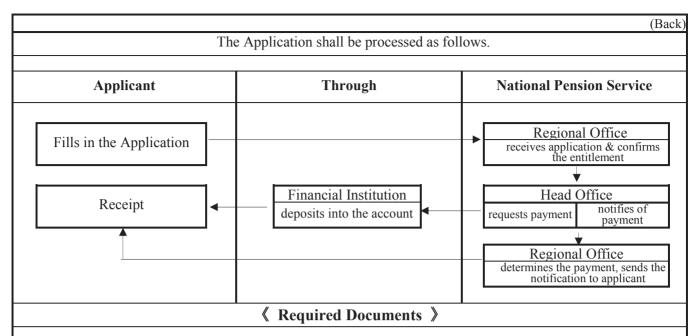
[Form 23] (Front)

(Please refer to the back side. Spaces marked ** are Official Use only.)							od fo	for Handling																						
									1 -													Immediately								
Application for { □Lump-sum Refund or □Lump-sum Death Payment																														
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	Na	Name				Resident Registration No).							-								Т	el.				
Beneficiary (Representative beneficiary of equal standing)	Mai Add	ling ress	Posta	l Coo	de[. [][]																	
equal standing)	Relationship to Beneficiary (Deceased)							Bene	efic	nber of ciaries of transfer one (Persons) Represent					entat	ative designate undesignate				
Insured (Deceased)	Name				Re	egis N	-														Date of death									
Financial Instancial Ins	Financial Institution to which the benefit shall be transferred									Account No.																				
Entitlement			* I	Elig	ibil	lity										*			\square Yes			*			□Yes					
Code						e of calculation nal payment												Disabled			\square No			Unpaid benefit			No			
Please write below only if there are equal beneficiaries and a designated representative.																														
	No.	N	ame				Re	eside	nt I	Registration No.									Designation of a r				f a re	epresentative			★ Degree of			
Beneficiaries						TOSIGOIN													Date			S	Signature			Di	isabili	ty		
of equal	1				L					_																				
standing	2									_		L																		
	3									_																				
"Choice of Benefit" is only for a person who is eligible for two or more benefits.																														
* Choice of Benefits (Date) Eligible Benefits (Date) D M Y)							2)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$									c	enefit nosen Date) (D M Y)				Y)								
Fill in belo	w onl	y in t	he cas	e of a	an a	ppli	cati	on by	y aı	n A	\ge	nt.																		
										(S	eal)																			
Application by Agent	Date of application (Verification)				5115	OIIII	1011			<u></u>							(Verified by a relevant Chief official)									(Stamp)				
	Name				Registration No												-									Tel				
Applicant	Ma Ad	ailing dress	Pos	<u> </u>															Relationship to Beneficiary											
I hereby apply for a Lump-sum Refund or a Lump-sum Death Payment under Free o									of.																					
Article 31 of the Enforcement Regulation in the National Pension Act.																														
Receipt Date of Application: D. M. Y.										L		-																		
									A	۱pp	olic	ant	t:							(Sig	nat	tuı	e o	r se	eal)				
						To).]	Pres	sic	le	nt	of	f N	Va	tic	n	al	P	en	si	on	S	er	vic	ee					



- 1. The Applicant's Resident Registration Card or other Identification Card.
- 2. A copy of Certificate of Resident Registration (in the case of the application caused by death of the contributor)
- 3. If applied by an agent, a copy of beneficiary's Registered Seal Certificate. (인감증명, *Ingam Jeungmyeong*, it is available at Gu Offices.)
- 4. If applying by way of a loss of Korean nationality or emigration from Korea, a copy of your Passport or other relevant certificates which can prove the cause of application.

《 Tips 》

- 1. Spaces marked * are for Official Use only.
- 2. Please fill in all appropriate items concerning the beneficiary; name, resident registration and telephone number. Mailing address and postal code should be written according to the Certificate of Resident Registration.
- 3. Account number at a financial institution should belong to the applicant and be confirmed that it is open.
- 4. If beneficiaries of equal standing designate a representative, the designated person shall stamp or sign on the "Designation of a representative" space.
 - a. If there is no representative, each beneficiary of equal standing shall apply individually.
 - b. If beneficiaries of equal standing are under age 18, his/her legal agent shall stamp or sign on the "Signature" space .
- 5. Fill eligible benefits and the date in the "Choice of Benefit" space only if you have a choice of benefit under Article 28 of the Enforcement Regulation of the National Pension Act.
- 6. "Application by an Agent" is available only if a beneficiary is staying abroad, in prison or other reasons.
- 7. In case of an application on behalf of a beneficiary, the Seal should be the same as that of the beneficiary's Registered Seal Certificate.
 - * If a beneficiary is confined to a prison or detention center, it should be verified by the chief official of that facility.
- **X** I apply for a Lump-sum Refund or a Lump-sum Death Payment despite knowing that I can not receive a Special Old-Age, Disability or Survivors Pension if I receive the Lump-sum Refund.

Beneficiary:	(Signature)