



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). 若我於在職期間不幸身故, 下列人士為我累算權益之指定受益人, 直至我另函通知。本提名/更改通知書將取代我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)	Relationship (please fill in the number specified below**) 與我之關係 (請填寫下方所列之號碼**)	HKID card/Certificate/ Passport No. 香港身份證/證明書/護照號碼	Percentage # (in integer) 百分比 (整數)
[PH665]	[PH668] /		[PH671]
[PH666]	[PH669] /		[PH672]
[PH667]	[PH670] /		[PH673]
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 與我之關係**

- |               |                 |                      |
|---------------|-----------------|----------------------|
| (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) |

**PERSONAL DATA COLLECTION AND USE 個人資料收集及使用**

I confirm that I have read, understood and agreed to the Personal Information Collection Statement of AIA Company (Trustee) Limited ("AIA Trustee") (the "PICS").  
I declare and agree that any personal data and other information relating to me and/or my account(s) or investment(s) contained in this application or collected, obtained, compiled or held by AIA Trustee by any means from time to time may be collected and utilized in accordance with the PICS. I acknowledge and consent to the transfer of my personal data to parties within or outside Hong Kong for the purposes and to the transferees as set out in the PICS. The updated version of the PICS which complies with the relevant rules and regulations is available for download:  
<https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAT-PICS-English.pdf>, and is also available upon request.  
我確認我已閱讀、明白及同意友邦(信託)有限公司(「友邦信託」)的個人資料收集聲明(「該聲明」)。我聲明及同意在本申請所載或友邦信託不時以任何方法收集、獲得、編製或持有的任何關於我的個人資料及關於我的帳戶或投資的其他資料,可根據該聲明收集及使用。我知悉及同意就該聲明所述目的及向有關各方轉移我的個人資料至香港境內或境外各方。該聲明符合相關守則及法規的最新版本可於此下載: <https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAT-PICS-Traditional-Chinese.pdf>, 及可向友邦信託索取。

**DECLARATION 聲明**

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. 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) wilful default, gross negligence or fraud on the part of the Trustee or its relevant affiliate.

我確認, 我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), 倘若我或我之僱主或我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, 我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)