



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

MPF

Please note:
 This form should be completed in
ENGLISH BLOCK LETTERS
AND IN BLACK INK.
 Delete as appropriate where marked with *.

請注意:
 本表格必須以**英文正楷及黑筆**填寫。
 請於*項目刪去不適用者。

EMPLOYER VOLUNTARY CONTRIBUTION SET-UP FORM 設立僱主自願性供款表格

Part A: Employer Details 第一部分: 僱主資料

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

Part B: Request Type 第二部分: 要求類別

Note 註: a) Changes which will alter to the detriment of a member's vested benefits or accrued rights under the scheme must be approved by the MPFA and the change can only take effect upon approval from the MPFA.
 Employer MUST obtain the written consent from all affected employees, and keep proper documentation of written consent from the employees, regarding the change, which can be provided to the MPFA or the trustee on their request.
 更改若會損害成員於計劃內之既有利益或累算權益, 必須經積金局審批, 而有關修訂須於獲積金局核准後方可生效。
 僱主必須取得所有受影響的僱員之書面同意, 並妥善保存有關僱員的同意書, 以便積金局或受託人於有需要時查閱。
 b) If you set up/ change more than one benefit plan, please submit a separate set of this form.
 如需設立超過一個權益計劃, 請遞交另一份表格。

<input type="checkbox"/> Set up of voluntary contribution 設立自願性供款 [please complete Part C & D 請填寫第三及四部分]	Effective Date 生效日期: _ _ _ _ / _ _ / _ _ yyyy 年 mm 月 dd 日 (2 months prior notice is required 請於生效日期兩個月前通知)
<input type="checkbox"/> Change of existing voluntary contribution 更改現有自願性供款	Benefit Plan Code 權益計劃編號: _ _ _
<input type="checkbox"/> 1. Addition of benefit plan 新增權益計劃 [please complete Part C & D 請填寫第三及四部分]	
<input type="checkbox"/> 2. Change of eligibility for voluntary contribution 更改獲享自願性供款的資格 [please complete Part C & D (I) 請填寫第三及四(I)部分]	
<input type="checkbox"/> 3. Change of voluntary contribution calculation 更改自願性供款計算方法 [please complete Part C & D (II) 請填寫第三及四(II)部分]	
<input type="checkbox"/> 4. Change of withdrawal method 更改提取方法 [please complete Part C & D (III) 請填寫第三及四(III)部分]	
<input type="checkbox"/> 5. Other, please specify 其他, 請註明: _____	
<input type="checkbox"/> Cessation of voluntary contribution 終止自願性供款	

Part C: Affected Employees 第三部分: 受影響僱員

The following employees will be affected due to the changes set out in Part B above. 就上述第二部分之更改, 以下僱員將會受影響:
 (tick one only 只可選擇一項)

- All employees 所有僱員
- Employees listed in table below or as attached 僱員列表如下或附件

No. 編號	Employee Name 僱員姓名	HKID Card No. 香港身份證號碼
1		
2		
3		
4		
5		

(Employer may provide details of employees, together with authorized signature and company chop, on separate sheets of paper.
 僱主可另紙提供僱員的詳細資料, 並請加上授權簽署及公司印章。)

Part D: Details of Voluntary Contribution 第四部分：自願性供款資料

I. Eligibility for voluntary contribution 獲享自願性供款的資格 (tick one only 只可選擇一項)

- Voluntary contributions will commence after employees have completed |__| |__| |__| completed months of service
自願性供款之開始供款日將於僱員完成|__| |__| |__|個整月之服務後開始
- The commencement date of voluntary contributions will be the same as that of mandatory contributions
自願性供款之開始供款日將與強制性供款之開始供款日相同

II. Voluntary contribution calculation methods 自願性供款計算方法

a) Voluntary contribution to be made for 按下列選項作出自願性供款 (tick one only 只可選擇一項)

- Employer portion only 僱主部分
- Employer and employee portion with same calculation method 僱主及僱員部分並以相同方法計算

b) Please select one of the following methods. 請選擇下列其中一項。

		Please specify amount/ percentage (in multiple of 0.5%) 請註明金額 /百分比 (須為 0.5%倍數)
1.	<input type="checkbox"/> Fixed amount 固定金額 ^[SFA]	__ __ __ __ __ __ __ __ __ The nearest dollar 整數金額
2.	<input type="checkbox"/> Fixed percentage of the employees' relevant income with a monthly ceiling of 僱員有關入息之固定百分比，其入息上限為每月 ^[SRIC] <input type="checkbox"/> HK\$20,000 港元 <input type="checkbox"/> Maximum relevant income level 最高有關入息水平	__ __ __ __ %
3.	<input type="checkbox"/> Fixed percentage of employees' 固定百分比之僱員的 <input type="checkbox"/> Relevant income 有關入息 ^[SRIN] <input type="checkbox"/> Basic salary ^{Note 1} 基本薪金 ^{註1 [TBS]}	__ __ __ __ %
4.	<input type="checkbox"/> Contribution rate at 5% 供款率為 5% ^[SMCRE] <input type="checkbox"/> On relevant income in excess of HK\$20,000 按有關入息超逾 20,000 港元之金額 <input type="checkbox"/> On relevant income in excess of maximum relevant income level 按有關入息超逾最高有關入息水平之金額	Not Applicable 不適用
5.	<input type="checkbox"/> Employer voluntary contribution amount match with that of your employees, which is based on their voluntary contribution rate of relevant income and up to a ceiling amount of 僱主自願性供款金額與根據僱員有關入息之自願性供款率所作的金額相等，並設有上限的金額 ^[TMP]	Contribution rate 供款率 __ __ __ __ % Ceiling amount 金額上限 __ __ __ __ __ __ __ __ __ __ The nearest dollar 整數金額
6.	<input type="checkbox"/> Employer voluntary contribution amount match with that of your employees up to a ceiling amount of 僱主自願性供款金額與僱員自願性供款額相等並設有上限的金額 ^[TMA]	__ __ __ __ __ __ __ __ __ __ The nearest dollar 整數金額
7.	<input type="checkbox"/> Varied percentage of the employees' relevant income with a monthly ceiling of the below, according to years of service / grade / both * 根據僱員的服務年資 ^[TVRCS] / 職級 ^[TVRCG] / 年資及職級 ^[TVRCB] *，按其有關入息設定不同百分比，並將入息上限設為每月 <input type="checkbox"/> HK\$20,000 港元 <input type="checkbox"/> Maximum relevant income level 最高有關入息水平	Please complete Table A on next page 請填寫下頁表 A
8.	<input type="checkbox"/> Varied percentage of the employees' 設定不同百分比，按其僱員的 <input type="checkbox"/> Relevant income according to years of service / grade / both * 有關入息並根據僱員的服務年資 ^[TVRNS] / 職級 ^[TVRNG] / 年資及職級 ^[TVRNB] * <input type="checkbox"/> Basic salary ^{Note 1} according to years of service / grade / both * 基本薪金 ^{註1} 並根據僱員的服務年資 ^[TVBSS] / 職級 ^[TVBSG] / 年資及職級 ^[TVBSB] *	Please complete Table A on next page 請填寫下頁表 A
9.	<input type="checkbox"/> Comparing current contribution with MPF mandatory contribution 現有供款與強積金強制性供款比較 <input type="checkbox"/> Contribution rate** x employees' relevant income – Mandatory contribution 供款率** x 僱員有關入息 – 強制性供款 ^[TTCRN] <input type="checkbox"/> Contribution rate** x employees' basic salary ^{Note 1} – Mandatory contribution 供款率** x 僱員基本薪金 ^{註1} – 強制性供款 ^[TCMPF] ** Contribution rate shall be based on either one of the following: 供款率將按下列其中一項： <input type="checkbox"/> Fixed percentage 固定百分比 <input type="checkbox"/> Varied percentage according to years of service / grade / both * 根據僱員的服務年資 / 職級 / 年資及職級 * 設定不同百分比	Fixed percentage 固定百分比 __ __ __ __ % Please complete Table A on next page 請填寫下頁表 A
10.	<input type="checkbox"/> Voluntary contribution will be determined and validated by the Employer 自願性供款將由僱主決定及確認	Not Applicable 不適用

Note 1: If voluntary contribution is calculated on employee's basic salary, you should provide the relevant employee's basic salary when you submit the contribution data in each contribution period for validation.

註 1 : 如自願性供款是以僱員的基本薪金計算，你須於每個供款期遞交供款資料時提供有關僱員的基本薪金，以供核實。

Table A (contribution percentage should be in multiple of 0.5%) **表 A** (供款百分比須為 0.5%的倍數)

If space of Table A is insufficient, please provide your self-determined completed years of service/completed years of scheme service in our prescribed format as per Table A below on a separate sheet.

如表 A 空位不敷應用, 請另紙提供閣下之自選服務年資/計劃服務年資比例, 但必須如表 A 之格式。

(tick one only 只可選擇一項) ^{Note 2 註 2} <input type="checkbox"/> Completed years of service 服務年資 <input type="checkbox"/> Completed years of scheme service 計劃服務年資						Determine benefit plan for various groups/grades 介定不同組別 / 級別人士之權益計劃					
<input type="checkbox"/> Default 預設			<input type="checkbox"/> Self-determined 自選			<input type="checkbox"/> Member Category 成員類別 code 編號: _____ name 名稱: _____ (e.g. 例如: Manager 經理)		<input type="checkbox"/> Member Category 成員類別 code 編號: _____ name 名稱: _____ (e.g. 例如: Manager 經理)		<input type="checkbox"/> Member Category 成員類別 code 編號: _____ name 名稱: _____ (e.g. 例如: Manager 經理)	
Years 年	Employer 僱主	Employee 僱員	Years 年	Employer 僱主	Employee 僱員	Employer 僱主	Employee 僱員	Employer 僱主	Employee 僱員	Employer 僱主	Employee 僱員
< 5	5%	0%	<	%	%	%	%	%	%	%	%
5 to < 10	7.5%		to <	%	%	%	%	%	%	%	%
>= 10	10%		>=	%	%	%	%	%	%	%	%

Note 2: "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 membership in completed years. If the employer does not make the choice here, "Completed years of service" will be used in determining the contribution rate and vesting scale.

註 2: 「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)。若僱主不作出揀選, 「服務年資」將被用作釐訂自願性供款率及權益歸屬比例。

III. Employer voluntary contribution withdrawal methods for employment termination

成員終止受僱時提取僱主自願性供款的方法 ^{Note 3 註 3}

Please select one of the following 請選擇下列一項:

- Benefits derived from employer voluntary contributions X Default vesting scale (see below Table B)
僱主自願性供款之累算權益 X 預設權益歸屬比例 ^[WDVSI] (請參閱表 B)
- Benefits derived from employer voluntary contributions X Self-determined vesting scale (please complete Table B)
僱主自願性供款之累算權益 X 自選權益歸屬比例 ^[WVSI] (請填寫表 B)

If space of Table B is insufficient, please provide your self-determined vesting percentage in our prescribed format as per the table below on a separate sheet. 如下列表格空位不敷應用, 請另紙提供閣下之自選權益歸屬百分比, 但必須如下表之格式。

Table B (Vesting percentage should be in multiple of 10%) **表 B** (權益歸屬百分比必須為 10%的倍數)

Vesting Scale for Termination of Employment 成員終止受僱時權益歸屬比例	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	Determine benefit plan for various groups / grades 介定不同組別/級別人士之權益計劃		
	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	Member Category 成員類別編號: ____ name 名稱: _____ (e.g. 例如: Manager 經理)	Member Category 成員類別編號: ____ name 名稱: _____ (e.g. 例如: Manager 經理)	Member Category 成員類別編號: ____ name 名稱: _____ (e.g. 例如: Manager 經理)
(tick one only 只可選擇一項) ^{Note 2 註 2} completed years of service 服務年資 (DOE) completed years of scheme service 計劃服務年資 (DOP)			<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<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				

Note 3 註 3:

1. 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
1. 若僱員因下列原因離職, 受託人將支付百分之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

- | | |
|---|---|
| <p>2. 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.</p> <p>3. 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 D (III) above.</p> <p>4. Unvested Benefits will be used to offset future contributions.</p> | <p>2. 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。</p> <p>3. 若僱員因上述以外之原因離職，受託人將按僱主於第四(III)部分所選擇之提取方法支付予有關成員。</p> <p>4. 僱員離職時未能享有之僱主供款將用作抵銷未來供款。</p> |
|---|---|

Part E: Declaration 第五部分：聲明

I/We declare that I/we have obtained the written consent from all affected employees, and kept proper documentation of written consent from the employees, if any, regarding the change(s) on the form which will alter to the detriment of a member's vested benefits or accrued rights under the scheme, which can be provided to the MPFA or the Trustee on request.

I/We have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I/We declare and agree, and my/our employees agree, that any personal data and other information relating to me/us, or my/our employees or my/our 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/We acknowledge and consent, and I/we have been duly authorized to make such consent on behalf of us or my/our employees, to the transfer of the personal data relating to us or my/our employees in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

I/We further declare and confirm that the information provided by me/us to the Trustee in this form is true and correct, and hereby instruct the Trustee to amend their records accordingly.

I/We hereby authorize and acknowledge that the Trustee has the right to accept, process, execute and rely upon instructions issued in my/our name(s) and my/our signature(s) which have been sent to the Trustee. I/We agree to be bound by any such instructions sent to the Trustee under my/our name(s) and my/our signature(s). To the extent the instructions are in connection with my/our employees, I/we confirm that I/we have been duly authorized by such employees to complete and submit such instructions and to undertake all ancillary and follow-up actions.

I/We 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/us or my/our 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.

本人/吾等聲明，於本表格所作出之更改若會損害成員於計劃內之既有利益或累算權益，本人/吾等已取得所有受影響的僱員之書面同意，並妥善保存有關僱員的同意書（如有），以便積金局或受託人於有需要時查閱。

本人/吾等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/吾等聲明及同意以及本公司僱員同意在此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/吾等或本公司僱員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/吾等確認及同意以及本人/吾等已獲正式授權代表本公司僱員表示同意就收集個人資料聲明所述目的在香港境內轉移本人/吾等或本公司僱員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。

本人/吾等並謹此聲明及確認，本人/吾等在此表格上提供予受託人之所有資料均為正確無誤，並在此指示受託人修改其記錄。

本人/吾等謹此授權受託人接納、處理及執行以本人/吾等名義及簽署送往受託人之指示。本人/吾等同意及接受以本人/吾等名義及簽署致受託人之任何指示約束。倘若該指示與本公司僱員有關，本人/吾等確認本人/吾等已獲該等僱員正式授權填寫及遞交該指示，以及負責全部有關輔助及跟進的工作。

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/吾等或本人/吾等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/吾等同意作出有關賠償予受託人及其關聯公司。

Authorized Signature 授權人簽署

Company Chop 公司印鑑

Name 姓名

Date 日期 : dd/mm/yyyy 日/月/年