc.

I request to designate or change or cancel the beneficiary for Lump-sum Death Benefit in my DC plan. I understand and consent to the Personal Information Handling Policy stated below.

Application Date (YYYY/MM/DD): / /

Participant account number	Please fill in the participant's account number printed on the upper right of the enclosed "Notice of opening account for DC."		
Participant name	(family name)	(first name)	
		Please affix your seal or signature in the field to the right	
		<div style="border: 1px dashed black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">Seal</div>	

Beneficiary for the lump-sum death benefit

Procedure <small>*Please circle one of the numbers on the right.</small>	<div style="display: flex; flex-direction: column; gap: 5px;"><div>1. Designate the beneficiary</div><div>2. Change the beneficiary</div><div>3. Cancel the beneficiary</div></div> <div style="font-size: small;">(Change the designated beneficiary to the family member prescribed by the DC Law)</div>
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Name of the beneficiary	(family name)	(first name)	Sex	Male · Female
Address of the beneficiary	〒 —			
Relation to the participant	Spouse / Child / Parent / Grandchild / Grandparent / Sibling			
Phone number of the beneficiary	— —			
Date of birth	(YYYY/MM/DD) / /			

*You are required to submit this form when you would like to designate a person other than your closest relative (such as spouse), or you would like to designate one person among other persons in an equal degree of relationship, prescribed in priority by the DC Law.

*If you would like to designate more than one person, you are required to submit one form for one person. All the designated persons are considered in an equal degree of relationship.

◆ Personal Information Handling Policy

Sompo Japan DC Securities will use the personal information for the purpose of designating the beneficiary of lump-sum death benefit and will provide information such as names and addresses to the record keeper, asset administrator and the product provider (if a participant holds an insurance product).

Sompo Japan DC Securities may consign the handling of personal information within the scope required for the above purpose. Please note that Sompo Japan DC Securities will not be able to designate the beneficiary of lump-sum death benefit if you leave any required field blank.

<Inquiries regarding personal information>
Sompo Japan DC Securities Inc.
Customer Service Department
Answer Center (Manager of Personal Information)
Inquiry form : <https://www.sjdc.co.jp/ja/formprivacy/> (The link cannot be accessed from mobile phones.)
<Personal Information Protection Administrator>
Chief Privacy Officer

<損保ジャパンDC証券使用欄>

受領印	入力印	検印	プランコード	
			住所変更	有 無

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Reference

Sompo Japan DC Securities Inc.
I wish to change or cancel the beneficiary for Lump-sum Death Benefit in my DC plan. I understand and consent to the Personal Information Handling Policy stated below.

Application Date (YYYY/MM/DD): 20XX / XX / XX

Participant account number	1234567890 <small>Please fill in the participant's account number printed on the upper right of the enclosed "Notice of opening account for DC."</small>	
Participant name	(family name)	(first name)
	Your	Name <small>Please affix your seal or signature in the field to the right</small> Seal

Beneficiary for the lump-sum death benefit

Procedure <small>*Please circle one of the numbers on the right.</small>	1. Designate the beneficiary 2. Change the beneficiary 3. Cancel the beneficiary (Change the designated beneficiary to the family member prescribed by the DC Law)			
Name of the beneficiary	(family name) Name of	(first name) the beneficiary	Sex	Male • Female
Address of the beneficiary	〒 — Please fill in the designated beneficiary's address.			
Relation to the participant	Spouse / Child / Parent / Grandchild / Grandparent / Sibling			
Phone number of the beneficiary	XX — XXXX — XXXX			
Date of birth	(YYYY/MM/DD) XXXX / XX / XX			

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Sompo Japan DC Securities Inc.

Customer Service Department

Answer Center (Manager of Personal Information)

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<Personal Information Protection Administrator>

Chief Privacy Officer

<損保ジャパンDC証券使用欄>

受領印	入力印	検印	プランコード	
			住所変更	有 無