

ACCOUNT CLOSE REQUEST  
DOMESTIC TRANSFER APPLICATION (WITHDRAWAL)

\*Please fill in the information within the bold lines in CAPITAL BLOCK LETTERS.  
\*Please note that you cannot use items such as correction fluid and correction tape, or erasable ballpoint pens.

Date  
20 Year Month Day

Name (Account Holder)	Mr. Ms.	Registered Seal or Registered Signature
Address	□□□ - □□□□	
Daytime Phone		( ) -

● I request to close my account(s).

\*If you own an affiliated credit card (PRESTIA Visa Card) issued by Sumitomo Mitsui Card Co., Ltd, and close your settlement account (Yen Savings Account /Yen Checking Account/Checking Account), the credit card will be canceled automatically.

Branch Name or Code		Branch
Account Type / Account Number	Yen Savings Account	
	Yen Savings Account	
	U.S. Dollar Savings Account(PRESTIA Gaika Cash Card Account)	
	PRESTIA MultiMoney Account	

Please check the box below if you wish to receive the last statement by postal service.  
You cannot view your statement by PRESTIA Online/Mobile after account closure.

☐ I would like to receive the last statement by postal service.

\*If you close your Mutual Fund general account in the same month you close the deposit account(s), we will mail the Statement and Report on Outstanding Balance of Transactions regardless of your request.

● I request to settle my remaining balance by wire transfer. DOMESTIC TRANSFER /JAPANESE YEN ONLY

\*Foreign currency will be converted to Yen applying SMBC Trust Bank's telegraphic transfer buying rate (TTB rate) applicable to customers.  
\*Please choose one of the account types. If not chosen it shall be assumed as a savings account.

Please fill in the information within the bold lines in CAPITAL BLOCK LETTERS				Execution Date		
Payee	Bank	(Bank/Shinkin/Shinkumi/Rokin/Nokyo)		記帳店	沖縄オペレーション (4129)	
	Branch	Branch Mini Branch		AMOUNT		
	Account Type	▼Please circle one. 1 S/A 2 C/A	Account Number			▼Please right-align the number. □□□□□□□□
	Name	▼Please write the payee's name exactly as registered with the receiving financial institution. NAME				

● Reason(s) for Account Closure (optional). Please check all that applies.

<input type="checkbox"/> 1.FX Fee <input type="checkbox"/> 2.Interest Rates <input type="checkbox"/> 3.Branch staff manner <input type="checkbox"/> 4.Quality and Quantity of advice <input type="checkbox"/> 5.IVR	<input type="checkbox"/> 6.Difficult to reach PRESTIA Phone Banking <input type="checkbox"/> 7.Account Maintenance Fee <input type="checkbox"/> 8.Product and Services <input type="checkbox"/> 9.Lost interest in FCY deposits <input type="checkbox"/> 10.Want to consolidate assets	<input type="checkbox"/> 11.Needed funds <input type="checkbox"/> 12.No more occasion to use overseas <input type="checkbox"/> 13.Returning to Home Country <input type="checkbox"/> 14.Other ( )	Most important reason. (Please choose one number.) ( )
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銀行使用欄

未収確認 <DC+>	カナ名確認 <84701>	SIB口座 なし確認	投信口座 なし確認 <BPS>	明細書等の郵送 <84004> <input type="checkbox"/> MF毎月解約 <input type="checkbox"/> 郵送希望 <input type="checkbox"/> 該当なし	OW <P-Deal>	外為SI削除 <K5820>	円定期口座 <51219>	都度振込 <84701>	公金口座 <51144> <input type="checkbox"/> なし <input type="checkbox"/> あり	公金解約 <84017>	スマート相続 <サイドコンテンツ/承継口座> <input type="checkbox"/> 契約無 <input type="checkbox"/> 契約有 重要事項説明済
受 付	印鑑署名照合	承 認	カード回収確認 <input type="checkbox"/> 回収 ( ) 枚 <input type="checkbox"/> カード本人破棄	全口座 解約手続	記帳日	記帳	確認	受付支店名 Branch	受付担当者名 Personal Banker	QRコード	