

To 致: **HSBC Provident Fund Trustee (Hong Kong) Limited**
c/o The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司
PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號
or 或
Place into the MPF drop-in box at designated Hang Seng Bank branches
投放於指定恒生銀行分行的強積金寄存辦理箱
Hang Seng MPF Employer Direct 恒生強積金僱主專線: 2288 6822
Hang Seng MPF Service Hotline 恒生強積金服務熱線: 2213 2213



HAPA

HANG SENG MANDATORY PROVIDENT FUND
CHANGE OF REGULAR FLEXI-CONTRIBUTION INSTRUCTION FORM (EMPLOYEE)
恒生強積金：更改定期靈活供款指示表格(僱員)

Note 注意：

1. Please complete in CAPITAL and BLOCK LETTERS and tick ☒ the appropriate box(es). 請用大楷及正楷填寫，並於適當的方格內加上「☒」號。
2. Please note that the Flexi-Contribution is not applicable for persons who are US citizen/with US nationality, are US resident or US tax payer, or have a US address (e.g. primary mailing, residence or business address in the US). 請注意靈活供款不適用於美國公民／擁有美國國籍的人士、美國居民或美國納稅人、或有美國地址的人士(例如主要通訊地址、居住地址或工作地址在美國)。
3. Please return the completed form and cheque payment (if applicable) to the Administrator – The Hongkong and Shanghai Banking Corporation Limited. Please provide a certified true copy of your HKID card, if this was not previously provided or if there has been any change of information contained in your HKID card. 請將填妥的表格及支票(如適用)寄交行政管理人 – 香港上海滙豐銀行有限公司。若以往未曾提供或資料已變更，請提供你的香港身分證之認證副本。
4. Certified true copies should be certified by any of the following personnel 提交認證副本可經由下列人士核證：
 - A certified public accountant/lawyer/banker/notary public acceptable to entities of HSBC Group; or 任何滙豐集團成員認可的執業會計師／律師／往來銀行／公證人；或
 - A member of Hong Kong Institute of Chartered Secretaries (HKICS). 任何香港特許秘書公會會員。
5. The information provided will be used in accordance with the relevant MPF Ordinance and/or its Regulations and the same manner as mentioned in the “Personal Information Collection Statement for Hang Seng Mandatory Provident Fund” (“PICS”). The PICS can be obtained through Hang Seng MPF website hangseng.com/empf or MPF hotline 2288 6822 (Employer) or 2213 2213 (Member). By signing this form, your present choice of receiving direct marketing information will remain unchanged. If you wish to update the use of your personal data for direct marketing purpose as stated in the PICS from the Hang Seng MPF scheme, you may exercise your right by notifying us. 所有已提供的資料將按照有關強積金條例及／或其規例及《恒生強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下恒生強積金網站hangseng.com/empf或強積金熱線2288 6822(僱主)或2213 2213(成員)索取。在簽署本表格後，你現時關於接收直接促銷資訊的選擇將維持不變。如你希望更新在恒生強積金計劃聲明中使用你的個人資料作直接促銷的用途，你可通知我們行使你的選擇權。

A. Personal information 個人資料

1. Full name (in English) 全名(英文) (same as that shown on your HKID card/Passport 與香港身分證／護照上的姓名相同)	2. HKID/Passport no. 香港身分證／護照號碼
3. Company name of employer 僱主公司名稱	4. Employer ID 僱主編號

B. Instruction type 指示類別

☐ **1. Change of monthly regular contribution amount 更改每月定期供款額**

The minimum amount of monthly regular Flexi-Contributions is **HKD300**. 最低每月定期靈活供款額為**港幣300元**。

HKD 港幣 _____ 元

a. Please specify source of fund 請註明資金來源

<input type="checkbox"/> Earning from work 工作薪金	<input type="checkbox"/> Personal savings 個人儲蓄
<input type="checkbox"/> Inheritance 遺產承繼	<input type="checkbox"/> Sale of an asset 出售資產 (e.g. property 例如物業)
<input type="checkbox"/> Investment return/Investment matured 投資回報／投資到期	<input type="checkbox"/> Others 其他 (please specify 請註明: _____)

b. Current salary range (HKD per month) 現有入息概況(每月港幣)

<input type="checkbox"/> N/A 不適用	<input type="checkbox"/> Below 10,000 以下	<input type="checkbox"/> 10,000 - 19,999
<input type="checkbox"/> 20,000 - 39,999	<input type="checkbox"/> 40,000 - 69,999	<input type="checkbox"/> 70,000 - 99,999
<input type="checkbox"/> 100,000 - 199,999	<input type="checkbox"/> Above 200,000 以上 (please specify 請註明: _____)	

☐ **2. Change of monthly direct debit date 更改每月直接支賬日期**

- If the direct debit day is a public holiday, a gale warning day or a black rainstorm warning day, then it shall mean the following calendar day which is not a public holiday, a gale warning day or a black rainstorm warning day. 如直接支賬日期為公眾假日、烈風警告日或黑色暴雨警告日，則指隨後的非公眾假日、烈風警告日或黑色暴雨警告日之曆日。
- Please note that the monthly direct debit date may be varied due to the transaction arrangement of the relevant bank account. 請注意每月直接支賬日期或會因有關銀行戶口的交易安排而有所不同。

<input type="checkbox"/> on _____ day 日	<input type="checkbox"/> on the last day of each month 每月最後一天
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B. Instruction type (cont'd) 指示類別(續)

☐ 3. Change of direct debit account 更改直接支賬戶口

- **Please complete Section D 'Direct debit authorisation' to authorise direct debit from your new designated bank account. 請填妥 D 部「直接付款授權書」以授權於新指定的銀行戶口設立直接支賬。**
- To avoid any failure of direct debit transactions, please do not cancel the direct debit instruction of your previous bank account until your new designated bank account has been debited for the first time. 為避免直接支賬被拒絕的情況發生，請於新指定的銀行戶口獲成功扣除第一次供款後，才取消舊有的銀行戶口直接支賬指示。
- If in the rare situation that the direct debit is rejected by your bank and you would like to make the contribution by cheque first, please enclose a crossed cheque issued by the scheme member stated in Section A1 and made payable to 'HSBC Provident Fund Trustee (Hong Kong) Limited'. 如果在不尋常的情形下，你的銀行未能處理直接支賬而你想先以支票完成供款，請附上由註明於 A1 欄之計劃成員簽發的劃線支票，抬頭祈付「HSBC Provident Fund Trustee (Hong Kong) Limited」。

☐ 4. Cancellation of direct debit instruction for regular Flexi-Contributions 取消定期靈活供款的直接支賬指示

Please allow at least one month advance notice when specifying the effective date. 請於指定生效日期時給予最少一個月通知。

Effective date 生效日期

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Year 年 Month 月 Day 日

☐ 5. Change of employment status 更改僱傭狀況

☐ Employed 受僱

Name of employer 僱主名稱：_____

Address of employer 僱主地址(city and country/region 城市和國家/地區)：_____

Occupation 職業：_____

In position of control of the corporation 為該公司/機構的管理層

☐ Yes 是

☐ No 否

☐ Business Owner 業務擁有人

☐ Self-employed 自僱

(For business owner or self-employed 適用於業務擁有人/自僱)

Name of company 公司名稱：_____

Business address 營業地址：_____

Job title 工作職位：_____

☐ Retired 退休

☐ Not currently employed 現時並未受僱

☐ Housewife 家庭主婦

☐ Others 其他 (please specify 請註明：_____)

☐ 6. Change of nature of business 更改業務性質

☐ Agriculture/Livestock specialties 農業/家畜業

☐ Construction 建築

☐ Business services 商用服務

☐ Finance/Insurance 金融/保險

☐ Catering 餐飲業

☐ Freight transport/Cargo/Couriers 貨運/航運/速遞

☐ Communication 通訊

☐ Import/Export traders 出入口貿易

☐ Education 教育

☐ Jewellery/Precious metals/Art dealers 珠寶/貴金屬/藝術品經銷商

☐ Hotel/Boarding houses 酒店/旅館

☐ Pharmaceutical industry 藥業

☐ Personal/Household services 個人/家庭服務

☐ Real estate 地產

☐ Others 其他 (please specify 請註明：_____)

☐ Sales/Rental of vehicles & equipment 車輛及相關設備銷售/租借

☐ Textile business 紡織業

☐ 7. Change of source of fund 更改資金來源

☐ Earning from work 工作薪金

☐ Personal savings 個人儲蓄

☐ Inheritance 遺產承繼

☐ Sale of an asset 出售資產 (e.g. property 例如物業)

☐ Investment return/Investment matured 投資回報/投資到期

☐ Others 其他 (please specify 請註明：_____)

☐ 8. Change of expected monthly contribution 更改預期每月供款

HKD 港幣 _____ 元

☐ 9. Change of expected monthly withdrawal amount 更改預期每月提取金額

HKD 港幣 _____ 元

C. Declaration and authorisation 聲明及授權書

By signing this form, I 在簽署本表格後，本人：

(a) declare and confirm that the information provided by me in this form is true and complete. 謹此聲明及確認本人在本表格上提供的資料均屬正確及完整。

(b) have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein. 已細閱及明白此表格內的所有內容(包括此表格上的注意部分)，並同意遵守此述的規則。

X

Signature 簽署
(This signature must be the same as your previous specimen submitted to us. Otherwise, this form may not be processed. 此簽名須與你之前遞交予我們的式樣相同，否則本表格可能不獲處理。)

Date 日期

D. Direct debit authorisation 直接付款授權書

Name of party to be credited (The Beneficiary) 收款的一方(受益人)
HSBC Provident Fund Trustee (Hong Kong) Limited

I/We hereby authorise my/our below-named Bank to effect transfers from my/our account to that of the above-named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time. 本人(我們)現授權本人(我們)的下述銀行，(根據受益人或其往來銀行不時給予本人(我們)銀行的指示)自本人(我們)的戶口內轉賬予上述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人(我們)同意本人(我們)的銀行毋須證實該等轉賬通知是否已交予本人(我們)。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人(我們)的戶口出現透支(或令現時的透支增加)，本人(我們)願共同及個別承擔全部責任。

I/We confirm that my/our signature(s) on this authorisation form is/are the same as that/those for the operation of my/our savings/current account to be debited for the transfer. 本人(我們)確認，本人(我們)於本授權書上的簽名，與本人(我們)的儲蓄/往來戶口的簽名完全相同。

I/We agree to notify the above-named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may levy the usual charge to be paid by me/us. 本人(我們)同意給予受益人任何更改銀行戶口或取消付款方法的通知，並且同意如本人(我們)的戶口並無足夠款項支付該等授權轉賬，本人(我們)的銀行有權不予轉賬，且銀行可向本人(我們)收取慣常的費用。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least 10 working days prior to the date on which such cancellation/variation is to take effect. 本人(我們)同意，本人(我們)取消或更改本授權書的任何通知，須於取消/更改生效日最少10個工作天前交予本人(我們)的銀行。

I/We hereby authorise HSBC Provident Fund Trustee (Hong Kong) Limited, to initiate and arrange for contributions to be debited from my/our bank account according to the following specification, in favour of HSBC Provident Fund Trustee (Hong Kong) Limited. 本人(我們)現授權 HSBC Provident Fund Trustee (Hong Kong) Limited. 從本人(我們)下述銀行的戶口內，提出及安排扣除供款，以支付予 HSBC Provident Fund Trustee (Hong Kong) Limited。

1. Bank and branch name 銀行及分行名稱

Bank no. 銀行編號	Branch no. 分行編號	Account no. to be debited 扣款戶口號碼 (Please specify account suffix number for integrated account. 如戶口屬於綜合理財戶口，請註明戶口字尾號碼。)

2. Details of account holder as on Statement/Passbook 戶口持有人於結單/存摺上的資料紀錄 (If you are in doubt, please contact your respective Bank. 如有疑問，請聯絡你的相關銀行。)

Name of account holder 戶口持有人姓名 (must be same as the name stated in Section A1 必須與 A1 欄填寫的姓名相符)	Signature of account holder 戶口持有人簽署
Identification number 身分證明文件號碼 <input type="checkbox"/> HKID Card No. 香港身分證號碼 () <input type="checkbox"/> Passport No. 護照號碼 <input type="checkbox"/> Others 其他 (Please specify 請註明)	<div>X</div> <div>Date 日期</div>

3. Please provide joint account holder's details (if applicable) 請填寫聯名戶口持有人資料(如適用)

Name of joint account holder 聯名戶口持有人姓名	Signature of joint account holder 聯名戶口持有人簽署
Identification number 身分證明文件號碼 <input type="checkbox"/> HKID Card No. 香港身分證號碼 () <input type="checkbox"/> Passport No. 護照號碼 <input type="checkbox"/> Others 其他 (Please specify 請註明)	<div>X</div> <div>Date 日期</div>

Please ensure sufficient funds are available in the above bank account. 請緊記將足夠金額存入上述銀行戶口以支付有關供款。

To 致 : **HSBC Provident Fund Trustee (Hong Kong) Limited**
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Hang Seng MPF Service Hotline 恒生強積金服務熱線 : 2213 2213

Hang Seng MPF Customer Declaration Form 恒生強積金客戶聲明書

Note 注意 :
1. This declaration form is applicable for conducting regulated activities under MPFA Guidelines. 本聲明書適用於根據積金局指引訂明之受規管活動。
2. Please complete in BLOCK LETTERS and tick ✓ the appropriate box(es). 請用正楷填寫，並於適當的方格內加上「✓」號。
3. The completed declaration form must be returned with relevant registered scheme application forms, accrued benefit transfer forms, any forms about Flexi-Contributions or Tax Deductible Voluntary Contributions to the Administrator – The Hongkong and Shanghai Banking Corporation Limited. 請把填妥的聲明書連同有關參加註冊計劃申請表格，累算權益轉移表格，任何關於靈活供款表格或可扣稅自願性供款表格一併寄交行政管理人 — 香港上海滙豐銀行有限公司。

A. Customer information 客戶資料			
1. Customer name 客戶名稱			
2. HKID no./Passport no. 身分證號碼／護照號碼	3. BR or CI no. 商業登記證或公司註冊號碼 (if applicable 如適用)	4. MPF membership number 強積金成員編號 (if applicable 如適用)	
5. Industry Type 行業類別	6. Education Level 教育程度 <input type="checkbox"/> Secondary or above 中學或以上 <input type="checkbox"/> Primary or below 小學或以下		

B. Clients with special needs 需要特別照顧客戶			
According to the Guidelines on Conduct Requirements for Registered Intermediaries, issued under section 6H of the Mandatory Provident Fund Schemes Ordinance (Cap. 485), a MPF registered intermediary should provide extra care of, and support for, clients with special needs ('vulnerable clients') during the sales and marketing process relating to the making of a key decision. A vulnerable client for this purpose is a person who is not, or may not be, able to fully understand the type of information to be provided and discussed or who is not, or may not be, able to make that key decision. Such clients may include those who are illiterate, with low level of education i.e. primary level or below, visually or otherwise impaired in a manner that affects their ability to make the relevant key decision independently. A key decision for this purpose refers to one of the following decisions: (a) choosing a particular Constituent Fund; (b) making a transfer that would involve a transfer out of a guaranteed fund; (c) making an early withdrawal of accrued benefits from the MPF System; or (d) making how much voluntary contributions into a particular registered scheme or a particular Constituent Fund. 根據《強制性公積金計劃條例》(第485章)第6H條發出的《註冊中介人操守要求指引》，註冊中介人進行受規管活動時，如遇到需要特別照顧的客戶，在進行與作出重要決定有關的銷售及推銷程序時，須給予額外的照顧和支援。需要特別照顧的客戶是指不能完全明白或也許不能完全明白所提供及討論的資料的人士，或是指不能作出該重要決定或也許不能作出該重要決定的人士。這些需要特別照顧的客戶可包括文盲人士、教育水平在小學或以下程度的人士，以及因視障或有其他障礙而令其獨立作出有關重要決定的能力受到影響的人士。重要決定是指以下其中一項決定： (a) 選擇某一特定的成分基金； (b) 因轉移而涉及轉出保證基金； (c) 從強積金制度提早提取累算權益；或 (d) 向某一特定註冊計劃或某一特定成分基金作出多少自願性供款。 <input type="checkbox"/> Not applicable. The above content does not apply to my circumstances. 不適用。以上內容並不適用於本人之情況。 <input type="checkbox"/> The above content applied to my circumstances. 以上內容適用於本人之情況。			

C. Witness arrangement and Reflection period (only applicable to Vulnerable Clients) 見證安排及考慮期(只適用於「需要特別照顧的客戶」)			
(Please tick (i) or (ii) below and either one box or both boxes under (i) can be ticked 請選擇以下 (i) 或 (ii) 而 (i) 項下可選一項或二項)			
(i) <input type="checkbox"/> I have a friend / relative who does not fall into the above categories as companion to witness this sales process. 本人有一位非以上類別的朋友／親友作為本人同伴參與見證此銷售過程。			
Full name of witness 見證人姓名	HKID/Passport no. of witness 見證人身分證／護照號碼	Signature of witness 見證人簽署	Date signed 簽署日期
and/or 及／或			
<input type="checkbox"/> I agree the MPF Intermediary to invite an additional Hang Seng Bank staff to witness this sales process. 本人同意強積金中介人邀請一位額外恒生銀行職員參與見證此銷售過程。			
Full name of staff 職員姓名	Staff number 職員號碼	Signature of staff 職員簽署	Date signed 簽署日期
or 或			
(ii) <input type="checkbox"/> I declare that I do not need companion or additional Hang Seng Bank staff to witness the sale process as I am able to make decision independently and do not want to disclose my personal information to other parties and confirm this choice by signing below. 本人聲明本人並不需要同伴或一位額外恒生銀行職員參與見證銷售過程，因本人能作出獨立決定及不願將個人資料向第三者披露，本人現於以下簽署確認。			
Customer's signature 客戶簽署			
Reflection Period 考慮期 I have been advised on _____ (DD/MM/YYYY) to take at least one business day to reflect before applying the product(s) discussed. 貴行曾於 _____ (日／月／年)建議本人在申請已討論的產品前可用不少於一個營業日的時間去考慮。 <input type="checkbox"/> I decided to take at least one business day to reflect before filling the form. 本人決定在填寫表格前用不少於一個營業日的時間去考慮。 <input type="checkbox"/> I decided that I do not need a reflection period before filling the form. 本人決定在填寫表格前不需要考慮期。			
Customer's signature 客戶簽署			

D. Transferring out of Guaranteed Funds 轉出保證基金

☐ I understand that if the transfer of the accrued benefits would result in a transfer out of a guaranteed fund, it may cause some or all of the guarantee conditions not being satisfied, thus resulting in the loss of the guarantee. I understand that I am being advised to check the offering document of the original scheme or consult the approved trustee for details before transferring out of the guaranteed fund. 本人明白若此轉移會導致本人從保證基金轉出累算權益，可能會因未能符合部分或全部的保證條件而導致喪失保證。本人明白強積金中介人的建議，應先行查閱原有計劃的要約文件，或向核准受託人查詢詳情後，才從保證基金轉出累算權益。
☐ Not applicable, this application is not relating to any transferring out of Guaranteed Funds. 不適用，本申請與任何從保證基金轉出累算權益無關。

E. Declaration and signature 聲明及簽署

I agree and confirm that during the sales process, the MPF Intermediary has NOT 本人同意及確認在銷售過程中，強積金中介人沒有：

(a) extended an invitation or inducement to me that involves the choice of a particular Constituent Fund within the Hang Seng MPF scheme (HSMPPF) 邀請或誘使本人作出關乎在恒生強積金計劃內某成分基金的選擇；

(b) given any regulated advice/opinion to me that involves the choice of joining the HSMPPF, choosing a particular Constituent Fund, making contribution to HSMPPF, or transfer of MPF accrued benefits; or 向本人提供作出關乎加入恒生強積金計劃、選擇某成分基金、向恒生強積金計劃作出供款或轉移強積金累算權益的受規管建議／意見；或

(c) given detailed advice to me in relation to my decision (if any) 向本人提供詳細意見而當中涉及以下決定(如有)：

(i) on early withdrawal of accrued benefits from the MPF System; or 有關從強積金制度提早提取累算權益的決定；或

(ii) as to the amount of any voluntary contributions to be paid into the MPF System. 有關向強積金制度作出自願性供款的款額的決定。

By signing this form, I declare that 在簽署本表格時，本人謹此聲明：

1. The information given in this form/and its attachment is/are correct and complete. 本表格／及隨附文件所提供的資料均屬正確無訛且並無缺漏。

2. I have received the 'Disclosure of information about the MPF intermediaries to the client' sheet ('Disclosure Sheet'), information about the MPF Intermediaries such as name of the MPF Intermediary and the MPF Intermediary Registration Number, a copy of latest version of the MPF Scheme Brochure and Key Scheme Information Document of the HSMPPF and/or the 'Guide to Transfer Benefits Under Employee Choice Arrangement' (only applicable to relevant transfers under employee choice arrangement), and accept the Terms and Conditions therein when submitting the relevant application(s). 本人已收受「向客戶披露關於強積金中介人的資料」單張(「披露聲明」)、強積金中介人資料如強積金中介人姓名及強積金中介人註冊編號、最新版本之恒生強積金計劃說明書及主要計劃資料文件及／或「僱員自選安排權益轉移指南」(只適用於根據僱員自選安排而作出之轉移)，在作出有關申請時表示本人接受該些刊物之條款及細則。

3. I understand and provide consent to Hang Seng Bank Limited, as the Principal Intermediary of HSMPPF and its MPF Intermediaries, for receiving monetary and non-monetary benefits attributable to carrying on the regulated activities as set out in the Disclosure Sheet. 本人明白及同意恒生銀行有限公司作為恒生強積金計劃的主事中介人及其強積金中介人在進行就其於披露聲明上所列載的受規管活動而獲得金錢利益及非金錢利益。

4. I confirm that the MPF Intermediary has informed me of my right to request specific disclosure of information in relation to the monetary benefits receivable by Hang Seng Bank Limited, being the Principal Intermediary of HSMPPF, if such monetary benefits are receivable from a party including a sponsor, promoter or approved trustee and are directly attributable to carrying on the regulated activities as set out in the Disclosure Sheet. 本人確認強積金中介人已告知倘若恒生銀行有限公司作為恒生強積金計劃的主事中介人在進行就其於披露聲明上所列載的受規管活動而獲得的金錢利益是來自保薦人、推銷商或核准受託人等的任何一方，本人則有權要求有關主事中介人具體披露所得到的金錢利益的資料。

5. I confirm that the MPF Intermediary has provided the relevant information of the HSMPPF and its Constituent Funds, including risk disclosure, fees and charges to me. 本人確認強積金中介人已向本人提供有關恒生強積金計劃及其成分基金之資料，包括其中的風險披露及費用詳情。

6. I understand that I was advised to read carefully the relevant offering documents and understand the information contained therein prior to making the transfer of MPF accrued benefits and any other 'Key Decisions' mentioned in page 1. 本人明白在作出強積金累算權益轉移及在第一頁所提及的任何其他「重要決定」前，應先仔細閱讀及充分理解有關銷售文件內所刊載的資訊。

7. I acknowledge that the MPF Intermediary has explained the timeframe involved in the transfer process of MPF accrued benefits (if applicable) and there will be a time lag during which the accrued benefits will not be invested as the accrued benefits are generally first cashed out by the trustee of my original MPF scheme and then transferred to the trustee of the new MPF scheme for re-investment. In any case, I have the right to seek professional financial advice when in doubt. (Only applicable for transfer of MPF accrued benefit). 本人確認強積金中介人已解釋強積金累算權益轉移過程(如適用)需時處理。其間將令累算權益出現投資真空期，此乃由於本人原有強積金計劃之受託人通常會首先把累算權益兌現然後轉移至新強積金計劃受託人作再投資。在任何情況下，本人有權就有關投資方面的疑問尋求專業投資意見。(只適用於強積金累算權益轉移)。

X

Signature of customer 客戶簽署

Date signed 簽署日期

F. Return postal address 回郵地址

(Note: This part must be completed ONLY if your application is made through the sales and marketing activities conducting by the MPF intermediary. 註：只適用於當你的申請是透過強積金中介人的銷售及推銷活動所進行，此部分必須填寫。)

Please fill in your name and return postal address, and check to ensure their correctness. The information of this part is used for posting the copy of this form to you only. 請填寫你的姓名及回郵地址並確保填寫正確無誤。此部分的資料僅供用作寄回本表格的副本予你。

(Please complete in BLOCK letters 請用正楷填寫)

Name : 姓名

Address : 地址

For office use only 公司專用	<input type="checkbox"/> CDD Pre-checked	Staff name 1	SID	BCC	Programme code	Reference code
	<input type="checkbox"/> ETB	Staff name 2 - referrer	RID	BCC		