

How to claim for retirement allowance

○ To deposit of retirement allowance may take for one month after receiving applications at the branch.

If there are omissions or missing documents, it takes extra days for processing and payment is delayed. Please confirm all documents before submitting.

○ Please use a black ballpoint pen to fill out documents. Do not use a pencil or frixion ball pen.

The required installment payment months to claim retirement allowance has been moderated for more than 12 months.

<Mutual Aid Notebook Sample>

| | |
|----------------|---|
| 建設業 退職金共済手帳 | 99-00000 |
| 種別 | 018210341 |
| 氏名 | ケンタイキョウ 勤 太郎 |
| 加入日 | 平成29年5月1日 |
| 支払日 | 平成30年6月15日交付 (北海道支部発行) |
| 金額 | 20円 100円 180円 200円 280円 300円 310円 合計 |
| 日数 | 100日 100日 100日 100日 100日 100日 100日 250日 |

Mutual aid certification stamps are the total number of days printed on the cover of mutual aid notebook and certificate stickers attached on natural aid book.

(To calculate the number of mutual aid certificate is converted to one month.)

Due to partial revision of The Smaller Enterprise Retirement Allowance Mutual Aid Law, installment payment months to claim for retirement allowance has been moderated from 24 payment months to 12 payment months.

When “Date of reason for claiming retirement allowance” is after April 1, 2016, it is possible to claim for retirement allowance if installment payment months are more than 12 months.

If you claim for retirement allowance with installment payment months that are more than 12 months and less than 24 months, [the retirement allowance may be approximately 30%~50% of installment payment.](#)

※ 1 There is no change of required installment payment months more than 12 months for surviving family claim.

※ 2 If the date of reason for claiming retirement allowance is before March 31, 2016, more than 24 month of installment payment months is needed.

You can calculate the approximate retirement allowance amount on Kentaikyo Homepage. When you scan the QR code below from your mobile phone, you can calculate the amount on “Kentaikyo Mobile Site

Please scan the right QR code for Kentaikyo mobile site



Introduction

The retirement allowance of The Construction Industry Retirement Allowance Mutual Aid System can claim with reasons when you stop working in the construction industry, you start your own business, or the followings.

<Reason for retirement allowance claim>

| | |
|---|--|
| 1 | Start your own business |
| 2 | Become unemployed |
| 3 | Hire by a non-construction business owner |
| 4 | Become an employee of a construction-related office (including when you become a business owner or receive executive compensation) |
| 5 | Cannot work because of injury or illness |
| 6 | Being over 55 years old |
| 7 | A person is deceased |

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Guidelines for “retirement allowance claim form”

Please use a **black ballpoint pen** and fill out “Retirement allowance claim form” clearly. In case of making corrections, please draw a double line and fill in the margins. At that time, the correction seal is unnecessary. Please do not use correction fluid or tape.

Readable numbers by OCR

1 2 3 4 5 6 7 8 9

Unreadable numbers by OCR

1 2 3 4 5 6 7 8 9

Here is example for filling out of “Retirement allowance claim form” that is divided into the following sections 1 to 4.

<“Retirement allowance claim form” sample>

The image shows a sample of the Retirement Allowance Claim Form. Sections 1, 2, 3, and 4 are highlighted in blue. Section 1 is the personal information section, section 2 is the mutual aid handbook information, section 3 is the resignation reason certification, and section 4 is the resignation reason proof. The form includes fields for name, address, date of birth, and various checkboxes for certification.

Please contact prefectural branches if you cannot acquire certifications from the last office due to discontinuance of business.

1 Examples for filling out “Retirement allowance claim form”

This is a filled-out sample of the Retirement Allowance Claim Form. Callouts 1-1 through 1-6 point to specific fields: 1-1 points to the date of birth (03/03/31), 1-2 points to the address (170-8055), 1-3 points to the name (トウキョウ トシマク ヒカシイケフクロ), 1-4 points to the resignation reason (勤退), and 1-6 points to the mutual aid handbook number (018210341).

1-5 Mutual aid handbook sample

This is a sample of a Mutual Aid Handbook. Callouts 1-5 through 1-8 point to specific fields: 1-5 points to the handbook number (018210341), 1-6 points to the name (勤退太郎), 1-7 points to the date of birth (39/06/03), 1-8 points to the date of payment (平成30年6月15日).

4 Examples for filling out retirement reasons in the certification column

This is a filled-out sample of the Retirement Reason Certification section. Callouts 4-1 through 4-4 point to specific fields: 4-1 points to the date of resignation (3/31), 4-2 points to the name of the certifier (勤退太郎), 4-3 points to the address (105-0000), and 4-4 points to the business name (建設株式会社).

Guidelines for “retirement allowance claim form” (2)

How to fill out “Retirement allowance claim form”

1-1 Please enter the date when you submit (send) “Retirement allowance claim form”

1-2 Please enter any date of <Reason for claiming retirement allowance> that fills out in **1-8** for “Date of reasons for claiming retirement allowance”

For the classification of the year, please check the appropriate box.

* Please enter the month and day in two digits.

(e.g. March→03, 8th→08)

| | <Reason for claiming retirement allowance> | Date of reasons for claiming retirement allowance |
|---|---|---|
| 1 | Start your own business | Retirement date |
| 2 | Become unemployed | Retirement date |
| 3 | Hire by a non-construction business owner | Hired date by present business owner |
| 4 | Become an employee of a construction-related office | Date when you are no longer eligible |
| | Become a business owner or receive executive compensation | Positioned date of director or representative |
| 5 | Cannot work because of injury or illness | Retirement date |
| 6 | Being over 55 years old | Date when you turned 55 years old and retired |
| 7 | A person is deceased | Date of death |

1-3 Please enter zip code, address, address Japanese pronunciation, full name, full name Japanese pronunciation, phone number of the person claiming the retirement allowance.
For entering voiced sound mark in the Japanese pronunciation column, please use one square for the voiced sound mark.

(e.g. “カ” → separate one square for each “カ” and “ゝ”)

* Please leave one space between your first and last name in the Japanese pronunciation column.

1-4 In case of surviving family claim, check the checkbox of relationship with the mutual aid subscribers.

If “other” is selected, please enter the relationship such as “sibling” in parentheses.

1-5 Please enter the information printed on the front cover of mutual aid notebooks.

* If you have submitted “Reissuance form for loss or damage of mutual aid notebooks”, you do not need to enter the notebook number and issued date.

* If the full name of Kanji or Japanese pronunciation on the mutual aid notebook is different from the name on the resident card, please submit “Notification of name, etc. change of mutual aid subscribers” (downloadable on Kentaikyo Homepage).

1-6 Please enter gender and date of birth of mutual aid subscribers.

1-7 Please enter the appropriate occupation number in the followings.

| | | | |
|---------------------------------|------------------------|----------------------------------|---------------------|
| (01) Carpenter | (02) Steeplejack | (03) Light worker | (04) Regular worker |
| (05) Paving/road construction | (06) Rebar/steelworker | (07) Stonemason | (08) Plasterer |
| (09) Roofing/sheet metal worker | (10) Painter | (11) Fitting/interior decoration | (12) Electrician |
| (13) Plumber | (14) Machine operator | (15) Planting/landscaper | (16) Other |

1-8 In the following <Reason for claiming retirement allowance>, please enter the appropriate number for claiming reasons.

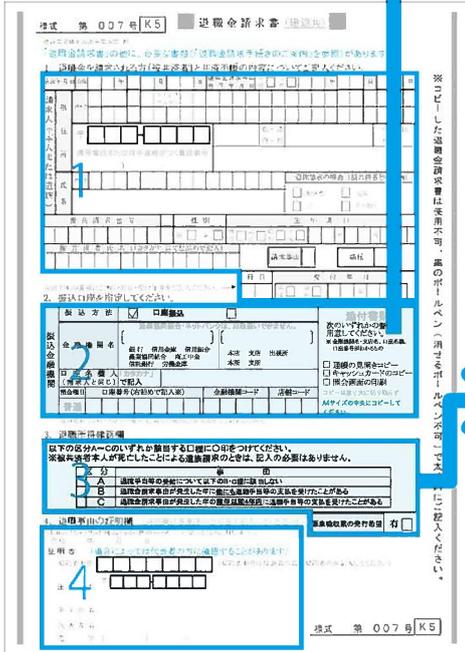
4 If you enter 1 through 5 on <Reason for claiming retirement allowance>, please obtain the **employer’s certification** in the “Certification” column.

| | <Reason for claiming retirement allowance> | Employer’s certification |
|---|---|--|
| 1 | Start your own business | The last employer’s or employer organization’s certification |
| 2 | Become unemployed | The last employer’s or employer organization’s certification |
| 3 | Hire by a non-construction business owner | The present employer’s certification |
| 4 | Become an employee of a construction-related office | The present employer’s certification |
| | Become a business owner or receive executive compensation | (The present employer’s certification and a certified copy of business registration) |
| 5 | Cannot work because of injury or illness | The last employer’s certification or medical certification |
| 6 | Being over 55 years old | (It does not matter with or without the last employer’s certification) |
| 7 | A person is deceased | (It does not matter with or without the last employer’s certification) |

Guidelines for “retirement allowance claim form” (3)

Here is example for filling out of “Retirement allowance claim form” that is divided into the following sections 1 to 4.

<“Retirement allowance claim form” sample>



2 Examples for filling out bank account

2. 振込口座を指定してください。

2-1

| | | |
|-------|--|--------------------------|
| 振込方法 | <input checked="" type="checkbox"/> 口座振込 | <input type="checkbox"/> |
| 金融機関名 | 漁業協同組合・ネットバンクは、お取扱いできません | |
| 口座名義人 | 銀行 信用金庫 信用組合 農協協同組合 商工中金 信託銀行 労働金庫 | 本店 支店 出張所 本店 支所 |
| 預金種目 | 「カタカナ」で記入 | 金融機関コード |
| 普通 | 0 0 1 2 3 4 5 | 9 9 9 9 1 2 3 |

2-2

2-3

添付書類
次のいずれかの資料を用意してください。
※ 金融機関名・支店名、口座名義、日附番号が異なるもの

通帳の見開きコピー
 キャッシュカードのコピー
 照会画面の印刷

コピーは厚さ大に切り取らず A4 サイズの中央にコピーしてください。

3 Examples for filling out retirement income confirmation column

3. 退職所得確認欄

3-1

以下の区分A～Cのいずれかが該当する口欄に○印をつけてください。
※被共済者本人が死亡したことによる遺族請求のときは、記入の必要はありません。

| 区分 | 事由 |
|------------------------------------|--|
| <input checked="" type="radio"/> A | 退職手当等の受給について以下のB・C欄に該当しない |
| <input type="radio"/> B | 退職金請求事由が発生した年に他にも退職手当等の支払を受けたことがある |
| <input type="radio"/> C | 退職金請求事由が発生した年の前年以前4年以内に退職手当等の支払を受けたことがある |

3-2

源泉徴収票の発行希望 有

3 How to fill out retirement income confirmation column

3-1 In the retirement income confirmation column, please circle in any of categories A, B, or C.
In case of surviving family claim, it is unnecessary to fill out “3. Retirement income confirmation column”.

A) In case of receiving the retirement allowance from Kentaikyo only in the same year of “Date of reasons for claiming retirement allowance”
(Refer to page 7 how to fill out application)

B) In case of receiving the other retirement benefits, etc. in the same year of “Date of reasons for claiming retirement allowance”
(Refer to page 8 how to fill out application)

C) In case of receiving retirement benefits, etc. within four years before the previous year of “Date of reasons for claiming retirement allowance”

* “Within four years before the previous year of retirement” means that if you retire in 2021, the period from 2017 to 2021 is applicable.

(Refer to page 9 how to fill out application)

3-2 “Withholding record of retirement income” will be sent only to the requested recipient.
Please check “Yes” if you want to receive the withholding record of Kentaikyo.

In case of category A, the retirement allowance amount is paid within the retirement income deduction amount, so there is no withholding. As a general rule, you do not need to file a tax return if you have submitted a “Receiving retirement income application form”.

If you wish to have a “Withholding record of retirement income” at a later date, please contact Kentaikyo head office (Tel. 03 (6731) 2848)

Bank account confirmation of transfer financial institution

Japan Fisheries Cooperative and online banks are not accepted

- 2-1 Please specify a checking account in the name of the claimant for “Transfer financial institution”.
The account holder is processed to transfer by Katakana name, so please enter the Katakana name on your bankbook, etc.
- 2-2 Please confirm “Financial institution code” and “Store code” (store number) printed on your bankbook or bank card.
- 2-3 Please submit one of the following documents for account verification.
Be careful not to leave your document in the copy machine.

In case of submitting for bankbook copy

Copy the bankbook cover and the next facing page



If you wish to use a Japan Post Bank account, please submit a copy of your bankbook.

In case of submitting for bank card copy

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number.



In case of submitting for debit card copy

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number.



Please make sure that the card number (16 digits) is invisible in the copied document.



Please make sure that the security code (3 digits) is invisible in the copied document.

In case of specifying a type of account that does not issue a bankbook

Copy the confirmable side of financial institution name, store code (store number), account holder name, and account number on the web account screen.

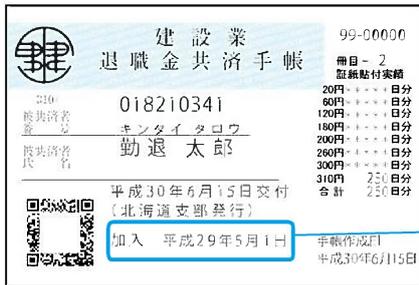
How to fill in “ Application Concerning Receipt of Retirement Income”

* In case of surviving family claim, it is unnecessary to submit forms.

In case of retirement allowance claim, please submit this application form. If you do not submit application forms, a tax equivalent to 20.42% (including special income tax for reconstruction) will be deducted (withhold) from your retirement amount as income tax on retirement income.

【Examples for filling out of application】

Retired day: March 31, 2021
The last issued mutual aid notebook



Date of joining Kentaikyo

《Example ① category A: In case of receiving the retirement allowance from Kentaikyo only in the same year of retirement》

| | | | |
|----------------------------|---|---|--|
| 年 月 日 豊島 税務署長 市町村長 殿 | | 3 年分 退職所得の受給に関する申告書 退 職 所 得 申 告 書 | |
| 所在地 (住所) | 〒170-8055 東京都豊島区東池袋1-24-1 ニッセイ池袋ビル20階 | 現住所 | 〒170-8055 東京都豊島区東池袋1-24-1 パークハイツ707 |
| 名 称 (氏名) | 独立行政法人 勤労者退職金共済機構 建設業退職金共済事業本部 | 氏 名 | 勤退 太郎 |
| 個人番号 | 7 0 1 3 3 0 5 0 0 1 9 0 3 | 個人番号 | 0 : 1 2 3 4 5 6 7 8 9 9 0 |
| 退職の区分等 | 障害 | その年1月1日現在の住所 | 同上 |
| ① 退職手当等の支払を受けることとなった年月日 | 3 年 3 月 31 日 | ③ この申告書の提出先から受ける退職手当等についての勤続期間 | 自 29 年 5 月 1 日 年 4 至 3 年 3 月 31 日 年 |
| ② 退職の区分等 | 生活扶助の有・無: 無 | うち 特定役員等勤続期間 | 有 自 年 月 日 年 無 自 年 月 日 年 |
| | | うち 重複勤続期間 | 有 自 年 月 日 年 無 自 年 月 日 年 |

The year of “Reason for claiming retirement allowance” occurred
Enter the (retired year)

Enter your current address

Enter your full name

Enter your individual number (My Number)

Enter your address as of January 1st of the year you resigned (address where you were registered as a resident)
If the address is the same as above, enter “同上”

(Column A): As for Kentaikyo
* Enter the date of reasons for claiming retirement allowance

(Column A):
• If you receive public assistance under the Public Assistance Act as of January 1st of the year you retired, please circle “有” for public assistance, others circle “無”.
• For those who resigned as a direct result of becoming disabled during their employment, circle “障害”, enter the disability status and date of issuance of physical disability certificate in [], and attach a copy of the physical disability certificate. Circle “一般” for others

(Column A): As for Kentaikyo
• 自 (Start) Enter Kentaikyo joining date
• 至 (End) Enter the date of reasons for claiming retirement allowance
• Total years Number of Kentaikyo joining years (Round up less than one year)

How to fill in “Application Concerning Receipt of Retirement Income”(2)

«Example ②, category B: In case of receiving other retirement benefits, etc. in the same year as the year of retirement»

If you receive Kentaikyo retirement allowance after receiving retirement allowance from a company or organization, please submit a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance.

| | | | |
|--|---|---|---|
| 年 月 日 税務署長 豊島 市町長 殿 | | 3 年分 退職所得の受給に関する申告書 | |
| 〒170-8055 東京都豊島区東池袋1-24-1 ニッセイ池袋ビル20階 | | 〒170-8055 東京都豊島区東池袋1-24-1 パークハイツ707 | |
| 所在地 (住所) | 〒170-8055 東京都豊島区東池袋1-24-1 ニッセイ池袋ビル20階 | 現住所 | 〒170-8055 東京都豊島区東池袋1-24-1 パークハイツ707 |
| 名称 (氏名) | 独立行政法人 勤労者退職金共済機構 建設業退職金共済事業本部 | 氏名 | 勤退 太郎 |
| 法人番号 (個人番号) | 700133305001903 | 個人番号 | 0 1 2 3 4 5 6 7 8 9 9 0 |
| その年1月1日現在の住所 | 同上 | その年1月1日現在の住所 | 同上 |
| このA欄には、全ての人が、記載してください。(あなたが、前に退職手当等の支払を受けたことがない場合には、下のB以下の各欄には記載する必要がありません。) | | | |
| A | ① 退職手当等の支払を受けることとなった年月日 | 3 年 3 月 31 日 | ③ この申告書の提出先から受ける退職手当等についての勤続期間 うち 特定役員等勤続期間 有 自 29 年 5 月 1 日 至 3 年 3 月 31 日 年 うち 重複勤続期間 有 自 年 月 日 至 年 月 日 年 |
| B | ④ 本年中に支払を受けた他の退職手当等についての勤続期間 | 自 20 年 12 月 1 日 至 3 年 3 月 31 日 年 | ⑤ ④と③の勤続期間のうち、③の勤続期間と重複している期間 うち 特定役員等勤続期間 有 自 年 月 日 至 年 月 日 年 うち 重複勤続期間 有 自 年 月 日 至 年 月 日 年 |
| C | ⑥ 前年以前4年以内(その年に確定拠出年金等に基づく老齢給付金として支給される一時金の支払を受ける場合には、11年以内)に退職手当等の支払を受けたことがある場合には、このC欄に記載してください。 | ⑦ ⑥又は③の勤続期間のうち、⑥の勤続期間と重複している期間 うち 特定役員等勤続期間 有 自 年 月 日 至 年 月 日 年 うち 重複勤続期間 有 自 年 月 日 至 年 月 日 年 | ⑧ ⑦又は③の勤続期間のうち、⑦又は⑥の勤続期間と重複する部分の期間 自 年 月 日 至 年 月 日 年 |
| D | ⑧ A又はBの退職手当等についての勤続期間のうち、③に前記に記した前記の勤続期間と重複する部分の期間 うち 特定役員等勤続期間 有 自 年 月 日 至 年 月 日 年 | ⑨ Bの退職手当等についての勤続期間のうち、③に前記に記した前記の勤続期間と重複する部分の期間 うち 特定役員等勤続期間 有 自 年 月 日 至 年 月 日 年 | ⑩ ⑧と⑨の勤続期間 うち 特定役員等勤続期間 有 自 年 月 日 至 年 月 日 年 |
| E | B又はCの退職手当等がある場合には、このE欄にも記載してください。 | | |
| 区分 | 退職手当等の支払を受けることとなった年月日 | 収入金額 (円) | 源泉徴収税額 (円) |
| B | 一般 3・3・31 | xx,xxx,xxx | xx,xxx |
| C | 特定役員 | xx,xxx | xx,xxx |
| 支払を受けた年月日 | | 特別徴収税額 (円) | 退職金の区分 (住所)・名称(氏名) |
| 3・3・31 | | xx,xxx | 〇〇建設株式会社 |

Refer to page 7 how to fill out column A.

(Column B)
Enter retirement benefits, etc. receiving before Kentaikyo in the year of retirement.
Please be sure to attach a copy of withholding record of retirement income in case of claiming.

令和 3 年分 退職所得の源泉徴収票・特別徴収票

個人番号 東京都豊島区東池袋1-24-1 パークハイツ707
氏名 勤退 太郎

| | | | |
|------|-----------|---------|---------|
| 所得区分 | 所得金額 | 源泉徴収税額 | 特別徴収税額 |
| 退職所得 | 3,300,000 | 330,000 | 330,000 |

支払年月日 20年12月1日 3年3月31日

支払先 〇〇建設株式会社

(Payment received date)
Enter the retirement benefits, etc. received date.

(Column E-B)
Enter based on “Withholding record and special levy amount of retirement income” receiving before Kentaikyo in the year of retirement.

How to fill in “Application Concerning Receipt of Retirement Income”(3)

◀◀**Example ③**, category C: In case of receiving retirement benefits, etc. within four years before the year of retirement▶▶

The meaning of “within four years before the previous year” is the period from 2017 to 2020 in case of retirement in 2021.

The submission of a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance is optional.

年 月 日
 税務署長
 市町村民 職
 3 年分 退職所得の受給に関する申告書
 退職所得申告書
 〒 現住所 〒
 東京都豊島区東池袋1-24-1 パークハイツ707
 ニッセイ池袋ビル20階
 勤退 太郎
 独立行政法人 勤労者退職金共済機構
 建設業退職金共済事業本部
 0 1 2 3 4 5 6 7 8 9 0
 7 0 1 3 3 0 5 0 0 1 9 0 3 司 上

Refer to page 7 how to fill out column A.

| | | | |
|-------------------------|-----------------|--------------------------------|--------------------------------------|
| ① 退職手当等の支払を受けることとなった年月日 | 3 年 3 月 31 日 | ③ この申告書の提出先から受ける退職手当等についての勤続期間 | 自 29 年 5 月 1 日 年 至 3 年 3 月 31 日 年 |
| ② 退職の区分等 | 一般 除害 扶助 有・無 | うち 特定役員等勤続期間 有 うち 重複勤続期間 有 | 自 年 月 日 年 自 年 月 日 年 |

(Column C-⑥ column)
 In case of received retirement benefits, etc. within four years before the previous year, enter service years of retirement benefits, etc. within four years.

あなたが本年中に他にも退職手当等の支払を受けたことがある場合には、このB欄に記載してください。

| | | | |
|--------------------------------|------------------------|------------------|------------------------|
| B ④ 本年中に支払を受けた他の退職手当等についての勤続期間 | 自 年 月 日 年 至 年 月 日 年 | ⑤ ③と④の通算勤続期間 | 自 年 月 日 年 至 年 月 日 年 |
| うち 特定役員等勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 | うち 特定役員等勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 |
| | | うち 重複勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 |

(Column C-⑦ column)
 Enter the period that overlaps with service years of C-⑥ within the service years of A-③ column and B-⑤ column.

あなたが前年以前4年以内(その年に確定拠出年金法に基づく老齢給付金として支給される 時金の支払を受ける場合には、1年以内)に退職手当等の支払を受けたことがある場合には、このC欄に記載してください。

| | | | |
|--|------------------------|-----------------------------------|------------------------|
| C ⑥ 前年以前4年以内(その年に確定拠出年金法に基づく老齢給付金として支給される 時金の支払を受ける場合には、1年以内)の退職手当等についての勤続期間 | 自 年 月 日 年 至 年 月 日 年 | ⑦ ⑥又は⑤の勤続期間のうち、⑥又は⑤の勤続期間と重複している期間 | 自 年 月 日 年 至 年 月 日 年 |
| | | うち 特定役員等勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 |
| | | うち 重複勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 |

A又はBの退職手当等についての勤続期間のうち、前に支払を受けた退職手当等についての勤続期間の全部又は一部が通算されている場合には、その通算された勤続期間等について、このD欄に記載してください。

| | | | |
|---|------------------------|---|------------------------|
| D ⑧ Aの退職手当等についての勤続期間内に通算された前の退職手当等についての勤続期間 | 自 年 月 日 年 至 年 月 日 年 | ⑩ ⑧又は⑨の勤続期間のうち、⑧又は⑨の勤続期間と重複する部分の期間 | 自 年 月 日 年 至 年 月 日 年 |
| うち 特定役員等勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 | ⑨ Bの退職手当等についての勤続期間内に通算された前の退職手当等についての勤続期間 | 自 年 月 日 年 至 年 月 日 年 |
| | | うち 特定役員等勤続期間 有 無 | 自 年 月 日 年 至 年 月 日 年 |
| | | ⑪ ⑦と⑩の通算期間 | 自 年 月 日 年 至 年 月 日 年 |
| | | ⑫ ⑨と⑩の通算期間 | 自 年 月 日 年 至 年 月 日 年 |

B又はCの退職手当等がある場合には、このE欄にも記載してください。

| 区分 | 退職手当等の支払を受けることとなった年月日 | 取 入 金 額 (円) | 源 泉 徴 収 税 額 (円) | 特 別 徴 収 税 額 (円) | 支 払 を 受 け た 年 月 日 | 退職の区分 | 支払者の所在地(住所)・名称(氏名) |
|----|-----------------------|-------------|-----------------|-----------------|-------------------|----------|--------------------|
| A | ・ ・ | | | | | 一般 除害 | |
| B | ・ ・ | | | | | 一般 除害 | |
| C | ・ ・ | | | | | 一般 除害 | |

(注意) 1 この申告書は、退職手当等の支払を受ける際に支払者に提出してください。提出しない場合は、所得税及び復興特別所得税の源泉徴収税額は、支払を受ける金額の20.12%に相当する金額となります。また、市町村民税及び道府県民税については、差額金を徴収されることがあります。
 2 Bの退職手当等がある人は、その退職手当等についての退職所得の源泉徴収票(特別徴収票)又はその写しをこの申告書に添付してください。
 3 支払を受けた退職手当等の金額の計算の基礎となった勤続期間に特定役員等勤続期間が含まれる場合は、その旨並びに特定役員等勤続期間、年数及び収入金額等を所定の欄に記載してください。

(Column E-C)
 The submission of a copy of “Withholding record and special levy amount of retirement income” of received retirement allowance is optional within four years before the previous year.

Surviving family claim by mutual aid subscriber decease

In case of mutual aid subscriber decease, the highest-ranking surviving family member may file a claim.

If there is more than one person of the same rank, one of them must be appointed as the proxy to claim retirement allowances.

○ Ranking of surviving family member for receiving retirement allowances in case of mutual aid subscriber decease.

The higher-ranking person in the following table becomes the claimant.

| | | | |
|--|---|--|------------------------------|
| 1 st rank | Spouse (including person who has not file, but was in the same situation to the common-law marriage at the time of mutual aid subscriber decease) | | |
| A person who maintained his/her livelihood mainly from the income at the time of mutual aid subscriber decease | | When there is no one in the 2 nd through 8 th rank | |
| 2 nd rank | Children | 9 th rank | Children |
| 3 rd rank | Parents (adoptive parents) | 10 th rank | Parents (adoptive parents) |
| 4 th rank | Parents (biological parents) | 11 th rank | Parents (biological parents) |
| 5 th rank | Grandchildren | 12 th rank | Grandchildren |
| 6 th rank | Grandparents | 13 th rank | Grandparents |
| 7 th rank | Siblings | 14 th rank | Siblings |
| 8 th rank | Other relatives | | |

If there are other surviving family members who are in a higher ranking, those with a lower ranking will not be able to file a claim.

The required document such as a copy of the family register to be submitted will differ depending on the relationship with mutual aid subscribers.

If you have any questions, please contact prefectural branches.

When a spouse becomes the claimant by mutual aid subscriber decease (1)

The spouse who had the same livelihood with the mutual aid subscriber will be ranked 1st in the claimant.
The required documents to be submitted are listed below.

Required documents for retirement allowance claim

1 Retirement allowance claim form

2 Mutual aid notebook

Please submit “Reissuance form for loss or damage of mutual aid notebook” in case of lost.

You can download the “Reissuance form for loss or damage of mutual aid notebook” on Kentaikyo Homepage.

3 Resident card with claimant’s My Number (original)

Please request to show My Number (individual number) for receiving of resident card. The resident card must be original within three months of issuance. Copies and detachments are invalid.

4 Please submit a copy of one of the following claimant’s identification documents.

* In case of difficulty submitting the following identification documents, please contact prefectural branches.

Driver’s license (both sides)

* Valid expiration date



Pension handbook

(The page with name, date of birth, and address)



Health insurance card

(The page with name, date of birth, and address)

* Valid expiration date



Passport

(The page with face photo and address)

* Valid expiration date



Please black out the followings for copied health insurance card.

- Insurance number
- Insurance code and number

Passports applied for after February 4, 2020 will not be accepted as identity verification documents because there is no holder entry field (address entry field).

5 Resident card with mutual aid subscriber’s My Number (deleted residence record) (original)

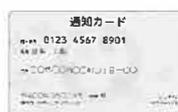
6 If you cannot obtain a resident card (deleted residence record) with My Number for 5, you need to submit a copy of one of the following documents in addition to the resident card (deleted residence record) as mutual aid subscriber’s My Number confirmation documents.

My Number Card (Both sides)

The front wide with face photo, back side with individual number



Notification Card



(ATTN) Handling of “Notification card”
A copy of “Notification Card” can be used as a verification document if the address and name match with a resident card.

* In order to prepare statutory records (payment records) prescribed by the tax office, we request you to submit My Number confirmation documents of deceased mutual aid subscriber and claimant

When a spouse becomes the claimant by mutual aid subscriber decease (2)

The required documents for retirement allowance claim

7 Bank account confirmation documents of transfer financial institution for claimant

Refer to page 6 for bank account confirmation documents.

8 A copy of family register (Original)

A copy of the family register with a mutual aid subscriber or spouse as a head of the family.

A copy with the date of mutual aid subscriber decease
To confirm the relationship between mutual aid subscriber and claimant

9 Documents that can confirm the residence status of mutual aid subscribers

Please submit a copy of one of the following documents.

If you submit documents of **5** Resident card with mutual aid subscriber's My Number (deleted residence record) (original) or **6** mutual aid subscriber's "My Number Card" or "Notification Card" required for claiming, there is no submission required.

The following items ①～⑩ are in the name of mutual aid subscribers

- | | |
|--|---|
| ① Driver's license | ② Health insurance card |
| ③ Passport (issued before February 3, 2020) | ⑤ Rehabilitation certificate |
| ④ Physical disability certificate | ⑦ Residence card + foreign passport |
| ⑥ Mental disability health and welfare certificate | ⑨ Withholding record of retirement income |
| ⑧ Withholding record of income | |
| ⑩ Withholding record of public pension, etc. | |

10 Documents that can confirm the household status of a mutual aid subscriber and his/her spouse

Please submit a copy of one of the following documents.

- ① Withholding record of income (Confirmation of dependency)
- ② Deposits and withdrawals confirmation documents of bank account (Documents that can confirm the fact of sending living expenses, etc. from mutual aid subscribers regularly)
- ③ Insurance policy that the claimant is the beneficiary (life insurance, etc.)
- ④ Surviving family pension certificate
- ⑤ Receipts, etc. certifying that the deceased mutual aid subscriber paid the claimant's utility bills.
- ⑥ Documents certifying that the claimant is using a car (car verification) in the name of deceased mutual aid subscriber (car insurance policy)
- ⑦ A copy of front bankbook of deceased mutual aid subscriber, or front of credit card
- ⑧ Receipts to spouse for funeral expenses (The name of the mutual aid subscriber is clearly stated in the note.)

When a person other than the spouse becomes the claimant by mutual aid subscriber decease

If there is no spouse at the time of mutual aid subscriber decease, the claim will be granted to the 2nd or lower rank of surviving family.
As for claim rankings, surviving family who maintained their livelihood mainly from the mutual aid subscriber's income will be a higher-ranking person.

Required documents for retirement allowance claim

1 Retirement allowance claim form

2 Mutual aid notebook

Please submit "Reissuance form for loss or damage of mutual aid notebook" in case of lost.

You can download the "Reissuance form for loss or damage of mutual aid notebook" on Kentaikyo Homepage.

3 Resident card with claimant's My Number (original)

Please request to show My Number (individual number) for receiving of resident card. The resident card must be original within three months of issuance. Copies and detachments are invalid.

4 Please submit a copy of one of the following claimant's identification documents.

* In case of difficulty submitting the following identification documents, please contact prefectural branches.

Driver's license (both sides)

* Valid expiration date

Pension handbook

(The page with name, date of birth, and address)

Health insurance card

(The page with name, date of birth, and address)

* Valid expiration date

Passport(issued on or before February 3, 2020)

(The page with face photo and address)

* Valid expiration date

Please black out the followings for copied health insurance card.

• Insurance number

• Insurance code and number

5 Resident card with mutual aid subscriber's My Number (deleted residence record) (original)

6 If you cannot obtain a resident card (deleted residence record) with My Number for 5, you need to submit a copy of one of the following documents in addition to the resident card (deleted residence record) as mutual aid subscriber's My Number confirmation documents.

7 Bank account confirmation documents of transfer financial institution for claimant

Refer to page 6 for bank account confirmation documents.

8 A copy of family register (Original)

A copy of family register that shows the entire process from birth to death of mutual aid subscribers.

(A copy other than mutual aid subscribers may be required to confirm the name change.)

When a person other than the spouse becomes the claimant, the required documents, such as a copy of the family register, may differ depending on the relationship with mutual aid subscribers. Please make sure to contact prefectural branches in advance.

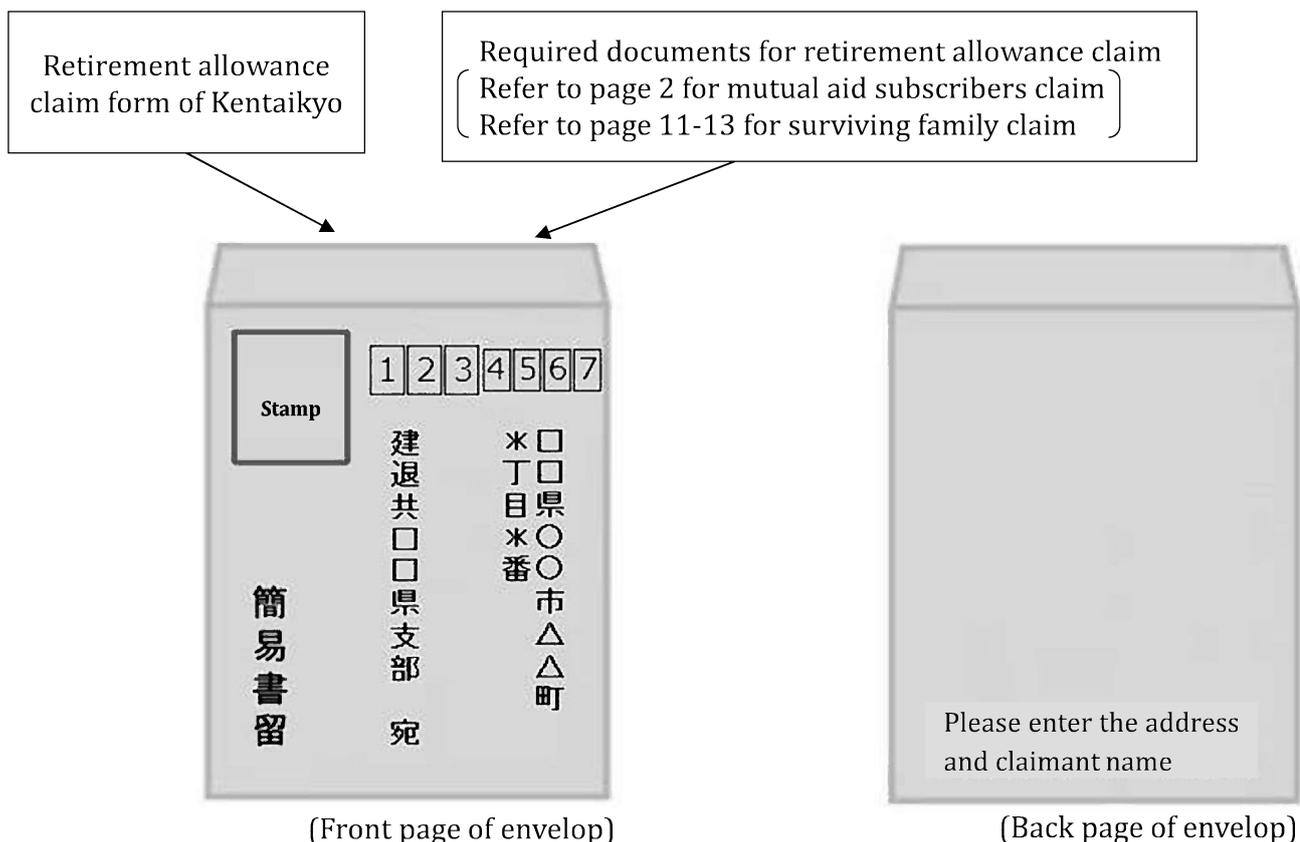
9 "Power of Attorney" (You can download it from the Kentaikyo Homepage)

This form is required if there is more than one equal ranking.

Mailing methods of retirement allowance claim form

In case of mailing the retirement allowance claim documents, please [mail by "simple registered mail" from the post office window](#) to the closest prefectural branches.

Addresses of each prefectural offices can be found on the back cover (on the back of this page).



Incorporated Administrative Agency
The Organization for Workers Retirement Allowance Mutual Aid
The Construction Industry Retirement Allowance Mutual Aid Organization
Homepage: <https://www.kentaikyo.taisyokukin.go.jp>
(The retirement allowance can be calculated on the homepage.)

Personal information is managed and protected appropriately in accordance with laws and regulations, and be used only to the content necessary for retirement allowance payment operations.

Retirement allowance claim document must “bring” to the closest prefectural branches, or mail by “simple registered mail”.

List of prefectural branches

As of June, 24, 2024

| Prefecture | Zip code | Address | Name | Phone number |
|------------|----------|------------------------------|-----------|--------------|
| Hokkaido | 060-0004 | 札幌市中央区北西条西4-1 札幌国際ビル3階 | 建設共北海道支部 | 011(261)6186 |
| Aomori | 030-0803 | 青森市安方2-9-13 青森県建設会館内 | 建設共青森県支部 | 017(732)6152 |
| Iwate | 020-0873 | 盛岡市松尾町17-9 岩手県建設会館3階 | 建設共岩手県支部 | 019(622)4536 |
| Miyagi | 980-0824 | 仙台市青葉区支倉町2-48 宮城県建設産業会館6階 | 建設共宮城県支部 | 022(263)2973 |
| Akita | 010-0951 | 秋田市山王4-3-10 秋田県建設業会館内 | 建設共秋田県支部 | 018(823)5495 |
| Yamagata | 990-0024 | 山形市あさひ町18-25 山形県建設会館1階 | 建設共山形県支部 | 023(632)8364 |
| Fukushima | 960-8061 | 福島市五月町4-25 福島県建設センター内 | 建設共福島県支部 | 024(523)1618 |
| Ibaraki | 310-0062 | 水戸市大町3-1-22 茨城県建設センター内 | 建設共茨城県支部 | 029(225)0095 |
| Tochigi | 321-0933 | 宇都宮市築瀬町1958-1 栃木県建設産業会館2階 | 建設共栃木県支部 | 028(639)2611 |
| Gunma | 371-0846 | 前橋市元総社町2-5-3 群馬建設会館内 | 建設共群馬県支部 | 027(252)1666 |
| Saitama | 336-8515 | さいたま市南区腰手袋4-1-7 埼玉産産連会館内 | 建設共埼玉県支部 | 048(861)5111 |
| Chiba | 260-0024 | 千葉市中央区中央港1-13-1 千葉県建設業センター内 | 建設共千葉県支部 | 043(246)7379 |
| Tokyo | 104-0032 | 中央区八丁堀2-5-1 東京建設会館内 | 建設共東京都支部 | 03(3551)5242 |
| Kanagawa | 231-0011 | 横浜市中区太田町2-22 神奈川県建設会館内 | 建設共神奈川県支部 | 045(201)8454 |
| Niigata | 950-0965 | 新潟市中央区新光町7-5 新潟県建設会館内 | 建設共新潟県支部 | 025(285)7117 |
| Toyama | 930-0094 | 富山市安住町3-14 富山県建設会館内 | 建設共富山県支部 | 076(432)5576 |
| Ishikawa | 921-8036 | 金沢市弥生2-1-23 石川県建設総合センター内 | 建設共石川県支部 | 076(242)2608 |
| Fukui | 910-0854 | 福井市御幸3-10-15 福井県建設会館内 | 建設共福井県支部 | 0776(24)1015 |
| Yamanashi | 400-0031 | 甲府市丸の内1-13-7 山梨県建設会館2階 | 建設共山梨県支部 | 055(235)4421 |
| Nagano | 380-0824 | 長野市南石堂町1230 長埴ビル内 | 建設共長野県支部 | 026(228)7200 |
| Gifu | 500-8382 | 岐阜市敷田東1-2-2 岐阜県建設会館内 | 建設共岐阜県支部 | 058(276)3744 |
| Shizuoka | 420-0851 | 静岡市葵区黒金町11-7 大樹生命静岡駅前ビル12階 | 建設共静岡県支部 | 054(265)6846 |
| Aichi | 460-0008 | 名古屋市中区栄3-28-21 愛知建設業会館内 | 建設共愛知県支部 | 052(243)0871 |
| Mie | 514-0003 | 津市桜橋2-177-2 三重県建設産業会館2階 | 建設共三重県支部 | 059(253)6505 |
| Shiga | 520-0801 | 大津市におの浜1-1-18 滋賀県建設会館内 | 建設共滋賀県支部 | 077(522)3232 |
| Kyoto | 604-0944 | 京都市中央区神小路通柳馬場東入堀町645 京都建設会館内 | 建設共京都府支部 | 075(231)4162 |
| Osaka | 540-0031 | 大阪市中央区北浜東1-30 大阪建設会館1階 | 建設共大阪府支部 | 06(6941)3650 |
| Hyogo | 651-2277 | 神戸市西区美賀多台1-1-2 兵庫建設会館内 | 建設共兵庫県支部 | 078(997)2333 |
| Nara | 630-8241 | 奈良市高天町5-1 奈良県建設会館内 | 建設共奈良県支部 | 0742(22)3345 |
| Wakayama | 640-8262 | 和歌山市湊通7北1-1-8 和歌山県建設会館内 | 建設共和歌山県支部 | 073(436)1327 |
| Tottori | 680-0022 | 鳥取市西町2-310 鳥取県建設会館内 | 建設共鳥取県支部 | 0857(24)2281 |
| Shimane | 690-0048 | 松江市西嫁島1-3-17 島根県建設業会館内 | 建設共島根県支部 | 0852(21)9004 |
| Okayama | 700-0827 | 岡山市北区平和町5-10 岡山建設会館内 | 建設共岡山県支部 | 086(225)4133 |
| Hiroshima | 730-0013 | 広島市中区八丁堀1-28 朝日広告ビル5階 | 建設共広島県支部 | 082(221)0138 |
| Yamaguchi | 753-0074 | 山口市中央4-5-16 山口県商工会館4階 | 建設共山口県支部 | 083(924)9466 |
| Tokushima | 770-0931 | 徳島市富田浜2-10 徳島県建設センター2階 | 建設共徳島県支部 | 088(622)3113 |
| Kagawa | 760-0026 | 高松市磨屋町6-4 香川県建設会館内 | 建設共香川県支部 | 087(851)7919 |
| Ehime | 790-0002 | 松山市二番町4-4-4 愛媛県建設会館内 | 建設共愛媛県支部 | 089(943)5406 |
| Kochi | 780-0870 | 高知市本町4-2-15 高知県建設会館内 | 建設共高知県支部 | 088(822)6181 |
| Fukuoka | 812-0013 | 福岡市博多区博多駅東3-14-18 福岡建設会館2階 | 建設共福岡県支部 | 092(477)6734 |
| Saga | 840-0041 | 佐賀市城内2-2-37 佐賀県建設会館内 | 建設共佐賀県支部 | 0952(26)2778 |
| Nagasaki | 850-0874 | 長崎市魚の町3-33 長崎県建設総合会館3階 | 建設共長崎県支部 | 095(893)7000 |
| Kumamoto | 862-0976 | 熊本市中央区九品寺4-6-4 熊本県建設会館内 | 建設共熊本県支部 | 096(366)5111 |
| Oita | 870-0046 | 大分市帯揚町4-28 大分県建設会館内 | 建設共大分県支部 | 097(536)4800 |
| Miyazaki | 880-0805 | 宮崎市橘通東2-9-19 宮崎県建設会館内 | 建設共宮崎県支部 | 0985(20)8867 |
| Kagoshima | 890-8512 | 鹿児島市鴨池新町6-10 鹿児島県建設センター内 | 建設共鹿児島県支部 | 099(257)9216 |
| Okinawa | 901-2131 | 沖縄市牧港5-6-8 沖縄県建設会館2階 | 建設共沖縄県支部 | 098(876)5214 |

* Reception is open on weekdays except Saturdays, Sundays, national holidays, and year-end and New Year holidays (closed lunch hour for 12:00-13:00)

* The person in charge may not be available at all times in Tokyo and Osaka consultation counters, so please contact us in advance.

Head office consultation counters Tel: 03(6731)2841 Open hours: 9:00~12:00 13:00~17:00

The Construction Industry Retirement Allowance Mutual Aid Organization Headquarters

Tel: 03(6731)2846 Open hours: 9:00~12:00 13:00~17:00