

CHANGE OF PARTICULARS FOR MEMBER / SELF-EMPLOYED PERSON FORM
更改成員 / 自僱人士資料表格

Important Note:

Please note that all change(s) provided and / or instruction(s) given in this form will be used to update relevant record(s) of all account(s) under your name in the Manulife RetireChoice (MPF) Scheme after proper receipt by the Trustee of this form (as duly completed and signed).

請注意，受託人在妥善收到(已正確填寫並簽名)本表格後，將使用此表格中作出的所有更改及 / 或指示來更新宏利退休精選(強積金)計劃中以閣下名下持有的所有帳戶的相關記錄。

Please ✓ the appropriate box 請在適當的空格填上 ✓

Part I – Personal Information 第一節 – 個人資料

Employer Name 僱主名稱 (English 英文) (not applicable to self-employed persons, personal account members, special voluntary contribution account members and tax deductible voluntary contribution account members 不適用於自僱人士，個人帳戶成員，特設自願性供款帳戶成員及可扣稅自願性供款帳戶成員)

Member English Name 成員英文姓名

Mr. 先生 Surname 姓 _____

Ms. 女士 First Name 名 _____

Contact Phone Number 聯絡電話號碼

HKID Card No. 香港身份證號碼

Email Address 電郵地址

**Passport No. (ONLY for member without HKID Card)
護照號碼(本欄僅供沒有香港身份證的成員填寫)**

Part II – Change of Personal Particulars 第二節 – 更改個人資料

Items 類別	Updated Information 最新資料																									
<input type="checkbox"/> Change of Contact Details 更改聯絡資料	<input type="checkbox"/> Email Address 電郵地址 _____ <table><thead><tr><th>Telephone No. 電話號碼</th><th>Country Code 國家號碼</th><th>Area Code 地區號碼</th><th>Phone No. 電話號碼</th><th>Ext. 內線</th></tr></thead><tbody><tr><td><input type="checkbox"/> Local Mobile 本地手提</td><td></td><td></td><td>_____</td><td></td></tr><tr><td><input type="checkbox"/> Business 辦公室</td><td></td><td></td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Residential 住宅</td><td></td><td></td><td>_____</td><td></td></tr><tr><td><input type="checkbox"/> China / Overseas 中國 / 海外</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Telephone No. 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone No. 電話號碼	Ext. 內線	<input type="checkbox"/> Local Mobile 本地手提			_____		<input type="checkbox"/> Business 辦公室			_____	_____	<input type="checkbox"/> Residential 住宅			_____		<input type="checkbox"/> China / Overseas 中國 / 海外	_____	_____	_____	_____
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<input type="checkbox"/> Residential 住宅			_____																							
<input type="checkbox"/> China / Overseas 中國 / 海外	_____	_____	_____	_____																						
<input type="checkbox"/> Change of Residential Address ¹ 更改住址 ¹ (“In-care-of” address and P.O. Box address will not be accepted. All correspondence will be sent to this address.「轉交」地址及郵政信箱恕不接受，所有通訊將寄往此地址。)	Flat / Room 室 _____ Floor 樓 _____ Block 座 _____ Building / Estate Name 大廈 / 屋苑名稱 _____ Street / Road 街道 _____ District 地區 _____ <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Overseas (Country and City) 海外(國家及城市) ▽ <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> China 中國 _____ (City 城市) <input type="checkbox"/> New Territories 新界 <input type="checkbox"/> Others 其他 (Please specify 請說明) _____ (Country 國家) _____ (City 城市) ▽ For overseas address 適用於海外地址																									
<input type="checkbox"/> Change of Name of Member ² 更改成員姓名 ² (Please provide the certified true copy of identification document, including Deed Poll and HKID Card / Passport, etc. 請提供正本核實的改名契及身份證明文件副本，如香港身份證 / 護照等。)	Surname 姓 (English 英文) _____ First Name 名 (English 英文) _____ Chinese Name 中文姓名 _____																									



Part II – Change of Personal Particulars 第二節 – 更改個人資料 (Continued 續)

<input type="checkbox"/> Change of Date of Birth ▼ 更改出生日期▼	/ / D日 / M月 / Y年	<input type="checkbox"/> Change of Nationality 更改國籍 _____
<input type="checkbox"/> Change of HKID Card No. / Passport No. ▲ 更改香港身份證號碼 / 護照號碼▲ (Please provide copy of HKID Card / Passport and the related legal documents (if applicable) 請提供香港 身份證 / 護照副本及有關法律文件 (如適用)。)	HKID Card No. 香港身份證號碼 _____	Passport No. 護照號碼 _____
<input type="checkbox"/> Others 其他		

Important Note 重要提示：

If your information update, such as change of address or telephone number, causes the country / countries and / or jurisdiction(s) of tax residency previously identified being incorrect or incomplete, please provide a suitably updated self-certification within 30 days of such change in circumstances.

若閣下的資料更新(如地址或電話)導致之前申報的國家及 / 或司法管轄區的稅務當局資料不正確或不完整，閣下必須在改變後的30天內提供最新的自我證明。

▼ Please note that, if the updated information shows that your age reached 50 and below 65 while your MPF accrued benefits (benefits) is invested in the Default Investment Strategy ["DIS"], the Trustee will implement the adjustments of asset allocation between the Core Accumulation Fund and Age 65 Plus Fund according to the DIS de-risking table. If the updated information indicates that your age is 65 or above, your DIS will solely invest in Age 65 Plus Fund. The change of date of birth will apply to all account(s) under your name in the selected plan(s). 請注意，如更新資料後顯示閣下已年滿50歲並在65歲以下，而閣下的累積權益已投資於預設投資策略(「預設投資」)，受託人將根據預設投資內隨着年齡降低投資風險的列表即時在核心累積基金及65歲後基金之間調整資產分配。如更新資料後表明閣下已年滿65歲，閣下的預設投資會全數投資於65歲後基金。更改出生日期將適用於所選計劃下閣下的所有戶口。

▲ Please use the updated HKID Card No. / Passport No. when you login in member website. 請使用更新後的身份證號碼 / 護照號碼登入成員網站。

Part III – Means of Communication 第三節 – 通訊方式

Please indicate your selection of the service by ticking "✓" the box. 請在方格內加上「✓」號以表示選擇此服務。

1. Change of your preferred language for future correspondence 選擇 / 更改日後通訊的語言

English 英文 Traditional Chinese 繁體中文

If preferred language is not selected, English will be used for future correspondence. 如沒有選擇，將以英文作日後通訊之用。

2. MPF Account Balance SMS Service (Remark 1) 強積金戶口結餘短訊提示服務(備註1)

Receive SMS notification of monthly MPF account balance (Remarks 2 and 3) via the local mobile phone number provided in Part II.
透過第二節所提供之本地手提電話號碼收取每月強積金戶口結餘(備註2及3)短訊提示服務。

Opt in 選擇 Opt out 不選擇

3. E-notification for MPF statutory communications 強積金法定通訊電子提示

Receive e-notification on communications requested by the Mandatory Provident Fund Schemes Ordinance ("Relevant Communications") and suppress receiving hardcopies.

以電子提示形式收取按「強制性公積金計劃條例」要求的相關通訊(「有關通訊」)並停止收取列印本。

Statutory communications of your consent to suppress hardcopies 閣下同意不收取列印本的法定通訊：

1. Addendum to MPF Scheme Brochure 強積金計劃說明書的補充文件
2. Notice to members and participating employers 致成員及參與僱主通告
3. Member Benefit Statement 成員權益報表

and any other communications may determine by the Trustee to be appropriate. (Remark 4) 及受託人認為合適的其他通訊。(備註4)

Opt in 選擇 Opt out 不選擇

Part III – Means of Communication 第三節 – 通訊方式 (Continued 續)

Remarks 備註：

1. In the event that benefits held under the regular employee contribution account are required to be automatically transferred to a new personal account within the same plan after cessation of employment, this value added service will continue to apply to the new personal account unless otherwise instructed. 假如一般僱員供款帳戶內之強積金累算權益在僱員終止受聘後需自動轉移至同一計劃下新開立之個人帳戶，此項增值服務亦適用於該新開立之個人帳戶(另有指示除外)。
2. The figures shall be calculated by reference to the fund prices as at the last business day of previous month. Information on account balance is for reference only. 數額將根據上月最後一個工作天之基金價格計算。戶口結餘資料僅供參考。
3. No SMS account balance will be provided if the MPF balance is less than \$1.00. 若戶口結餘少於 \$1.00，將不會收到「帳戶結餘短訊」。
4. (i) By choosing this option, you agree to receive Relevant Communications in electronic form, as we may determine to be appropriate, so that, when we determine to issue to you a Relevant Communication in electronic form, we may not issue it to you in physical form, and vice versa. Relevant Communications refer to all documents, statements or notices issued by us for the purposes of the Mandatory Provident Fund Schemes Ordinance (“Ordinance”) from time to time, including, without limitation, regulatory statements / notifications (such as member benefit statements, notices to members, MPF Scheme Brochure, Addenda to MPF Scheme Brochure and fund performance fact sheets). 選擇此選項即表示閣下同意以電子形式接收(我們認為合適的)有關通訊，因此，當我們決定以電子形式向閣下發出相關通訊時，我們可不以實物形式向閣下發出該相關通訊，反之亦然。如有關通訊是指我們按「強制性公積金計劃條例」(「條例」)不時發出的所有文件、報表或通知，包括但不限於監管報表 / 通知 (如成員權益報表、成員通知、強積金計劃說明書、強積金計劃說明書的補充文件及基金表現報告)。
(ii) Please note that whether or not this option is chosen, communications not for the purposes of the Ordinance may, in any event, be issued by us to you in electronic form only. Such communications include, without limitation, semi-annual benefit statements, switching for existing holdings confirmations, redirection for future contributions confirmation, newsletters, information leaflets and promotional materials. 請注意，不論閣下是否選擇此項，我們只會以電子形式向閣下發出非條例相關的通訊。此通訊包括但不限於半年度成員權益報表、戶口結餘轉換確認書、未來供款投資指示確認書、通訊、單張資料及宣傳品。
(iii) For the option to be effectively made, please (on top of ticking the box above) provide your contact information for electronic communication, including the email address and mobile phone number required to be filled in above. If you wish to update your contact information for electronic communication, please give us at least 14 days prior notice by submitting your request through Manulife website, by returning the completed Change of Particulars for Member / Self-Employed Person Form, or by calling Manulife MPF Members’ Direct at 2298 9000 (and the 14 days will start to run from our actual receipt of your request). 為了令此選項能夠有效實行，請(除剔選以上方格外)提供閣下的電子聯絡資料以作電子通訊之用，包括於上方填寫閣下的電郵地址和手提電話號碼。如果想更新閣下的電子聯絡資料，請在不少於 14 天前透過宏利網站、交回填妥的「更改成員 / 自僱人士資料表格」或致電宏利強積金成員專線 2298 9000 通知我們(該 14 天將從我們收到閣下的指示開始計算)。
(iv) Please note that the option, when chosen, will apply to all of your accounts under the same plan, including all existing and future accounts and, for the avoidance of doubt, where benefits held under a regular employee contribution account are automatically transferred to a new personal account within the same plan after cessation of employment, the option will continue to apply to the new personal account unless otherwise instructed. If you wish to terminate the option, please give us at least 14 days prior notice by submitting your termination notice through Manulife website or by returning the completed Change of Particulars for Member / Self-Employed Person Form (and the 14 days will start to run from our actual receipt of your termination notice). 請注意，選擇此選項將適用於閣下在相同計劃下的所有帳戶，包括所有現有和未來帳戶，並且為免生疑問，此選項將繼續適用於閣下離職時在一般僱員供款帳戶下持有的強積金權益自動轉移到同一計劃內新的個人帳戶(另有指示除外)。如果閣下想終止此選項，請在不少於 14 天前透過宏利網站或交回填妥的「更改成員 / 自僱人士資料表格」提交終止通知書(該 14 天將從我們收到閣下的終止指示開始計算)。

Part IV – Change of Signature Specimen 第四節 – 更改簽署式樣

Specimen of old signature 舊簽署式樣 (Note 提示)

Specimen of new signature 新簽署式樣

Note 提示

- (i) The specimen of old signature must be the same as the specimen last submitted to BCT.
舊簽署式樣必須與之前遞交予銀聯信託的簽署式樣相同。
- (ii) If you forget your old signature, please come to our office by appointment to present your original HKID card / Passport in person for authentication.
如閣下忘記了舊簽署式樣，請預約並親臨本公司出示閣下的香港身份證 / 護照正本以進行認證。
- (iii) If you have not yet provided the specimen of your signature, please also provide a copy of your HKID Card / Passport bearing your signature, and mark “For the use of providing signature specimen” on it.
如閣下未曾提供簽署式樣，請提供香港身份證 / 護照副本，並於該副本上簽署並註明「提供簽署式樣之用」。
- (iv) Kindly note that we will only accept the specimen of new signature after verification of your identity.
請注意，本公司在確認閣下之身份後方會接受新簽署式樣。

Part V – Personal Information Collection Statement 第五節 – 收集個人資料聲明

Personal Information Collection Statement:

- The Sponsor, Manulife (International) Limited, would like to use your personal data (name, residential address, email address and telephone number) collected from you for providing information and direct marketing of products and services relating to Mandatory Provident Fund Schemes offered by itself or by its subsidiaries or associates with the Manulife Group of companies.
- The Sponsor may not use your personal data without your consent for the above purpose.
- Should you find such use of your personal data not acceptable, please indicate your objection before signing by ticking the box below:
 I object to the proposed use of my personal data for direct marketing purposes as stated above.

個人資料收集聲明：

- 保薦人宏利人壽保險(國際)有限公司擬將收集所得有關閣下的個人資料(姓名、住址、電郵及電話號碼)用作提供其本身或宏利集團附屬或聯營公司所提供有關強制性公積金計劃的產品與服務的資訊以及為該產品與服務作直銷用途。
- 未經閣下同意，保薦人不得使用閣下的個人資料作上述用途。
- 倘若閣下不接受將閣下的個人資料作上述用途，請於下列空格內填上「✓」號以示不同意，然後簽署本表格：
 本人不同意將本人的個人資料作上述直接促銷用途。

Declaration

I hereby confirm and agree that all change(s) provided and / or instruction(s) given herein will be used to update relevant record(s) of all account(s) under my name in the Manulife RetireChoice (MPF) Scheme after proper receipt by the Trustee of this form (as duly completed and signed). 本人在此確認並同意，在受託人妥善收到(已正確填寫並簽名)本表格後，此表格中作出的所有更改及 / 或指示將用於更新宏利退休精選(強積金)計劃中以本人名下持有的所有帳戶的相關記錄。

Signature of Member 成員簽署

Date 日期

(Must be identical to the Trustee's record 必須與受託人的記錄相符)

Please provide the following documents together with this Form for account updating. Please note that it will cause delay in processing your account update and / or payment withdrawal instruction if there is any document outstanding.

請提供以下文件連同此表格作為戶口資料更新之用，如下列文件有任何遺漏，將導致延誤處理閣下的資料更新及 / 或提取結餘指示。

¹ For change of residential address 更改住址

If you are a Special Voluntary Contribution ("SVC") / Tax Deductible Voluntary Contribution ("TVC") account member who does not have any other accounts in Manulife RetireChoice (MPF) Scheme, please provide a copy of address proof[^] issued within latest 3 months (e.g. utility bill or bank statement)

若閣下是特設自願性供款 / 可扣稅自願性供款帳戶成員而並沒有其他戶口於宏利退休精選(強積金)計劃內，請提供最近三個月的住址證明[^]副本(如公共事業的繳費單或銀行月結單)。

² For change of name 更改姓名

Please provide a Certified True Copy* of your Hong Kong Identity Card or Passport and the related legal documents (if applicable)

請提供已簽署核證* 的香港身份證或護照副本及有關法律文件(如適用)

* Certification can be made by a Hong Kong practicing Solicitor, a Notary Public, a Hong Kong practicing Certified Public Accountant, a member of Hong Kong Institute of Chartered Secretaries or a Registered Financial Institution which mark the words "Certified True Copy" with signature and stamp their capacity.

簽署核證可由香港執業律師，公證人，香港執業的註冊會計師，香港特許秘書公會的會員或已註冊的金融機構簽署核實，並由核證人列明此證明為「文件核證副本」，簽署及列明其資格。

[^] Please note that mobile phone bill will not be accepted.

請注意手提電話月結單恕不接受。

Please send the completed form to "Pension Services (Manulife RetireChoice), Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong" or fax it to 3102 0260.

請將已填妥表格寄往「香港皇后大道中183號中遠大廈18樓銀聯信託有限公司退休金服務部(宏利退休精選)」收或傳真至3102 0260。

* Please note that a fax will not be accepted for document that is required to be provided in Original or Certified True copy documents. Please send us the completed form together with the required supporting documents for information updating. 請注意若所需文件為正本或簽署核證副本，均不接受傳真指示。請將填妥之表格連同所需文件一併遞交以作更新資料之用。

Should you have any questions when completing this Form, please feel free to contact Manulife MPF Members' Direct at 2298 9000.

如閣下於填表時有任何疑問，請致電宏利強積金成員專線 2298 9000。

BCT use only 銀聯信託專用：	Document Received Date:	Inputted By:	Checked By:	Remarks:
		Date Inputted:	Date Checked:	