## **Power of Attorney**

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ewa Cellular Telephone Company Power of Attorney

(mm/dd/yyyy)

I (the contract holder) authorize the representative named below to handle the following procedures. ■ au/UQ mobile phone number or au ID applicable for procedure/Procedures to be delegated ± 1 This document must be filled out solely by the contract holder. au/UQ mobile number applicable 0 for procedure **X**Enter the ID only if no phone number is available au ID applicable for procedure ① Procedures associated with au/UQ mobile telecommunication services required to change models 2 Procedures associated with installments \*3 \*4 I also consent to basic specified credit information relating to individual credit purchase brokerage contracts/consumer installment credit sales contracts being passed on to credit ③ Procedures associated with termination of services other than with au/UQ mobile in accordance with MNP \*5\*6 Procedures associated with transfer/inheritance (including transfers between family members) \*7 ⑤ Procedures associated with the Smartphone Value Program / Kaetoku Program device collection and trade-in program egated\*\* 6 Procedures associated with au PAY and au PAY Prepaid Card \*8 7 Other (Please describe in detail) ŏ For ① to ④ or ⑦, please check the terms and conditions you agree to below and sign. 1) If you agree to items 1) through 4) specified in "Important Information on au and UQ mobile Communication Services," item 5) specified in "If For Confirmation Prior to Application." Notes Regarding 56, 46 LTE, WIMAX 2+ Compatible Routers/56 Home Router Contracts, "Item 6) specified in "au Money Activity Plan Benefit Provision Terms and Conditions" and also authorize a representative to handle the necessary procedures, sign below after ₡ checking the boxes. þ Consent edures to I agree that KDDI, Okinawa Cellular Telephone Company, and the au Financial Group companies involved in providing this offer may mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the "au Money Activity Plan Benefit Provision Terms and Conditions" □1) Area quality □6) If subscribing information (If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) I have read and agreed to the terms and conditions of "Area Quality Information Transmission Function." to au Money Activity Plan transmission function Communication (Contract holder signature) (If you are authorizing the handling of procedures for the use of 5G NSA/5G SA services)
I have read and agreed to the terms and conditions of "About the Communication Control Function." nter your full name or corporate name control function (If you are authorizing the handling of procedures for signing up for a plan with au subject to the communication Communication identification have read and agree to the terms and conditions of "About the Communication Identification Function." 39 (Check not necessary for UQ mobile) (If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services) have read and agreed to the terms and conditions of "Fees incurred at the Time of Cancellation \* 3 4) Cancellation fee (Explanation of Cancellation Fee)." (If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au) I have read and agreed to the terms and conditions of "About the use of 5G Home Routers." (Check not necessary for UQ mobile) □5) 5G Home Router **Address** Contract Seal holder Name (Signature) mandator) Contact Date of birth (mm/dd/yyyy) Address Representative Name (mandatary) Contact Notes for filling in column Entry column Fill in the date you created the Power of Attorney. Date Phone Enter the au/UQ mobile phone number or au ID whose procedures for handling you are authorizing. number/au ID Please circle all applicable items from ① to ⑦. For ① to ④ or ⑦, please check the terms and conditions you agree to and sign. If none is applicable, circle "O Other" and enter the "Detail of the procedures to be delegated." (Examples) **Procedures** · If you are changing the device model of your au/UQ mobile phone etc., paying in installments, circle both "①" and "②." to be delegated · If you request procedures associated with lump sum payment, circle "⑦ Other" and enter "Procedures associated with lump sum payment." • Procedures that can be delegated to a Lifetime Support Provider for the Senior Citizens, etc. are limited to termination. When delegating termination, circle "⑦ Other" and write "Termination" in the parentheses. If you agree to items 1) through 4) specified in "Important Information on au and UQ mobile Communication Services," item 5) specified in " [For Confirmation Prior to Application] Notes Regarding 5G, 4G LTE, WIMAX 2+ Compatible Routers/5G Home Router Contracts," and item 6) specified in "au Money Activity Plan Benefit Provision Terms and Conditions," you (the contract holder/mandator) are required to sign your full name below in person after checking the boxes. 1) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services, please read and agree to the terms and conditions of "Area Quality Information Transmission Function." 2) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA services, please read and agree to the terms and conditions of "Communication Control Function." 3) If you are authorizing the handling of procedures for signing up for a plan subject to the communication identification function with au (check not necessary for read and agree to the terms and conditions of "About the Communication Identification Function."

4) If you are authorizing the handling of procedures for the use of 5G NSA/5G SA/4G LTE/VoLTE services, please read and agree to the terms and conditions of "Fees Incurred at the Time of Cancellation \* 3 (Explanation of Cancellation Fee)."

5) If you are authorizing the handling of procedures for signing up for Home Router Plan 5G with au (check not necessary for UQ mobile), read and agree to the terms and conditions of "About the use of 5G Home Routers." Consent 6) If you are authorizing the handling of procedures for signing up for au Money Activity Plan with au (check not necessary for UQ mobile), read and agree to the terms and conditions that KDDI, Okinawa Cellular Telephone Company and the au Financial Group companies involved in providing this offer will mutually provide the customer's personal information (including usage history, etc.) to third parties in accordance with the "au Money Activity Plan Benefit Provision Terms and Conditions." \*No need to fill out this section if you are the transferor delegating the procedure to the representative.
For consent as a recipient (successor), sign the consent column in the "Form for the transfer of usage rights for services etc./Form for transfer between family Enter the address, name, contact information and date of birth of the contract holder with his/her seal (%). Contract holder X This document must be signed and sealed in person by the contract holder (mandator). (mandator) ※ If the contract holder's seal is not available, his/her signature will suffice. Enter the address, name and contact detail of the representative Make sure the information is entered by the contract holder (mandator) himself/herself. \*\*Only a family member can be the representative to whom this procedure is delegated (excluding cases we separately specify such as the guardian of an adult.)

Scope of "family member" is as follows. If none of the ①~③ below is applicable, you need to present a certificate of family relationship. Representative The representative has the same last name and address as the contract holder (mandatary) @The representative is in the same group as the contract holder such as for Family Discount or is billed together with the contract holder by "KDDI Collective Billing Service" and "Convergent billing"

3The representative is registered as a user under the applicable contract.