



## TRANSFER OF ASSET 資產轉戶

**Please Note:**

This appendix should be completed in **ENGLISH BLOCK LETTERS AND IN BLACK INK**.  
Leave a space between numbers and words.  
Delete as appropriate where marked with \*\*\*.  
Submit **ORIGINAL COPY** only, fax copy will not be processed.

**請注意：**

本附件必須以**英文正楷及黑筆**填寫。  
請於文字與數字間留一個空格。  
請於\*\*\*項目刪去不適用者。  
請呈交**正本**，傳真本將不獲處理。

### APPENDIX C 附件 C

Name of Company (English) 公司名稱 (英文) : \_\_\_\_\_

### PART A: PARTICULARS OF ASSETS TRANSFERRED FROM OTHER SCHEME(S)

#### 第一部分：其他計劃資產轉戶資料

Please tick the appropriate box(es). 請在適當欄中加上(✓)號。

☐ Assets transferred from an MPF Scheme 從強積金計劃轉入資產

Please submit the "Employer's Request for Fund Transfer Form (Form MPF (S) - P (E))" together with this application form.

請將「僱主資金轉移申請表(Form MPF(S) - P(E))」連同本申請書一併遞交。

☐ Assets transferred from an ORSO Scheme 從職業退休計劃轉入資產

ORSO Registration No. 職業退休計劃註冊編號<sup>[655]</sup> : \_\_\_\_\_

Name of Service Provider 服務提供機構名稱<sup>[017]</sup> : \_\_\_\_\_

### PART B : GOVERNING RULES FOR ASSETS TRANSFERRED FROM OTHER SCHEME(S) FOR VOLUNTARY CONTRIBUTION

#### 第二部分：由其他計劃自願性的資產轉入本計劃之條款

##### 1) Retirement Age 退休年齡 Age 年歲

- Early retirement age 提早退休年齡 \_\_\_\_\_

- Normal retirement age 正常退休年齡 \_\_\_\_\_

##### 2) Withdrawal Methods 提取方法

Will the withdrawal method for assets transferred be the same as that for the employer's voluntary contribution stated in Employer Voluntary Contribution Set-up Form?

該資產轉戶提取方法是否與設立僱主自願性供款表格之自願性供款提取方法一致？

☐ Yes 是

☐ No 否

☐ Benefits derived from employer's voluntary contributions x Default vesting scale (see below Table A)

僱主自願性供款之累算權益 x 預設權益歸屬比例 (請參閱表A)

☐ Benefits derived from employer's voluntary contributions x Self-determined vesting scale (please complete Table A)

僱主自願性供款之累算權益 x 自選權益歸屬比例 (請填寫表A)

**Table A** (vesting percentage should be in increments of 10%) **表A** (權益歸屬百分比必須為10%的倍數)

Vesting Scale 權益歸屬比例 (tick one only 只須選擇一項) Completed years of service 服務年資(DOE)## Completed years of scheme service 計劃服務年資(DOP)##	Default Vesting Percentage (%) 預設權益歸屬百分比	Self-determined Vesting Percentage (%) 自選權益歸屬百分比
	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
Less than 1 少於一年	0	
1, but less than 2 一年，但少於兩年	0	
2, but less than 3 兩年，但少於三年	0	
3, but less than 4 三年，但少於四年	30	
4, but less than 5 四年，但少於五年	40	
5, but less than 6 五年，但少於六年	50	
6, but less than 7 六年，但少於七年	60	
7, but less than 8 七年，但少於八年	70	
8, but less than 9 八年，但少於九年	80	
9, but less than 10 九年，但少於十年	90	
10 or more 十年或以上	100	

## If the employer does not make the choice here, "completed years of service" will be used in determining the contribution rate and vesting scale.  
若僱主不作出揀選，「服務年資」將用作釐訂自願性供款率及權益歸屬比例。

Remarks: "Years of scheme service" means the period of membership of the employee from the date of participation in the company's retirement scheme to the date of cessation of the company's retirement scheme in completed years.

備註：「計劃服務年資」是指由僱員參與公司退休計劃日起至終止參與有關計劃之時段 (按整年計算)。

### 3) Unvested Benefits will be used to offset future contributions 僱員離職時未能享有之僱主供款將用作抵銷未來供款

### 4) Payment of Employer's Voluntary Balance 僱主支付自願結餘

- If the cessation of an employee's employment is due to any of the following, the Trustee shall pay the employee (or personal representative on the death of employee) 100% of the Employer's Voluntary Balance:
  - normal retirement (i.e. reached age 65, or such other age as specified by the employer)
  - early retirement (i.e. age over 60 and under 65, or such other age as specified by the employer)
  - remains in service with the consent of the company after normal retirement date and retires subsequently
  - total incapacity as certified by a registered medical practitioner
  - death
- If the cessation of an employee's employment is due to summary dismissal, he/she shall not be entitled to receive the Employer's Voluntary Balance.
- If the cessation of an employee's employment is due to a reason not specified above, the Trustee shall pay the employee according to the withdrawal method selected in Part B(2) above.

- 若僱員因下列原因離職，受託人將支付百分百之僱主自願結餘予該僱員 (或死者之合法代辦人)：
  - 到達正常退休年齡 (即年滿65歲或僱主指定的其他年齡)
  - 提早退休 (即60歲以上及65歲以下或僱主指定的其他年齡)
  - 到達正常退休日後經公司同意下繼續留任，並延遲退休
  - 由註冊醫生證明該成員完全喪失行為能力
  - 死亡
- 若僱員因犯錯而遭即時解僱，他/她將不合資格領取僱主自願結餘。
- 若僱員因上述以外之原因離職，受託人將按僱主於第二部分(2)所選擇之提取方法支付予有關成員。

## PART C: DECLARATION BY EMPLOYER 第三部分：僱主聲明

I/We declare and confirm the following (tick one only) and hereby authorize the Trustee to accept, process and execute my/our instruction of transfer of benefits to MPF Scheme accordingly.  
本人/吾等謹此聲明及確認以下事項 (只限選擇一項)，並授權受託人接納、處理及執行本人/吾等就有關累算權益轉移至強積金計劃之指示。

- ☐ I/We, the undersigned Employer, confirm that the ORSO accrued rights or vested benefits or MPF accrued benefits of any member are not being reduced as a consequence of the transfer whether from an ORSO Scheme or from an MPF Scheme to the MPF Scheme under the trusteeship of AIA Company (Trustee) Limited.  
本人/吾等，以下簽署本文件之僱主，確認任何成員在職業退休計劃內享有的累算權益或既有利益或在強積金計劃內享有的累算權益，並不會因其之轉移至以友邦 (信託) 有限公司為受託人的強積金計劃內而被削減。
- ☐ I/We, the undersigned Employer, confirm that the ORSO accrued rights or vested benefits or MPF accrued benefits of members are being reduced as a consequence of the transfer whether from an ORSO Scheme or from an MPF Scheme to the MPF Scheme under the trusteeship of AIA Company (Trustee) Limited, and we have obtained members' consent as follows:  
本人/吾等，以下簽署本文件之僱主，確認成員在職業退休計劃內享有的累算權益或既有利益或在強積金計劃內享有的累算權益，會因其之轉移至以友邦 (信託) 有限公司為受託人的強積金計劃內而被削減，並確認已取得下列所需之成員的同意：  
- 不少於 90% 之職業退休計劃內成員的同意  
- 100% 之強積金計劃內受影響的成員的同意

I/We agree to indemnify and keep the Trustee indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Trustee as a result of any inaccurate information provided by me/us and/or upon the Trustee's execution of any of my/our instructions provided except where there is proven willful default, gross negligence or fraud on the part of the Trustee.  
除因受託人被證明故意失責、嚴重疏忽或欺詐外，倘若本人/吾等所填報之資料錯誤及/或受託人因執行本人/吾等之任何指示，而導致受託人需要承擔任何損失、支出，或需要進行任何行動或訴訟，本人/吾等同意作出有關賠償予受託人。

Print Name 姓名：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Authorized Signature and Company Chop\*  
授權人簽署及公司印鑑\*

ccyy 年 / mm 月 / dd 日

\* For Sole Proprietorship or Partnership business, this part must be signed by the Sole Proprietor or any one of the Partners.  
如屬獨資經營公司或合夥經營公司，必須由獨資經營者或任何一位合夥人簽署。