**Notification of Relationship with a National Pension, Category-3 Insured Person**

**Date:**
- **Month**
- **Day**
- **Year**

**Location of business place**

**Name of business place**

**Employee's name**

**Telephone number**

**Notification of Dependents (Change)**

* If a person other than a spouse has become a dependent, lost their qualifications as a dependent, or if there is any change in his/her state, fill in the following columns.

<table>
<thead>
<tr>
<th>Name</th>
<th>My Number</th>
<th>Income (annual income)</th>
<th>Address</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan Chan</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Reason**

- 1. Death
- 2. Marriage
- 3. Leaving job
- 4. Decrease in income
- 5. Recognition of disability
- 6. Others ( )

**Date of becoming a dependent**

If your spouse became a dependent (i.e., a category-3 insured person), lost their qualifications as a dependent, or if there is any change in his/her state, fill in the following columns.

<table>
<thead>
<tr>
<th>Name</th>
<th>My Number</th>
<th>Income (annual income)</th>
<th>Address</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chan Chan</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Reason**

- 1. Death
- 2. Marriage
- 3. Leaving job
- 4. Decrease in income
- 5. Recognition of disability
- 6. Others ( )

**Date of acquiring**

**Date of losing their qualification as a dependent**

**Remarks**

- Declaration regarding support (Make entry here if there are any circumstances that cannot be relayed via attached documents or if attaching other documents is not possible.)