



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
 NOTICE OF NOMINATION/CHANGE OF BENEFICIARY
 友邦退休金計劃
 成員提名/更改受益人通知書**

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. 計劃編號: _____

Employer Name 僱主名稱: _____

Member Name in English (same as HKID Card/Certificate/Passport)
 成員姓名(與香港身份證、證明書或護照相同): _____

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: _____

I designate the following person(s) as the beneficiary(ies) of my accrued benefits should I die in service until my further written advice. This designation supersedes any previous designations (if applicable). 若本人於在職期間不幸身故, 下列人士為本人累算權益之指定受益人, 直至本人另函通知。本提名/更改通知書將取代本人過往所提交之任何指示(如適用)。

Name of beneficiaries in English (as shown on HKID card/Certificate/Passport) 受益人之英文姓名 (需與身份證、證明書或護照相同)	HKID card/Certificate/ Passport No. 香港身份證/證明書/護 照號碼	Relationship (please fill in the number specified below)** 與本人之關係 (請填寫下方所列之號碼**)	Percentage # (in integer) 百分比 (整數)
Total 總計			100%

#This designation will be void if the percentages do not add up to 100%. 如百分比總和不等於一百, 此受益人之委任將會作廢。

** Relationship 與本人之關係		
(1) Spouse 配偶	(4) Son 兒子	(7) Sister 姊妹
(2) Father 父親	(5) Daughter 女兒	(8) Others 其他
(3) Mother 母親	(6) Brother 兄弟	(please specify 請註明)

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 Trustees 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 confirm that the information provided by me to the Trustees in this form is true and correct, and hereby instruct the Trustees to amend their records accordingly. I agree to indemnify and keep the Trustees and their affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Trustees and/or their affiliates as a result of any inaccurate information provided by me or my employer or my agent or intermediary, and/or upon the Trustees' or their affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Trustees or their relevant affiliate) willful default, gross negligence or fraud on the part of the Trustees or their relevant affiliate.

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。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。

Signature of Member 成員簽署 _____

Date 日期: (yyyy 年/ mm 月/ dd 日) _____