

AIA International Limited

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AIA MACAU NON-MANDATORY CENTRAL PROVIDENT FUND ("AIA Macau CPF") INDIVIDUAL PROVIDENT FUND SCHEME CONTRIBUTION ARRANGEMENT

澳門友邦保險非強制性中央公積金(「澳門友邦央積金」) 公積金個人計劃之供款安排

Please note 請注意:

Please submit the completed form with original signature. Fax copy will not be processed. 請呈交填妥並附有親筆簽署之表格正本,傳真本將不獲處理。

The effective date of the change will be the 1 st day of the following month upon the Fund Management Entity received your instruction. Note 供款的更改由基金管理實體收到閣下之指示的翌月首日生效。 ^{由1}	
PART A: MEMBER PARTICULARS 甲部分: 成員資料	
Me	ember Name 成員姓名:
Ma	acau ID Card No.澳門身份證號碼:
Pla	an No. 計劃編號 : Member Account No. 成員賬戶編號 :
P	ART B: REGULAR CONTRIBUTION Note 1 乙部分: 定期供款 ^{性1}
Pl	lease mark "✔" in appropriate box. 請在適當的方格內加上"✔" 號。
	Change/ Resume my monthly contribution amount 更改/恢復每月供款額 □ MOP 500 澳門幣 500 元正 □ MOP 澳門幣
	I Suspend contribution 暫停供款
Decla	This form should be submitted to the Fund Management Entity at least 2 weeks before the effective date. 此表格需於生效日期不少於 兩星期 前送交基金管理實體。 aratation 要明 I confirm and acknowledge that I shall be responsible for observing and complying with any applicable law, regulatory policy and/or other statutory requirement of the country of my citizenship, residence or domicile. I have read and understood the AIA Macau Branch Personal Information Collection Statement ("AIA PIC"). I declare and agree that any personal data and other information relating to me or my information contained in this form or collected, obtained, compiled or held by the Fund Management Entity by any means from time to time may be collected and utilized in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data outside of Macau for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.comh.k, and is made available upon request. I further declare and confirm that the information provided by me to the Fund Management Entity in this form is true and correct including the Identity Card number. I hereby authorise and acknowledge that the Fund Management Entity has the right to accept, process, execute and rely upon instructions issued in my name together with my signature which is sent to the Fund Management Entity by original copy only. I agree to be bound by any instructions sent to the Fund Management Entity by original copy only. I agree to be bound by any instructions sent to the Fund Management Entity and its affiliates as a result of any inaccurate information provided by me or my agent or intermediary, and/or upon the Fund Management Entity or its relevant affiliate. I agree to indemnify and keep the Fund Management Entity or its relevant affiliate. I agree to indemnify and keep the Fund Management Entity or its relevant affiliate. By signing this form, my instructions above supersede all of my previous instr
	I hereby confirm that I have read, understood the Note and agreed to the declaration clauses stated above. 本人確認已參閱、瞭解有關事項及同意上列之聲明。
	本人惟能C参阅、顺辟有颇争填及问息工列之言明。

(09/2019)

Date: yyyy/mm/dd 日期:年/月/日

Member's Signature (Signature must be the same as the record filed with the Fund Management Entity) 成員簽署 (簽署式樣必須與已備存於基金管理實體之記錄相符)