

Employee Withdrawal Form for Manulife (Macau) Pension Fund Scheme
宏利（澳門）退休金計劃僱員利益提取表格

Notes :

- (1) Please complete this Form in BLOCK LETTERS and check the appropriate boxes.
(2) Please initial next to any corrections you make on this Form.
(3) This Form should be signed by both the employee/personal representative and employer and forwarded to Manulife (International) Limited (the "Management Company")...

注意事項：

- (1) 請用正楷填寫本表格，並在適當空格內加勾號。
(2) 如須作出任何刪改，請於刪改之位置旁簽署。
(3) 本表格須由僱員/遺產代理人及僱主共同簽署並送交宏利人壽保險(國際)有限公司(「管理公司」)...

I. General Information 一般資料

Employer (Company) Name 僱主(公司)名稱:

Group Policy No. 團體保單號碼: 01 Certificate No. 證書號碼:

Employee Name 僱員姓名: Surname in English (英文姓氏) Name in English (英文名字) Name in Chinese (中文姓名)

Tax Contribution No. of Employee/ Personal Representative 僱員/遺產代理人納稅人編號 / Not available. I am an overseas employee. 不適用。本人為海外僱員。

Last Contributory Month 最後供款月份: MM月 / YYYY年 Last Day of Employment / Retirement Date 最後受僱日 / 退休日: DD日 / MM月 / YYYY年 Date of Death 死亡日: DD日 / MM月 / YYYY年

Residential Address of Employee/ Personal Representative 僱員/遺產代理人住址: (The relevant cheque and all correspondence will be sent to this address 有關支票及所有通訊將會寄往以下地址)

Room / Flat 室 Floor 樓 Block 座 Name of Building 大廈名稱

Name of Estate 屋苑名稱 Street No. / Street Name 街道號碼 / 街道名稱

District 區域 Country 國家 Contact Tel No. 聯絡電話 (Country Code 國家號碼) PhoneNo. 電話號碼

* The number will be taken as a Macau phone number if you do not fill in the space for "Country Code". 如沒有填寫「國家號碼」，該號碼將被視為澳門電話號碼。

The below part is for scheme member to put "check" only, and is not suitable for claimant if the claimant is not the holder of this member account.

All the above contact information applies to all of your products / services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee / custodian services to Manulife.

To apply the above address to this member account only, please check this box. 如以上地址只適用於此成員帳戶，請在方格內填上勾號。



II. Reason of Withdrawal and Treatment of Accrued Benefits 提取原因及累算權益的處理方法：

Please ✓ the appropriate boxes to indicate the "Reason of Withdrawal" 請 ✓ 適當的提取原因類別：

If no choice is specified, it is assumed that "Termination" is chosen. 若沒有任何指示，將假定選擇為「離職」。

Reason of Withdrawal 提取原因	Treatment of Accrued Benefits 累算權益的處理方法
1. <input type="checkbox"/> a. Termination 離職 (TX400T) <input type="checkbox"/> b. Permanent incapacity/Serious illness 長期無工作能力/嚴重疾病狀況 Please tick this box if applicable and (i) in the case of permanent incapacity, attach a certified true copy of the certificate from a specialized entity (i.e. any registered medical practitioner) specifically appointed by the Monetary Authority of Macau; (ii) in the case of serious illness, attach a certified true copy of the medical certificate issued by the relevant health authority* 如適用，請於方格上劃上剔號，以及(i)如長期無工作能力，請附上由澳門金融管理局指定之專科實體（如註冊醫生）發出之證明書核實副本；(ii) 如屬嚴重疾病狀況，請附上相關衛生當局發出之醫生證明書核實副本 *The Management Company reserves the right to require additional information and/or materials to determine whether the "permanent incapacity" or "serious illness" ground has been satisfactorily met. 管理公司保留權利要求提供額外資料及/或物件，以決定「長期無工作能力」或「嚴重疾病狀況」是否有充足的理據作支持。	Cash out 退款 (C)
2. <input type="checkbox"/> Retirement 退休 (TX430)	Cash out 退款 (C)
3. <input type="checkbox"/> Early Retirement 提早退休 (TX430)	Cash out 退款 (C)
4. <input type="checkbox"/> Death 死亡 (TX420) The personal representative is required to submit a copy of his/her identity card, a certified true copy of the death certificate of the deceased member and a certified true copy of the certificate of a judicial ruling obtained in the probate proceedings where the personal representative is appointed / a certified true copy of the certificate of notarial entitlement (where the appointment of the personal representative is referred)* 遺產代理人必須提交其身份證副本、身故計劃成員的死亡證核實副本，以及遺產代理人經遺囑認證程序委任之法庭裁決證明書的核實副本 / 遺產代理人經公證人委任之公證授權證明書核實副本* *The Management Company reserves the right to require additional information and/or materials should it consider necessary. 管理公司保留權利於其認為有需要時要求提供額外資料及/或物件。	Cash out 退款 (C)
5. <input type="checkbox"/> Dismissal for Cause 合理解僱 (TX400T) Please enclose legal documents/any supporting evidences for the alleged misbehavior of the member. 請連同可證明該成員的不當行為的法律文件或任何有關證據一併交回。	Cash out 退款 (C)

III. Declaration and Authorisation 聲明與授權

To the best of my/our knowledge and belief, the information given in this Form/its attachment(s) is/are correct and complete. I/We declare that I/we understand and agree to the information and contents of this entire Form.

據本人/吾等所知及所信，本表格/附件內所提供的資料均屬正確無誤。本人/吾等謹聲明本人/吾等明白及同意本表格上填寫之所有資料及其內容。

I/We further understand and agree that the unit price of each fund option can go down as well as up and neither the Management Company nor the former employer is liable in any way for the investment performance of the fund option(s) under the Scheme or employer's sub-scheme.

本人/吾等明白及同意基金的單位價格可跌可升，管理公司或前僱主對本計劃或僱主分計劃下基金選項之投資表現概不負責。

I/We would undertake to provide the Management Company in an expeditious manner with such full and accurate information as the Management Company (as the case may be) may reasonably request in order to enable the Management Company (as the case may be) to comply with any applicable legislation or regulatory requirements or the terms of the Scheme's constitutive documents.

本人/吾等承諾會盡快向管理公司（視情況而定）提供其合理要求的全部及準確資料，以使管理公司（視情況而定）遵守任何適用法例、監管要求或計劃組成文件的條款。

I/We covenant with Management Company that I/we shall indemnify the Management Company against any loss occasioned or costs incurred by the Management Company (as the case may be) by reason of any information supplied by me/us to the Management Company (as the case may be) from time to time (whether before or after the signing of this Form) being false and misleading.

本人/吾等與管理公司訂立契約，倘管理公司（視情況而定）因本人/吾等向管理公司（視情況而定）不時提供的任何資料屬虛假及誤導（不論在簽署本表格之前或之後提供的資料）而招致任何損失或費用，本人/吾等須向管理公司作出彌償。

I/We declare and agree the arrangement of Section I and II, and agree that the employee is not entitled to any vested benefits from the employer's contributions if the employer has ticked the termination reason as "Dismissal for Cause" in Section II.

本人/吾等謹此聲明及同意I部及II部的安排，並同意若僱主於II部選擇終止受僱原因為「合理解僱」，僱員將無權利享有任何已歸屬的僱主供款。

Signature of Employee / Personal Representative
僱員 / 遺產代理人簽署

Name of Employee / Personal Representative
僱員 / 遺產代理人姓名

Date
日期

Authorized Signature & Company Chop of Employer
僱主的獲授權人簽署及公司印章

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

Date
日期

Completed form should be sent to the Management Company,
"Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau".
請將填妥的表格寄交管理公司「澳門新馬路61號永光廣場14樓A澳門分行行政部」。