



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

NOTIFICATION OF MEMBER TERMINATION (FOR SELF-EMPLOYED PERSON ONLY)
成員終止通知書(只適用於自僱人士)

Please note 請注意:

- ◆ Delete where inappropriate marked with “*”, 請於“*”項目刪去不適用者。
◆ 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。
◆ This form should be completed and submitted to the Trustee at least 30 calendar days before the effective date of termination of scheme membership. 此表格須於終止參與計劃生效日期至少 30 日前填妥及送交受託人。

DETAILS OF SELF-EMPLOYED PERSON 自僱人士資料

Name (same as HKID Card/Passport) 姓名(與香港身份證/護照相同):
HKID Card/Passport* No. 香港身份證/護照*號碼:
Plan No. 計劃編號: Member Account No. 成員賬戶編號: Contact Tel. No. 聯絡電話號碼:

DETAILS OF TERMINATION 終止賬戶詳情

Reason of Termination (please put a ✓ in the appropriate box below) 終止賬戶原因 (請於下列適當的空格內加上「✓」號):

- I have ceased to be a self-employed person effective (yyyy/mm/dd). 本人由 年 月 日已終止作為自僱人士。
I have already joined another MPF scheme as a self-employed person since (yyyy/mm/dd) and would like to terminate my membership with your scheme. 本人由 年 月 日起已以自僱人士身份參加另一強積金計劃, 並終止作為此計劃成員。

Note 附註: -

If the Trustee does not receive your "Scheme Member's Request for Fund Transfer Form" within 3 months after the receipt of this notice, you will be deemed to have elected to retain your accrued benefits in your existing self-employed person account.

若受託人於接獲此通知書後三個月內沒有收到閣下之「計劃成員資金轉移申請表」, 閣下將被視作已選擇保留閣下之累算權益於現有之自僱人士賬戶內。

DECLARATION 聲明

I confirm that I have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I declare and agree that any personal data and other information relating to me or my 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.

本人確認本人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或本人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。

I hereby authorize and acknowledge that the Trustee has the right to accept, process, execute and rely upon instructions issued in my name and my signature which was sent to the Trustee by original copy.

本人謹此授權受託人接納、處理及執行以本人名義及簽署並以正本送往受託人之指示。

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I agree to be bound by any instructions sent to the Trustee under my name and signature and I further 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 and/or upon the Trustee's execution of the said instructions except where there is proven willful default, gross negligence or fraud on the part of the Trustee.

本人同意及接受以本人名義及簽署致受託人之任何指示約束, 除因受託人被證明故意失責、嚴重疏忽或欺詐外, 倘若本人所填報之資料錯誤及/或受託人因執行所述任何指示, 而導致受託人需要承擔任何損失、支出, 或需要進行任何行動或訴訟, 本人亦同意作出有關賠償予受託人。

I confirm that I have read, understood and agreed to the declaration clauses stated above.

本人確認已參閱、瞭解及同意上述之聲明。

S.V.

Signature of Member (Signature must be the same as the record filed with the Trustee)
成員簽署(簽署式樣必須與已備存於受託人之記錄相符)

Date: (yyyy/mm/dd)
日期: (年/月/日)