



**JAPAN AIRLINES**

## STATEMENT OF AGREEMENT AND INDEMNITY

### 合意書

Name of Deceased / 被相続人氏名 : \_\_\_\_\_

Date of Death / 死亡日 : \_\_\_\_\_

JAL Membership Number of Deceased / お得意様番号 : \_\_\_\_\_

I do hereby certify, affirm and attest that I am a legal heir of the deceased.

I further certify, affirm and attest that I received knowing consent from all other legal heirs of the deceased to have all accumulated mileage in the JMB account of the above deceased assigned entirely to me. Accordingly, I do hereby make this official request to JAPAN AIRLINES, to assign all accumulated mileage of the deceased to me.

I further certify, affirm and attest that any originator of such mileage assignment as requested herein shall be fully protected and held harmless in relying and acting upon this attestation. In the event that any other person comes forward asserting a right to assignment of the mileage of the deceased and/or request to check the mileage account information of the deceased, I shall agreed the following two points:

- ① I shall indemnify, protect, defend and take full responsibility for any resulting claims, liabilities, lawsuits or penalties incurred by JAPAN AIRLINES, its officers, directors and employees, or any compensation paid by the same, stemming from the assignment of the deceased's mileage to me.
- ② I shall agreed to disclose the total mileage in the JMB account of the above deceased transferred to my JMB account, my name and relationship with deceased to all other legal heirs. Upon the submission of this the JAL Mileage Bank Mileage Succession Request Form, the JMB account of the deceased will be withdrew.

私は、上記被相続人名義の JAL マイレージバンクに積算されたマイルの相続を申請いたします。万一、私以外の法定相続人から日本航空へ上記被相続人の積算マイルの申請、照会があった場合については、以下2点を承諾いたします。

- ①その法定相続人との調停には私自身が当たり、当該申請により日本航空を免責し、補償すること。
  - ②その法定相続人に対し、私が上記被相続人の積算マイルを相続したこと、および私の氏名、続柄を伝えること。
- また、本合意書の提出により、被相続人の JAL マイレージバンク退会をあわせて申請いたします。

Legal heir / 法定相続人 : \_\_\_\_\_

JAL Membership Number / お得意様番号 : \_\_\_\_\_

Relation to the deceased / 被相続人との続柄 : \_\_\_\_\_

Signature / 署名 : \_\_\_\_\_

Date / 日付 : \_\_\_\_\_

Please fill in necessary information below and submit this form with Death Certificate (copy is acceptable).

Miles cannot be transferred without this signed Agreement and copy of the Death Certificate.

必要事項をご記入のうえ、死亡診断書の写しとともに、ご返送いただきますようお願い申し上げます。

本合意書と死亡診断書の写しが無い場合は、マイルの相続手続きを致しかねます。