

Part II. Indicate Your Investment Instruction (Remarks 1 & 2) 設定您的投資指示(註1及2)**Important Note 重要提示**

Please indicate your investment instructions for each of the Mandatory Account and Voluntary Account in the two columns provided below. Every account can have individual investment instruction. If no investment instruction is specified in any column, all future contributions or transfer-in asset to the respective account will be 100% invested into the default constituent fund [currently, the BCT (Pro) E30 Mixed Asset Fund (*multi-manager*) ("the Fund")]. The benchmark weightings of the investment of the Fund are expected to be, but not restricted to, 30% in equities and 70% in fixed income securities. 請於下列兩欄的個別欄位清楚填寫您的「強制性」及「自願性」戶口之投資指示，每個戶口可以有不同的投資指示。如您就個別戶口沒有填上投資指示，該戶口日後的所有供款或轉入資產，將100%投資於預設成份基金[現時之預設成份基金為BCT E30 混合資產基金(多元經理)(「本基金」)]。本基金的標準投資比重預計為(但不限於)三成股票及七成定息證券。

Constituent Fund 成份基金		Mandatory Account 強制性戶口	Voluntary Account (Including "Easy Gold Plan") 自願性戶口 (包括「積·金·易」)
		Percentage 百分比(%) (Must be an integer 必須為整數)	
Equity Funds 股票基金			
MCHK	BCT (Pro) China & Hong Kong Equity Fund BCT 中國及香港股票基金		
MHKE	BCT (Pro) Hong Kong Equity Fund BCT 香港股票基金		
MASE	BCT (Pro) Asian Equity Fund BCT 亞洲股票基金		
MEUR	BCT (Pro) European Equity Fund BCT 歐洲股票基金		
MGLE	BCT (Pro) Global Equity Fund (<i>Templeton</i>) BCT 環球股票基金 (鄧普頓)		
MINE	BCT (Pro) International Equity Fund (<i>Fidelity</i>) BCT 國際股票基金 (富達)		
Market Tracking Series 緊貼市場系列			
HSIT	BCT (Pro) Hang Seng Index Tracking Fund BCT 恒指基金		
GCEF	BCT (Pro) Greater China Equity Fund (Remark 3) BCT 大中華股票基金 (註3)		
WREF	BCT (Pro) World Equity Fund (Remark 3) BCT 世界股票基金 (註3)		
Target Date Funds 目標日期基金			
SE40	BCT (Pro) SaveEasy 2040 Fund BCT 儲蓄易2040基金		
SE35	BCT (Pro) SaveEasy 2035 Fund BCT 儲蓄易2035基金		
SE30	BCT (Pro) SaveEasy 2030 Fund BCT 儲蓄易2030基金		
SE25	BCT (Pro) SaveEasy 2025 Fund BCT 儲蓄易2025基金		
SE20	BCT (Pro) SaveEasy 2020 Fund BCT 儲蓄易2020基金		
Mixed Asset Funds 混合資產基金			
ME90	BCT (Pro) E90 Mixed Asset Fund (<i>Fidelity</i>) BCT E90 混合資產基金 (富達)		
BCGF	BCT (Pro) E70 Mixed Asset Fund (<i>multi-manager</i>) BCT E70 混合資產基金 (多元經理)		
BCBF	BCT (Pro) E50 Mixed Asset Fund (<i>multi-manager</i>) BCT E50 混合資產基金 (多元經理)		
BCSF	BCT (Pro) E30 Mixed Asset Fund (<i>multi-manager</i>) BCT E30 混合資產基金 (多元經理)		
Lower Risk Funds 較低風險基金			
MARF	BCT (Pro) Absolute Return Fund BCT 目標回報基金		
MRMB	BCT (Pro) RMB Bond Fund (This constituent fund is denominated in HKD and not in RMB) BCT 人民幣債券基金 (此成份基金以港元而非以人民幣計價)		
MGLB	BCT (Pro) Global Bond Fund BCT 環球債券基金		
HKDB	BCT (Pro) Hong Kong Dollar Bond Fund BCT 港元債券基金		
BCPF	BCT (Pro) MPF Conservative Fund BCT 強積金保守基金		
Total 總和		100%	100%

Remarks 備註

- For the case of transfer of the MPF account balance within the same scheme, your latest fund allocation (i.e. units under respective funds) will remain unchanged until a valid fund switching instruction is given to us to change the allocation.
如於同一計劃內轉移強積金戶口結餘，您戶口內的基金分布(即各基金單位)將維持不變，直至向我們作出基金轉換指示以更改基金分布為止。
- If there is any accrued benefits transferred to this personal account, please complete and return the "Request for Fund Transfer Form (for self-employed person, personal account holder or employee ceasing employment)" [FORM: RFT (MEM)].
如有任何累算權益轉移到此個人帳戶，請填寫及交回「資金轉移表格(適用於自僱人士、個人帳戶持有人或終止受僱的僱員)」[FORM: RFT (MEM)]。
- BCT (Pro) Greater China Equity Fund and BCT (Pro) World Equity Fund are portfolio management funds investing in approved Index Tracking Collective Investment Schemes (ITCISs) and that these funds themselves are not index-tracking funds.
BCT 大中華股票基金及BCT 世界股票基金，乃投資於核准緊貼指數集體投資計劃的投資組合管理基金，而並非單一指數追蹤基金。

Part III. "Easy Gold Plan" (If Any) 「積·金·易」(如有)

For setting up "Easy Gold Plan", please also fill in and submit Application Form - "Easy Gold Plan" [FORM: AP (SVC)-MT].

如欲申請「積·金·易」，請同時填寫及遞交「積·金·易」申請表格[FORM: AP (SVC)-MT]。

Part IV. Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCT", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司(「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理, 及在銀聯信託或其任何服務供應商認為有需要時, 或被使用、披露及 / 或轉移(在香港境內或境外)予個別人士, 包括政府機關及監管機構作以下列任何之目的: (一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能; (二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合, 視乎情況而定, 及直銷強制性公積金服務; (三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料); (四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更, 請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任, 香港皇后大道中183號中遠大廈18樓。

Part V. Authorisation, Declaration and Consent 授權、聲明及同意

By signing this document:

- (1) I confirm that I have received, read and understood the terms of the latest version of the principal brochure (and any addendum thereto) of the BCT (MPF) Pro Choice (the "Plan"). I accept and agree to be bound by the terms of such principal brochure (and addendum thereto, if any), the trust deed constituting the Plan (including any deed of amendment), the rules thereof and any other notification sent to me from time to time pursuant to the terms of the trust deed.
- (2) I authorise any employer, banks, trustees, government institutions, or other organisations, institutions or persons, that have any records or information of myself to disclose such record or information, as in the circumstances necessary, to BCT upon request. This authorisation shall remain valid notwithstanding my death or incapacity. A photocopy of this authorisation shall be as valid as the original.
- (3) I further agree to comply with the obligations imposed on me as a personal account member under the Mandatory Provident Fund Schemes Ordinance (Cap. 485) and its related regulations.
- (4) I understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
- (5) I declare that to the best of my knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.
- (6) I expressly consent to the use of my personal data (provided herein or in connection with the service provided hereunder) for the purpose of direct marketing of Mandatory Provident Fund Services (and ancillary MPF products) by BCTF (or its employees or agents); but I understand that BCTF cannot make such use of my personal data without my consent and will cease upon my written or verbal request. I further understand that if I do not wish to consent to my personal data being used for the said direct marketing purpose, I should indicate that no consent is given, by ticking this box.

經簽署本文件:

- (1) 本人確認本人已收取、細閱及明白最新版本之BCT積金之選(「該計劃」)總說明書及任何其附錄的條款。本人接受及同意受此總說明書及其附錄的條款、成立該計劃的信託契約(包括其後之修訂契約, 如有)、信託契約內的規則及日後根據有關信託契約之條款向本人不時發出有關之通知所約束。
- (2) 本人授權任何存有本人記錄或資料之僱主、銀行、受託人、政府部門或其他機構 / 個人, 於有需要的情況下並於銀聯信託提出要求後, 向銀聯信託提供有關記錄或資料。此授權即使在本人死亡或失去行為能力的情况下仍具效力。此授權書之影印本將與正本產生同樣之法律效力。
- (3) 本人同意遵守《強制性公積金計劃條例》(第485章)及其有關規例所列明作為個人帳戶成員需承擔之責任。
- (4) 本人明白及同意於此表格之收集個人資料聲明條款。
- (5) 本人聲明, 盡本人所知及所信, 本表格及隨附之文件(如有)所提供的資料均屬正確無訛且無缺漏。
- (6) 本人即明確表示同意銀聯金融(及其僱員或代理)使用本人的個人資料(於此文件提供的或就根據此文件而提供的服務所提供的)作直銷強制性公積金服務(及有關強積金的產品)的目的, 但本人明白倘本人不同意銀聯金融不能如此使用本人的個人資料及倘接獲本人之書面或口頭要求, 該使用將停止。本人亦明白如本人不欲將本人的個人資料用作上述直銷用途, 本人應在此方格內加上"✓"號, 以表示不同意。

Signature of Applicant 申請人簽署

Full Name 全名

Date (D / M / Y) 日期(日 / 月 / 年)

Internal Use Only 內部專用

Date Received:

Input By:

Verified By:

Remarks:

Broker Code:

Agent Code:

Campaign Code:

BD Code:

Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”) 《強制性公積金計劃(一般)規例》(簡稱《規例》)第 145、146、147、148 及 149 條

Note 注意

- Please read the explanatory notes carefully before completing this form. 填寫此表格前，請先細閱填報須知。
- Please complete this form in BLOCK LETTER. 請以正楷填寫本表格。
- Upon completion of this form, scheme member may give this form to (excluding the Explanatory Notes): 計劃成員填妥本表格後，可把表格交回(「填報須知」無須提交)：
 - Original Trustee 原受託人 : For election to have the benefits retained in the current master trust scheme or industry scheme. 適用於把權益保留在現行集成信託計劃或行業計劃的選擇。
 - New Employer 新僱主 : For election to have the benefits transferred to the contribution account in which the new employer is participating. The new employer should then give written notice of the election to the new trustee concerned. 適用於把權益轉移至新僱主參與的供款帳戶內的選擇。新僱主隨後應給予有關新受託人該選擇的書面通知。
 - New Trustee 新受託人 : For election to have the benefits transferred to another master trust scheme or industry scheme elected by the scheme member. 適用於把權益轉移至計劃成員選擇的另一集成信託計劃或行業計劃的選擇。
- If you would like to withdraw the accrued benefits in your “Easy Gold Plan” account, please complete and return the “Request for Withdrawal Form (For “Easy Gold Plan”)” (“the Form”) to instruct the handling of your contributions made under “Easy Gold Plan”. If we do not receive the Form upon transfer of your accrued benefits, your contributions made under “Easy Gold Plan” will be transferred to / retained in the personal account under the existing scheme. 如欲提取「積·金·易」帳戶內的累算權益，請填寫並交回「提取表格(「積·金·易」適用)」以指示如何處理您的「積·金·易」供款。若本公司於轉移您的累算權益時尚未收到該表格，您的「積·金·易」供款將被轉移 / 保留於現有計劃之個人帳戶內。
- Definition of terms is provided at Note 2. 用詞定義載於註2。
- Please mark “✓” in the appropriate box. 請於適用的方格內填上“✓”號。
- Please countersign any alterations made in this form. 如須作出任何刪改，請於刪改之位置旁簽署。

Part I. Details of The Scheme Member 計劃成員資料				
Name of Plan 計劃名稱	<input checked="" type="checkbox"/> BCT (MPF) Pro Choice BCT 積金之選 <input type="checkbox"/> BCT (MPF) Industry Choice BCT(強積金)行業計劃			
Name of Member 成員姓名 (Same as that shown on your HKID Card ^{Note 3}) (與香港身份證上的姓名相同 ^{註3})	English (Mr / Ms / Mrs*)	HKID Card No. 香港身份證號碼		
	中文 (先生 / 小姐 / 女士*)	Passport No. (<i>ONLY</i> for member without HKID Card) 護照號碼(本欄僅供沒有香港身份證的成員填寫)		
Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone No. 電話號碼	Ext. 內線
Local Mobile 本地手提				
Business 辦公室				
Residential 住宅				
Other Contact No. 其他聯絡號碼				
E-mail Address 電郵地址				
Correspondence Address (all correspondence will be sent to the following address) 通訊地址(所有通訊將寄往以下地址)				

Part II. Fund Transfer Information 資金轉移資料	
A. MPF account information in the Original Scheme ^{Note 4} 原計劃的強積金帳戶資料 ^{註4}	
Name of Original Trustee ^{Note 4} 原受託人名稱 ^{註4}	
Name of Original Scheme ^{Note 4} 原計劃名稱 ^{註4}	
Type of MPF Account (Please select ONE of the following accounts and “✓” as appropriate): 強積金帳戶類別(請選擇以下其中一個帳戶並於適當方格內填上“✓”號)：	
<input type="checkbox"/> Personal Account 個人帳戶	OR 或 <input type="checkbox"/> Contribution Account 供款帳戶
Scheme Member's Account No. ^{Note 4} 計劃成員帳戶號碼 ^{註4}	

* Delete as appropriate 請刪去不適用者

B. Details of former employment (applicable for employee who wishes to transfer-out the accrued benefits from a contribution account after cessation of employment):

以往受僱詳情(適用於僱員在終止受僱後欲把供款帳戶內的累算權益轉出):

Name of Former Employer 前任僱主名稱	
Employer's Identification No. ^{Note 5} (Participating Plan No.) 僱主的識別號碼 ^{註5} (參與計劃編號)	

C. Details of self-employed status (applicable for self-employed person only):

自僱人士身份詳情(只適用於自僱人士):

Please indicate your reason of transfer and "✓" as appropriate: 請說明您轉移的原因, 並於適當方格內填上 "✓" 號:

<input type="checkbox"/> Cessation of self-employment, with effect from: 終止自僱, 生效日期是:			
	DD 日	MM 月	YYYY 年
<input type="checkbox"/> I will remain in self-employment and my accrued benefits will be transferred to another MPF scheme stated in Part III. Contributions to the original scheme should be paid up to: 本人將會維持自僱, 並把本人的累算權益轉移至第 III 部份所述的另一個強積金計劃。本人向原計劃供款的最後日期是:			
	DD 日	MM 月	YYYY 年

Part III. Fund Transfer Options ^{Note 6} 轉移資金的選擇 ^{註6}**Important Note 重要提示**

Item (1) below is required information for processing your instruction. 下列第(1)項必須填寫, 否則將無法處理有關指示。

(1) MPF account information in the New Scheme ^{Note 7} 新計劃的強積金帳戶資料 ^{註7}I elect to have the accrued benefits derived from mandatory contributions in my account stated in Part IIA above transferred as follows:
本人選擇把以上第 IIA 部份所註明的本人帳戶內由強制性供款所衍生的累算權益作出以下的轉移安排:

<input type="checkbox"/> (a) To my contribution account with my New Employer 轉移至本人新僱主就本人開立的供款帳戶	
Name of New Trustee ^{Note 7}	新受託人名稱 ^{註7} <u>Bank Consortium Trust Co. Ltd.</u>
Name of New Scheme ^{Note 7}	新計劃名稱 ^{註7} <u>BCT (MPF) Pro Choice</u>
Scheme Member's Account No. ^{Note 7}	計劃成員帳戶號碼 ^{註7} _____
Name of New Employer	新僱主名稱 _____
Employer's Identification No. ^{Note 5} (Participating Plan No.)	僱主的識別號碼 ^{註5} (參與計劃編號) _____
<input type="checkbox"/> (b) To my designated account in the new scheme 轉移至本人新計劃內的指定帳戶	
Name of New Trustee ^{Note 7}	新受託人名稱 ^{註7} _____
Name of New Scheme ^{Note 7}	新計劃名稱 ^{註7} _____
Scheme Member's Account No. ^{Note 7}	計劃成員帳戶號碼 ^{註7} _____
<input type="checkbox"/> (c) Retain in the original scheme as personal account (if applicable) 以個人帳戶形式保留在原計劃(如適用)	

(2) Arrangement of my voluntary contributions ^{Note 8} (if any) in my account stated in Part IIA.有關本人在第 IIA 部份所述帳戶內的自願性供款 ^{註8} (如有) 的安排。

I elect to have the accrued benefits derived from voluntary contributions to be:

本人選擇把由自願性供款所衍生的累算權益作出以下的安排:

- (a) transferred with my contributions made under "Easy Gold Plan" (if any) to an "Easy Gold Plan" account under a personal account with the same scheme (Only applicable to age 65 or above)
連同「積·金·易」(如有)轉移至現有計劃的個人帳戶下之「積·金·易」戶口內(只適用於年滿65歲)
- (b) handled in the same way as those derived from mandatory contributions
以處理強制性供款所衍生的累算權益的同樣方式處理
- (c) withdrawn in accordance with the governing rules of the scheme
根據計劃的管限規則提取權益

Method of payment (please "✓" as appropriate):

付款方式(請在適當方格內填上 "✓" 號):

- By cheque
支票付款
- By depositing directly in a bank account under the name of scheme member only (a bank account under the name of a third party is not applicable.) (This option is applicable only to trustees who provide such services and there may be bank charges involved. Please check with the original trustee for details.)
直接存入只以計劃成員名義開立的銀行帳戶(不適用於以第三者名義開立的銀行帳戶)。(這項選擇只適用於有提供此項服務的受託人, 並且銀行可能會因此而收取費用。詳情請向原受託人查詢。)
- Name of Bank 銀行名稱 _____
- Bank Account No. 銀行帳戶號碼 _____
- Name of Bank Account Holder 銀行帳戶持有人姓名 _____

I attach a photocopy of my HKID Card / Passport* for verification of the HKID Card / Passport* No. so that I do not need to present my HKID Card / Passport* in person for verification.

本人現附上香港身份證 / 護照* 的副本以供核實本人的香港身份證 / 護照* 號碼, 本人因此毋須為受託人的核對工作親身出示香港身份證 / 護照*。

Remark 備註

If you do not select any options but there are accrued benefits derived from voluntary contributions (except contributions made under "Easy Gold Plan"), those benefits will be handled in the same way as those stated in Part III(1). If there are no such benefits in your account and you have made an election in Part III(2), the selected option will not be processed.

如果你沒有作出任何選擇, 而帳戶內有由自願性供款(「積·金·易」供款除外)產生的累算權益, 則該等權益將以處理第 III(1) 部的權益的同樣方式處理。如你已在第 III(2) 部作出選擇, 而帳戶內並沒有該等權益, 則有關選擇將不會獲處理。

Part IV. Termination of MPF Account with No Residual Balance (if applicable) 終止沒有剩餘款項的強積金帳戶 (如適用)

I hereby give the original trustee an instruction to terminate my relevant MPF member account as referred to in Part IIA upon transfer of the full accrued benefits to the new trustee and there is no residual balance in the said account.

本人謹此指示原受託人在把本人於第IIA部份所述的強積金成員帳戶內的所有累算權益轉移至新受託人後，以及在該帳戶內並無剩餘款項的情況下，終止該強積金成員帳戶。

Part V. Authorisation 授權 (Please 請「✓」) (Only applicable to fund transfer to BCT (MPF) Pro Choice or BCT (MPF) Industry Choice 只適用於資金轉移至BCT積金之選或BCT(強積金)行業計劃)

I authorise Bank Consortium Trust Company Limited ("BCT") to obtain the necessary information in respect of my MPF account(s) from the Original trustee, and the Original trustee to release such information to BCT. Should there be any incomplete or incorrect information in Part IIA above, I also authorise BCT to make any necessary amendment(s) to that part pursuant to the information provided by the Original trustee in respect of my MPF account(s).

I further authorise BCT to provide a copy of my identification document to the Original trustee if it is so required and solely for the purpose of processing this transfer (You may choose to attach a copy of your identification document in order for BCT to pass it to the Original trustee if it is so required).

本人授權銀聯信託有限公司(「銀聯信託」)向原受託人索取有關本人之強積金帳戶的所須資料，並授權原受託人向銀聯信託發放有關資料。若於本表格第II部A項的資料有任何遺漏或錯誤，本人授權銀聯信託根據原受託人所提供的強積金帳戶資料作出必須的修正。

本人亦授權銀聯信託於有需要的情況下向原受託人提供本人身份證明文件的副本，以達至處理是次轉移的目的。(您亦可選擇提交身份證明文件副本，讓銀聯信託於有需要的情況下將之轉交予原受託人。)

Part VI. Personal Information Collection Statement 收集個人資料聲明

The personal data provided by or in respect of Members and Participating Employers of the BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of BCT (the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCT or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services; (iii) improving the provision of Mandatory Provident Fund services by BCT to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCT generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions.

Members and Participating Employers have a right to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCT, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託(強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」，強積金計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理，及在銀聯信託或其任何服務供應商認為有需要時，或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士，包括政府機關及監管機構作以下列任何之目的：(一)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能；(二)提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合，視乎情況而定，及直銷強制性公積金服務；(三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡例如銀通處理強制性公積金(或其他)戶口資料)；(四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更，請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

成員及參與僱主有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任，香港皇后大道中183號中遠大廈18樓。

Part VII. Authorisation and Declaration 授權及聲明

- (1) I have read the Explanatory Notes.
- (2) I hereby give consent to the MPFA to disclose information collected in this form to the trustee(s) concerned, the relevant service provider(s) and other appropriate parties, or to enable such party or parties to access the information for the purposes of processing the transfer of my accrued benefits.
- (3) I understand and agree that the personal data to be supplied in this form is to be used for the purpose(s) of processing my election(s) of transfer as requested in this form.
- (4) I understand and agree that the personal data I supply may, for the purpose(s) mentioned above or for a purpose directly related to such purpose(s), be transferred to the trustee(s) concerned, the relevant service provider(s), the Mandatory Provident Fund Schemes Authority ("MPFA") and other appropriate parties.
- (5) I undertake that if there is any change in the information so provided, I shall notify BCT as soon as reasonably practicable.
- (6) I declare that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.
- (7) I hereby agree to indemnify BCT against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCT or suffered or incurred by BCT arising either directly out of or in connection with BCT accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me in writing. Notwithstanding the above, BCT has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or email.
- (1) 本人已閱讀《填報須知》的內容。
- (2) 本人同意積金局可為處理本人的累算權益轉移，向有關受託人、相關服務提供者，及其他相關機構披露本表格所收集的資料，或使該等人士或機構能夠接觸該等資料。
- (3) 本人明白及同意在本表格提供的個人資料，將被用作處理本人在本表格內要求的轉移選擇。
- (4) 本人明白及同意本人所提供的個人資料可能會為達致上述目的，或直接與上述目的有關的目的而轉交有關受託人、相關服務提供者、強制性公積金計劃管理局（簡稱「積金局」），及其他相關機構。
- (5) 本人承諾若所提供之資料有任何更改，將儘快通知銀聯信託。
- (6) 本人聲明，盡本人所知及所信，本表格及隨附之文件（如有）所提供的資料均屬正確無訛且無缺漏。
- (7) 本人同意銀聯信託不論在有否得到本人的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜，本人亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。銀聯信託毋須因處理該等指示而直接或間接導致的任何行動、訴訟、理賠、損失、損害、成本或費用而承擔責任。然而，銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

Signature of Applicant (in the same specimen of previous service provider) ^{Note 9}

申請人簽署（簽署式樣須與前服務提供者相同）^{註9}

Date (D / M / Y) 日期 (日 / 月 / 年)

Internal Use Only 內部專用

Date Received:	Processed By:	()	Approved By:	()	Remarks:
Broker Code:	Agent Code:	Campaign Code:	BD Code: SC1495 / KL1287		

Request for Fund Transfer Form (for self-employed person, personal account holder or employee ceasing employment) [FORM: RFT (MEM)]

Explanatory Notes

1. For each account, a scheme member should transfer the entirety of his accrued benefits therein in a lump sum except the part of the accrued benefits derived from voluntary contributions and “Easy Gold Plan” which the scheme member may elect to withdraw in accordance with the governing rules of the original scheme.
2. Definition of terms:
 - I. “Contribution account” – an account in an MPF scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee or by a self-employed person.
 - II. “Personal account” – an account in an MPF scheme which is mainly used to receive the accrued benefits transferred from another account(s).
 - III. “Original trustee” – also known as “transferor trustee” in the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”) – the trustee of an MPF scheme from which your accrued benefits are to be transferred.
 - IV. “New trustee” – also known as “transferee trustee” in the Regulation – the trustee of an MPF scheme to which your accrued benefits are to be transferred. If you elect to transfer your accrued benefits to another account within the same MPF scheme or to another MPF scheme under the same trustee, the new trustee on FORM: RFT(MEM) will be the same as the original trustee.
 - V. “Original scheme” – the MPF scheme from which your accrued benefits are to be transferred.
 - VI. “New scheme” – the MPF scheme to which your accrued benefits are to be transferred. If you elect to transfer your accrued benefits to another account within the same MPF scheme, the new scheme on FORM: RFT(MEM) will be the same as the original scheme.
3. If you do NOT possess a HKID Card, please fill in your name as shown on your passport.
4. Please note that the transfer request may not be processed if the name of original trustee, the name of the original scheme, your scheme member’s account no. in the original scheme, type of MPF account, the name of your former employer or the employer’s identification no. is not provided or is incorrect. This information can be found:
 - (a) in your membership certificate;
 - (b) in your annual benefit statement; or
 - (c) through the member enquiry facilities available from trustees.

If you are in doubt, please contact your original trustee or your employer.

5. The employer’s identification no. is the no. assigned by the trustee to the employer concerned. Trustees may use different names for this no. (e.g. account no., company code, contract no., employer account no., employer code, employer ID, employer no., MPF client no., participating plan no., plan no., scheme no., scheme ID, sub-scheme no.). The no. can be found in the statements issued by the trustees or through the member enquiry facilities available from trustees. If you are in doubt, please contact your trustee or your employer.
6. Please ensure that you have a personal account or a contribution account in the new scheme. Otherwise, you have to enroll in that scheme before you submit FORM: RFT(MEM) to the new trustee.
7. Please note that the transfer request may not be processed if the name of the new trustee, the name of the new scheme or your scheme member’s account no. in your new scheme is not provided or is incorrect. The information can be found:
 - (a) in your membership certificate;
 - (b) in your annual benefit statement; or
 - (c) through the member enquiry facilities available from trustees.

You may, however, leave the scheme member’s account no. blank if you have recently enrolled in the scheme and have not been notified of the new account no.. If you are in doubt, please contact your new trustee.

8. A scheme member can check whether his existing MPF account contains any accrued benefits derived from voluntary contributions from his annual benefit statement issued by the original trustee to the member. The member can also check this information through the member enquiry facilities available from trustees. If you are in doubt, please contact your original trustee.
9. The signature must be the same as your specimen signature previously submitted to your original trustee. Please note that the transfer may not be processed if the signature provided in this Form does not match your specimen signature. If you are in doubt, please contact your original trustee.
10. If you wish to transfer-out the accrued benefits from more than one accounts, you should submit a separate Form: RFT(MEM) for each of those accounts.
11. If you wish to transfer-out the accrued benefits from your contribution account during employment, you should complete FORM: MPF(S)-P(P).
12. Please complete FORM: RFT(MEM) carefully as the administration procedures taken by the trustees may not be reversible.
13. If you are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the original scheme or consult your original trustee for details.
14. If any information provided on FORM: RFT(MEM) (including the signature) is incorrect or incomplete, the trustees may not be able to process your benefit transfer request.
15. Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer to that scheme. Copies of that offering document can be obtained from the new trustee upon request.
16. If you wish to make enquiries or seek assistance in making your election to transfer, please contact your original trustee or new trustee. For general enquiries regarding fund transfer, you may contact the Mandatory Provident Fund Schemes Authority (“MPFA”) via e-mail: mpfa@mpfa.org.hk or hotline: 2918 0102.

資金轉移表格(適用於自僱人士、個人帳戶持有人或終止受僱的僱員) [表格：RFT (MEM)]

填報須知

- 就每一個帳戶，除了由自願性供款及「積·金·易」所產生的累算權益或可根據原計劃管限規則選擇提取外，計劃成員應把帳戶內的所有累算權益整筆轉移。
 - 用詞定義：
 - 「供款帳戶」– 指強積金計劃下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款(包括僱主及僱員部分)或自僱人士所作出的強積金供款的帳戶。
 - 「個人帳戶」– 指強積金計劃下主要用以接收由另一帳戶轉入的累算權益的帳戶。
 - 「原受託人」(在《強制性公積金計劃(一般)規例》(簡稱《規例》)中亦稱「轉移受託人」)– 指轉出您的累算權益的強積金計劃的受託人。
 - 「新受託人」(在《規例》中亦稱「承轉受託人」)– 指轉入您的累算權益的強積金計劃的受託人。如您選擇將累算權益轉移至同一強積金計劃的另一個帳戶或轉移至同一受託人的另一個強積金計劃，在表格：RFT (MEM)所述的新受託人將與原受託人相同。
 - 「原計劃」– 指轉出您的累算權益的強積金計劃。
 - 「新計劃」– 指轉入您的累算權益的強積金計劃。如您選擇將累算權益轉移至同一強積金計劃的另一個帳戶，在表格：RFT (MEM)表格所述的新計劃將與原計劃相同。
 - 如您沒有香港身份證，請填上您在護照上的姓名。
 - 請注意，如您沒有提供原受託人名稱、原計劃名稱、原計劃成員帳戶號碼、強積金帳戶類別、前任僱主名稱或僱主識別號碼，或所提供的資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：
 - 成員證明書；
 - 周年權益報表；或
 - 受託人提供的成員查詢服務。
- 如有疑問，請聯絡您的原受託人或僱主。**
- 僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼(例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號)。你可在受託人發出的報表上或透過受託人為成員提供的諮詢服務獲取該號碼。如有疑問，請聯絡你的受託人或僱主。
 - 請確保您在新計劃已開立個人帳戶或供款帳戶。否則，您在向新受託人提交表格：RFT (MEM)之前，便須登記參加該新計劃。
 - 請注意，如您沒有提供新受託人名稱、新計劃名稱或新計劃成員帳戶號碼，或所提供資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：
 - 成員證明書；
 - 周年權益報表；或
 - 受託人提供的成員查詢服務。
- 不過，如您最近才參加計劃，並未獲悉新的成員帳戶號碼，則可留空此項。如有疑問，請聯絡您的新受託人。
- 計劃成員可在原受託人向成員發出的周年權益報表上，獲知其現有強積金帳戶內是否有從自願性供款產生的累算權益。成員亦可利用受託人提供的查詢服務查核這項資料。如有疑問，請聯絡您的原受託人。
 - 您的簽署必須與您之前提交予原受託人的簽名式樣相同。請注意，若本表格上的簽署與您的簽名式樣不符，有關轉移或不獲處理。如有疑問，請聯絡您的原受託人。
 - 如欲從多於一個帳戶轉出累算權益，請就每個帳戶分別提交一份表格：RFT (MEM)。
 - 如欲在現職期間從您的供款帳戶轉出累算權益，請填寫表格：MPF(S)-P(P)。
 - 請小心填寫表格：RFT (MEM)，因為受託人未必能夠撤銷已採取的行政步驟。
 - 如您現時投資於強積金保證基金，則從該保證基金轉出累算權益可能導致您不符合部分或所有保證條件，從而影響您享有保證的資格。有關詳情請查閱原計劃的要約文件或向原受託人查詢。
 - 若您在表格：RFT (MEM)上所提供的任何資料(包括簽署)不正確或不完整，受託人可能無法處理您的權益轉移要求。
 - 新計劃的資料載於該計劃的要約文件，此等資料將有助您決定是否把累算權益轉移至該計劃。您可向新受託人索閱該要約文件。
 - 如欲就轉移選擇作出查詢或尋求協助，請聯絡您的原受託人或新受託人。您亦可與強制性公積金計劃管理局(簡稱「積金局」)聯絡，查詢有關資金轉移的一般事項。積金局電郵地址：mpfa@mpfa.org.hk或熱線電話：2918 0102。

[Applicable to individual members]

Bank Consortium Trust Company Limited
18/F, Cosco Tower,
183 Queen's Road Central,
Hong Kong

[Date]

Dear Sir/Madam

Appointment of Exclusive MPF Intermediary / Servicing Agent

I, _____ *[Name of client]* (holder of Hong Kong Identity Card number _____), have on *[Date]*, appointed **Sun Flower Insurance Brokers Limited** *[Name of the Corporate Intermediary]* as my exclusive MPF Intermediary/ servicing agent with respect to my MPF scheme arrangement.

I hereby direct and authorise Bank Consortium Trust Company Limited (“BCT”) to disclose and transfer my personal data and details of transactions/dealings of my account(s) as indicated below to **Sun Flower Insurance Brokers Limited** *[Name of the Corporate Intermediary]* and their individual MPF Intermediaries for the purpose of their reviewing the dealing/transaction details of my said account(s) and giving advice thereon in connection with the scheme(s) of which I am a member.

Please initial in the appropriate boxes below to indicate the specific scheme(s) and account(s) that you authorise BCT to disclose the details of which to the Corporate Intermediary as mentioned above.

Scheme	Account		
<input type="checkbox"/> Bank Consortium MPF Plan	<input type="checkbox"/> Regular Employee	<input type="checkbox"/> Preserved Member	<input type="checkbox"/> Self-employed Person
<input type="checkbox"/> Bank Consortium Industry Plan	<input type="checkbox"/> Regular Employee	<input type="checkbox"/> Preserved Member	<input type="checkbox"/> Self-employed Person

Yours faithfully,

<Signature of the client>

For Internal Use Only
Broker Code: _____ Agent Code: _____

[適用於僱員成員]

銀聯信託有限公司
香港皇后大道中 183 號
中遠大廈 18 樓

[日期]

敬啟者：

唯一強積金中介人 / 服務代理人委任書

本人， _____ [委任人姓名] (香港身份證號碼 _____) 於[日期]起委任 **新華保險顧問有限公司** [機構中介人名稱] 為處理本人強積金計劃事宜之唯一強積金中介人 / 服務代理人。

本人在此指示並授權予銀聯信託有限公司向 **新華保險顧問有限公司** [機構中介人名稱] 及其個別強積金中介人披露及轉移本人的個人資料及有關本人帳戶內之買賣 / 交易詳情，以用作檢視本人的帳戶內之買賣 / 交易情況及就此給予意見。

請於下列空格 勾選閣下授權銀聯信託有限公司披露予上述機構中介人的強積金計劃及戶口：

計劃:	帳戶:		
<input type="checkbox"/> 銀聯信託強積金計劃	<input type="checkbox"/> 一般僱員	<input type="checkbox"/> 保留帳戶	<input type="checkbox"/> 自僱人仕
<input type="checkbox"/> 銀聯信託行業計劃	<input type="checkbox"/> 一般僱員	<input type="checkbox"/> 保留帳戶	<input type="checkbox"/> 自僱人仕

此致

<委任人簽署>

For Internal Use Only

Broker Code:

Agent Code:

Notes on Making Enquiry about Personal Account Information (Form PA-AP)

- (1) This “**Form PA-AP**” is to be completed by any person who wishes to make enquiry about his/her personal accounts information via an authorized person. The authorized person will also be required to complete part of the Form.
- (2) If you wish to make enquiry about personal account information for yourself, please use “**Form PA-SM**”. If you are a personal representative of a deceased scheme member, please use “**Form PA-PR**”.
- (3) You may submit your enquiry to the Authority by:
- a. **Visiting the Authority in person:** Please bring (1) the completed Form, (2) copy of ID document of the scheme member (e.g. HKID Card) and (3) original HKID Card of the authorized person.

Office	Address	Office Hours	
Head Office	Units 1501A and 1508, Level 15, International Commerce Centre, 1 Austin Road West, Kowloon	Weekdays: 8:45 am to 5:45 pm	Closed on Saturdays, Sundays and Public Holidays
Central Office	23/F, Nexus Building, 41 Connaught Road Central, Central, Hong Kong		
Kwai Fong Office	Level 36, Tower 1, Metroplaza, 223 Hing Fong Road, Kwai Fong, New Territories		
Kwun Tong Office	25/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon	Weekdays: 9:00 am to 1:00 pm 2:00 pm to 5:00 pm	
Enquiry Counter	Room G01, Labour Tribunal, 36 Gascoigne Road, Yaumatei, Kowloon		

- b. **Mail/Fax:** Please post or fax the completed Form and copies of ID supporting documents of both the scheme member and the authorized person to the Authority. Search result will be sent to the authorized person by mail.

Address: Member Services Section, 25/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon
 Fax: 3146 7367

- (4) To ensure proper authorization has been given by the scheme member and to protect members’ personal data, the Authority may contact and confirm with the scheme member as and when necessary before processing a request. Request will not be processed if confirmation from the scheme member concerned cannot be obtained.
- (5) Notes on using this Form PA-AP:
- a. Only one authorized person is allowed for each form. Multiple authorized persons in one form will not be accepted.
 - b. For any alteration of information on the Form, full signature of the scheme member must be present.
 - c. For submission in person, Form PA-AP must be submitted by the authorized person himself/herself. Submission by any other third party will not be accepted.
 - d. For submission in person, original ID document of the authorized person must be presented for inspection.
 - e. ID document of the scheme member must be submitted in printed form.
 - f. Corresponding and valid ID documents of both the scheme member and the authorized person must be presented. For example, if HKID No. is listed in the Form, a copy of HKID Card must be presented. Non-corresponding and expired ID documents will not be accepted.
 - g. This form is **valid for one month** from the date on which the scheme members signs the form. Expired forms will not be accepted.
- (6) Please note that the Authority does not have detailed information of individual personal accounts, such as account number, funds invested and account balance. To check such details of the personal account(s), the account holder may approach his/her scheme trustee(s) directly for assistance.
- (7) Please note that only personal account information is available. For information on contribution accounts, please check with the relevant employer(s) for details.
- (8) The Form and copies of ID document submitted will not be returned.
- (9) The Authority reserves the right to change the above requirements without prior notice.

查詢個人帳戶資料須知（表格PA-AP）

- (1) 本「表格 PA-AP」供擬授權他人，代辦查詢其個人帳戶的人士填寫。獲授權人亦須填寫本表格的部份內容。
- (2) 如閣下擬自行查詢你的個人帳戶資料，請填寫「表格 PA-SM」。如閣下為已故計劃成員的遺產代理人，請填寫「表格 PA-PR」。
- (3) 閣下可選擇以下列方法向本局提交查詢：
 - a. **親臨本局**：請閣下攜同（1）已填妥的表格、（2）計劃成員的身分證明文件副本（如身分證）及（3）獲授權人士的身分證正本親臨本局辦事處查詢。

辦事處	地址	辦公時間	
總辦事處	九龍柯士甸道西1號環球貿易廣場15樓 1501A及1508室	星期一至五： 上午8時45分至 下午5時45分	星期六、 日及公眾 假期休息
中環辦事處	香港中環干諾道中41號盈置大廈23樓		
葵芳辦事處	新界葵芳興芳路223號新都會廣場1座36樓		
觀塘辦事處	九龍觀塘觀塘道388號創紀之城1期1座25樓		
諮詢處	九龍油麻地加士居道36號勞資審裁處G01室	星期一至五： 上午9時至下午1時 下午2時至下午5時	

- b. **郵遞/傳真**：請閣下將已填妥的表格連同計劃成員及獲授權人士的身分證明文件副本郵遞或傳真至本局。本局將以信函回覆閣下。

地址：九龍觀塘觀塘道388號創紀之城1期1座25樓 成員服務組
傳真：31467367

- (4) 為確保查詢已獲得適當授權及保障計劃成員的個人資料，本局在處理查詢時或會與計劃成員聯絡，以核實表格上的資料。如未能核實資料，本局有權不處理有關查詢。
- (5) 使用本表格須知：
 - a. 每一張表格上只可填寫一名獲授權人。如表格上有多於一名獲授權人，查詢將不獲處理。
 - b. 表格上的資料如被刪改，計劃成員必須在旁簽署作實，否則查詢將不獲處理。
 - c. 如親臨遞交查詢，「表格PA-AP」必須由表格上的獲授權人本人遞交。由非獲授權人士遞交的查詢將不獲處理。
 - d. 如親臨遞交查詢，獲授權人必須出示其身分證明文件正本。
 - e. 計劃成員的身分證明文件副本必須以書面形式提交。
 - f. 計劃成員及獲授權人必須提交相符及有效的身分證證明文件予本局核對（例：如表格上填上香港身分證號碼，提交的證明文件須為香港身分證）。不相符或逾期的身分證證明文件將不獲接納。
 - g. 本表格的有效期為一個月（由計劃成員簽署表格當日起計算），逾期遞交的查詢將不獲處理。
- (6) 請注意，本局紀錄並無個人帳戶的詳細資料，如帳戶號碼、所選擇之基金組合或戶口結餘等。帳戶持有人可直接向有關強積金受託人查詢。
- (7) 請注意，本局只能提供有關成員的個人帳戶資料。如欲查詢其他的強積金供款帳戶資料，請向有關僱主查詢。
- (8) 已遞交之表格及身分證證明文件副本將不予退還。
- (9) 本局保留權利更改以上條文而不作另行通知。

Mandatory Provident Fund Schemes Authority
Personal Information Collection Statement
(Form PA-SM, Form PA-AP and Form PA-PR)

The personal data to be supplied in this Form are for the purposes of processing your request for personal account details. The personal data will be used, disclosed or transferred only for purposes related to the request or where permitted by law. Failure to supply the requisite personal data may result in the Authority being unable to process the request if it affects the Authority's ability to retrieve the requested information or contact the scheme member / authorized person / personal representative.

If you wish to request access to and/or correction of your personal data held by the Authority, you may do so in writing addressed to the Personal Data Privacy Officer, Mandatory Provident Fund Schemes Authority, Level 16, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

強制性公積金計劃管理局
個人資料收集聲明
(表格 PA-SM、表格 PA-AP 及表格 PA-PR)

藉本表格提供的個人資料，乃為處理閣下查閱個人帳戶資料的申請之用。有關資料只會因應與該項申請有關的用途或在法律允許的情況下加以使用、披露或轉移。如未能提供所需個人資料，以致本局難以抽取所要求查閱的資料或聯絡計劃成員／獲授權人／遺產代理人，則本局可能無法處理閣下的申請。

如欲查閱及／或更正閣下存於本局的個人資料，可致函香港九龍柯士甸道西一號環球貿易廣場 16 樓強制性公積金計劃管理局個人資料私隱主任，提出有關要求。

Request For Personal Account Information
Authorization Form
查閱個人帳戶資料
授權書

Particulars of the Scheme Member 計劃成員資料		
Name In English 英文姓名		
Name In Chinese 中文姓名		
HKID / Passport No.* 香港身分證/護照號碼*	* Please provide copy of HKID / Passport 請附上香港身分證/護照副本	
Day-time Telephone No. 日間聯絡電話		
Authorization & Declaration 授權及聲明	<p>I hereby authorize the person listed below to enquire and receive details of my personal account(s) including my name, HKID/Passport number, and name, business address and telephone number of the related MPF trustee(s).</p> <p>I declare that to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete.</p> <p>本人現授權下列人士，查閱及獲取本人於強積金計劃下有關個人帳戶資料，包括本人姓名、香港身分證/護照號碼、有關強積金受託人的名稱，營業地址及電話。</p> <p>本人聲明，本人並深知確信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。</p>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature 簽署</td> <td>Date (DD/MM/YY) 日期 (日/月/年)</td> </tr> </table>	Signature 簽署
Signature 簽署	Date (DD/MM/YY) 日期 (日/月/年)	

Particulars of the Authorized Person 獲授權人資料		
Name In English 英文姓名		
Name In Chinese 中文姓名		
HKID / Passport No.* 香港身分證/護照號碼*	* Please provide copy of HKID / Passport for mail/fax enquiry 如郵遞/傳真遞交，請附上香港身分證/護照副本	
Day-time Telephone No. 日間聯絡電話		
Mail results to this address 請將結果寄往此地址		
Declaration 聲明	<p>I declare that I have duly obtained authorization from the scheme member listed above to check his/her personal account information, and to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete.</p> <p>本人聲明，本人已獲上述成員正式授權，代其查詢個人帳戶資料；本人並深知確信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。</p>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature 簽署</td> <td>Date (DD/MM/YY) 日期 (日/月/年)</td> </tr> </table>	Signature 簽署
Signature 簽署	Date (DD/MM/YY) 日期 (日/月/年)	

Note: It is an offence under Section 43E of the Mandatory Provident Fund Schemes Ordinance if a person makes a false or misleading statement in a material respect to the Authority and the approved trustees. Convicted offenders are liable to a fine of HK\$100,000 and imprisonment for 12 months.
附註：強制性公積金計劃條例第 43E 條訂明，任何人士如在要項上向積金局或核准受託人作出虛假或具誤導性的陳述，即屬犯罪。一經定罪，可被罰款 10 萬港元及監禁 12 個月。

Official Use Only:	Ck:	Rv:	Ap:	1211
	<input type="checkbox"/> ICC <input type="checkbox"/> NB <input type="checkbox"/> MP1 <input type="checkbox"/> MC1 <input type="checkbox"/> LT	Dt:	Tm:	

To 致: Sun Flower Insurance Brokers Limited (“SFIB”) 新華保險顧問有限公司(「新華顧問」)

MPF Client Declaration Form 強積金客戶聲明書

Note 注意:

1. This declaration form is applicable for conducting regulated activities under the Guidelines on Conduct Requirements for Registered Intermediaries issued by the MPFA (“MPFA Guidelines”). 本聲明書適用於從事積金局《註冊中介人操守要求指引》(「積金局指引」)所規定之受規管活動。
2. Customer to complete in BLOCK LETTERS and tick ✓ the appropriate boxes. 請客戶用正楷填寫，並於適當的方格內加上「✓」號。
3. Where regulated activities are conducted, this Declaration Form must also be completed and returned to SFIB. 如進行受規管活動，則必須填寫本聲明書並交回給新華顧問。

A. Client information 客戶資料		
1. Name of customer (surname first, where applicable) 客戶姓名(姓氏在前(如適用))	2. Chinese name 中文姓名	3. Salutation 稱謂 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Employer 僱主
4. HKID no. /Passport no. 身份證號碼/護照號碼 (If applicable 如適用)	5. Employer ID/Scheme ID 僱主編號/計劃編號 (If applicable 如適用)	6. Level of Education 教育程度 <input type="checkbox"/> Primary or below 小學或以下學歷 <input type="checkbox"/> Above primary 小學以上學歷

B. Clients with special needs 需要特別照顧的客戶

B.1

According to MPFA Guidelines, a client with special need (who is person who is not, or may not be, able to fully understand the type of information to be provided/discussed or make a key decision) may include a client who is illiterate, with low level (primary level or below) of education, visually or otherwise impaired in a manner that affects his/her ability to make the relevant key decision independently.

根據積金局指引，需要特別照顧的客戶（即不能完全明白或也許不能完全明白所提供及討論的及不能作出重要決定的人士）可包括，有語文困難、低學歷（小學程度或以下）、有視力或其他肢體受損的客戶，而該等情況影響其獨立地作出強積金相關的重要決定的能力。

- Not applicable. I am not a client with special needs.
不適用。本人並不是需要特別照顧的客戶。
- As a customer with special needs, I prefer the following option to witness the relevant sales process and constituent fund selection process (referred as the “Sales Process”):
作為需要特別照顧的客戶，本人於下列兩項中選擇其一以見證是次銷售及選擇成分基金過程（下稱「銷售過程」）：

- to be accompanied by a companion to witness the Sales Process.
本人攜同同伴見證銷售過程。

Full name of witness
見證人姓名

HKID/Passport no. of witness
見證人身份證/護照號碼

Signature of witness
見證人簽署

Date
日期

- to have an additional member of staff to witness the Sales Process.
本人要求提供多一名員工見證銷售過程。

Full name of staff
員工姓名

Staff number
員工號碼

Signature of staff
員工簽署

Date
日期

- I do not want any one else to accompany me or witness the sale process and, therefore, do not choose either of the above option.
本人不要任何其他人士陪同或見證銷售過程，故不選擇上述任何一項。

B.2

A registered intermediary should provide extra care of, and support for, clients (including representatives of employers) with special needs during the sales and marketing process relating to the making of a key decision. 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.

註冊中介人如遇到需要特別照顧的客戶(包括僱主代表)，在進行與作出重要決定有關的銷售或推銷程序時，需給予額外的照顧及支援。重要決定是指以下任何一項決定：

- (a) 選擇某一特定的成分基金；
- (b) 因轉移而涉及從現有強積金賬戶轉出保證基金；
- (c) 從強積金制度提早提出累算權益；或
- (d) 向某一特定的註冊計劃或某一特定的成分基金作出多少自願性供款。

- Not applicable, activities do not involve any key decision as described above.
不適用，活動不涉及上述的重要決定。

C. Transferring out of guaranteed funds 從現有強積金賬戶轉出保證基金

- I have been warned against and I understand the risk that transfer-out from the guaranteed fund may result in the loss of the guarantee (either a loss which I may incur or, where I am a representative of an employer, the loss which employees of the employer may incur as the result of the transfer). I have also been advised to either check the offering document or consult the relevant trustee for details for the terms of the guarantee and take into account the said risk before transferring out of that fund.
本人已獲警告且本人理解從現有強積金賬戶轉出保證基金涉及風險，可能會導致損失保證（有關轉出可導致是本人自己遭受損失，或如本人是僱主代表，則是該僱主旗下僱員遭受損失）。本人亦已獲得建議，於從該基金中轉出保證基金之前，要查閱發售文件或諮詢有關受託人以瞭解保證條款之詳情並且考慮到上述風險。

D. Suitability Assessment 適合性評估

According to The MPFA Guidelines, suitability assessment is required if the sales and marketing process involves one or more of the following circumstances:

- (a) extending an invitation or inducement to a specific client that involves the choice of a particular constituent fund;
(b) giving regulated advice to a specific client that involves the choice of a particular constituent fund;
(c) giving detailed advice to the client in relation to a decision on early withdrawal of accrued benefits from the MPF System; or
(d) giving detailed advice to the client in relation to a decision as to the amount of any voluntary contributions to be paid into the MPF System.

根據積金局指引，如銷售或推銷程序涉及下列各項之其中一項或多於一項，需進行適合性評估：

- (a) 發出邀請或誘使特定客戶作出關乎某一特定成分基金的選擇；
(b) 向指定客戶提供作出關乎某一特定成分基金的選擇的受規管建議；
(c) 向客戶提供有關從強積金制度提早提取累算權益的決定之詳盡建議；或
(d) 向客戶提供有關向強積金制度注入多少自願性供款的決定之詳盡建議。

- Not Applicable. None of the above circumstances is involved or the customer does not agree to provide the information required for suitability assessment.

不適用，不涉及任何上述情況或客戶不同意提供進行適合性評估所需的資料。

(Proceed to Section E and sign where appropriate. 下往E部並於適當位置簽署。)

- I understand the result of Suitability Assessment Questionnaire is for my reference only. The information provided should not be relied upon when making any investment choices for MPF account(s). The final decision of any investment choices is mine.

本人明白適合性風險評估問卷之結果只供本人參考用途。本人不應該依靠該等資訊作出強積金賬戶之投資選擇。而所有投資選擇的最終決定均由本人作出。

(Attach a completed Suitability Assessment Questionnaire. 連同已完成的風險適合性評估問卷一併遞交。)

E. Personal Information Collection Statement 收集個人資料聲明

I/We hereby authorize Sun Flower Insurance Brokers Limited (SFIB) to collect, store, analyze, administer and utilize all the data and information in regard and related to my/our insurance policies/MPF schemes.

本人/本公司現特授權“新華保險顧問有限公司”(新華保險)收集、儲存、分析、管理和使用所有關於本人/本公司保險/強積金計劃及相關的資料和信息。

SFIB must handle my/our data and information with strict confidence guided under HKSAR's legislation in respect of privacy. SFIB can only use my/our data and information for their internal purpose and such usage must be restricted to their related departments and/or divisions.

“新華保險”必須以極為謹慎的態度和方法去儲存和處理本人/本公司的資料和信息，並要遵守香港特別行政區一切有關私隱的法例和指引。“新華保險”只能把有關本人/本公司的資料和信息作內部用途，並只能供其相關的部門使用。

SFIB must set up specific guidelines and security measures, including but not limited to firewall-type software, in order to safeguard my/our privacy and to prevent any possible leakage of my/our data and information to any other “unrelated third parties” including individuals and/or companies.

“新華保險”必須設立和制定相關的指引和安全措施(包括但不限於像電腦防火牆之類的軟件)，以確保本人/本公司的私隱、資料和信息不會外泄給任何“不相關的第三者”(包括個人或/及公司)。

Whenever necessary, SFIB must help me/us to access to my/our own data and information collected and stored in SFIB. We reserve the right to ask SFIB to amend, correct or delete my/our data and information from their data bank whenever we want and for whatever reasons.

無論任何時間，“新華保險”均須協助本人/本公司查閱由“新華保險”收集和儲存有關本人/本公司的資料和信息。本人/本公司有權要求“新華保險”條改、更正或刪除該等資料和信息而毋須作出任何解釋。

This authorization will be effective immediately upon my/our signature and will continue until we will terminate it by written notification.

此授權書由正式簽署之日起開始生效，並會繼續維持有效，直至本人/本公司以書面正式通知取消為止。

