To 致: AIA International Limited 友邦保險(國際)有限公司
(Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司)
8/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
香港九龍太子道東 712 號友邦九龍金融中心 8 樓
Employer Hotline 僱主熱線: 2100 1888
Member Hotline 成員熱線: 2200 6288
Fax No. 傳真號碼: 2565 0001

ORSO

For Internal Use	
Signature verified / Processed By:	Checked By:
Date:	Date:

AIA RETIREMENT FUND SCHEME MEMBER RECORD MAINTENANCE FORM
友邦退休金計劃成員記錄更新表格

Please note: 請注意：
This form should be completed in **BLOCK LETTERS AND IN BLACK INK**. 本表格必須以**正楷及黑筆**填寫。
Delete as appropriate where marked with "*". 請於 " * " 項目刪去不適用者。
Submit **ORIGINAL COPY** via the employer, fax copy will not be processed. 請經僱主呈交**正本**, 傳真本將不獲受理。

Plan No. 退休金計劃編號: _____ Employer Name 僱主名稱: _____

Member Name in English (same as HKID card or Passport)
成員姓名(與香港身份證/護照相同): _____

HKID Card/Certificate/Passport No.*
香港身份證/證明書/護照號碼*: _____

Member Account No.
成員賬戶編號: _____

If you wish to change any information that is not provided for in this form, please notify the Trustee separately in writing and, where applicable, attach a copy of the relevant supporting documents.
閣下如欲更改未於本表格上列載的項目，請以書面形式通知受託人並附上有關證明文件副本，以作核實。

With effect from |___|___|___|___| / |___|___| / |___|___| , please change my records as follows:
yyyy mm dd
由 _____ 年_____ 月_____ 日起，本人之記錄將更改如下：

❒ New Permanent Residential Address 新永久住址： (P.O. Box will not be accepted 郵政信箱恕不受理)

Flat/Room 單位/室	Floor 樓	Block 座數
Building/Estate 大廈/屋苑		
Street/District 街道/地區		
☐HK 香港 ☐KLN 九龍 ☐NT 新界	Country 國家 (applicable to non-Hong Kong address 適用於非香港地址)	

New Correspondence Address 新通訊地址：
(only if different from the Residential Address above 如跟上述住址相同, 則不用填寫)

Flat/Room 單位/室	Floor 樓	Block 座數
Building/Estate 大廈/屋苑		
Street/District 街道/地區		
☐HK 香港 ☐KLN 九龍 ☐NT 新界	Country 國家 (applicable to non-Hong Kong address 適用於非香港地址)	

❒ New Home Tel. No. 新住宅電話號碼 : |___|___|___|-|___|___|___|___|___|___|___|___|
(Area code 地區代號)

❒ New Mobile No. 新手提電話號碼 : |___|___|___|-|___|___|___|___|___|___|___|___|
(Area code 地區代號)

❒ New E-mail 新電郵 : |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

❒ Date of Birth 出生日期 : |___|___|___|___| / |___|___| / |___|___|
yyyy 年 mm 月 dd 日

(Copy of relevant document is required 請附上有關證明文件副本)

Declaration 聲明

I have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I declare and agree that any personal data and other information relating to me or my policy(ies) or investments contained in this form or collected, obtained, compiled or held by the Trustee 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 in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.
本人已閱讀及明白友邦保險收集個人資料聲明(「收集個人資料聲明」)。本人聲明及同意在本表格所載或受託人不時以任何方式收集所得、編製或持有的任何個人資料及關於本人或本人的保單或投資的其他資料，可根據收集個人資料聲明收集及使用。本人確認及同意就收集個人資料聲明所述目的在香港境內轉移本人的個人資料或轉移有關資料至香港境外，及轉移予收集個人資料聲明所載的資料承讓人。
I further agree to the provision, use and/or transfer of my personal data in or outside of Hong Kong for direct marketing purposes in accordance with the AIA PIC.
本人並同意根據收集個人資料聲明提供、使用及/或在香港境內轉移本人的個人資料或轉移有關資料至香港境外作直接促銷目的。

☐ Please tick the box on the left if you do not agree with the provision, use and/or transfer of your personal data for direct marketing purposes in accordance with the AIA PIC. If you do not tick the box on the left, you are deemed to have given your consent for the provision, use and/or transfer of your personal data for direct marketing purposes.
如果你不同意根據收集個人資料聲明提供、使用及/或轉移你的個人資料作直接促銷目的，請在左邊方格內加上 √ 號。如你並沒有在左邊方格內加上 √ 號，你便視作同意提供、使用及/或轉移你的個人資料作直接促銷目的。

I confirm that the information provided by me to the Trustee in this form is true and correct, and hereby instruct the Trustee to amend its records accordingly.
本人確認，本人在此表格上提供予受託人之資料乃真實及正確無誤，並謹此要求受託人在其記錄中作出相關修改。

I agree to indemnify and keep the Trustee and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Trustee and/or its affiliates as a result of any inaccurate information provided by me or my employer or my agent or intermediary, and/or upon the Trustee's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Trustee or its relevant affiliate) willful default, gross negligence or fraud on the part of the Trustee or its relevant affiliate.
除因受託人或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得受託人或其相關關聯公司信納)，倘若本人或本人之僱主或本人之代理人或中介人所提供之資料錯誤及/ 或受託人或其關聯公司因執行相關指示，而導致受託人及/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受託人及其關聯公司。

S.V.

Signature of Member 成員簽署

Date 日期: (yyyy 年/ mm 月/ dd 日)