



AIA Pension and Trustee Co. Ltd.
(Incorporated in the British Virgin Islands with limited liability)
1/F, AIA Building
1 Stubbs Road
Hong Kong
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MPF AIA.COM.HK (MPF)
RETIREMENT.AIA.COM.HK (ORSO)

MPF

For Internal Use Only	
Employer 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 signatory, fax copy will not be processed. 請呈交附有親筆簽署之表格，傳真本將不獲處理。
* Please delete the inappropriate item(s). 請刪除不適用者。

Part A 甲部分

Employer Plan No. 僱主計劃編號: A00R08 **1**

Employer Name 僱主名稱: ABC COMPANY LIMITED

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): CHAN TAI MAN

HKID card/Passport No.*
香港身份證/護照號碼*: D068188(8) Member Account No.
成員賬戶編號: 004088188/01 **2**

Please fill in the following and submit the "Occupational Retirement Scheme Notification of Member Termination" if this terminating member participates in an ORSO Scheme with AIA Pension and Trustee Co. Ltd.
若此離職成員同時參與友邦退休金管理及信託有限公司之職業退休計劃，請填寫此欄及就有關成員遞交「職業退休計劃成員離職通知書」。

Scheme No. 退休金計劃號碼: 12Y345 **3** Participant No. 參與編號: 000050001/01

Part B 乙部分

HK\$10,000 has been paid to the employee/claimant of a deceased member* on 31/03/2003 (dd/mm/ccyy) being 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 request the Trustee to reimburse the employer for the amount of HK\$ 10,000.

港幣 10,000 元正之長期服務金/遣散費*已於 31/03/2003 (日/月/年) 由僱主付予僱員/去世成員之申索人*。僱主供款累積權益的僱員歸屬部分(「歸屬權益」)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還港幣 10,000 元正予僱主。

Note: Please request the respective member/claimant of a deceased member* to sign below to acknowledge receipt of LSP/SP* as stated above. Otherwise, it will be deemed that no reimbursement from the Trustee is required.
註: 請要求有關成員/去世成員之申索人*於下面簽署以確認其已收妥由僱主發放上述款額之長期服務金/遣散費*。否則，受託人將當作僱主無退款需要。

I agree and acknowledge receipt of the LSP/SP* amount stated above
本人同意及確認已收妥上述之長期服務金/遣散費*

Chan Tai Man **5**
Signature of Member / Claimant*
成員/申索人*簽署

CHAN TAI MAN
Name of Member / Claimant*
成員/申索人*姓名

31/03/2003
Date (dd/mm/ccyy)
日期(日/月/年)

Important Notice 重要事項:

- 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。
- If the signature of member is not the same as filed with AIAPT, employer may be requested to provide appropriate supporting documents.
若成員之簽署與已備存於友邦退休金之紀錄不符，僱主可能被要求提供相關的證明文件。
- 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。
- 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。

Please refer to the Employer Plan No. printed on the Notice of Participation

Please refer to the Notice of Participation

Please refer to the Member's Welcome Letter

Please indicate the amount of LSP / SP paid to the member and the date of payment

Please sign, the signature must be the same as per Member Enrolment Form filed with AIAPT

Please fill in the Member's residential tel. no. or mobile phone no. and home address

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Part C 丙部分

To be completed by member/claimant* 此部分由成員/申索人*填寫:-

Contact Telephone No. 聯絡電話號碼: 21232514

Home Address 住址 (P.O. Box will not be accepted 郵政信箱恕不受理): Flat E, 8/F, Richie Building, Big Boss Street, Mongkok, Kowloon

If you would like to make a claim and withdraw the accrued benefits from the MPF system, please be reminded to submit "Claim Form for Payment of Accrued Benefits" and attach the relevant supporting documents. Otherwise, please remember to submit "Scheme Member's Request for Fund Transfer Form" within 30 days after submission of this Form.

如欲申索累算權益, 請提交「累算權益申索表格」, 並連同有關文件一併寄上。否則, 請於呈交此表格後三十日內, 提交「計劃成員資金轉移申請表」。

We confirm that we have read, understood and agreed to the declaration clauses stated below.
吾等確認已參閱、瞭解及同意下列之聲明。

Cheung Wai Man

Authorized signature
授權人簽署

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Company
Chop

Company chop
公司印鑑

10/04/2003

Date (dd/mm/ccyy)
日期(日/月/年)

Declaration by the Employer 僱主聲明

I/We confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I/We declare and agree that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application 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 to the transfer of my/our personal data 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 I/we have obtained all required written consent from our employees in respect of the transfer of their personal data to the Trustee for direct marketing purposes in accordance with the AIA Personal Information Collection Statement ("AIA PIC"). I/we acknowledge and consent to the transfer of the personal data of our employees outside of Hong Kong for direct marketing purposes and to the types of transferee as set out in the AIA PIC.

I/We confirm that the information of my/our employees which I/we provide to the Trustee has been verified. I/We agree to indemnify and keep the Trustee indemnified against any and all losses, cost, expenses, actions, proceedings suffered by the Trustee as a result of any inaccuracy of the information provided for the purpose of processing this reimbursement request. We agree that in case of any dispute between our employee(s) and us relating to the terms of the termination of employment and/or MPF scheme membership of the employee(s) concerned, we will assume full responsibility in resolving such dispute.

I/We hereby authorize the Trustee to accept, process, execute and rely upon instructions issued in my/our names and my/our signatures and sent to the Trustee by original copy only. I/We agree to be bound by the said instructions sent to the Trustee under my/our names and my/our signatures and I/we further agree to indemnify and hold the Trustee harmless from and against any and all liability and expense incurred by the Trustee arising from the Trustee's execution of the said instructions.

本人/吾等確認本人/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/吾等聲明及同意在本申請書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/吾等或本人/吾等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/吾等確認及同意就收集個人資料聲明所述目的轉移本人/吾等的個人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/吾等聲明及確認本人/吾等在此表格提供給受託人的資料為真實及正確,並已獲得本人/吾等所有員工對提供個人資料以用於友邦保險收集個人資料聲明(「收集個人資料聲明」)所述直接促銷目的的書面同意。本人/吾等確認及同意就收集個人資料聲明所述直接促銷目的轉移本人/吾等所有員工的個人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/吾等確認其提交予受託人之有關本人/公司之僱員資料已核對無誤,倘若因本人/吾等所填報之資料錯誤,而導致受託人在處理有關此退款申索個案中蒙受任何損失、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。吾等同意倘若吾等與僱員間因有關僱員之離職及/或終止有關僱員於強制性公積金計劃內的成員資格之條款而產生爭議,吾等自當負責解決有關之爭議。

本人/吾等謹此授權受託人依據以本人/吾等名義簽署及送往受託人之正本所指示以接納、處理及執行有關事宜。本人/吾等同意受本人/吾等名義簽署之指示約束,並且同意賠償受託人因執行所述指示而致產生之任何後果及其責任與支出。本人/吾等亦同意確保受託人不因此而蒙受任何損失。

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