











STUDENTS TRUST INTERNATIONAL 學生國際信託





APPLICATION FORM FOR YOUR CHILD'S **EDUCATION SAVINGS PLAN**

孩子教育儲蓄計劃申請表



提供信託服務

Trustee services provided by













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Subscriber (S) 申購人/ Joint Subscriber (J) 聯名申購人

| Mr / Ms / Mrs / Other 先生/女士/ 夫人/ 其他 | Full Name (Underline Family Name) 姓名 (請在姓氏下畫線) | | | | | | | |
|---|---|----------------------------------|--------------------------------|--|----------------------------|---|-----------------------|--|
| S | | | | | | | | |
| J | | | | | | | | |
| Date of Birth (D/M/Y) 出生日期 (日/月/年) | Ci 國 | itizenship 籍 | | | | Occupation 職業 | | |
| S | | | | | | | | |
| J | | | | | | | | |
| Address 地址 | | | | City or To 城鎮 | own | | | |
| | | | | | | | | |
| District 地區 | | | County 國家 | | | | Postal Code 郵政編號 | |
| | | | | | | | | |
| Home Phone Number 住宅電話號碼 | | Business Phone 辦公電話號碼 | e Number | | | x Number 真號碼 | | |
| | | | | | | | | |
| An annual report and and address will remain confices secondary e-mail address 年報及年終對帳單將以電子等 Primary E-mail Address | dential and will no s as backup in co | ot be provided ase we encount | to other cor er difficultie | mpanies fo s with the _l 將被保密, | r the purpo orimary add | se of solicitation dress. 也公司公開,客 | on. You may provide a | |
| 直選電郵地址 | | | | 次選電 | | / (dai 633 | | |
| | | | | | | | | |
| First Beneficiary (B1) | 第一受益人 (B1 |) | | | | | | |
| Last Name 姓 | | | | First N | ame 名字 | | | |
| Date of Birth (D/A4/V) | 1.4.0.00 | -) C | a ## Dil | C. de e edie | ania Dalasia | malaim ta Damat | | |
| Date of Birth (D/M/Y) | 五生日期(日/月/年 | =) 36 | ex 性別 | SUDSCIID | er s Reidilo | nsnip to bener | ficiary 與申購人的關係 | |
| Principal to your benefic | ciary 本金給付受益 | 点人? Please tic | k 請勾選: | ☐ Yes 是 | □No 否 | | | |
| Second Beneficiary (B2 |) 第二受益人 (E | 32) | | | | | | |
| Last Name 姓 | | | | First N | ame 名字 | | | |
| | | , | | | | | | |
| Date of Birth (D/M/Y) | 出生日期(日/月/年 | E) Se | ex 性別 | Subscrib | er's Relatio | nship to Benet | ficiary 與申購人的關係 | |
| Principal to your benefic | ciary 本金給付受益 | 点人? Please tic | k 請勾選: | 」 ☐ Yes 是 | □No 否 | | | |
| Third Beneficiary (B3) | 第三受益人 (B3) | | | | | | | |
| Last Name 姓 | >13 — > (= 5) | | | First N | ame 名字 | | | |
| | | | | | | | | |
| Date of Birth (D/M/Y) | 出生日期(日/月/年 | E) Se | ex 性別 | Subscrib | er's Relatio | nship to Benef | ficiary 與申購人的關係 | |
| Dain ain all to consults of C | sian, TAMILTA | 4.1.0. Dl " | 1. ÷= | | | | | |
| Principal to your benefic | CIOTY 本金給付受益 | i人? Please tic | K 請勾選: | ☐ Yes 是 | ∐No 否 | | | |
| | | | | | | | | |



| Currency 貨幣 Canadian\$ 加元 US\$ 美元 | | | | | | | | | | |
|--|-------------------------------------|-------------------|--------------------------------|----|--|--|--|--|--|--|
| Payment mode 供款模式 | | | | | | | | | | |
| CONTRIBUTION CALCULATION 供款計算表 | | | | | | | | | | |
| First Beneficiary 第一受益人: | Second Beneficiary 第二受 | 楚益人: | Third Beneficiary 第三受益人: | | | | | | | |
| Age of Child 年齡 | Age of Child 年齢 | | Age of Child 年齡 | | | | | | | |
| Deposit per Unit 每單位價格 \$ | Deposit per Unit 每單位價格 | \$ \$ | Deposit per Unit 每單位價格 \$ | | | | | | | |
| Regional Fee per Unit 毎單位費用 | Regional Fee per Unit 每單位費用 | \$ | Regional Fee per Unit 每單位費用 | \$ | | | | | | |
| Total per Unit 每單位總投資金額 \$ | Total per Unit 每單位總投資金額 | \$ | Total per Unit 毎單位總投資金額 | \$ | | | | | | |
| Total Units 總投入單位 \$ | Total Units 總投入單位 | \$ | Total Units 總投入單位 | \$ | | | | | | |
| Total Deposit 總供款金額 \$ | Total Deposit 總供款金額 | \$ | Total Deposit 總供款金額 | \$ | | | | | | |
| Please attach 請提供下述文件 | | | | | | | | | | |
| ✓ A copy of the subscriber and joint subscriber passport or national ID with picture 申購人或聯名申購人的身份證明(附有相片) | | | | | | | | | | |
| | | | | | | | | | | |
| ✓ A copy of wire transfer conf 匯款證明(水單) | irmation from the remitting bank | | | | | | | | | |
| | \$50,000, bank reference & business | card (s) of subsc | cribers | | | | | | | |
| Terms and Conditions 條款及細則 | 人术) 田小柳·宋·竹 | | | | | | | | | |
| You have received and read the Prospectus (initial) 閣下收到並已閱讀此投資計劃之備忘錄(簡簽) | | | | | | | | | | |
| You are 18 years of age or older and are not a resident of the United States of America for tax purpose 閣下為18歲或以上之非美國居民 | | | | | | | | | | |
| You confirm that the date of birth of the Beneficiary(ies) is (are) true and correct 閣下確認受益人的出生日期正確無訛 | | | | | | | | | | |
| You confirm that none of the assets deposited have been derived from any activities in the Money Laundering Control Statement as detailed in the Offering Memorandum 申購之款項並非來自防止清洗黑錢報告內列明之活動 | | | | | | | | | | |
| You acknowledge that it is your responsibility to obtain legal and tax advice before participating in the Plan 於參與此投資計劃前,閣下應向他方索取法律及稅務意見 | | | | | | | | | | |
| You acknowledge that if you have a Beneficiary whose Plan is backdated the Plan will mature when the Beneficiary is 19 years old 閣下確認若本計劃需作追朔期安排,受益人達19歲時計劃將自動期滿 | | | | | | | | | | |
| Date of Application (D/M/Y) 申請日期 (日/月/年) | Subscriber's Signature 申購人簽名 | | | | | | | | | |
| | S | | | | | | | | | |
| | J | | | | | | | | | |
| To add a message to your Beneficiary's Confirmation Certificate use the space below: 請於以下空白位置填上致受益人確認證書訊息 | | | | | | | | | | |
| ВІ | ···· | | | | | | | | | |
| B2 | | | | | | | | | | |
| B3 | | | | | | | | | | |

V2010