



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

**MEMBER RECORD MAINTENANCE FORM
 (FOR SELF-EMPLOYED PERSON ONLY)
 成員記錄更新表格(只適用於自僱人士)**

Member Name 成員姓名 : _____
 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 : _____

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 a copy of the relevant supporting documents.
 閣下如欲更改未於本表格上列載的項目, 請以書面形式通知受託人並附上有關證明文件副本, 以作核實。

If you have more than one Member Account with AIA, **only** the Member Account stated above will be updated if a “✓” has been put in the box. Otherwise records of all of your Member Accounts with the Trustee under the same HKID Card/Passport No. stated above will be updated.
 如於方格內填上 “✓” 號, 有關資料只會於上述指定之強積金成員賬戶內作更新; 否則閣下所有備存於受託人以上述香港身份證/護照號碼所開立之成員賬戶將被更新。

With effect from / / , please change my records as follows:
ccy mm dd
 由 _____ 年 _____ 月 _____ 日起, 本人之記錄將更改如下:

New Home Address 新住宅地址: (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
Building 大廈名稱		
Street 街道名稱		
District 區域	HK 香港 / KLN 九龍 / NT 新界*	
Country 國家	Postal Code 郵遞區號碼 (for outside Hong Kong only 香港以外地區適用)	

New Principal Place of Business 新營商地址:

Flat / Room 單位 / 室	Floor 樓	Block 座數
Building 大廈名稱		
Street 街道名稱		
District 區域	HK 香港 / KLN 九龍 / NT 新界*	
Country 國家	Postal Code 郵遞區號碼 (for outside Hong Kong only 香港以外地區適用)	

New Home Tel. No. 新住宅電話號碼 : _____
(Area code 地區代號)

New Office Tel. No. 新辦公室電話號碼 : _____
(Area code 地區代號)

New Mobile No. 新流動電話號碼 : _____
(Area code 地區代號)

New Fax No. 新傳真號碼 : _____
(Area code 地區代號)

New E-mail 新電郵 : _____

Date of Birth 出生日期 : _____ / _____ / _____ (copy of relevant document is required 請附上有關證明文件副本)
ccyy 年 mm 月 dd 日

New Settlement Method for Contributions and/or Annual Fee (tick one only) 供款及/或年費繳付之新方式 (請選擇其中一項)

Cheque 支票

Direct debit (please complete and attach a Direct Debit Authorization form and provide the following details)[#]
直接付款 (請填妥並交回直接付款授權書及提供下列資料)[#]

Bank Account Details 銀行賬戶資料

Bank Name 銀行名稱 : _____

Bank Account No. 銀行賬戶編號 : _____

Designated Account Holder Name 賬戶持有人名稱 : _____

As it takes approximately two months from the date of receipt of this form to set up direct debit arrangement, please continue to use the existing settlement method until you receive notification from AIA Pension and Trustee Co. Ltd. the effective date of the new arrangement.

由於安排直接付款需時, 新選供款方式將於本公司收到此更新表格及直接付款授權書起約兩個月後始能使用, 期間務請閣下繼續使用原有方式供款, 直至接獲本公司另函通知為止。

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. I acknowledge and consent to the transfer of my personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

I confirm that the information provided by me to the Trustee in this form is true and correct, and hereby instruct the Trustee to amend their records accordingly. I 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 inaccuracy of the information provided.

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。本人確認及同意就收集個人資料聲明所述目的轉移本人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。

本人確認, 本人在此文件上提供予受託人之資料正確無誤, 並謹此要求受託人在其記錄中作出相應之修改。倘若本人所填報之資料錯誤, 而導致受託人蒙受任何損失、支出、或須要進行任何行動或訴訟, 本人同意作出有關賠償予受託人。

S.V.

Member's Signature 成員簽署

Date : ccyy/mm/dd 日期:年/月/日