



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

MPF

For Internal Use Only	
Plan No.:	
Signature verified / Processed by:	Checked by:
Date:	Date:

Claim Form for Reimbursement of Long Service Payment / Severance Payment 長期服務金/遣散費退款申索表格

Please submit the completed form with original signature, fax copy will not be processed. 請呈交填妥並附有親筆簽署之表格正本, 傳真本將不獲處理。

* Please delete the inappropriate item(s). 請刪除不適用者。

Part A - Member Information

甲部分- 成員資料

Plan No. 計劃編號: _____
 Employer Name 僱主名稱: _____
 Member Name in English (same as HKID Card/Passport)
 成員姓名(與香港身份證/護照上之英文名字相同): _____
 HKID Card/Passport* No. _____ Member Account No.
 香港身份證/護照*號碼: _____ 成員賬戶編號: _____

Part B - Reimbursement Arrangement

乙部分- 退款安排

HK\$ _____ has been paid to the employee/claimant of a deceased member* being part or all of the Long Service Payment (LSP) / Severance Payment (SP)* by the employer. The vested portion of the employee's accrued benefits attributable to the employer's contributions ("Vested Benefits") will be reduced by such amount or the amount of Vested Benefits whichever is the lesser. The employer requests the Trustee to reimburse the employer for the amount of HK\$ _____.

僱主已向僱員/去世成員之申索人*支付 _____ 港元作為部分或全數長期服務金/遣散費*。由僱主供款所衍生累算權益中僱員歸屬部分(「歸屬權益」)可對減此款額或僱員之歸屬權益,以較低者為準。僱主現要求受託人退款 _____ 港元予僱主。

Part C - Member/Claimant Acknowledgement receipt of the LSP/SP amount

丙部分 - 成員/申索人確認收妥長期服務金/遣散費

I agree and acknowledge receipt of the LSP/SP* amount stated above, and have read and understood the Important Notice below.
 本人同意及確認已收妥上述之長期服務金/遣散費*, 並已參閱及瞭解以下重要事項。

 Signature of Member / Claimant*
 成員/申索人*簽署

 Name of Member / Claimant*
 成員/申索人*姓名

 Date (dd/mm/ccyy)
 日期(日/月/年)

Important Notice 重要事項:

1. The Vested Benefits derived from (i) the voluntary contribution (if any) and then (ii) the mandatory contribution will be used to offset LSP/SP unless agreed otherwise, and the withdrawal amount will be redeemed proportionally according to the asset allocation as at the redemption date. Vested Benefits also include any amount claimed previously by member. 「歸屬權益」中會先從(i)自願性供款部分(如有), 再從(ii)強制性供款部分(特別安排除外)對減長期服務金/遣散費, 而提取款額將以贖回日之賬戶結存按資產分佈比例提取。「歸屬權益」亦包括成員已申索之款額。
2. If the above LSP/SP reimbursement request cannot be processed before the transfer of accrued benefits held in above contribution account to the member's other MPF account under a AIA MPF scheme, by signing this form, the member agrees to authorize the Trustee to redeem the relevant fund units from such member account to which the accrued benefits derived from the previous employer's contribution will be used for LSP/SP reimbursement. 若抵銷對減長期服務金/遣散費的要求未能在上述供款賬戶之累算權益轉移至成員之友邦其他強積金賬戶前處理, 通過簽署本表格, 成員同意授權受託人從該成員賬戶贖回其前僱主供款部分的累算權益下有關基金單位作抵銷長期服務金/遣散費。
3. Please be reminded that the employer must settle all outstanding contribution in respect of the terminated member before LSP/SP can be reimbursed. 請緊記僱主必須於退還長期服務金/遣散費前就離職成員清繳所有未繳付之供款。
4. If the signature of member is not the same as filed with the Trustee, employer may be requested to provide appropriate supporting documents. 若成員之簽署與已備存於受託人之記錄不符, 僱主可能被要求提供相關的證明文件。
5. Incomplete Claim Form cannot be processed. Please request the respective member/claimant of a deceased member to sign the above acknowledgement of the reimbursement arrangement. 欠完整的申索表格無法處理。請要求有關成員/去世成員之申索人簽署確認退款安排。
6. LSP/SP reimbursement request will only be processed upon receiving completed "Claim Form for Payment of Accrued Benefits" or "Member's Request for Fund Transfer Form" or when member's accrued benefits was automatically transferred to a personal account under the original scheme upon expiry of 3 months after receiving the notification of member termination. 只有收到完整的「累算權益申索表格」或「計劃成員資金轉移申請表」或當收到僱主發出的離職通知的三個月後僱員的累算權益自動轉移至原計劃的個人帳戶內, 才會處理長期服務金/遣散費退款安排。
7. Supporting documents for LSP/SP reimbursement should be submitted together with this form, otherwise no refund can be made. 請把長期服務金/遣散費退款之證明文件連同本表格一併遞交, 否則不能安排退款。
8. Once the employer has declared his option on the LSP/SP reimbursement, any subsequent amendment will not be accepted. 僱主一經對是否提出退還長期服務金/遣散費之申索作出聲明, 其後任何更改恕不受理。
9. In the event of a death case, please attach the death certificate and supporting documents to prove identity and relationship of the claimant of the deceased member. 如遇上死亡事故, 請連同去世成員之死亡證、申索人之身份證明文件及與去世成員之關係證明文件一併遞交。

Declaration by the Employer 僱主聲明

We declare and confirm that we are duly authorized by our employees to release the personal information of our employees provided by us in this document to the Trustee and/or its affiliates. We confirm that all such information provided herein is verified by us as correct and complete, including the Hong Kong Identity Card / Passport number(s). We understand that in the absence of our authorized signature, this document would be regarded as incomplete.

吾等聲明及確認吾等獲本公司僱員正式授權以本文件向受託人及/或其關聯公司發放本公司僱員之個人資料。吾等確認在此提供的所有該等資料, 包括身份證 / 護照號碼, 經吾等核實均為正確及完整。吾等清楚明白在欠缺吾等授權人簽署的情況下, 此文件將被視為不完整。

We declare and confirm that the LSP / SP, if applicable, is calculated in accordance with the Employment Ordinance.

吾等聲明及確認長期服務金或遣散費(如適用)根據僱傭條例計算。

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

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」)。吾等聲明及同意以及本公司僱員同意在此文件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。吾等確認及同意以及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。

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

吾等謹此授權受託人接納、處理及執行以吾等名義及簽署送往受託人之指示。吾等同意及接受以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, 吾等確認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。

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 us or 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.

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), 倘若吾等或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, 吾等同意作出有關賠償予受託人及其關聯公司。

We confirm that we have read, understood and agreed to the Important Notice overleaf and the declaration clauses stated above.

吾等確認已參閱、瞭解及同意背頁之重要事項及以上聲明。

Authorized signature
授權人簽署

Company chop
公司印鑑

Date (dd /mm /ccyy)
日期(日/月/年)