



AIA International Limited
(Incorporated in Bermuda
with limited liability)

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MACAU

Please note 請注意:

Please submit the completed form with original signature, fax copy will not be accepted.

請呈交已填妥並附有親筆簽署之表格正本，傳真本將不獲處理。
* Delete as appropriate. 請於*項目刪去不適用者。

**AIA MACAU RETIREMENT FUND SERVICES
MEMBER RECORD MAINTENANCE FORM
澳門友邦保險退休金服務
成員記錄更新表格**

Member Name 成員姓名 : _____
Plan No. 計劃編號 : _____
Member Account No. 成員賬戶編號 : _____

If you wish to change any information that is not provided for in this form, please notify AIA International Limited Macau Branch separately in writing and, where applicable, attach a copy of the relevant supporting documents.

閣下如欲更改未於本表格上列載的項目，請以書面形式通知友邦保險(國際)有限公司並附上有關證明文件副本，以作核實。

With effect from |__|_|_|_|_| / |__|_|_|_|_| / |__|_|_|_|_|, please change my records according to the completed section(s) as follows:
ccyy mm dd

由 _____ 年 _____ 月 _____ 日起，本人之記錄將根據以下填妥之部分作出更改：

1) New Correspondence Address 新通訊地址: (P.O. Box will not be accepted 郵政信箱恕不受理)

Flat / Room 單位 / 室 _____ Floor 樓 _____ Block 座數 _____
Name of Building 大廈名稱 _____ Street No. and Name 街道編號及名稱 _____

2) New Permanent Residential Address 新永久住址: (only if different from the above Correspondence Address 如跟上述通訊地址相同，則不用填寫)

Flat / Room 單位 / 室 _____ Floor 樓 _____ Block 座數 _____
Name of Building 大廈名稱 _____ Street No. and Name 街道編號及名稱 _____

3) New Tel. No. 新電話號碼: Home 住宅 _____ Office 辦公室 _____ Mobile 流動電話 _____

4) New Fax No. 新傳真號碼: _____ 5) New E-mail address 新電郵地址: _____

Declaration 聲明

I hereby declare and agree that my personal information collected or held by AIA International Limited Macau Branch (the "Management Company") (whether contained in this form or otherwise obtained) is provided and may be held, used, and disclosed by the Management Company to individuals/organisations associated with the Management Company or any selected third party (within or outside Macau), for the purposes of processing this document. I understand that (i) the Management Company may be unable to process this form if I fail to provide any information requested in this form; and (ii) I have the right to obtain access to and to request correction of any of my personal information held by the Management Company. Such request may be made in writing to the Management Company.

I further declare and confirm that the information provided by me to the Management Company in this form is true and correct, and hereby instruct the Management Company to amend the records accordingly. I agree to indemnify and keep the Management Company indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Management Company as a result of any inaccurate information provided by me and/or upon the Management Company's execution of any of my instructions provided except where there is proven (to the satisfaction of the Management Company) willful default, gross negligence or fraud on the part of the Management Company.

本人現聲明並同意，友邦保險(國際)有限公司(「管理公司」)可保留、使用或透露管理公司所收集或保留的任何有關本人的個人資料(包括在此表格所載或從其他途徑取得)，給予與管理公司有關人士/公司或任何被選定的機構(在澳門或海外)，用作處理本表格。本人明白到(i)倘若本人未能提供本表格所需的資料，管理公司將可能無法處理有關表格，及(ii)本人有權向管理公司查閱及要求修正備存於管理公司的任何個人資料，有關要求可以書面向管理公司提出辦理。

本人並謹此聲明及確認，本人在此表格上提供予管理公司之所有資料均為正確無誤，並同意管理公司按本人指示更改有關資料。除因管理公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得管理公司信納)，倘若因本人所填報之資料錯誤及/或管理公司因執行本人之任何指示，而導致管理公司需要承擔任何損失、支出、或需要進行任何行動或訴訟，本人同意作出有關賠償予管理公司。

Member's Signature
成員簽署

Date : ccyy/mm/dd
日期:年/月/日