



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)

Postal Address 8/F, AIA Financial Centre, 712 Prince Edward Road East,

郵寄地址: Kowloon, Hong Kong

香港九龍太子道東 712 號友邦九龍金融中心 8 樓

Customer Service Centre 12/F, AIA Tower, 183 Electric Road, North Point, Hong Kong

客戶服務中心: 香港北角電器道 183 號友邦廣場 12 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

NOTES TO TRANSFER BENEFITS BY EMPLOYER

Please read the following important information before you complete Form MPF(S)-P(E).

(1) **Definition of terms:**

- (a) "Contribution account" - an account in an MPF scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.
- (b) "Original trustee" (also known as "transferor trustee" in the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")) - the trustee of an MPF scheme from which the accrued benefits of the employees are to be transferred.
- (c) "New trustee" (also known as "transferee trustee" in the Regulation) - the trustee of an MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme or to another MPF scheme under the same trustee, the new trustee on Form MPF(S)-P(E) will be the same as the original trustee.
- (d) "Original scheme"- the MPF scheme from which the accrued benefits of the employees are to be transferred.
- (e) "New scheme" - the MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme, the new scheme on Form MPF(S)-P(E) will be the same as the original scheme.

- (2) Form MPF(S)-P(E) should be used when an employer wishes to transfer the accrued benefits of its employees to another MPF registered scheme or when a new employer wishes to transfer the accrued benefits of the employees of another employer to the new employer's scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, Form MPF(S)-P(E) should be completed by the new employer.
- (3) If the employee members are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund as requested in Form MPF(S)-P(E) may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.
- (4) Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit Form MPF(S)-P(E) to the new trustee.
- (5) Please complete Form MPF(S)-P(E) carefully as the administration procedures taken by the trustees may not be reversible.
- (6) If any information provided on Form MPF(S)-P(E) (including the signature) is incorrect or incomplete, the trustees may not be able to process the benefit transfer request.
- (7) Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer to that scheme. Copies of that offering document can be obtained from the new trustee upon request.
- (8) If you wish to make enquiries or seek assistance in making your election to transfer, please contact your original trustee or new trustee. For general enquiries regarding fund transfer, you may contact the Mandatory Provident Fund Schemes Authority ("MPFA") via e-mail: mpfa@mpfa.org.hk or hotline: 2918 0102.
- (9) Please complete Form MPF(S)-P(E) at page 1 to page 3 and submit it to the new trustee after completion.

~END~

僱主轉移權益須知

填寫第 MPF (S) - P (E) 號表格前，請先閱讀下列重要資料：

(1) **用詞定義：**

- (a) 「供款賬戶」一指強積金計劃下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款（包括僱主及僱員部分）的賬戶。
 - (b) 「原受託人」（在《強制性公積金計劃（一般）規例》（簡稱《規例》）中亦稱「轉移受託人」）一指轉出僱員的累算權益的強積金計劃的受託人。
 - (c) 「新受託人」（在《規例》中亦稱「承轉受託人」）一指轉入僱員的累算權益的強積金計劃的受託人。如你選擇將累算權益轉移至同一強積金計劃的另一個賬戶或轉移至同一受託人的另一個強積金計劃，在第 MPF (S) - P (E) 號表格所述的新受託人將與原受託人相同。
 - (d) 「原計劃」一指轉出僱員的累算權益的強積金計劃。
 - (e) 「新計劃」一指轉入僱員的累算權益的強積金計劃。如你選擇將累算權益轉移至同一強積金計劃的另一個賬戶，在第 MPF (S) - P (E) 號表格所述的新計劃將與原計劃相同。
- (2) 第 MPF (S) - P (E) 號表格供擬把僱員的累算權益轉移至另一個強積金註冊計劃的僱主使用，或供擬把另一名僱主的僱員的累算權益轉移至新僱主所參與的計劃的新僱主使用。後者的情況或會在業務擁有權有所變更或僱員在有聯繫公司之間轉調時出現。在該情況下，新僱主應填寫第 MPF (S) - P (E) 號表格。
- (3) 如僱員成員現時投資於強積金保證基金，則根據第 MPF (S) - P (E) 號表格的要求從該保證基金轉出累算權益可能導致他們不符合部分或所有保證條件，從而影響他們享有保證的資格。有關詳情請查閱原計劃的要約文件或向原受託人查詢。
- (4) 請確保你已參加並安排你的僱員登記參加新計劃。否則你在向新受託人提交第 MPF (S) - P (E) 號表格之前，便須參加並安排你的僱員登記參加該計劃。
- (5) 請小心填寫第 MPF (S) - P (E) 號表格，因為受託人未必能夠撤銷已採取的行政步驟。
- (6) 若你在第 MPF (S) - P (E) 號表格上所提供的任何資料（包括簽署）不正確或不完整，受託人可能無法處理你的權益轉移要求。
- (7) 新計劃的資料載於該計劃的要約文件，此等資料將有助你決定是否把累算權益轉移至該計劃。你可向新受託人索閱該要約文件。
- (8) 如欲就轉移選擇作出查詢或尋求協助，請聯絡你的原受託人或新受託人。你亦可與強制性公積金計劃管理局（簡稱「積金局」）聯絡，查詢有關資金轉移的一般事項。積金局電郵地址：mpfa@mpfa.org.hk 或熱線電話：2918 0102。
- (9) 請填妥載於第 1 頁至第 3 頁的第 MPF (S) - P (E) 號表格，並提交該表格予新受託人。

~完~

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Fax No. 傳真號碼: 2565 0001

MPFForm MPF(S)- P(E)
第 MPF(S) – P(E)號表格**Please note 請注意:**Please use **BLOCK LETTERS** for completion of this Form.

請用正楷填寫本表格。

Please read the Notes to Transfer Benefits by Employer on page i and Explanatory Notes on page 3 carefully before completing this Form. 填寫本表格前, 請先細讀第 i 頁之僱主轉移權益須知及第三頁之填報須知。

Delete as inappropriate where marked with “*”.

請於 “*” 項目刪去不適用者。

Please insert “N.A.” if not applicable.

請在不適用處填上「不適用」。

EMPLOYER'S REQUEST FOR FUND TRANSFER FORM**僱主資金轉移申請表***Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”)**《強制性公積金計劃(一般)規例》(簡稱《規例》)第 150 及 150A 條*

The personal data to be supplied in this Form are to be used for the purpose(s) of processing your election(s) of transfer as requested in this Form. The personal data you supply may, for the purpose(s) mentioned above or for a purpose directly related to such purpose(s), be transferred to the trustee(s) concerned, the relevant service provider(s), the Mandatory Provident Fund Schemes Authority (“MPFA”) and other appropriate parties. 在本表格提供的個人資料, 將被用作處理你在本表格內要求的轉移選擇。你所提供的個人資料可能會為達致上述目的, 或直接與上述目的有關的目的而轉交有關受託人、相關服務提供者、強制性公積金計劃管理局(簡稱「積金局」), 及其他相關機構。

SECTION I - TYPE OF TRANSFER**第 I 部 - 轉移類別**

- (1) Please indicate your reason of transfer and ✓ as appropriate.
請說明轉移的原因, 並於適當方格內填上 ✓ 號。

- Type 1: Transfer to another MPF scheme under the same employer
第 1 類: 轉移至同一僱主的另一個強積金計劃
- Type 2: Transfer to another/same MPF scheme participated by the new employer (Please complete the form provided by the trustee on transfer of accrued benefits upon change of business ownership / intra-group transfer for each employee involved)
第 2 類: 轉移至新僱主參與的另一 / 同一個強積金計劃 (請就每名擬轉移權益的僱員填寫一份由受託人提供有關在業務擁有權變更 / 集團內轉調的情況下轉移累算權益的表格)

SECTION II - DETAILS OF EXISTING EMPLOYER (FOR TYPE 1 TRANSFER) OR NEW EMPLOYER (FOR TYPE 2 TRANSFER)**第 II 部 - 現任僱主資料 (適用於第 1 類轉移) 或新僱主資料 (適用於第 2 類轉移)**

- (2) Name of employer ^{Note 1} 僱主名稱 ^{註 1}: _____

- (3) Correspondence address 通訊地址:

Flat/Room 單位/室	Floor 樓	Block 座數	Building 大廈名稱
Street no. 街道號碼		Street 街道名稱	
Name of district 區域		Hong Kong / Kowloon / N.T.* 香港/九龍/新界*	

- (4) Name of contact person 聯絡人姓名: _____
- (5) (a) Telephone number 電話號碼: _____
(b) Mobile phone number 手提電話號碼: _____
- (6) Facsimile number 傳真號碼: _____
- (7) Email address 電郵地址: _____

SECTION III - FUND TRANSFER INFORMATION**第 III 部—資金轉移資料**

- (8) **Details of the scheme from which accrued benefits^{Note 2} are to be transferred:**
轉出累算權益^{註 2}的計劃的資料

Name of employer^{Note 3} in the original scheme 原計劃的僱主名稱^{註 3}: _____

Name of original trustee 原受託人名稱: AIA Company (Trustee) Limited 友邦(信託)有限公司
 Others (please specify) 其它(請註明): _____

Name of original scheme 原計劃名稱: AIA MPF - Prime Value Choice 友邦強積金優選計劃
 Others (please specify) 其它(請註明): _____

Employer's identification number^{Note 4} 僱主識別號碼^{註 4}: _____

Contributions to original scheme should be paid up to 向原計劃供款的最後日期:

DD 日	MM 月	YYYY 年		

- (9) Do you wish to transfer the accrued benefits^{Note 2} of all employees participating in the original scheme? (please ✓ as appropriate)
你是否擬轉移所有參與原計劃的僱員的累算權益^{註 2}? (請於適當的方格內填上✓號)

Yes 是
 No 否

- (10) **Details of the employee(s) whose accrued benefits^{Note 2} are to be transferred:**
擬轉移累算權益^{註 2}的僱員的詳細資料:

No. 編號	Name of employee 僱員姓名	HKID Card number ^{Note 5} of employee 僱員的香港身份證號碼 ^{註 5}
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

(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。)

- (11) **Details of the scheme to which accrued benefits are to be transferred:**

轉入累算權益的計劃的資料:

Name of new trustee 新受託人名稱 AIA Company (Trustee) Limited 友邦(信託)有限公司
 Others (please specify) 其它(請註明): _____

Name of new scheme 新計劃名稱 AIA MPF - Prime Value Choice 友邦強積金優選計劃
 Others (please specify) 其它(請註明): _____

Employer's identification number^{Note 4} 僱主識別號碼^{註 4}: _____

Effective date of transfer 轉移開始生效日期:

DD 日	MM 月	YYYY 年		

SECTION IV – AUTHORIZATION AND DECLARATION

第 IV 部—授權及聲明

- (12) I/We declare that:
本人 / 我們聲明：
- (a) all personal data of the employee(s) and of the participating employer of the original scheme provided in this Form were collected for the purpose(s) mentioned in this Form; or
本表格所提供的原計劃僱員及參與僱主的全部個人資料，乃為達致本表格內所述的目的而收集；或
- (b) the purpose(s) mentioned in this Form is/are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data; or
本表格內所述的目的直接與在收集該等個人資料時擬將其使用於的目的有關；或
- (c) I/We have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his/her/their personal data disclosed in this Form for the purpose(s) mentioned in this Form.
本人 / 我們已獲得原計劃的僱員及參與僱主的同意，同意為達致本表格內的目的而使用他 / 她 / 他們於本表格內披露的個人資料。
- (13) I/We further declare that:
此外，本人 / 我們聲明：
- (a) I/We have read the Notes to Transfer Benefits by Employer;
本人 / 我們已閱讀《僱主轉移權益須知》的內容；
- (b) I/We, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my/our intention to cease participating in the original scheme in respect of the employee(s) identified in Section III; and
本人 / 我們，作為原計劃的參與僱主（只適用於第 1 類轉移），特此作出通知本人 / 我們有意就第 III 部的僱員終止參與原計劃；及
- (c) to the best of my/our knowledge and belief, the information given in this Form is correct and complete.
盡本人 / 我們所知所信，本表格所提供的資料正確及詳盡。

Information / Advice relating to transfer of benefits to the AIA MPF Scheme 有關轉移權益至友邦強積金計劃之資訊 / 意見	
(14)	<p>I/We declare that: (please select (a) OR (b) and ✓ as appropriate; if no selection is made, we will assume that you HAVE NOT been invited, induced or advised by any registered MPF intermediaries) 本人/我們聲明：(請選擇(a)或(b)，並於適當方格內填上✓號；如果沒有選擇，我們將假設閣下未獲任何註冊強積金中介人邀請、誘使或建議。)</p> <p><input type="checkbox"/> (a) I/We HAVE NOT been invited, induced or advised by any registered MPF intermediaries to transfer to the AIA MPF Scheme. 本人/我們未獲任何註冊強積金中介人邀請、誘使或建議轉移至友邦強積金計劃。</p> <p>OR 或</p> <p><input type="checkbox"/> (b) I/We have been invited, induced or advised by one or more registered MPF intermediaries to transfer to the AIA MPF Scheme. 本人/我們獲註冊強積金中介人邀請、誘使或建議轉移至友邦強積金計劃。</p> <p>I/We acknowledge that I/We have received and read the Key Scheme Information Document, MPF Scheme Brochure (including fees and charges, information about Principal and Subsidiary Intermediary), Employer's and Member's Guide applicable to the New Scheme. 本人/我們確認已收妥及閱讀新計劃之主要計劃資料文件、強積金計劃說明書(包括收費、主事及附屬中介人資料)、僱主及成員資料冊。</p> <p>I/We have been informed by my/our registered MPF intermediary that, if I/we elect to transfer out of any guaranteed fund(s) from the original MPF registered scheme(s) to the New Scheme, my/our employee(s) may not satisfy some or all of the guarantee conditions of the said guaranteed fund(s) and the relevant guarantee may be disqualified. My/our registered MPF intermediary has also advised me/us to check the offering document or consult the trustee of the original MPF registered scheme(s) for details before transferring out of the said guaranteed fund(s). 本人/我們的註冊強積金中介人已告知本人/我們若選擇從原註冊強積金計劃的任何保證基金轉移至新計劃，本人/我們的僱員可能未能符合部分或所有前述保證基金的保證條款，並因而失去有關保證。本人/我們的註冊強積金中介人亦已建議本人/我們在轉移前述保證基金前，查閱原註冊強積金計劃的銷售文件或諮詢其受託人以了解有關詳情。</p> <p>I/We hereby confirm that my/our registered MPF intermediary has explained to me/us the timeframe involved in the transfer. I/We understand that during the transfer process from original approved trustee to new approved trustee, there will be a time lag during which the accrued benefits will not be invested. 本人/我們謹此確認本人/我們的註冊強積金中介人已向本人/我們說明轉移權益所涉及的時間。本人/我們明白從原核准受託人轉移至新核准受託人過程需時，過程中累積權益將不會作任何投資。</p> <p>I/We declare that I/We fully understand the information provided and discussed, including the rationale underlying the advice relating to transfer of benefits to the AIA MPF Scheme. The advice given to me/us is based on the following rationale(s): (please ✓ the appropriate box(es)) 本人/我們聲明已完全明白所提供及討論之資料，包括有關轉移權益至友邦強積金計劃的意見之理據。向本人/我們提供的意見乃基於以下理據： (請於適當方格內填上✓號)</p> <p><input type="checkbox"/> Schemes and fund choices 計劃及基金選擇 <input type="checkbox"/> Fund management fees 基金管理費 <input type="checkbox"/> Employer and member services 僱主及成員服務</p> <p><input type="checkbox"/> Other, please specify 其他，請註明： _____</p> <p>I/We hereby confirm that the sales process does not involve any claims that the New Scheme is preferred over the scheme I/we participated. 本人/我們謹此確認在銷售過程中，並無涉及任何就新計劃優於本人/我們正參與的計劃之聲言。</p>

Clients with special needs 需要特別照顧的客戶	
(15)	<p>Pursuant to section 34ZL of the Mandatory Provident Fund Schemes Ordinance, I/We declare that: (please select (a) OR (b) and ✓ as appropriate) 根據《強制性公積金計劃條例》第 34ZL 條，本人/我們聲明：(請選擇(a)或(b)，並於適當方格內填上✓號)</p> <p><input type="checkbox"/> (a) I am/We are NOT visually or otherwise impaired and/or my/our education level IS NOT primary or below such that I/we can make a key decision[#] independently. 本人/我們並非視障或有其他障礙及/或本人/我們的教育程度並非為小學或以下，本人/我們能夠自行作出重要決定[#]。</p> <p>OR 或</p> <p><input type="checkbox"/> (b) I am/We are visually or otherwise impaired and/or my/our education level is primary or below such that I/we cannot make a key decision[#] independently, and (please ✓ the appropriate box) 本人/我們因視障或其他障礙及/或本人/我們的教育程度為小學或以下，本人/我們無法自行作出重要決定[#] (請於適當方格內填上✓號)</p> <p><input type="checkbox"/> I/We would not like to be accompanied by a witness during the sales process. 本人/我們不願意銷售過程由見證人陪同。</p> <p>OR 或</p> <p><input type="checkbox"/> I/We would like to be accompanied by the following witness during the sales process: (please ✓ the appropriate box) 本人/我們願意銷售過程由以下見證人陪同：(請於適當方格內填上✓號)</p> <p><input type="checkbox"/> my/our companion. 本人/我們的同伴。 OR 或 <input type="checkbox"/> another intermediary or member of staff (i.e. a third party). 另一名中介人或員工(即第三者)。</p> <p>_____ Name of witness 見證人姓名 Signature of witness 見證人簽署 Date 日期 (ccyy 年 / mm 月 / dd 日)</p> <p>[#] As defined in the MPF legislation, it refers to: (i) choosing a particular constituent fund; (ii) making a transfer that would involve a transfer out of a guaranteed fund; (iii) making an early withdrawal of accrued benefits from the MPF system; or (iv) making voluntary contributions into a particular registered scheme/constituent fund. 根據強積金法例的定義，指(i) 選擇一項特定成分基金；(ii) 進行涉及轉移一項保證基金的權益轉移；(iii) 提早從強積金制度中提取累積權益；或(iv) 向一個/項特定註冊計劃/成分基金作自願性供款。</p>

Signature of employer and company chop (if applicable) ^{Note 6}
僱主簽署及公司印章 (如適用) ^{註 6}

Date (ccyy/mm/dd)
日期 (年/月/日)

For Intermediary Use	Intermediary/ Agent Code :	Agency Code :	Intermediary/ Agent Name :	Staff code/ Name :	Received date & time :
	_____	_____	_____	_____	ccyy / mm / dd

Explanatory Notes

- (1) In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.
- (2) The accrued benefits are confined to the accrued benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
- (3) Leave it blank if it is the same as the name of the employer in section II(2).
- (4) The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number) If you are in doubt of the number, please contact the relevant trustee.
- (5) If any of the employees do NOT possess a HKID Card, please fill in their passport number and also indicate that it is a passport number.
- (6) (a) For transfer of accrued benefits of employee(s) to the MPF scheme of a new employer, this Form must be signed by the new employer.
(b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorized to sign on behalf of the employer.

~END~

填報須知

- (1) 如屬將僱員的累算權益轉移至新僱主參加的新計劃，這指新僱主。
- (2) 所指的累算權益僅限於現任僱主的僱員在原計劃的供款賬戶內的累算權益。
- (3) 如這個名稱與第 II(2) 部的僱主名稱相同，則無須填寫此項。
- (4) 僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼（例如賬戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號）。如不清楚識別號碼，請聯絡有關受託人。
- (5) 如僱員沒有香港身份證，請填上他們的護照號碼，並註明其為護照號碼。
- (6) (a) 如屬將僱員的累算權益轉移至新僱主的強積金計劃，則這份表格須由新僱主簽署。
(b) 假如僱主並不是自然人，本表格可由行政總監、行政總裁或任何獲授權人士代表僱主簽署。

~完~