



Addition / Change of Voluntary Contribution 新增 / 更改自願性供款表格

Sub-Scheme No. : _____ Effective Date of Change *
附屬計劃編號 _____ 生效日期 * _____
dd日 / mm月 / yyyy年

Employer (Company) Name: _____
僱主 (公司) 名稱 _____

- The details specified in this form shall apply for the purpose of the sub-scheme and shall form part of the Participation Agreement.
此表格上之資料同樣適用於附屬計劃，並為參與協議之一部份。
 - Manulife may be required to submit this request for Addition / Change of Voluntary Contribution to the Mandatory Provident Fund Schemes Authority for approval before allocating the first voluntary contributions for this sub-scheme or effecting the new vesting scale.
宏利或須於本附屬計劃開始作出自願性供款分配或實施新歸屬比例前，向強制性公積金計劃管理局遞交新增/更改自願性供款申請，並取得有關批核。
 - The addition / change of voluntary contributions shall be from the later of:
新增/更改自願性供款將於以下日期(以較後者為準)生效：
(a) the effective date of change *; or
生效日期 *; 或
(b) the date of receipt by the Trustee of the approval by the Mandatory Provident Fund Schemes Authority, if required.
受託人取得強制性公積金計劃管理局的批核日期，如適用。
- * One month prior notice to the Trustee and the relevant employee(s) is required to change the existing voluntary contribution particulars. This Effective Date of Change shall be deemed as one month from the date that the Trustee receives this form or the Effective Date of Change provided herein, whichever is the later.
* 更改自願性供款細節需於生效前一個月通知受託人及受影響的員工。生效日期應被視為受託人收訖本表格後一個月或於此表格上所載之生效日期，以較後者為準。

Please where appropriate and complete in BLOCK LETTERS. 請在適當的地方加上 號，並以正楷填寫。

- Addition of voluntary contribution. Please complete all items in this form.
新增自願性供款。請填寫下列所有項目。
Our company shall make voluntary contributions for members as specified by the Employer #.
本公司將為成員作自願性供款，請屆時按僱主有關指示處理 #。
Please note that the Employer should deduct the respective member voluntary contribution amounts from their salaries and submit on behalf of the members if this sub-scheme is set up with member voluntary contribution.
請注意如本附屬計劃設有成員自願性供款，僱主應為個別僱員在其入息中扣除並向受託人支付有關之自願性供款項。
- Change of existing voluntary contribution vesting.
更改現有自願性供款歸屬比例。

Vesting scale for termination of employment 就離職僱員所作出之歸屬比例 (must be filled in 必須填寫此欄) :

Member Category 成員類別	Base of Vesting Scale 歸屬比例計算方法	Vesting Scale 歸屬比例	Vesting on Early Retirement 提前退休歸屬百分比
1:	<input type="checkbox"/> Year of Service 服務年期 <input type="checkbox"/> Year of Participation 參與計劃年期	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 100% <input type="checkbox"/> Same percentage as termination of employment 與離職百分比相同
2:	<input type="checkbox"/> Year of Service 服務年期 <input type="checkbox"/> Year of Participation 參與計劃年期	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> 100% <input type="checkbox"/> Same percentage as termination of employment 與離職百分比相同

A: Year 年期	% 百分比	B: Year 年期	% 百分比	C: Year 年期	% 百分比
Less than 3	少於三年	0	Less than 1	少於一年	0
3 but less than 4	滿三年但少於四年	30	1 but less than 2	滿一年但少於二年	10
4 but less than 5	滿四年但少於五年	40	2 but less than 3	滿二年但少於三年	20
5 but less than 6	滿五年但少於六年	50	3 but less than 4	滿三年但少於四年	30
6 but less than 7	滿六年但少於七年	60	4 but less than 5	滿四年但少於五年	40
7 but less than 8	滿七年但少於八年	70	5 but less than 6	滿五年但少於六年	50
8 but less than 9	滿八年但少於九年	80	6 but less than 7	滿六年但少於七年	60
9 but less than 10	滿九年但少於十年	90	7 but less than 8	滿七年但少於八年	70
10 or more	十年或以上	100	8 but less than 9	滿八年但少於九年	80
			9 but less than 10	滿九年但少於十年	90
			10 or more	十年或以上	100

Declaration 聲明

I / We declare that the above change will have no detrimental effect on the accrued benefit of the employees*.
本人 / 本人等聲明以上更改將不會對僱員的累算權益構成損害*。

* Warning: Section 43E of the Mandatory Provident Fund Schemes Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material aspect.
* 警告：根據強制性公積金計劃條例第43E條，倘任何人士在重要事項方面提供虛假或誤導聲明，初犯者最高可被判處一年監禁，而再犯者則每次最高可被判處兩年監禁。

Authorized Signature and Company Chop
獲授權人士簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜 (正楷)

Date
日期

Completed form should be sent to Provident Funds Services, Manulife (International) Limited, 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong.
填妥的表格請寄往香港北角電氣道169號宏利保險中心29樓宏利人壽保險 (國際) 有限公司公積金服務部。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

