Notification of Succession of Rights (Sample)

To Accenture Health Insurance Society Chair	man of the Board	Date 2 0	21 / 4 / 1					
	Address of claimant	Yoyogi 1-2-3 Shibuya-ku Tokyo						
	Name of claimant	Setsuko, 7anaka	(Signature)					
	Relationship with the pe	rson who was insured	Wife					
The following insured person, who was my (hereby notify you that I have succeeded to the	,		3 /month 2021 /year, w.					
	Description							
Code and number of the insured person	n's insurance card of the per <mark>Taro. Tanaka</mark>	son who was insured 1	0-1168542					

Precautions

- (1) Please be sure to attach a certificate (a copy of your family register or a resident's card) that clarifies the identity relationship between the claimant and the dead in order to confirm whether or not you have the inheritance right under the Civil Code.
- (2) The successor to the right of this notification must be a person pursuant to Articles 886 to 890 (Laws related to inheritance) of the Civil Code.

Benefit Account Registration Form

I would like the insurance benefits paid by Accenture Health Insurance Society as a result of the succession of my rights to be paid to the following financial institution account.

(Please fill in all fields below.)

V. 15055										
Name of Financial Institution	Mizuho Bank	Branch Name	Shinjyuku							
Deposit Type	Savings Account / Checking Account / Deposit / Other	Account Number	5	0	2	3	5	1	1	
Account Name	Setsuko. Tanaka									

Please enter the account name of the person who inherited the rights.

If you wish to use Japan Post Bank, please pay attention to a branch name.