Disclosure Request Instructions

This document explains the procedures for requests regarding Retained Personal Data under the Act on the Protection of Personal Information ("APPI").
When making a request concerning Retained Personal Data held by the Company, please read the following carefully and complete the necessary procedures.

I. Basic Matters

1. Types of Requests

"Requests" refer to the following requests under the APPI:

- Request for notification of the Purpose of Use (Article 32, Paragraph 2 of the APPI)
- Request for disclosure (Article 33, Paragraph 1 of the APPI)
- Request for correction, addition, or deletion (Article 34, Paragraph 1 of the APPI)
- Request for suspension of use, erasure, or suspension of provision to third parties (Article 35, Paragraphs 1, 3, and 5 of the APPI)

2. Scope of Retained Personal Data Subject to Requests

The data subject to a request is the Retained Personal Data held by the Company as defined in Article 16, Paragraph 4 of the APPI. However, certain Retained Personal Data falling under the proviso to Article 33, Paragraph 2 of the APPI is exempt from disclosure.

Retained Personal Data Held by Affiliated Companies

The Company does not accept requests for disclosure of Retained Personal Data held by Daiichi Life Insurance Company, Limited, Daiichi Frontier Life Insurance Co., Ltd., Daiichi Neo Life Insurance Co., Ltd., or any other affiliated companies of the Daiichi Life Group.

Retained Personal Data Related to Employment Matters

If you wish to request disclosure of Retained Personal Data relating to employment matters, please contact us separately.

3. How to Submit a Request

Requests may be submitted by either of the following methods:

- In person at the Company's head office (details are available on the Company's website)
- By mail to the Company's head office (postage is to be borne by the requester)

Mailing Address

Daiichi Life Group, Inc.
Legal and Compliance Unit
1-13-1 Yurakucho, Chiyoda-ku, Tokyo 100-8411, Japan

4. Documents to Be Submitted

The following documents are required when making a request:

- The prescribed request form(s)
- Consent Form (only where required)
- Applicant's identification document (copy of driver's license, My Number Card front side, pension book, or passport)

If the request is submitted through a representative, the following additional documents are required:

- Representative's identification document (copy of driver's license, My Number Card front side, pension book, or passport)
- Documentation proving the representative's authority

Examples include:

1. For a person with parental authority: Family Register Certificate (issued within three months before the request date)
2. For an adult guardian: Certificate of Registered Guardianship (issued within three months before the request date)
3. For other representatives: Power of Attorney and Certificate of Seal Registration (issued within three months before the request date)

Please black out any registered domicile information appearing on copies of passports, family registers, or other identification documents before submission.

5. Purpose of Use of Personal Information Obtained Through a Request

Personal information obtained in connection with a request will be used only to the extent necessary for:

- Processing the request
- Verifying the identity of the applicant and any representative
- Collecting applicable fees
- Responding to the request
- Administrative management of the Company's operations

6. Other Matters

Detailed procedures for disclosure requests are set out below.
The Disclosure Request Form and the Consent Form are attached to this document as Attachment 1 and Attachment 2, respectively.
For procedures relating to notification of the Purpose of Use, correction, addition, deletion, suspension of use, erasure, or suspension of provision to third parties, please contact the inquiry desk below. The Company will provide the necessary request forms as appropriate.

II. Disclosure Requests

1. Identity Verification of Applicants and Representatives

Requests Made by the Individual Concerned

Please submit a copy of one of the following identification documents:

- Driver's license
- Health insurance card
- Pension book
- Passport

Requests Made Through a Representative

In addition to the applicant's identification document, the representative must submit his or her own identification document.
The following documents must also be provided as applicable:

- Person with parental authority: Family Register Certificate
- Adult guardian: Certificate of Registered Guardianship
- Other representative: Power of Attorney bearing the applicant's registered seal and a Certificate of Seal Registration issued within three months before the request date

2. Completing the Request Form

To identify the Retained Personal Data to be disclosed, please provide as much detail as possible regarding the timing and circumstances under which personal information was provided to the Company.

- Information collected by Company employees can be disclosed only where the name of the employee concerned is identified.
- Information collected through other channels can be disclosed only where the method of submission (e.g., mail, website, telephone) is identified.
- Disclosure may not be possible if the requested data cannot be sufficiently identified or if required information is missing.

3. Method of Response

Responses will be provided either:

- By postal mail; or
- Electronically (e.g., PDF format)

If you wish to receive the response electronically, please indicate this in the "Specification of Disclosure Method" section and provide an email address.
Please note that responses provided electronically will generally be supplied in PDF format or another commonly used electronic format.
Depending on the nature of the request and the circumstances involved, a response may require a considerable period of time.

4. Disclosure Fee

A prescribed fee applies to disclosure requests.
The fee will not be refunded in the following cases:

1. The request is withdrawn after payment of the disclosure fee.
2. No relevant data exists.
3. Disclosure cannot be provided for legal or other valid reasons.

Please note that fees cannot be paid at the Company's service counter.

Fee Payable Upon Submission of a Disclosure Request

JPY 1,100 (including consumption tax) per request

After receiving the disclosure request, the Company will send a fee payment notice indicating the amount payable.
Please remit the fee to the designated bank account specified in the notice.
The requester is responsible for postage costs and bank transfer fees.
The disclosure process will commence after the Company confirms receipt of the fee.

5. Inquiries

The Company's inquiry desk regarding personal information, please contact:
Daiichi Life Group, Inc.
Telephone: +81-3-3216-1222 (Main Switchboard)
Business Hours: 9:00 a.m. to 5:00 p.m. (excluding Saturdays, Sundays, national holidays, and the year-end/New Year holiday period)

To Daiichi Life Group Inc.

Request for Disclosure of Retained Personal Data

Pursuant to Article 33, Paragraph 1 of the Act on the Protection of Personal Information ("APPI"), I hereby request the disclosure of Retained Personal Data.

* Please read the "Disclosure Request Instructions" before completing this form.
* Items within the designated mandatory fields must be completed.
* Certain historical data may not be available for disclosure due to deletion or disposal.

1. Request Date

Request Date	Year Month Day

2. Applicant (Person Whose Retained Personal Data Is the Subject of the Request)

Furigana	
Name (Signature)	
Gender	☐ Male ☐ Female
Date of Birth	☐ Meiji ☐ Taisho ☐ Showa ☐ Heisei Year Month Day of Birth
Address	〒 -
Phone number	*Please enter a phone number where we can be reached during the day. ( ) - (Work, Home, Mobile, Other)
Relationship with our company	☐ Shareholder *Otherwise, please provide as much detail as possible below. ☐ Others ()
Identification Document	*Please check one of the items below and submit a copy. ☐ Driver's License ☐ My Number (front) ☐ Pension Book ☐ Passport

3. Representative (If Applicable)

Furigana	
Name (Signature)	
Address	〒 -
Telephone Number	* Please provide a telephone number where you can be contacted during business hours. ( ) - (Work, Home, Mobile, Other)
Relationship with the Applicant (Certification Documents)	☐Person with Parental Authority (Documents to be Submitted: Family Register Copy (Extract) [Certificate of All (Individual) Matters in Family Register]) ☐Adult Guardian (Documents to be Submitted: Certificate of Registered Matters in Adult Guardian) ☐ Representative other than the above (Documents to be submitted: Power of Attorney, certificate of seal impression of the requester) *All documents to be submitted must have been issued within the past three months from the date of request.
Identification Documents	*Please check one of the items below and submit a copy. ☐ Driver's License ☐ My Number (front) ☐ Pension Book ☐ Passport

Retention Period: 10 years

4. Preferred Method of Disclosure

* If electronic disclosure is requested, paper disclosure by mail will generally not be provided.

* Electronic disclosure will generally be provided in PDF format or another commonly used electronic format.

Method of Disclosure	☐Receive the response by postal mail (No email address required)	The response will be sent to: the Applicant's address; or if a Representative is appointed, the Representative's address.
	☐ Request electronic data (PDF file, etc.) (Please provide an email address below.)	The response will be sent to the email address specified.
Email address	@ * Due to spam filtering settings, emails may not be received correctly. Please ensure that emails from the following domain can be received. @daiichilife.com	

5. Details of the Disclosure Request

(1) Information Necessary to Identify the Retained Personal Data

Item	Contents (Please be as detailed as possible)
A. Date Information Was Provided	Year Month
B. Company Employee Who Received the Information	Unit Group Employee Name
C. Method of Submission	*Please check if you wish to request disclosure of information provided by any of the methods below. ☐ Mail ☐ Internet ☐ Telephone
D. Other Relevant Information	*If you have any special remarks, please write them down.

(2) Items Requested for Disclosure

Please select the categories and items you wish to have disclosed.

Classification	Items to be disclosed
☐ Information Recorded in the Shareholder Register	☐ Attribute information ☐ Number of shares held
☐ Information collected by employees	*(1) If an employee's name is entered in "B. our company employee who provided" ☐ Name ☐ Gender ☐ Date of birth ☐ Address ☐ Phone number ☐Email address ☐ Workplace ☐ Family information
☐Information Collected Through Other Channels	*(1) When there is a check mark for "C. Route provided by non-employees" ☐ Name ☐ Gender ☐ Date of birth ☐ Address ☐ Phone number ☐e-mail address ☐ Workplace ☐ Family information
☐ Other Information	*If you wish to disclose information other than those listed above, please be as specific as possible.

Retention Period: 10 years

Classification	Items to be disclosed

6. Request for Disclosure of Third-Party Provision Records

Please select the records you wish to have disclosed.

Item	Background / Reasons (Please be as detailed as possible)
☐Records of Provision to Third Parties	
☐ Records Received from Third Parties	

7. Disclosure Fee

JPY 1,100 (tax included) per request

This completes the information required from the Applicant.

Please send this completed request form and the required identification documents by mail or submit them in person at the Company's head office.

Upon receipt of the request, the Company will send a Disclosure Fee Payment Notice to the Applicant (or the Representative, if applicable).

・Please send this request form and identification documents to our company by mail or submit them to the counter at the head office.

・ Upon receipt of this request form, our company will send a "Disclosure Fee Payment Request Form" to the person subject to disclosure (or to the representative in the case of a request by an agent).

[Use of Daiichi Life Group]

Column for entry at the reception desk (Person in charge)		Column for entry at the head office	
Date of entry at the office	Year Month Day	Request Received Date	Year Month Day
Visitor	☐ Person Subject to Disclosure ☐ Representative	Request receipt number	
Other than this request Accepted documents	☐ Identification paper (copy of any of the following) ☐ Driver's license ☐ My Number (front) ☐ Pension book ☐ Passport ☐ Consent form (if there are items for which a consent form is required)	Other than this request Accepted documents	☐ Identification documents (a copy of one of the following) ☐ Driver's license ☐ My Number (front) ☐ Pension Book ☐ Passport ☐ Consent Form (if applicable)
By proxy In case of request	☐ Identification paper of the proxy (copy of any of the following) ☐ Driver's license ☐ My Number (front) ☐ Pension Book ☐ Passport ☐ Documents certifying the relationship with the requester (any of the following) ☐ Copy of family register (extract) [Certificate of all (individual) matters in family register] (within 3 months) ☐ Certificate of registered matters of adult guardian (within 3 months) ☐ Power of Attorney and certificate of seal impression (within 3 months)	By proxy In case of request	☐ Identification document of proxy (copy of any of the following) ☐ Driver's license ☐ My Number (front) ☐ Pension Book ☐ Passport ☐ Documents certifying the relationship with the requester (any of the following) ☐ Copy of family register (extract) [Certificate of all (individual) matters in family register] (within 3 months) ☐ Certificate of registered matters of adult guardian (within 3 months) ☐ Letter of attorney and certificate of seal impression (within 3 months)
Notes		Date of fee payment	Year Month Day

Retention Period: 10 years

To Daiichi Life Group, Inc.

Consent Form

In connection with the Request for Disclosure dated ___ Year ___ Month ___ Day, I hereby consent to the following in relation to Daiichi Life Group, Inc. ("the Company") reviewing whether Retained Personal Data exists, whether such data may be disclosed, and the scope of any disclosure.

The Company may contact physicians, medical institutions, employers, other corporations or organizations, life insurance companies, or other entities that have provided my personal information to the Company (collectively, the "Relevant Organizations"). In doing so, the Company may inform such Relevant Organizations that I have submitted a disclosure request and may provide information contained in the Disclosure Request Form and identification documents for the purpose of confirming the existence of Retained Personal Data, the permissibility of disclosure, and the scope of disclosure.

The Company may confirm the existence of Retained Personal Data, the permissibility of disclosure, and the scope of disclosure based on information obtained from the Relevant Organizations, to the extent that such organizations provide confirmation or consent.

If the cooperation of the Relevant Organizations cannot be obtained, the Company may be unable to disclose personal information that was originally provided by those organizations.

Date: _____ Year _____ Month _____ Day

Name (Signature)

Notes

Even where a disclosure request is submitted through a representative, the signature of the individual who is the subject of the disclosure request is required.
If a representative signs this Consent Form due to unavoidable circumstances, a Power of Attorney expressly authorizing the representative to execute this Consent Form on behalf of the individual must be submitted.

Retention Period: 10 years