MACAU CPF



AIA International Limited

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

澳門友邦保險非強制性中央公積金(「澳門友邦央積金」) 公積金個人計劃終止供款表格

Note 注意事項:

- 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。
- 2. 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。
- Your contribution sub-account will be cancelled upon transfer of the accrued benefits. 你的供款子賬戶將於轉移結餘後取消。

The effective date of the contribution cessation will be the 1st day of the following month upon the Fund Management Entity received your instruction.

終止供款安排將於基金管理實體收到你指示的翌月首日生效。

Memb	er Name 成員姓名:		
Macau ID Card No. 澳門身份證號碼:		Tax Contribution No. 納稅人編號:	
Plan No. 計劃編號: Member Account N		Member Account No. 成員賬戶編號:	
	cease the contribution to Individual Provident Fu (Please tick one of the followings):	nd Scheme and transfer the accrued benefits in my account to the following	
本人選擇	終止向公積金個人計劃供款及把賬戶內的累算權益	转轉移至以下賬戶^(請√以下其中一項):	
□ (a)	Transfer to the original Fund Management Entity's Preserved sub-account (existing account or new account set up by Fund Management Entity) and invest in the same manner as the Contribution sub-account. 轉移至原基金管理實體的保留子賬戶(現有或由基金管理實體新開立的賬戶),並按供款子賬戶的投資選擇作投資。		
□ (b)	Transfer to the original Fund Management Entity's other Contribution sub-account. 轉移至原基金管理實體的其他供款子賬戶。		
	New Plan No. 新計劃編號:		
	New Scheme Member Account No. 新計劃成員賬	戶編號:	
□ (c)	Transfer to other Fund Management Entity's Contribution sub-account or Preserved sub-account. (Note: Please submit a completed fund transfer form to the new Fund Management Entity. The new Fund Management Entity will inform us the transfer arrangement.) 轉移至其他基金管理實體的供款子賬戶或保留子賬戶。(註: 請遞交已填妥之轉移表格予新基金管理實體,新基金管理實體會聯絡本公司以安排閣下款項轉移之事宜。)		
□ (d)	Transfer to Government-managed sub-account. (Note: Please submit a completed "Government-Managed Sub-Account Form" (Form TI) to Social Security Fund. The Social Security Fund will inform us the transfer arrangement.) 轉移至政府管理子賬戶。(註:請遞交已填妥之「政府管理子帳戶款項轉入申請表」予社會保障基金,社會保障基金會聯絡本公司以安排閣下款項轉移之事宜。)		
	^ If no transfer appication is received, your accrued benefits will be remained in the current contribution sub-account. 如沒有收到轉移申請,你的累算權益將會保留於現有的供款子賬戶。		

Declaration 聲明

I hereby declare and confirm that the information provided by me to the Fund Management Entity in this form is correct.

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.com.hk, and is made available upon request.

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 under my name and signature.

I agree to indemnify and keep the Fund Management Entity and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Fund Management Entity and / or its affiliates as a result of any inaccurate information provided by me or my agent or intermediary, and/or upon the Fund Management Entity's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Fund Management Entity or its relevant affiliate) willful default, gross negligence or fraud on the part of the Fund Management Entity or its relevant affiliate.

本人謹此聲明及確認,本人於此表格上提供予基金管理實體之資料正確無誤。

本人確認及知悉本人將有責任遵守就本人為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求。

友邦保險(國際)有限公司

本人已閱讀及明白 AIA 澳門分行個人資料收集聲明(「AIA 個人資料收集聲明」)。

本人聲明及同意在本表格所載關於本人的資料或基金管理實體不時以任何方法收集所得、編製或持有的任何個人資料及關於本人的其他資料,可根據 AIA 個人資料收集聲明收集及使用。本人知悉及同意就 AIA 個人資料收集聲明所述目的轉讓本人的個人資料至澳門境外予 AIA 個人資料收集聲明所載的資料承讓人。AIA 個人資料收集聲明的最新版本可於以下網址下載: www.aia.com.hk,及可向基金管理實體索取。

本人謹此授權及確認基金管理實體有權接納、處理及執行以本人名義及簽署發出並以正本送往基金管理實體之指示。本人同意及接受以本人名義簽署致基金管理實體之任何指示約束。

除因基金管理實體或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得基金管理實體或其相關關聯公司信納),倘若本人或本人之代理人或中介人所提供之 資料錯誤及/或基金管理實體或其關聯公司因執行相關指示,而導致基金管理實體及/或其關聯公司需要承擔任何損失、支出、責任,或需要進行任何行動或訴訟,本人同意 作出有關賠償予基金管理實體及其關聯公司。

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、瞭解注意事項及同意上列之聲明。



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)

Date: dd/mm/yyyy 日期:日/月/年