

**財團法人中華民國私立學校教職員退休撫卹離職資遣儲金管理委員會**  
**風險屬性評估暨投資選擇申請書**

申請人姓名		身分證字號	
服務學校		電子郵件信箱	

(若申請書有填寫不清楚之處，將由信託銀行客服人員以電子郵件方式與您聯繫確認)

本次申請新增/修改項目如下：

☐ 1. 風險屬性評估

基本資料	具備財經相關學歷	<input type="checkbox"/> 是 <input type="checkbox"/> 否	任教財經相關系所	<input type="checkbox"/> 是 <input type="checkbox"/> 否
	教 育 程 度	<input type="checkbox"/> 高中/高職以下	<input type="checkbox"/> 專科/大學	<input type="checkbox"/> 碩士 <input type="checkbox"/> 博士
	出 生 年 月 日	(YYYY/MM/DD)		
風險承受度	退撫儲金在累積期間的預期報酬率達到何種程度會令我感到焦慮？			
	<input type="checkbox"/> 可能損失未達 3% <input type="checkbox"/> 可能損失 3%~6% <input type="checkbox"/> 可能損失超過 6%			

☐ 2. 投資選擇申請

☐ (1) 您是否同意將每月提撥儲金及既有投資部位全數配置於人生週期型投資組合：

☐ 是，我同意(免填以下問題) ☐ 否，我不同意(請續填(2)、(3)題)

☐ (2) 我同意將我的每月提撥儲金配置於下述投資組合(請擇一選擇)：

☐ 人生週期型 ☐ 積極型 ☐ 穩健型 ☐ 保守型

☐ (3) 我同意將我的既有投資部位配置於下述投資組合(請擇一選擇)：

☐ 人生週期型 ☐ 積極型 ☐ 穩健型 ☐ 保守型

**※重要說明**

**1. 若您選擇的投資標的組合所對應之風險等級，高於您的風險屬性，您同意並授權信託銀行將您的每月提撥儲金及/或既有投資部位，配置於與您風險屬性相符的投資標的組合。**

**2. 您的新增/修改項目將於信託銀行受理後一定時間生效：**

**每月 1 日~10 日受理，將於當月生效；每月 11 日~30 日受理，將於次月生效。**

本人茲確認本申請書係由本人自行填寫，且填寫之內容均正確表達本人之真實意思及情況。

本人瞭解：「財團法人中華民國私立學校教職員退休撫卹離職資遣儲金管理委員會」及其遴選之金融機構中國信託商業銀行(股)公司與投資顧問(以下合稱「資料蒐集者」)，為履行「學校法人及其所屬私立學校教職員退休撫卹離職資遣條例」暨其相關法令規範及契約義務之目的，在相關事實或法律關係存續期間或法令規定期間，就其直接或間接蒐集之本人個人資料，得以書面、音軌紀錄及/或電子等形式處理、利用及/或國際傳輸(包括將本人個人資料依法揭露予必要第三方)。本人有權向資料蒐集者查詢或要求閱覽、製給複本、補充或更正、停止蒐集、處理、利用及/或國際傳輸或刪除本人個人資料，但資料蒐集者可能依法而得不依相關要求辦理。

本人簽章：\_\_\_\_\_ (日期：\_\_\_\_/\_\_\_\_/\_\_\_\_)

## 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 3%		<input type="checkbox"/> Possible losses around 3%~6%			
	<input type="checkbox"/> Possible losses more than 6%					

☐ 2. Investment

☐ (1) Do you agree to put all your monthly contribution amounts and 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 pension fund into one of the following portfolios:

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

**※IMPORTMENT**

**1. I agree and authorize CTBC Bank could invest my monthly contribution and/or all my 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 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 and agree that CTBC Bank and the Investment Consultant, 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", has 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 according to the laws or due to risk management factor.

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

自 106 年 9 月 28 日起適用