



AIA International Limited
(Incorporated in Bermuda
with limited liability)
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Macau
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MACAU

**AIA MACAU RETIREMENT FUND SERVICES
HAPPY RETIREMENT PERSONAL SAVINGS PROGRAM
PERSONAL ACCOUNT CONTRIBUTION ARRANGEMENT**

**澳門友邦保險退休金服務
創富樂個人賬戶之供款安排**

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。

*Delete as appropriate. 請於 * 項目刪去不適用者。

PART A: MEMBER PARTICULARS 甲部分: 成員資料																					
Member Name 成員姓名: _____																					
ID Card/Passport* No. 身份證/護照*號碼: _____																					
Plan No. 退休金計劃編號: _____	Member Account No. 成員賬戶編號: _____																				
Effective Date of Change 更改生效日期: <table border="1"><tr><td>0</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>dd</td><td>mm</td><td>ccyy</td><td>日</td><td>月</td><td>年</td><td colspan="4"></td></tr></table>		0	1									dd	mm	ccyy	日	月	年				
0	1																				
dd	mm	ccyy	日	月	年																
PART B: REGULAR CONTRIBUTION ^{Note 1 & 2} 乙部分: 定期供款^{註1及2}																					
<input type="checkbox"/> Change my quarterly contribution amount 更改每季供款額 <table border="0"><tr><td><input type="checkbox"/> MOP1,000 澳門幣一千元正</td><td><input type="checkbox"/> MOP1,500 澳門幣一千五百元正</td><td><input type="checkbox"/> MOP3,000 澳門幣三千元正</td></tr><tr><td><input type="checkbox"/> MOP4,500 澳門幣四千五百元正</td><td><input type="checkbox"/> MOP6,000 澳門幣六千元正</td><td></td></tr><tr><td colspan="3"><input type="checkbox"/> MOP 澳門幣_____ (must be in multiples of MOP1,000 必須為澳門幣一千元之倍數)</td></tr></table>		<input type="checkbox"/> MOP1,000 澳門幣一千元正	<input type="checkbox"/> MOP1,500 澳門幣一千五百元正	<input type="checkbox"/> MOP3,000 澳門幣三千元正	<input type="checkbox"/> MOP4,500 澳門幣四千五百元正	<input type="checkbox"/> MOP6,000 澳門幣六千元正		<input type="checkbox"/> MOP 澳門幣_____ (must be in multiples of MOP1,000 必須為澳門幣一千元之倍數)													
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<input type="checkbox"/> MOP 澳門幣_____ (must be in multiples of MOP1,000 必須為澳門幣一千元之倍數)																					
<input type="checkbox"/> Change payment frequency 更改供款次數 <table border="0"><tr><td><input type="checkbox"/> Quarterly 按季計</td><td><input type="checkbox"/> Yearly 按年計</td></tr></table>		<input type="checkbox"/> Quarterly 按季計	<input type="checkbox"/> Yearly 按年計																		
<input type="checkbox"/> Quarterly 按季計	<input type="checkbox"/> Yearly 按年計																				
<input type="checkbox"/> Suspend contribution 暫停供款																					
PART C: LUMP SUM CONTRIBUTION ^{Note 1} 丙部分: 整筆供款^{註1}																					
MOP 澳門幣_____ (minimum amount of MOP1,000 and must be paid by cheque with cheque no. _____ 最低限額為澳門幣一千元及必須以支票繳付, 而付奉之支票號碼為_____)																					

Note 註:

- This form should be submitted to AIA International Limited Macau Branch ("the Management Company") at least **1 month** before the effective date. 此表格需於生效日期不少於一個月前送交友邦保險(國際)有限公司(「管理公司」)。
- You may amend the above arrangement, subject to the Management Company's agreement and in such manner as the Management Company may determine from time to time, once in each Scheme Year. 閣下祇可於每一個計劃年度內更改上述安排一次, 而此安排須獲管理公司的同意及管理公司有權作出不時決定之其他安排。

Declaration 聲明

I declare and agree that any personal information collected or held by the Management Company (whether contained in this form or otherwise obtained) is provided and may be held, used, and disclosed by the Management Company to individuals/organizations associated with the Management Office or any selected third party (within or outside Macau), for the purposes of processing this form and providing subsequent services for this. I understand that (i) the Management Company may be unable to process this form if I fail to provide any information requested in this form; and (ii) I have the right to obtain access to and to request correction of any of my personal information held by the Management Company. Such request may be made in writing to the Management Company.

I authorize and acknowledge that the Management Company has the right to accept, process, execute and rely upon instructions issued in my name and bearing my signature which has been sent to the Management Company by original copy only. I agree to be bound by any instructions sent to the Management Company under my name and signature.

I agree to indemnify and keep the Trustee indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Management Company as a result of any inaccurate information provided by me and/or upon the Management Company's execution of any of my instructions provided except where there is proven wilful default, gross negligence or fraud on the part of the Management Company.

By signing this form, my instructions above supersede all of my previous instructions with effect from the date stated below.

本人聲明並同意, 管理公司可保留、使用或透露管理公司所收集或保留的任何有關本人的個人資料(包括在此表格所載或從其他途徑取得), 給予與管理公司有關人士/公司或任何被選定的機構(在澳門或海外), 用作處理此表格及提供其售後服務。本人明白到(i)倘若本人未能提供本表格所需的資料, 管理公司將可能無法處理有關表格, 及(ii)本人有權向管理公司查閱及要求修正備存於管理公司的任何個人資料, 有關要求可以書面向管理公司提出辦理。

本人授權及確認管理公司有權接納、處理及執行以本人名義及簽署並以正本送往管理公司之指示。本人並同意及接受以本人名義及簽署致管理公司之任何指示約束。

除因管理公司被證明故意失責、嚴重疏忽或欺詐外, 倘若本人所填報之資料錯誤及/或管理公司因執行本人之任何指示, 而導致管理公司需要承擔任何損失、支出, 或需要進行任何行動或訴訟, 本人同意作出有關賠償予管理公司。

本人一經簽署本表格, 本人於下列所示之日期前所提供之任何指示將被本指示取替。

I confirm that I have read, understood the Note and agreed to be bound by the declaration clauses stated above.

本人確認已參閱, 瞭解有關附註事項及同意接受上述聲明之約束。

S.V.

Member's Signature (Signature must be the same as the record filed with the Management Company)
成員簽署 (簽署式樣必須與已備存於管理公司之記錄相符)

Date: ccyy/mm/dd
日期: 年/月/日