



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

## Notification of MPF Scheme Member Termination 強積金計劃成員離職通知書

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。

- Employer Plan No. 僱主計劃編號: \_\_\_\_\_
- Employer Name 僱主名稱: \_\_\_\_\_
- Particulars of the terminated member (the "Member") 離職成員(下稱「成員」)資料:
  - 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): \_\_\_\_\_
  - HKID Card / Passport No.\* 香港身份證/護照號碼\*: \_\_\_\_\_
  - Member Account No. 成員賬戶編號: \_\_\_\_\_
  - Last day of employment 最後在職日期: \_\_\_\_\_ (ccyy/mm/dd 年/月/日)
  - Please fill in the following and submit the "Occupational Retirement Scheme Notification of Member Termination" if this terminating member also 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，請填寫以下資料及就有關成員遞交「職業退休計劃成員離職通知書」。  
Plan No. 退休金計劃編號: \_\_\_\_\_ Member Account No. 成員賬戶編號: \_\_\_\_\_
- Reason for cessation of employment (Please tick one of the following) 離職原因 (請 √ 以下其中一項):

<input type="checkbox"/> Resignation 辭職	<input type="checkbox"/> Retirement (Early / Normal / Late*) 退休(提早/正常/延遲*)	<input type="checkbox"/> Total incapacity 完全喪失行為能力
<input type="checkbox"/> Death 死亡	<input type="checkbox"/> Redundancy / Lay-off* 裁員/停工*	<input type="checkbox"/> Termination of employment / Dismissal* 終止受僱/解僱*
<input type="checkbox"/> Summary dismissal (please complete the following) 因嚴重過失而被解僱 (請填妥以下資料)		

If the member is dismissed by cause, is the member entitled to employer's voluntary balance? (Please tick one of the following)  
如成員因嚴重過失而被解僱，成員是否仍可享有僱主之自願性供款? (請 √ 以下其中一項)

<input type="checkbox"/> Zero percentage (i.e. default treatment per the Principal Brochure) 零百分比 (即《主要說明書》內之既定處理方法)
<input type="checkbox"/> According to existing vesting scale 按照現有權益歸屬比例
<input type="checkbox"/> Others (please specify %) 其他 (請註明百分比):   _   _   _   .   0   0   %
- Please indicate if reimbursement for Long Service Payment (LSP) / Severance Payment (SP)\* is required for reason for cessation of employment other than "Resignation" or "Summary dismissal". 除離職原因為「辭職」或「因嚴重過失而被解僱」外，請確認是否需要退還長期服務金/遣散費\*。

<input type="checkbox"/> Yes (please complete item 6a and 6b) 是 (請填妥項目 6a 及 6b)	<input type="checkbox"/> No 否
---	-------------------------------
- a) Long Service Payment (LSP) / Severance Payment (SP)\* reimbursement details 退還長期服務金/遣散費\*之詳情:

HK\$ \_\_\_\_\_ has been paid to the employee/claimant of a deceased member\* by the employer on \_\_\_\_\_ (ccyy/mm/dd) being the Long Service Payment (LSP) / Severance Payment (SP)\*. The vested portion of his 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 requests the Trustee to reimburse the employer for the amount of HK\$ \_\_\_\_\_.

The Vested Benefits derived from (i) the voluntary contribution (if any) and then (ii) the mandatory contribution will be used to offset LSP/SP\* unless agreed otherwise.

港幣 \_\_\_\_\_ 元正之長期服務金/遣散費\*已於 \_\_\_\_\_ (年/月/日) 由僱主付予僱員/去世成員之申索人\*。僱主供款累算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 \_\_\_\_\_ 元正予僱主。「歸屬權益」中會先從(i)自願性供款部分(如有)，然後(ii)強制性供款部分(特別安排除外)對減此長期服務金/遣散費\*。
- b) Member Acknowledgement Receipt of Long Service Payment (LSP) / Severance Payment (SP)\* 成員確認已收妥長期服務金/遣散費\*

I agree and acknowledge receipt of the LSP / SP\* amount stated above, and read and understand the Important Notice overleaf.

本人同意及確認已收妥上述之長期服務金/遣散費\*，並已參閱及了解背頁之重要事項。

Signature of Member / Claimant\*  
成員/申索人\*簽署

Name of Member / Claimant\*  
成員/申索人\*姓名

Date (ccyy/mm/dd)  
日期(年/月/日)

### Important Notice 重要事項:

Please be reminded that the employer must settle all outstanding contribution and surcharge 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及附加費。

If the signature of member is not the same as filed with AIAPT or missing signature of member, the employer is required to provide appropriate supporting documents.

若成員之簽署與已備存於友邦退休金之記錄不符或缺成員簽署，僱主必須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 a copy of the death certificate and supporting documents to prove the identity of the claimant of the deceased member and their relationship.

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副本一併遞交。

### 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 termination and reimbursement request (where applicable). I/We agree that in case of any dispute between my/our employee(s) and me/us relating to the terms of the termination of employment and/or MPF scheme membership of the employee(s) concerned, I/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 / 吾等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僱員之離職及退款申索（如適用）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。本人 / 吾等同意倘若本人 / 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，本人 / 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。

I/We confirm that we have read, understood and agreed to the Important Notice and Declaration clauses stated above.

本人 / 吾等確認已參閱、瞭解及同意以上重要事項及聲明。

Authorized signature  
授權人簽署

Company chop  
公司印鑑

Date (ccyy/mm/dd)  
日期(年/月/日)