

This request form is intended solely as a notification for the person requesting a bank transfer and is not intended for submission to the bank. Do not submit this form.

Mr./ Ms. _____

Request to Change “Bank Name” for Bank Transfers

Dear Valued Customer,

Please be advised that Shonai Bank, our current bank, will merge with Hokuto Bank on January 1, 2027. As a result of the merger, the bank name will change to Fidea Bank.

For all bank transfers made to us on or after January 1 (Friday), 2027, please designate “Fidea Bank” as the receiving financial institution, as indicated below.

Thank you for your cooperation.

Changes

	Before (Pre-Merger)	After (Post-Merger)
	Until December 31, 2026	On or After January 1, 2027
Bank Name	Shonai Bank	Fidea Bank
Financial Institution Code	0121	0121

Note: There will be no changes to the branch number, branch name, account type, or account number.

Note: (Post-Merger) Please use the new Bank Name for bank transfers made on or after January 1, 2027.

_____ Y M D

Address _____

Name _____

or

Company Name _____