

# ROC Private School Staff Retirement and Bereavement Compensation Fund Management Committee

## Members' Choice of New Pension Scheme for Private Schools Faculties Application Form

Name		ID No.	
School		Email	

(The client service center of CTBC Bank will contact with you by Email if the content is not clear)

The items for application or amendment as below :

☐ 1. Risk Tolerance Questionnaire

Basic Information	Financial Degree	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Finance Teacher	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Education	<input type="checkbox"/> Senior High School or below		<input type="checkbox"/> College/University		
		<input type="checkbox"/> Master		<input type="checkbox"/> Doctor		
	Date of Birth	(YYYY/MM/DD)				
Risk Tolerance	Which expected rate of return are you most concerned about when you make investment ?					
	<input type="checkbox"/> Possible losses less than 5%		<input type="checkbox"/> Possible losses around 5%~15%			
	<input type="checkbox"/> Possible losses more than 15%					

☐ 2. Investment

☐ (1) Do you agree to put all your monthly contribution amounts and existing stocks into "Life Cycle Fund"?

☐ YES, I agree (The following questions could not be answered)

☐ NO, I do not agree (Please continue to answer the question (2) and question (3))

☐ (2) I do agree to invest my monthly contribution into one of the following portfolios:

☐ Lifecycle Fund    ☐ Aggressive Portfolio    ☐ Stable Portfolio    ☐ Conservative Portfolio

☐ (3) I do agree invest all my existing pension fund into one of the following portfolios:

☐ Lifecycle Fund    ☐ Aggressive Portfolio    ☐ Stable Portfolio    ☐ Conservative Portfolio

**※IMPORTANT**

**1. I agree and authorize CTBC Bank to invest my monthly contribution and/or all my existing pension fund into the portfolio in connection with my risk tolerance if the risk appetite of my investment is higher than mine.**

**2. Your application or amendment will be processed and executed as the reasonable time :**

**Your application will be effect on the month if receipt during 1<sup>st</sup>-10<sup>th</sup> of the month**

**Your application will be effect one after the month if receipt during 11<sup>st</sup>-30<sup>th</sup> of the month**

I hereby confirm that the Application Form is completed by me and the content is correctly expresses my own mind and real situation.

I hereby confirm and agree that the Fund Management Committee 、CTBC Bank and the Investment Consultant(hereinafter referred to as "Data Collectors "), in accordance with the contents of the Agreement signed with "Retirement, Compensation, Resignation and Severance Fund Management Committee for Teachers and Staff of Private School Consortium Corporations of the Republic of China", have the right to collect, process, use and/or internationally transmit my personal information and, in the event that the information I have provided to CTBC Bank includes the personal information of a third party other than myself. I have the right to make inquiry or request for a review of, to make duplicates of, to request of supplement or correction of, to discontinue the collection, processing or use of, or to delete my personal information, but it is possible for Data Collectors to refuse the request according to the laws or due to risk management factor.

**Signature : \_\_\_\_\_ (DATE :        /        /        )**