

# DIRECT DEPOSIT SIGN-UP FORM (JAPAN)

振込依頼書（日本国内口座用）

## APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

米国社会保障年金のための銀行等口座振込申請書

- This form must be completed in Roman letters. すべてローマ字で記入してください。
- Complete Section 1 and your bank information in Section 3. Ask your bank to certify your account in Section 3. セクション1および、セクション3の口座情報をご自身で記入の上、振込先銀行等でセクション3に口座の確認証明を受けてください。
- Mail the completed form in the envelope provided. 同封の返信用封筒にて提出してください。

### SECTION 1 (TO BE COMPLETED BY PAYEE)

Name and Complete Mailing Address: 名前と住所	<b>SOCIAL SECURITY CLAIM NUMBER</b> 米国社会保障年金番号	<b>B.I.C. (OPTIONAL)</b>	
	Name of Person Entitled to the Benefits 年金受給者氏名		
Telephone Number: 昼間の電話番号	THIS BOX IS FOR ALLOTMENT OF PAYMENT ONLY (if applicable)		
	Type タイプ	Amount 量	
<b>PAYEE CERTIFICATION</b> I (beneficiary or representative payee) certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send this payment to the financial institution indicated in Section 3 and deposit it in the designated account. I understand that personal information in these payments is confidential, but I consent to disclosure of payment information compelled by law or necessary to protect against fraud or crime.	年金受給者による 確認事項 わたしはこの書式の裏面に書かれた内容を読み理解しました。この書式を署名するにあたり、わたしは、米国社会保障年金局がわたしへの年金支払いを、下記の銀行口座に振り込むことに同意します。わたしはここに記載された振り込みに関する個人情報を守秘義務により保護されつつも、特に法律の要請する場合、または、不正や犯罪に対しての保護措置に必要な場合には開示されることがあることを理解し、同意します。		
YOUR SIGNATURE 申請者署名	DATE 日付	JOINT ACCOUNT HOLDER'S SIGNATURE 申請者署名	DATE 日付
Are you the Representative Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No	This account is (check one): 預金口座の種類(ひとつ選択): <input type="checkbox"/> YEN Checking 円当座預金 <input type="checkbox"/> Yen Savings 円普通(総合)預金		
Beneficiary Date of Birth			

### SECTION 2 セクション2 (MAILING ADDRESS 住所)

GOVERNMENT AGENCY NAME: <b>SOCIAL SECURITY ADMINISTRATION</b>	MAIL COMPLETED FORMS TO: Federal Benefits Unit U.S. Embassy 1-10-5 Akasaka Minato-ku Tokyo 107-8420 Japan
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### SECTION 3 (Ask your bank in Japan to certify your account below)

#### THIS ACCOUNT MUST BE IN YEN

セクション3 融機関名、支店名、所在地（以上ローマ字で）金融機関コード、支店番号、口座番号を記入後、銀行等にて口座確認の証明を受けてください。日本国内にある円口座をご利用いただけます。口座番号等は通帳に記載があります。ご不明な点は銀行等にてお尋ねください。

NAME OF BANK 金融機関名	BANK PHONE NUMBER 銀行等支店電話番号
ADDRESS OF BANK 銀行等支店所在地	

PRINT NAME OF BANK OFFICIAL 金融機関担当者氏名(ローマ字で):

SIGNATURE OF BANK OFFICIAL  
金融機関担当者署名:

Type of Depositor Account

 Checking SavingsBank Code 4 digits  
金融機関コード4桁Branch Number 3 digits  
支店番号3桁Account Number 20 digits  
口座番号(通常7桁または8桁)右そろえて**IMPORTANT INFORMATION - PLEASE READ CAREFULLY**

重要事項 - 必ずお読みください

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Japan bank account.

**WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS**

You will receive your payment through the Japan banking system and will usually be in your bank account shortly after the regular payment date. With direct deposit, you will have immediate access to your money. This is the safest way of receiving your benefits.

**INFORMATION ABOUT CURRENCY CONVERSION:**

With direct deposit, your U.S. Social Security payment is automatically converted to Yen (if applicable) at the daily international exchange rate before being deposited to your account.

**\*\*SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS\*\***

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank and the Social Security Administration or the Federal Benefits Unit in your area. You must return to Social Security any payments deposited into a joint account after the death of a beneficiary.

**IF YOUR ADDRESS CHANGES:**

If your address changes, you **must** inform the Federal Benefits Unit or the Social Security Administration. Your payments may stop if the Social Security Administration needs to contact you and cannot find your location.

**CHANGING BANKS OR BANK ACCOUNTS:**

銀行口座の変更について

If you change your bank or your account, you must notify one of the following offices:

振込先金融機関や口座を変更される場合には、お近くの米国大使館、領事館へご連絡いただくか、下記の社会保障年金局へご連絡ください。

Federal Benefits Unit  
U.S. Embassy  
1-10-5 Akasaka  
Minato-ku  
Tokyo 107-8420  
Japan

Social Security Administration  
Office of Earnings and International Operations  
Division Of International Operations  
PO Box 17769  
Baltimore, MD  
21235-7769  
USA

You may need to fill out a new Direct Deposit sign-up form.

**Do not close your old account until payments have started coming to your new account.**

振込先口座を変更する場合は、新たに振込依頼書を記入いただく必要があります。古い口座は新しい口座に振り込みが開始されたことを確認されるまで解約しないようにしてください。

**Privacy Act Statement**  
**Collection and Use of Personal Information**

Section 205(a) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving benefit payments through foreign financial institutions.

We will use the information you provide to process benefit payments with your financial institution. We may also share your information for the following purposes, called routine uses:

- To the Department of State and its agents for administering the Act in foreign countries through facilities and services of that agency; and
- To third party contacts where necessary to establish or verify information provided by representative payees or payee applicants.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders Systems, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0090, entitled Master Beneficiary Record, as published in the FR on January 11, 2006, at 71 FR 1826. Additional information and a full listing of all our SORNs are available on our website at <https://www.ssa.gov/privacy>.

**Paperwork Reduction Act Statement**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions.

**SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. *Send only comments relating to our time estimate to this address, not the completed form.***