

5 If you have designated your agent's financial institution account in [3] on Side A to receive the benefit

Please fill in the pink fields and attach the required documents.

- Please place your signature below. The spouse, parent, or child of the head of the household are also considered to be agents. If the agent's relationship to the head of the household is "Other," please enter the relationship inside the parentheses.

Signature of head of household	I hereby authorize the person listed below to act as my agent and to confirm and receive the Temporary Special Benefit on my behalf.		Name of head of household	
Signature of agent	Name (title) of agent	Agent address (location)	〒 - Daytime contact information () -	
		Relationship to head of household	Same household Other (Relationship:)	

	Relationship to head of household	
	Same household	Other
Those who can confirm/receive on behalf of the recipient	• A person listed on the same resident record as the head of the household	• Relatives or other people who regularly take care of the eligible person

Example of how to fill out the form if you wish the benefit to be deposited to your agent's financial institution account

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Please fill in the pink fields and attach the required documents.

- Please place your signature below. The spouse, parent, or child of the head of the household are also considered to be agents. If the agent's relationship to the head of the household is "Other," please enter the relationship inside the parentheses.

Signature of head of household	I hereby authorize the person listed below to act as my agent and to confirm and receive the Temporary Special Benefit on my behalf.		Name of head of household	Taro Yokkaichi
Signature of agent	Name (title) of agent	Agent address (location)	XXXXXX, Yokkaichi City	
		Relationship to head of household	〒510-XXXX Daytime contact information: (059) 345-XXXX	
	Hanako Yokkaichi		Same household Other (Relationship:)	

Please fill out the form clearly and accurately using a black ballpoint pen. Do not use an erasable pen or pencil.

Copy of an identity verification document

*For any one of the following documents that is still valid, the part with the name and date of birth and the part with any changes

- Driver's license (driving history certificate)
- Health insurance eligibility confirmation certificate
- Passport
- Residence card (front and back)
- Special permanent resident certificate (front and back)
- Physical disability certificate
- Medical rehabilitation handbook
- Certificate of insured person for long-term care insurance, etc.
- National pension handbook, etc.
- My Number card (photo side only)

* A My Number Notification Card (without photo) cannot be used.

Please note that health insurance cards cannot be used as identification.

Copy of account information

* Please also see the attached flyer.

• In the case of Japan Post Bank

Please submit a copy of a document that shows the "code," "number," and "account holder name."

• In the case of banks other than Japan Post Bank (a photocopy of one of the following)

"Copy of the bankbook's initial spread (pages 1 and 2)" "An image of the electronic bankbook, etc."

Website for application status inquiries

- Enter the confirmation form number on the website to check the application status. (Also available to those who applied by mail.)



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