



**AIA Pension and Trustee Co. Ltd.**  
 (Incorporated in the British Virgin Islands  
 with limited liability)  
 1/F, AIA Building  
 1 Stubbs Road  
 Hong Kong  
 T: (852) 2100 1888 (Employer)  
 (852) 2200 6288 (Member)  
 F: (852) 2565 0001  
 MPF.AIA.COM.HK (MPF)  
 RETIREMENT.AIA.COM.HK (ORSO)

**MPF**

This form should be completed in  
**BLOCK LETTERS AND IN BLACK INK**  
 Leave a space between numbers and words  
 Submit the signed form either by fax or mail  
 本表格必須以正楷及黑筆填寫  
 請於數字與文字之間留一個空格  
 請以傳真或郵寄方式遞交已簽署之表格

**FORM FOR CHANGES OF EMPLOYER PARTICULARS  
 AND/OR SCHEME GOVERNING RULES**  
**僱主資料更新及/或計劃條文修訂表格**

Employer Name 僱主名稱 : ABC COMPANY LIMITED  
 Employer Plan No. 僱主計劃編號 : A00R08 **1** ←

Please refer to  
 the Notice of  
 Participation  
 issued by  
 AIAPT

**PART A: CHANGE OF EMPLOYER PARTICULARS 甲部分：僱主資料更新**

Effective date 生效日期 : 1 2 | 0 | 0 | 4 | / | 1 | 2 | / | 0 | 1 | (1 month prior notice is required 請於生效日期一個月前通知)  
 ccyy年 mm月 dd日

New Company Name 新公司/業務名稱  
 (applicable only to those whose business registration no. has not been changed; please attach a copy of Certificate of  
 Incorporation on Change of Name 只適用於沒有更改商業註冊號碼之機構使用; 請附上公司更改名稱註冊證書副本)

English 英文: \_\_\_\_\_  
 \_\_\_\_\_  
 Chinese 中文: \_\_\_\_\_

New Principal Place of Business 新營商地址:

| 8 | | 8 | | 18 | | WELL-OFF BUILDING |  
 Unit 單位 Floor 樓 Block 座數 Building 大廈名稱  
 | GOOD BUSINESS STREET |  
 Street Name & No. 街道名稱及號碼  
 | WANCHAI |  
 District 區域 HK 香港 / KLN 九龍 / NT 新界  
 | \_\_\_\_\_ |  
 City 城市 Country 國家 Postal Code 郵遞區號碼 (for outside Hong Kong only 香港以外地區適用)

New Correspondence Address 新通訊地址: (P.O. Box is not recommended 不建議選用郵政信箱) (only if different from the above 如與上址不同)

| A - G | | 18 | | 8 | | WEALTHY INDUSTRIAL BUILDING |  
 Unit 單位 Floor 樓 Block 座數 Building 大廈名稱  
 | PROSPEROUS STREET |  
 Street Name & No. 街道名稱及號碼  
 | CENTRAL |  
 District 區域 HK 香港 / KLN 九龍 / NT 新界  
 | \_\_\_\_\_ |  
 City 城市 Country 國家 Postal Code 郵遞區號碼 (for outside Hong Kong only 香港以外地區適用)

New Tel. No. 新電話號碼 : (852) 22888822

New Fax No. 新傳真號碼 : (852) 22881188

(II) WITHDRAWAL METHOD 提取方法

If space of the following table 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。

Vesting Scale 權益歸屬比例  <small>(tick one only 只可選擇一項) completed years of service 服務年資 (DOE) completed years of scheme service 計劃服務年資 (DOP)</small>	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	Benefit plan code 權益計劃編號: _____ name 名稱: _____ <small>(e.g. 例如: Manager 經理)</small>	Benefit plan code 權益計劃編號: _____ name 名稱: _____ <small>(e.g. 例如: Manager 經理)</small>	Benefit plan code 權益計劃編號: _____ name 名稱: _____ <small>(e.g. 例如: Manager 經理)</small>
Less than 1 少於一年	0		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
1, but less than 2 一年, 但少於兩年	0		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
2, but less than 3 兩年, 但少於三年	0		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
3, but less than 4 三年, 但少於四年	30		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
4, but less than 5 四年, 但少於五年	40		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
5, but less than 6 五年, 但少於六年	50		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
6, but less than 7 六年, 但少於七年	60		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
7, but less than 8 七年, 但少於八年	70		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
8, but less than 9 八年, 但少於九年	80		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
9, but less than 10 九年, 但少於十年	90		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP
10 or more 十年或以上	100		<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP	<input type="checkbox"/> DOE <input type="checkbox"/> DOP

Declaration 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) as listed in Part B (II), which can be provided to the MPFA or the Trustee on request.

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 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 wilful default, gross negligence or fraud on the part of the Trustee.

本人/吾等聲明，本人/吾等於乙(II)部分所作出之更改，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。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、或須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。

Please ensure that the Authorised Signature and the Company Chop are the same as per Authorised Signatory List filed with AIAPT

2

<u>Chan Tai Man</u> Authorized Signature 授權人簽署	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Company Chop</div> Company Chop 公司印鑑
<u>Chan Tai Man</u> Print Name 姓名	2004/12/01 Date : ccy/mm/dd 日期:年/月/日

Remarks:

- To effect the above changes, 30 days advance notice to AIAPT is recommended.
- Please fill in the changes only.
- If you wish to change any information that is not provided for in this Form, please notify the Trustee separately in writing and, where applicable, attach the relevant supporting documents (e.g. new authorised signatory list, copy of Certificate of Incorporation on Change of Name, etc.)