

Specimen for ACCOUNT CLOSE REQUEST


ACCOUNT CLOSE REQUEST DOMESTIC TRANSFER APPLICATION (WITHDRAWAL)

PRESTIA
SMBC TRUST BANK

*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
20XX Year XX Month XX Day

Name (Account Holder)	Mr. Ms.	TARO	 Registered Seal or Registered Signature
Address		100-0005 1-X-X MARUNOUCHI, CHIYODA-KU,	

Daytime Phone (090) XXXX - XXXX

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		AKASAKA	Branch
Account Type / Account Number	Yen Savings Account		1 2 3 4 5 6 7
	Yen Savings Account		
	U.S. Dollar Savings Account(PRESTIA Gaika Cash Card Account)		
	PRESTIA MultiMoney Account	2 3 4 5 6 7 8 9	

Please see
Bank
Statement or
PRESTIA

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 branch, we will mail the Statement and Report on Outstanding Balance of Transactions registered in the account.

S/A: Savings Account
(Futsu)

I request to settle my remaining balance by wire transfer.

JAPANESE YEN ONLY

*Foreign currency will be converted to Yen applying SMBC Trust Bank's foreign exchange rate. *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			
Payee	Bank	WAKAKUS	(Bank/Shinkin/Shinkumi/Rokin/Nokyo)
	Branch	MIDORI	Branch Mini Branch
	Account Type	1 S/A 2 C/A	Account Number
	Please right-align the number. 9 8 7 6 5		
Please write the payee's name exactly as registered with the receiving financial institution.			
Name	シンタク ハナコ NAME SHINTAKU		

Execution Date
記録店 沖縄オペレーション (4129)

AMOUNT
Please specify the
beneficiary name in
KATAKANA if
applicable.

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 checked="" type="checkbox"/> 11.Needed funds <input checked="" type="checkbox"/> 12.No more occasion to use overseas <input checked="" type="checkbox"/> 13.Returning to Home Country <input type="checkbox"/> 14.Other ()	Most important reason. (Please choose one number.) (13)
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