To those who file a claim for replacement payment of unpaid wages

Filling out and submitting [Claim Form for Replacement Payment of Unpaid Wages] and [Return Form Relating to Retirement Income Earners/Return Form of Retirement Income]

Japan Organization of Occupational Health and Safety

Examination Division,Occupational health-Wage and Assistance Department

1-1 Kizukisumiyoshi-cho, Nakahara-ku Kawasaki-shi Kanagawa Japan 211-0021 Telephone number: 044-431-8663 URL http://www. johas.go.jp

Please make sure to read through this document.

[Claim Form for Replacement Payment of Unpaid Wages](Claim Form) and [Return Form Relating to Retirement Income Earners/Return Form of Retirement Income](Return Form) are printed on the left side of the Certificate or Confirmation Notice. Please fill out, prepare, and submit the forms as mentioned below.

1. Filling out and preparing the Claim Form and Return Form

1) After receiving the Certificate or Confirmation Notice on the right side, please check the information on the document, and fill out and prepare the forms.

2) Please fill out the forms in block letters with a black ballpoint pen.

3) Please read through Examples and Notes on the next page carefully before you fill out the forms.

4) Please make sure there are no omissions, errors in the entries, or missing seals after you fill out the forms. If you correct anything in the forms, make sure to attach your seal. (If there is any deficiency in the Claim Form, the form will be sent back to you, and the time of replacement payment may be delayed significantly.)

2. Submitting the Claim Form, etc.

1) After you fill out the Claim Form and Return Form, please submit the forms to the address below without detaching the Certificate or Confirmation Notice.

<Address to be submitted>

1-1 Kizukisumiyoshi-cho, Nakahara-ku, Kawasaki-shi, Kanagawa, Japan 211-0021

Japan Organization of Occupational Health and Safety

Examination Division, Occupational health-Wage and Assistance Department

2) Regarding the Confirmation Notice, please submit the first copy of the duplicate copies printed as For sending to Japan Organization of Occupational Health and Safety.

3) Regarding the Certificate, you have no duplicate copies of the Claim Form. Please take notes of important items such as the amount of claim for replacement payment, name of the financial institution, its branch name, and the ordinary account number you designated for transfer of replacement payment benefit, etc.

3. Notification of a correction or a change of entries after submitting the Claim Form, etc.

Please notify the Japan Organization of Occupational Health and Safety immediately of any correction or the change if you find an error in the entries in the Claim Form and Return Form, or change your address after you submit the Claim Form, etc. Please refer to [Reference 2] for filling out a written notification.

If you have any questions about filling out and preparing the Claim Form and Return Form, please contact the nearest Labour Standards Inspection Office or the Japan Organization of Occupational Health and Safety.

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3 If you fail to fill out the Return Form above or to submit the "Return Form provided at each tax office," 20% of the amount payable will be the amount of withholding at source of the retirement income.

you are subject to taxation under the Income Tax Act and the Tax Conventions.

Examples and Notes

* Please check the information printed on the Claim Form and Return Form before you fill out the forms.

* If there are any errors, please cross out the mistaken letters with double lines, and attach your seal.

1. Date of claim

Please write down the date of sending this Claim Form.

2. Name of the claimant

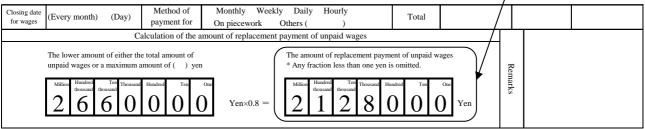
1) Please make sure to write down the Katakana for your name. Unless you include your signature, please make sure to attach your seal.

2) If your last name has changed from the name described in the Certificate or Confirmation Notice due to marriage, etc., a copy of your family register or extract of your family register should be attached.

3) **Please write down the Katakana of the name you use for your ordinary account.** (In the case where the Katakana for your name differs from the account holder's name, deposit of the payment cannot be made.)

3. Amount of claim for replacement payment

1) Please write down the amount in the column for <u>"The amount of replacement payment of unpaid wages"</u> on the right side in the lower section of the Certificate or Confirmation Notice.



2) Please take care to fill in the columns for each digit accurately.

If there are blank columns on the left of the amount figures, please write "¥" in the immediate left column of the figures.

4. Designation for transfer of replacement payment benefit

Unless the ordinary account holder's name is the claimant's own name, deposit of the payment cannot be made.

Please check the passbook of the claimant's own ordinary account, and fill in the name of the financial institution, the branch name, the branch number, and the account number accurately. In the column of the branch name, especially, the official name should be written down, instead of the name of the town where the branch is located or its popular name. Please note that the actual cost such as fees for retransfer may be deducted in the case of retransfer caused by errors made by the claimant.

If you are a foreign national, please attach a copy of your passbook (the pages containing i. the name of the account holder, ii. the name of the financial institution and its branch, and iii. the ordinary account number).

To those who didn't receive the retirement allowance from a life insurance company, the Organization for Workers' Retirement Allowance Mutual Aid, or the company in the year of retirement (or within four years prior to the previous year)

* Please make sure to fill out the form even if your claim for replacement payment at this time is only for regular wages and does not include the retirement allowance.

The benefit you receive under this replacement payment system will be treated favorably as the "retirement income" in terms of tax laws, and will be exempt from taxation in most cases, by filling out the required items on this Return Form. Please note that it will be subject to taxation if you fail to fill out this Return Form. Even in such cases, however, you may sometimes get a refund by filling a return at the tax office.

To those who received the retirement allowance above in the year of retirement (or within four years prior to the previous year)

Instead of filling out this Return Form; please submit 1) the completed and sealed "Return Form Relating to Retirement Income Earners" provided at each tax office, and 2) "Withholding Record of Retirement Income" issued by the payer.

5. Name and seal

Please write down the name of the claimant, and make sure to attach your seal.

6. Address as of January 1

Please write down the address as of January 1 in the year when the claimant retired.

7. Year of retirement

Please write down the year when the claimant retired.

8. Date of retirement and length of service

Please write down the date of retirement and the length of service.

(Please calculate the length in years by rounding up any fraction less than one year, even a day.)

9. Filling in the nationality if you are a non-resident

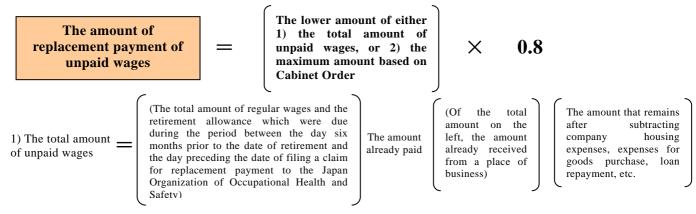
Nationality is required to confirm the tax withholding pursuant to the Tax Convention (agreement).

10. Date of entry into Japan

- The date of entry into Japan is required to calculate the length of residence in Japan.

- Please attach a copy of your passport or alien registration certificate to confirm the date of entry into Japan.

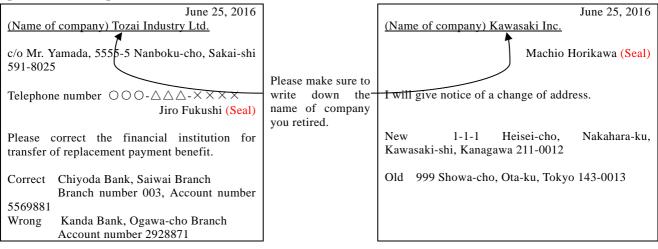
[Reference 1] Method for calculating the amount of replacement payment of unpaid wages



2) The maximum amount based on Cabinet Order – The amount differs according to age as of the date of retirement as shown in the following table.

Age as of the date of retirement	Maximum amount of the total
	amount of unpaid wages
Age 45 and over	3.7 million yen
Age 30 to 44	2.2 million yen
Age 29 and under	1.1 million yen

[Reference 2] Examples of notification of a correction or a change of entries (Notification by postcard is acceptable)



Before submitting the Claim Form, please look over the form again!

1) Are there no omissions or missing seals?

* Please make sure to fill out and attach your seal to the "Return Form Relating to Retirement Income Earners" as well. (If you received the retirement allowance from the company or others, attach the document as mentioned in the following 2, instead of the "Return Form.")

2) Are the required documents attached?

* If you received the retirement allowance from the company, a life insurance company, the Organization for Workers' Retirement Allowance Mutual Aid, etc., please submit the completed and sealed "Return Form Relating to Retirement Income Earners" provided at each tax office, together with the "Withholding Record of Retirement Income" issued by the payer of the retirement allowance.

3) Did you write down the financial institution for transfer of replacement payment benefit accurately?

* Unless your own account is written down accurately, deposit of the payment cannot be made.

Please make sure that the branch name, account number, the Katakana for your name, etc. are correct by checking your passbook.