

# Special Fixed Benefit Application

Sample Entry

|   |     |
|---|-----|
| Application date  | / / |
| The municipality(city/ward/town/village) you reside in as of April 27, 2020 |     |
| Mayor Toda  |     |

Please fill in the head of household information here and use stamp ink pad when you seal.

Municipality reception

## ○ Head of household (Applicant/Person receiving payment)

|  |                              |                  |               |
|--|------------------------------|------------------|---------------|
| Furigana (katakana or hiragana pronunciation of your name) | Current address              |                  | Date of birth |
| Full Name  | Toda, kamitoda 1-18-1        |                  | 昭和60年10月1日    |
| Signature (or sign and seal)                               | Daytime Contact Phone Number | 048 ( 441 ) 1800 |               |
| Toda Haruhiko  |                              |                  |               |

I am applying for the special Fixed-benefit payment and agree to the following:

- The municipal government may check public records in order to confirm your eligibility to receive the payment.
- If the municipal government cannot confirm your eligibility, you may be required to submit other relevant documents as part of your application.
- If the municipal government is not able to complete the transfer of funds to your designated bank account (for instance, due to an error you made filling out the form) or the municipal government is not able to confirm the eligibility of the applicant (or designated representative of applicant) within 3 months of the starting date for the receipt of applications, your application will be considered as withdrawn.
- If you receive a special fixed-benefit payment from another municipality, you will have to return it.
- If it is found that a household member other than the head of the household to which the person recorded in the Basic Resident Register belongs have received a special fixed-benefit payment for certain reasons, you will have to return it.

## ○ Recipients (Please check the information below. If there is an error, please correct it in red.)

If you do not wish to receive special fixed benefit, please enter  in the check box below.

|              | Name  | Relationship | Date of birth | If person does not want to receive special fixed benefit, please check in the <input type="checkbox"/> |
|--------------|---|--------------|---------------|--|
| 1            | Haruhiko TODA   | householder  | 昭和60年10月1日    | <input type="checkbox"/>   |
| 2            | Toda Akiko  | wife         | 昭和63年7月12日    | <input type="checkbox"/>   |
| 3            | Toda Natuo  | child        | 平成27年8月20日    | <input type="checkbox"/>   |
| 4            | Toda Fuyumi   | child        | 令和元年12月23日    | <input type="checkbox"/>   |
| 5            |   |              |               | <input type="checkbox"/>   |
| 6            | Please follow the information based on Basic Resident Registration System as of April 27, 2020. Person who was born on the base date (April 27, 2020) and those who died after the base date are eligible for |              |               | <input type="checkbox"/>   |
| 7            |   |              |               | <input type="checkbox"/>   |
| 8            |   |              |               | <input type="checkbox"/>   |
| 9            |   |              |               | <input type="checkbox"/>   |
| 10           |   |              |               | <input type="checkbox"/>   |
| Total Amount |   | 400,000      | 円             |  |

## ○ Check Box A or B to select how you would like to receive payment.

**A** Transfer to designated financial institution account.

You can only designate the bank account of the applicant (head of household) or a designated agent.

Check this box if the bank account you designate is in the name of the applicant (head of household) and is also the same account that is used to make automatic withdrawals to pay your water/sewage bill, to pay your local inhabitant's tax, etc. If this is the case, you do not need to attach a copy of your cash card (ATM card) as part of this application. In addition, you also give (Requested Account Check the relevant box to indicate which of the following applies to the account you designate.

- Local inhabitant's tax automatic withdrawal account     Account where child allowance is received

**【Fill in your bank account information】** (Please do not use bank account you haven't used for long time.)

※ Please recheck if the passbook number is correct. If the passbook number is entered incorrectly, the benefits may be delayed.

|   |                         |   |   |                     |  |
|---|-------------------------|---|---|---------------------|--|
| Please fill in and circle your financial institution type   | 支店名                     | Account   | Bank Account Number<br>(Fill in the squares, right-justified) | (katakana notation) |  |
|   |                         |   |   | Account Holder      |  |
| 1. Bank<br>2. Deposit bank<br>3. Community bank<br>4. JA bank<br>5. Agricultural Cooperative<br>6. Fisheries Cooperative<br>7. Marine | ▲▲<br>Branch code 1 2 3 | ●<br>Main office<br>●<br>Branch office<br>○<br>Savings<br>○<br>Checking | 9 8 7 6 5 4 3   | トダ ハルヒコ             |  |
|   |                         |   |   | Toda Haruhiko       |  |

※ If you choose Japan Post Bank, write the symbol or number that appears at the bottom of your open bank book.

**B** Cash payment is requested (Payment expected after July)

※ (Only for those who do not have a financial institution account.)

If you wish to receive cash, please understand that the pick-up date and location are specified.

Please fill in the required account information and attach a copy of the account information (a copy of the account number on the passbook or a copy of your cash card) on the back side of this application form.

## You only have to fill in this section if you would like someone else to apply on your behalf or to receive the payment on your behalf

**【In this section fill in your proxy's personal information】**

When you ask someone acts your proxy, not only identity verification documents of the head of household but also your proxy identity verification documents and documents confirming the proxy

|   |                     |                   |                                |  |  |
|---|---------------------|-------------------|--------------------------------|--|--|
| Proxy   | (Katakana notation) | Relationship with | Birthdate of proxy             | Address of proxy                               |  |
|   | Full name of proxy  |                   |                                |  |  |
|   | トダ アキコ              | wife              | 明治・大正・昭和・平成<br>63 年 7 月 12 日   | Toda kamitoda 1-18-1                           |  |
|   | Toda Akiko          |                   |                                | Daytime phone number of proxy 048 ( 441 ) 1800 |  |
| I hereby designate the above-mentioned person to be my agent in order to  |                     |                   | Full name of head of household | Signature (or sign and seal)                   |  |
| <input checked="" type="checkbox"/> Apply / request<br><input type="checkbox"/> Receive payment<br><input type="checkbox"/> Apply / request and receive payment |                     |                   | Toda Haruhiko                  | Toda Haruhiko                                  |  |
| ← If you are a legal representative, you do not need  |                     |                   |                                |  |  |

**【For someone who is Applying on your behalf】**

|   |                    |   |                                   |                              |
|---|--------------------|---|-----------------------------------|------------------------------|
| Proxy   | Katakana nation    | Relationship with applicant   | Birthdate of proxy                | Address of proxy             |
|   | Full name of proxy |   |                                   |                              |
|   |                    | YYYY MM DD  | Daytime phone number of proxy ( ) |                              |
| I hereby designate the above-mentioned person to be my agent in order to  |                    | ← If you are a legal representative, you do not need to select how to delegate. | Full name of head of household    | Signature (or sign and seal) |
| Apply / request<br>Receive payment<br>Apply / request and receive payment |                    |   |                                   |                              |

### Attach copies of Docs showing proof of identity of the applicant

- A copy of driver Licence    A copy of My Number card
- A copy of Health Insurance card
- A copy of Pension book/Passport/Disability Notebook etc

※If you wish to designate a proxy(representative) to act on your behalf , please attach copies of Docs showing proof of identity of the proxy(representative).  
※For foreigners, identification documents include residence card and special permanent

### Attach copies of ID and Bank Account docs

- ※Document verifying the bank account where you would like to receive payment
- ※A copy of the Passbook(Bankbook) the part where the account number is written
- ※A copy of your bank card

#### APPLICATION CHECKLIST

(Please be sure to check the following items and put a tick in  below.)

- ① Please confirm that there are no errors or omissions in the information filled in.
- ② Please ensure that the passbook number you entered matches that on the copy number of your bankbook.
- ③ Please ensure you have attached all the requested documents.