Workplace Information - Input

	Workplace Information	DC Plan Information	Other Pension Plan Information		
Fields marked with an asterisk (*) can be modified. Click the "Confirm" button after you have updated the information.					
low, use the information you h e data. We encourage you to u . Administrative processes fo . Provide information to plan pport desk for inquires pertain ease contact the officer in onte tps://www.rks.jdo.co.jp/ja/form in not be accessed via mobile	ave submitted, provide the information pdate information in the optional fields or defined contribution pension plans sponsors (for corporate pension plan ing to privacy protection: arge of personal information at the An- sprivacy/	swerCenter by using the inquiry form av	tities contracted to process sed for:		
Employee number					
Date of employment					
Compan y name					
Division					
DIVISION					
* Job title					
		Example : 00-0000-0000			
* Job title		Example : 00-0000-0000			



Workplace Information

This section displays information about your place of employment currently registered with Sompo Japan DC Securities.

% Items indicated with an asterisk may be registered or updated on this screen.

Your particular eligibility classification determines which items can be updated (Refer to "DC Plan Information").



"Confirm" button

Click Confirm after verifying the information you have provided.

Workplace Information - Verify

	Confirm/Change Participant Information						
		Workplace Information					
		To update the following information, clic	k the "Submit" button.				7
3		Employee number					i I
	1	Date of employment					
		Company name					
	l	Division					L
	l	Job title					
		Phone number (business)					L
		Fax number (business)					I.
4		←Return to previous screen				5 Submit	
	-						-

Workplace Information

Verify the details that you have provided.

4 "Return to previous screen" link

If any details need to be revised, click on "Return to previous screen" and re-enter all required information.

5 "S

3

"Submit" button

Click Submit after verifying the information you have provided.

Workplace Information - Requested Submitted

Confirm/Change Participant Information				
Workplace Information				
The following information has been u	pdated.			
Employee number				
Date of employment				
Company name				
Division				
Job title				
Phone number (business)				
Fax number (business)				
L				

6	
0	

Request submitted message

Once you have submitted the updated details, all of your updated workplace information will be displayed.