

Terms and Conditions on Donation Transfer Authorization for National Health Insurance Administration, Ministry of Health and Welfare Charity Account (the “Account”)

- I. The Principal shall apply for the added donation transfer authorization with the Administration. The Administration will transfer the Power of Attorney to the appointed financial institution (hereinafter referred to as the “Paying Bank”) for review and approval via Bank of Taiwan (hereinafter referred to as the “Initiating Bank”). Upon review and approval by the Paying Bank (usually for 7 working days), the periodic automatic payment transfer will be completed via the “ACH” of Taiwan Clearing House accordingly. Where the Paying Bank is not enrolled into the ACH service, it will be impossible to perform the designated donation transfer authorization. For your information, the financial institutions not enrolled into the ACH service include Export-Import Bank of the Republic of China, Chunghwa Post Co., Ltd., Bangkok Bank, The Bank of New York Mellon, United Overseas Bank, MUFG Bank and Sumitomo Mitsui Banking Corporation. Where you select a checking account or another special account for the donation transfer authorization, please check with the Paying Bank first to make sure whether it satisfies the donation transfer authorization conditions.
- II. The record date for the donation transfer authorization by the Principal refers to 15th day of the month for the designated transfer (the donated fund to be deposited into the paying account by 14th day of the same month), provided that where said-noted date falls on a weekend or holiday, the transfer shall be postponed until the next working day. In the event of insufficient balance in the paying account, no transfer shall be made for the current month.
- III. Please do specify the details required for issuance of the donation receipt. Otherwise, the receipt will be issued based on the Principal’s profile, and upload his/her annual donation profile to Ministry of Finance, so that he/she may search, download and declare the relevant information on the E-filing and Tax Payment Service of the Ministry of Finance (ROC) at the time of annual tax return, and no donation receipts are required accordingly. Meanwhile, in the event of multiple donors, please complete the donor profile.
- IV. Where the Principal wishes to terminate the donation, he/she shall complete the “Added/Closed Donation Transfer Authorization - Power of Attorney for Termination for National Health Insurance Administration, Ministry of Health and Welfare Charity Account” and send the same to the Administration via registered mail. Upon receipt of the Power of Attorney, the Administration will terminate the donation transfer from the account as of the next month. Where the Principal applies for termination of the service with the Paying Bank directly, the Paying Bank shall transfer the Power of Attorney to the Administration via the Initiating Bank upon verification.
- V. The Power of Attorney is made out in quadruplicate (**each copy to be entered the specimen seal or signature recorded for the authorized account**). The first copy refers to the stub copy retained by the Paying Bank, the second copy for the Initiating Bank, the third copy for the Administration, and the fourth copy for the Principal. The first to third copies shall be mailed to the Administration's Division in charge of the designated charity account. In the event of the accounts handled by more than two (inclusive) divisions, please only mail the same to either one of them.
- VI. For the purpose of the automatic payment transfer service, the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration shall collect the personal data about the Undersigned and hereby disclose the purpose, types, time period, territories, targets and methods for such collection, as well as any other requirements, as following:
 1. Purpose: To perform the automatic payment transfer service.
 2. Type of personal data: ID Card No., bank account number, and other personal data.
 3. Time period, territories, targets and methods:
 - (1) Time period: The duration of the specific purpose for personal data collection, retention period required by laws or contract, and retention period required by the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration for

performance of job duties.

- (2) Territories: Taiwan, jurisdictions where the financial institutions enrolled into the ACH service are situated, jurisdictions where competent investigating apparatus or competent authorities are situated, or jurisdictions where the investigation is designated.
- (3) Targets: the Initiating Bank, Taiwan Clearing Bank, Paying Bank, competent investigating apparatus or competent authorities, and the Administration.
- (4) Methods: By automated machine or other non-automated machine.

VII. Tel. No. and address of charity account handled by the Administration's Division:

1. Taipei Division, 5th Enrollment Section
Tel. No.: 02-23486794, Mailing Address: No. 15-1, Gongyuan Rd., Zhongzheng Dist., Taipei City
2. Northern Division, 2nd Enrollment Section
Tel. No.: **03-4381803**, Mailing Address: No. 525, Sec. 3, Zhongshan E. Rd., Zhongli Dist., Taoyuan City
3. Central Division, 2nd Enrollment Section
Tel. No.: 04-22583988, Ext. 6332, Mailing Address: No. 66, Shizheng N. 1st Rd., Xitun Dist., Taichung City
4. Southern Division, 2nd Enrollment Section
Tel. No.: 06-2245678, Ext. 6607, Mailing Address: No. 96, Gongyuan Rd., West Central Dist., Tainan City
5. Kaoping Division, 2nd Enrollment Section
Tel. No.: 07-2315151, Ext. 1232, Mailing Address: No. 259, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City
6. Eastern Division, Administration Section
Tel. No.: 03-8332111, Ext. 2003, Mailing Address: No. 36, Xuanyuan Rd., Hualien City

**Added
Closed Donation Transfer Authorization**

Power of Attorney for National Health Insurance Administration, Ministry of Health and Welfare Charity Account

In quadruplicate
2nd duplicate - stub copy for
initiating bank

I, the Undersigned (hereinafter referred to the “Principal”), _____, (Added Closed) hereby authorizes the appointed financial institution (hereinafter referred to the “Paying Bank”) to donate fund to the National Health Insurance Administration, Ministry of Health and Welfare (hereinafter referred to as the “Administration”) Charity Account (hereinafter referred to as the “Account”) from the account designated by me through periodic automatic payment transfer, and also acknowledge that I have read and agreed to the terms and conditions on the donation transfer authorization for the Account as stated on the reverse side of the Power of Attorney.

Completed on MM/DD/YY

Transfer Authorization Profile	Name																	
	ID Card No.																	
	Tel. No.	(O)	(H)	(Mobile)														
	Email																	
	Mailing Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
	Bank ID			Transfer Account No.														
		<small>(Please specify the passbook number in order, from left to right, and no zero should be inserted in the space, if any.)</small>																
Bank Name	Bank																	
Donation Profile	Donated Amount <small>(Please specify the amount. Multiple choices are allowed.)</small>	<input type="checkbox"/> NT\$ _____ to Taipei Division Charity Account				<input type="checkbox"/> NT\$ _____ to Southern Division Charity Account				<input type="checkbox"/> NT\$ _____ to Northern Division Charity Account				<input type="checkbox"/> NT\$ _____ to Kaoping Division Charity Account				
		<input type="checkbox"/> NT\$ _____ to Central Division Charity Account				<input type="checkbox"/> NT\$ _____ to Eastern Division Charity Account												
	Mode of Donation <small>(Please select either one.)</small>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (January, April, July and October) <input type="checkbox"/> Semi-annually (January and July) <input type="checkbox"/> Yearly (January)																
Receipt Issuance	Please specify the details about donor and mailing address to help the Administration's service of the receipt upon acceptance of the donation.																	
	Donor's Name (Attention): _____, and ID Card No.: _____ <small>(In the event of multiple donors, please complete the donor profile.)</small>																	
	Mailing Address: <input type="checkbox"/> Same as the Principal <input type="checkbox"/> Others _____																	
※ In response to the “Individual Income Tax Deduction Form Digitization” implemented by Ministry of Finance, please specify whether you agree that the Administration may upload your annual donation profile to Ministry of Finance, so that you may search, download and declare the relevant information on the E-filing and Tax Payment Service of the Ministry of Finance (ROC) at the time of annual tax return, and no donation receipts are required accordingly. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree																		
Initiator's Name	National Health Insurance Administration, Ministry of Health and Welfare						Initiator's Tax Identification Number	08628407										
Transaction Item	Charity Donation						Transaction ID	530										
Initiating Bank Name	Bank of Taiwan, Sinan Branch						Initiating Bank ID	0042400										

Power of Attorney No. (User ID, not required from Client):

Principal (seal/signature): _____ (Please enter the specimen seal or signature recorded for the authorized account.)

Paying Bank Supervisor: Clerk:

The specimen seal and signature are held satisfied upon verification.

※Please complete the form and return the same to the Division in charge of the donation account designated by you via registered mail (see Article 7 of the Terms and Conditions for the detailed address).

We appreciate your donation transfer authorization for the Account. Please refer to the Terms and Conditions stated on the reverse side.

Terms and Conditions on Donation Transfer Authorization for National Health Insurance Administration, Ministry of Health and Welfare Charity Account (the “Account”)

- I. The Principal shall apply for the added donation transfer authorization with the Administration. The Administration will transfer the Power of Attorney to the appointed financial institution (hereinafter referred to as the “Paying Bank”) for review and approval via Bank of Taiwan (hereinafter referred to as the “Initiating Bank”). Upon review and approval by the Paying Bank (usually for 7 working days), the periodic automatic payment transfer will be completed via the “ACH” of Taiwan Clearing House accordingly. Where the Paying Bank is not enrolled into the ACH service, it will be impossible to perform the designated donation transfer authorization. For your information, the financial institutions not enrolled into the ACH service include Export-Import Bank of the Republic of China, Chunghwa Post Co., Ltd., Bangkok Bank, The Bank of New York Mellon, United Overseas Bank, MUFG Bank and Sumitomo Mitsui Banking Corporation. Where you select a checking account or another special account for the donation transfer authorization, please check with the Paying Bank first to make sure whether it satisfies the donation transfer authorization conditions.
- II. The record date for the donation transfer authorization by the Principal refers to 15th day of the month for the designated transfer (the donated fund to be deposited into the paying account by 14th day of the same month), provided that where said-noted date falls on a weekend or holiday, the transfer shall be postponed until the next working day. In the event of insufficient balance in the paying account, no transfer shall be made for the current month.
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- VI. For the purpose of the automatic payment transfer service, the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration shall collect the personal data about the Undersigned and hereby disclose the purpose, types, time period, territories, targets and methods for such collection, as well as any other requirements, as following:
 1. Purpose: To perform the automatic payment transfer service.
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 3. Time period, territories, targets and methods:
 - (1) Time period: The duration of the specific purpose for personal data collection, retention period required by laws or contract, and retention period required by the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration for

performance of job duties.

- (2) Territories: Taiwan, jurisdictions where the financial institutions enrolled into the ACH service are situated, jurisdictions where competent investigating apparatus or competent authorities are situated, or jurisdictions where the investigation is designated.
- (3) Targets: the Initiating Bank, Taiwan Clearing Bank, Paying Bank, competent investigating apparatus or competent authorities, and the Administration.
- (4) Methods: By automated machine or other non-automated machine.

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Tel. No.: 04-22583988, Ext. 6332, Mailing Address: No. 66, Shizheng N. 1st Rd., Xitun Dist., Taichung City
4. Southern Division, 2nd Enrollment Section
Tel. No.: 06-2245678, Ext. 6607, Mailing Address: No. 96, Gongyuan Rd., West Central Dist., Tainan City
5. Kaoping Division, 2nd Enrollment Section
Tel. No.: 07-2315151, Ext. 1232, Mailing Address: No. 259, Zhongzheng 4th Rd., Qianjin Dist., Kaohsiung City
6. Eastern Division, Administration Section
Tel. No.: 03-8332111, Ext. 2003, Mailing Address: No. 36, Xuanyuan Rd., Hualien City

**Added
Closed Donation Transfer Authorization**

Power of Attorney for National Health Insurance Administration, Ministry of Health and Welfare Charity Account

In quadruplicate
3rd duplicate - stub copy for the
Administration

I, the Undersigned (hereinafter referred to the “Principal”), _____, (Added Closed) hereby authorizes the appointed financial institution (hereinafter referred to the “Paying Bank”) to donate fund to the National Health Insurance Administration, Ministry of Health and Welfare (hereinafter referred to as the “Administration”) Charity Account (hereinafter referred to as the “Account”) from the account designated by me through periodic automatic payment transfer, and also acknowledge that I have read and agreed to the terms and conditions on the donation transfer authorization for the Account as stated on the reverse side of the Power of Attorney.

Completed on MM/DD/YY

Transfer Authorization Profile	Name											
	ID Card No.											
	Tel. No.	(O)	(H)	(Mobile)								
	Email											
	Mailing Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
	Bank ID			Transfer Account No.								
		(Please specify the passbook number in order, from left to right, and no zero should be inserted in the space, if any.)										
Bank Name	Bank											
Donation Profile	Donated Amount <small>(Please specify the amount. Multiple choices are allowed.)</small>	<input type="checkbox"/> NT\$ _____ to Taipei Division Charity Account		<input type="checkbox"/> NT\$ _____ to Southern Division Charity Account		<input type="checkbox"/> NT\$ _____ to Northern Division Charity Account		<input type="checkbox"/> NT\$ _____ to Kaoping Division Charity Account				
		<input type="checkbox"/> NT\$ _____ to Central Division Charity Account		<input type="checkbox"/> NT\$ _____ to Eastern Division Charity Account								
	Mode of Donation <small>(Please select either one.)</small>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (January, April, July and October) <input type="checkbox"/> Semi-annually (January and July) <input type="checkbox"/> Yearly (January)										
Receipt Issuance	Please specify the details about donor and mailing address to help the Administration's service of the receipt upon acceptance of the donation.											
	Donor's Name (Attention): _____, and ID Card No.: _____ <small>(In the event of multiple donors, please complete the donor profile.)</small> Mailing Address: <input type="checkbox"/> Same as the Principal <input type="checkbox"/> Others _____ ※ In response to the “Individual Income Tax Deduction Form Digitization” implemented by Ministry of Finance, please specify whether you agree that the Administration may upload your annual donation profile to Ministry of Finance, so that you may search, download and declare the relevant information on the E-filing and Tax Payment Service of the Ministry of Finance (ROC) at the time of annual tax return, and no donation receipts are required accordingly. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree											
Initiator's Name	National Health Insurance Administration, Ministry of Health and Welfare				Initiator's Tax Identification Number	08628407						
Transaction Item	Charity Donation				Transaction ID	530						
Initiating Bank Name	Bank of Taiwan, Sinan Branch				Initiating Bank ID	0042400						

Power of Attorney No. (User ID, not required from Client):

Principal (seal/signature): _____ (Please enter the specimen seal or signature recorded for the authorized account.)

Paying Bank Supervisor: Clerk:

The specimen seal and signature are held satisfied upon verification.

※Please complete the form and return the same to the Division in charge of the donation account designated by you via registered mail (see Article 7 of the Terms and Conditions for the detailed address).

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- IV. Where the Principal wishes to terminate the donation, he/she shall complete the “Added/Closed Donation Transfer Authorization - Power of Attorney for Termination for National Health Insurance Administration, Ministry of Health and Welfare Charity Account” and send the same to the Administration via registered mail. Upon receipt of the Power of Attorney, the Administration will terminate the donation transfer from the account as of the next month. Where the Principal applies for termination of the service with the Paying Bank directly, the Paying Bank shall transfer the Power of Attorney to the Administration via the Initiating Bank upon verification.
- V. The Power of Attorney is made out in quadruplicate (**each copy to be entered the specimen seal or signature recorded for the authorized account**). The first copy refers to the stub copy retained by the Paying Bank, the second copy for the Initiating Bank, the third copy for the Administration, and the fourth copy for the Principal. The first to third copies shall be mailed to the Administration's Division in charge of the designated charity account. In the event of the accounts handled by more than two (inclusive) divisions, please only mail the same to either one of them.
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 2. Type of personal data: ID Card No., bank account number, and other personal data.
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 - (1) Time period: The duration of the specific purpose for personal data collection, retention period required by laws or contract, and retention period required by the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration for

performance of job duties.

- (2) Territories: Taiwan, jurisdictions where the financial institutions enrolled into the ACH service are situated, jurisdictions where competent investigating apparatus or competent authorities are situated, or jurisdictions where the investigation is designated.
- (3) Targets: the Initiating Bank, Taiwan Clearing Bank, Paying Bank, competent investigating apparatus or competent authorities, and the Administration.
- (4) Methods: By automated machine or other non-automated machine.

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6. Eastern Division, Administration Section
Tel. No.: 03-8332111, Ext. 2003, Mailing Address: No. 36, Xuanyuan Rd., Hualien City

**Added
Closed Donation Transfer Authorization**

Power of Attorney for National Health Insurance Administration, Ministry of Health and Welfare Charity Account

In quadruplicate
4th duplicate - stub copy for the
Principal

I, the Undersigned (hereinafter referred to the “Principal”), _____, (Added Closed) hereby authorizes the appointed financial institution (hereinafter referred to the “Paying Bank”) to donate fund to the National Health Insurance Administration, Ministry of Health and Welfare (hereinafter referred to as the “Administration”) Charity Account (hereinafter referred to as the “Account”) from the account designated by me through periodic automatic payment transfer, and also acknowledge that I have read and agreed to the terms and conditions on the donation transfer authorization for the Account as stated on the reverse side of the Power of Attorney.

Completed on MM/DD/YY

Transfer Authorization Profile	Name																		
	ID Card No.																		
	Tel. No.	(O)	(H)	(Mobile)															
	Email																		
	Mailing Address	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																	
	Bank ID		Transfer Account No.																
	<small>(Please specify the passbook number in order, from left to right, and no zero should be inserted in the space, if any.)</small>																		
Bank Name	Bank																		
Donation Profile	Donated Amount <small>(Please specify the amount. Multiple choices are allowed.)</small>	<input type="checkbox"/> NT\$ _____ to Taipei Division Charity Account			<input type="checkbox"/> NT\$ _____ to Southern Division Charity Account			<input type="checkbox"/> NT\$ _____ to Northern Division Charity Account			<input type="checkbox"/> NT\$ _____ to Kaoping Division Charity Account			<input type="checkbox"/> NT\$ _____ to Central Division Charity Account			<input type="checkbox"/> NT\$ _____ to Eastern Division Charity Account		
	Mode of Donation <small>(Please select either one.)</small>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (January, April, July and October) <input type="checkbox"/> Semi-annually (January and July) <input type="checkbox"/> Yearly (January)																	
Receipt Issuance	Please specify the details about donor and mailing address to help the Administration's service of the receipt upon acceptance of the donation. Donor's Name (Attention): _____, and ID Card No.: _____ <small>(In the event of multiple donors, please complete the donor profile.)</small> Mailing Address: <input type="checkbox"/> Same as the Principal <input type="checkbox"/> Others _____ ※ In response to the “Individual Income Tax Deduction Form Digitization” implemented by Ministry of Finance, please specify whether you agree that the Administration may upload your annual donation profile to Ministry of Finance, so that you may search, download and declare the relevant information on the E-filing and Tax Payment Service of the Ministry of Finance (ROC) at the time of annual tax return, and no donation receipts are required accordingly. <input type="checkbox"/> Agree <input type="checkbox"/> Disagree																		
	Initiator's Name	National Health Insurance Administration, Ministry of Health and Welfare					Initiator's Tax Identification Number	08628407											
Transaction Item	Charity Donation					Transaction ID	530												
Initiating Bank Name	Bank of Taiwan, Sinan Branch					Initiating Bank ID	0042400												

Power of Attorney No. (User ID, not required from Client):

Principal (seal/signature): _____ (Please enter the specimen seal or signature recorded for the authorized account.)

Paying Bank Supervisor: Clerk:

The specimen seal and signature are held satisfied upon verification.

※Please complete the form and return the same to the Division in charge of the donation account designated by you via registered mail (see Article 7 of the Terms and Conditions for the detailed address).

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- II. The record date for the donation transfer authorization by the Principal refers to 15th day of the month for the designated transfer (the donated fund to be deposited into the paying account by 14th day of the same month), provided that where said-noted date falls on a weekend or holiday, the transfer shall be postponed until the next working day. In the event of insufficient balance in the paying account, no transfer shall be made for the current month.
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- VI. For the purpose of the automatic payment transfer service, the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration shall collect the personal data about the Undersigned and hereby disclose the purpose, types, time period, territories, targets and methods for such collection, as well as any other requirements, as following:
 1. Purpose: To perform the automatic payment transfer service.
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 - (1) Time period: The duration of the specific purpose for personal data collection, retention period required by laws or contract, and retention period required by the Initiating Bank, Taiwan Clearing House, Paying Bank and Administration for

performance of job duties.

- (2) Territories: Taiwan, jurisdictions where the financial institutions enrolled into the ACH service are situated, jurisdictions where competent investigating apparatus or competent authorities are situated, or jurisdictions where the investigation is designated.
- (3) Targets: the Initiating Bank, Taiwan Clearing Bank, Paying Bank, competent investigating apparatus or competent authorities, and the Administration.
- (4) Methods: By automated machine or other non-automated machine.

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