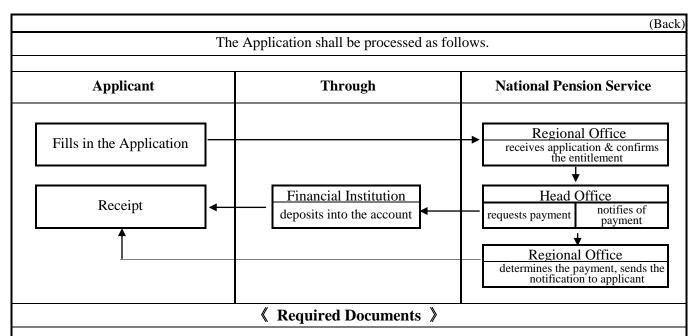
[Form 23] (Front)

(Please refer to the back side. Spaces marked ** are Official Use only.) Period for Handli										ing																	
_							<u></u>													mm	nmediately						
1	· {	<b>□Lump-sum Refund</b> or □Lump-sum Death Payment																									
					L		Lu	ımp-	su	m	De	atı	n F	'a	yn	ıer	ıt										
	Name			]			sident ation N	o.						_							Те	el.					
Beneficiary (Representative beneficiary of equal standing)	) ,																										
	Relationship to Beneficiary (Deceased)							Benefi	icia	nber of ciaries of transfer one (								Persons) Representa					ative designated undesignated				
Insured (Deceased)	Na	Name				Registration No.				-												Date of death					
Financial Institution to which the benefit shall be transferred									A	Acc	oun	t No	Э.														
Entitlement			<b>※</b> ]	Date	of E	Eligibility												*			□Yes		<b>*</b> Unpaid		□Yes		
Code			Ending date for Addition														Ι	Disabled			□No		benefit			]No	
Please write below only if there are equal beneficiaries and a designated representative.																											
Beneficiaries of equal	No.	N	ame				Re	sident	Re	Registration No.							]	Designation of									
	1											-		_				Date			Signat		ature	;	D	isabil	ıty
	①								F																		
standing	2								_																		
	3								_																		
"Choice of	"Choice of Benefit" is only for a person who is eligible for two or more benefits.																										
* Choice of Benefits (Date)  Choice of Benefits (Date)				M	Y	7)	2	D	D M Y) (									Y)	Benefit chosen (Date)			en	(	D	M	Y)	
Fill in belo	w onl	y in tl	he cas	se of a	an ap	plic	atio	on by a	an A	Agei	nt.																
Application by		ason				g abroad										(Seal)											
Agent	Date of application (Verification)															(Verified by a relevant Chief official)						(Stamp)					
	Name				R	Regis	stra	tion No	).						ı								Tel	•			
Applicant	Mailing Address					,									•	•	•	•			elationship to Beneficiary						
I hereby apply for a Lump-sum Refund or a Lump-sum Death Payment under   Free or										of.																	
Article 34 of the Enforcement Regulation in the National Pension Act.																											
Receipt	Date of Application: D. M. Y.															Ľ	, , , , , , , , , , , , , , , , , , ,	50									
											ant:	_						(S	ign	atu	re o	r se	al)				
	To. President of National Pension Service																										



- 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. deleted<2009.12.31>
  - \* If a beneficiary is confined to a prison or detention center, it should be verified by the chief official of that facility.
- **\*\*** 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)
--------------	-------------