

## Membership Enrolment Form for Manulife (Macau) Pension Fund Scheme 宏利(澳門)退休金計劃僱員參加表格

### Notes :

- Please complete this Form in BLOCK LETTERS, ✓ the appropriate box and initial next to any corrections you make on this Form. \*Means delete whichever is inappropriate.
- In order for these changes to be included on the Debit Note and Accounting Statement, this Form must reach the office of Manulife (International) Limited (the "Management Company") at least 5 business days before the billing date. "Business days" means any day(s) (other than Saturday or Sunday) on which the banks are open for business in Hong Kong and Macau.
- The Management Company will process this request upon receipt of this completed form and all pertinent document(s), if any.

### 注意事項：

- 請用正楷填寫本表格，並在適當空格內加 ✓ 號；如須作出任何刪改，請於刪改之位置旁簽署。\*號表示刪除不適用者。
- 若宏利人壽保險(國際)有限公司(「管理公司」)在帳單發出的五個工作天或以前收到本表格，有關更改將會包括在下一期的付款通知書及會計報表。「工作天」範指香港及澳門銀行營業日(星期六或日除外)。
- 管理公司於收訖已填妥的表格及所有相關文件(如有)後將會處理是項申請。

Employer (Company) Name 僱主(公司)名稱： \_\_\_\_\_

Group Policy No. 團體保單號碼： \_\_\_\_\_ — Subgroup Number 分組編號： \_\_\_\_\_ **01**

Certificate Number 證書編號： \_\_\_\_\_ (ignore if assigned by Manulife 若由宏利提供則毋須填寫)

### A. Personal Information 個人資料

1. Name 姓名： \_\_\_\_\_  
Surname in English 英文姓氏 \_\_\_\_\_ Given Name in English 英文名字 \_\_\_\_\_ Surname in Chinese 中文姓氏 \_\_\_\_\_ Given Name in Chinese 中文名字 \_\_\_\_\_

2. Sex 性別：  M 男  F 女

3. Macau ID No./Other Identity Card No.\*  
澳門身份證號碼/其他身份證明文件號碼\*： \_\_\_\_\_

4. Date of Birth 出生日期： \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd日 mm月 yyyy年

5. Nationality 國籍： \_\_\_\_\_

6. Employment Date 受僱日期： \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd日 mm月 yyyy年

7. Coverage Date 保障生效日期： \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd日 mm月 yyyy年

8. Monthly Salary 月薪 HK\$ 港元 / MOP\$ 澳門幣\*： \_\_\_\_\_

9. Title 職位： \_\_\_\_\_

10. Monthly Optional Contribution Amount 自選每月供款金額 / Percentage 百分比\*： \_\_\_\_\_ 11. Schedule Class 計劃類別： \_\_\_\_\_

12. Current Monthly Fixed Contribution 現時每月固定供款金額 HK\$ 港元 / MOP\$ 澳門幣\*： Employee 僱員 \_\_\_\_\_ Employer 僱主 \_\_\_\_\_

13. Current Residential Address 現時住址 (all correspondence will be sent to the following address 所有通訊將寄往以下地址)：

Room / Flat 室 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座 \_\_\_\_\_ Name of Building / Estate 大廈 / 屋邨名稱 \_\_\_\_\_

Street No. & Name 街道名稱及號碼 \_\_\_\_\_ District 地區 \_\_\_\_\_

City 城市\* \_\_\_\_\_ Postal Code 郵寄代碼\* \_\_\_\_\_ Country 國家\* \_\_\_\_\_

\* Mandatory for overseas address 海外地址必須填寫

14. Mobile Phone\* :  
手提電話 ( \_\_\_\_\_ )  
(Country Code 國家號碼) Phone No. 電話號碼

15. Residential Tel.\* :  
住宅電話號碼 ( \_\_\_\_\_ )  
(Country Code 國家號碼) Phone No. 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。

16. Email Address 電郵地址： \_\_\_\_\_ @ \_\_\_\_\_

The information provided will be used by Manulife to contact you on daily administration issues related to your policy and to deliver one-time-PIN for Employee login verification and/or e-Alert notification (if applicable) via SMS and/or email to you.  
宏利將會以您所提供的資料，就計劃之日常行政相關事宜聯絡您，以及透過短訊及 / 或電郵向您發送一次性驗證密碼用於僱員登入網上帳戶及 / 或電子提示通知(如適用)。

All the above contact information will be used for set up the member account to which this enrolment/application form relates. If you wish to change your contact details under other MPF and/or non-MPF account(s), you may update it by logging in your account via our website or mobile app, or complete the "Change of Contact Details Form" (CS01a).  
以上所有聯絡資料用作設立此登記/申請表格之相關的成員帳戶。如欲更改其他強積金及 / 或非強積金帳戶的聯絡資料，您可透過我們的網頁或流動應用程式登入您的帳戶作更改或填寫「更改聯絡資料表格」(CS01a)。

For Office Use:  Job Cat. NR Age: \_\_\_\_\_ NR Date: \_\_\_\_\_  ID

**B. Investment Choice 投資選擇** (for those sub-scheme with investment choices made by Employees 只適用於容許僱員作出投資選擇之分計劃)

Fund Name 基金名稱	Fund Code 基金代號	Employee Contribution % 僱員供款百分率	Employer Contribution % 僱主供款百分率
GUARANTEED FUND (MACAU) 保證基金(澳門)	S400	%	%
PACIFIC ASIA BOND FUND (MACAU) 亞太債券基金(澳門)	S401	%	%
STABLE GROWTH FUND (MACAU) 平穩增長基金(澳門)	S402	%	%
BALANCED FUND (MACAU) 均衡基金(澳門)	S403	%	%
HK & CHINA EQUITY FUND (MACAU) 中港股票基金(澳門)	S404	%	%
HEALTHCARE FUND (MACAU) 康健護理基金(澳門)	S405	%	%
Total 百分率總和		100 %	100 %

Remarks 備註：

(1) Upon taking effect, the following contribution % will be applied to all future contribution and monies that have NOT yet been allocated to the investment funds.

下列分配百分率只適用於生效日後作出之所有新供款及所有未分配之供款。

(2) A minimum of 5% (whole numbers) is required for each selected fund. The contribution percentages must add up to 100%.

每項所選之基金之最低分配額為百分之五（必須為整數）各基金的供款百分率之總和必須為百分之一百。

(3) In the event of (i) invalid, unclear or incomplete investment instructions including amendments which are not properly initialled; or (ii) no investment instruction is being provided; all future employee and employer contributions will be allocated according to your employer's investment allocation or any other method as determined by the Management Company from time to time until completion of the processing of any further investment instructions received by the Management Company.

如(i)所註明的投資指示不符合規定、不清晰、不完整，包括於刪改處沒有簽署作實；或(ii)沒有註明任何投資指示；則日後所有僱員及僱主供款將會根據閣下僱主的投資分配或管理公司不時決定的其他方法進行分配，直至管理公司收到並完成處理進一步投資指示。

**C. Tax Residency Self-Certification (Must Fill) 稅務居民身份自證證明（必須填寫）****US Foreign Account Tax Compliance Act 美國海外帳戶稅收合規法案**

This is a self-certification provided by you to Manulife (International) Limited ("the Management Company") for the purpose of US Foreign Account Tax Compliance Act ("FATCA") in compliance with tax law and regulations (including the Agreement between the Government of the United States of America and the Government of the Macau Special Administrative Region of the People's Republic of China for Cooperation to Facilitate the Implementation of FATCA). The data collected may be transmitted by Management Company to the United States Internal Revenue Service.

這是您向宏利人壽保險（國際）有限公司（「管理公司」）提供的自證證明，以作海外帳戶稅收合規法案用途以遵守稅務法律及規例（包括但不限於澳門特別行政區政府與美國政府簽定的《跨政府協議》）。管理公司可把收集所得的資料交給美國國稅局。

By signing on this application, I certify that 本人簽署本申請書，特茲證明：

The answer below is true and accurate, and I agree to notify Manulife within 30 days if there is any change in circumstances which makes any of the information provided in any parts of this self-certification form incorrect or incomplete and provide an updated self-certification form.

以下回答乃真確無誤，如情況有所改變，以致影響於本自證證明所述的個人稅務居民身份，或引致其所載的資料不正確或不完整，本人會通知管理公司，並會在情況發生改變後30天內，向宏利提交一份適當更新的自證證明。

**Are you a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. Green Card holder)** 您是否美國人士、美國公民、符合美國所得稅目的之美國居民，或擁有美國居民身份之外僑（即美國綠卡持有人）？

**Yes 是** (Please provide your consent to report along with U.S. TIN. by submitting the Form W-9. Please also complete your U.S. jurisdiction of tax residency and TIN in Automatic Exchange of Financial Account Information in Tax Matters Section.)

(請提交W-9表格，以表示您同意申報並提供閣下的美國稅務識別號碼。請同時於金融帳戶信息自動交換部份填寫有關美國稅務居民司法管轄區及美國稅務編號的資料。)

**No 否**

Instructions for the above:

- You must answer "Yes" if you are a U.S. citizen even though you reside outside of the U.S.
- You must answer "Yes" if you hold multiple citizenships, one of which is U.S. citizenship.
- You must answer "Yes" if you were born in the U.S. (or U.S. Territory) and have not legally surrendered U.S. citizenship.
- You may be considered a U.S. resident for U.S. federal income tax purposes (and therefore, must answer "Yes") if you meet the "Substantial Physical Presence Test". You will meet this test if, for instance, during the current year, you were present in the U.S. for at least 183 days under a specified formula. For more details, please refer to the information on the IRS' website <http://www.irs.gov/Individuals/International-Taxpayers/Substantial-Presence-Test>.
- You must answer "Yes" if the U.S. Citizenship and Immigration Service (USCIS) has issued you a U.S. alien registration card as a lawful permanent resident of the United States.
- You must answer "Yes" irrespective of your Green Card's expiration date and irrespective of whether such expiration date has passed as of the date you sign and complete this form.
- You should answer "No" if your Green Card has been officially abandoned, revoked, or relinquished as of the date you sign and complete this form and you are not a US citizen or a U.S. resident for U.S. federal income tax purposes for any other reason.
- The above certification is mandatory for enrolment on or after July 1, 2014.

重要事項：

- 如您為美國公民，即使在美國境外定居，仍須回答「是」。
- 如您持有多重國籍包括美國公民身份，必須回答「是」。
- 如您在美國（或美國屬地）出生而且並未合法放棄美國公民身份，必須回答「是」。
- 如您通過「親身居留測試」，可視作符合美國所得稅目的之美國居民（故此必須回答「是」）。舉例說，按指定計算方法，如您在本年度停留美國至少183天，則視作通過有關測試。有關詳情，請瀏覽美國國稅局網站 (<http://www.irs.gov/Individuals/International-Taxpayers/Substantial-Presence-Test>)。
- 如您獲美國公民與移民事務局發出外國人登記卡作為永久合法居留美國的證明，必須回答「是」。
- 不論您所持綠卡何日到期，亦不論您在簽署及填交本表格當天是否已屆綠卡到期日，均須回答「是」。
- 在簽署及填交本表格當天，若您已正式放棄、撤銷或取消您所持綠卡，而且已非美國公民、符合美國所得稅目的或其他原因之美國居民，請回答「否」。
- 所有於2014年7月1日或之後之僱員參加申請均須附有上述證明。

## Automatic Exchange of Financial Account Information in Tax Matters 金融帳戶信息自動交換

This is a self-certification provided by you to the Manulife (International) Limited (the “Management Company”) for the purpose of Automatic Exchange of Financial Account Information (“AEOI”) in compliance with tax law and regulations (including but not limited to the Law No. 5/2017 “Legal Regime for the Exchange of Tax Information”, Chief Executive Resolution No. 211/2017, the Annex of the Chief Executive Resolution No. 232/2020) and regulations based on the Organisation for Economic Co-operation and Development (“OECD”) Common Reporting Standard (“CRS”) for automatic exchange of information). The data collected may be transmitted by the Management Company to the Macau Financial Services Bureau (“DSF”) which may further exchange such information to the competent authority of another reportable jurisdiction.

這是您向宏利人壽保險(國際)有限公司(「管理公司」)提供的自證證明,以作金融帳戶信息自動交換用途以遵守稅務法律及規例(包括但不限於《第5/2017號法律《稅務信息交換法律制度》,第211/2017號行政長官批示,第232/2020號行政長官批示附件和根據與稅務信息交換資料有關的經濟合作與發展組織(“OECD”)《通用報送標準》(“CRS”)的規則)。管理公司可把收集所得的資料交給澳門財政局,澳門財政局可將資料交到另一司法管轄區的主管當局。

This self-certification will remain valid unless there is any change in circumstances relating to your status of tax residency(ies). You must notify the Management Company within 30 days if there is any change in circumstances that makes any of the information provided in any parts of this self-certification form incorrect or incomplete and provide an updated self-certification form.

這自證證明是有效文件除非您的稅務居住地相關的情況有所改變。如情況有所改變,以致影響本自證證明所述的個人的稅務居民身份,或引致本表格任何部份所載的資料不正確或不完整,您必須在情況有所改變後的30天內通知管理公司有關的改變並提供最新的自證證明。

The Management Company **MUST** obtain the complete and valid tax residency self-certification for the setting up of member record. To avoid any delay in the setting up of member record and contribution settlement (if any), please read and complete all the appropriate parts below.

管理公司在開立成員帳戶前,必須取得完整及有效的稅務居民身份自證證明。為避免成員帳戶開立及供款處理(如有)有任何延誤,請細閱並完成以下所有適用部份。

As a financial institution, the Management Company is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and DSF website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and <https://www.dsf.gov.mo/AEOI/CRS/?lang=en>, or simply scan the QR code, for more CRS and related information.

作為金融機構,管理公司不獲允許提供稅務或法律意見。若您對您的稅務居民身份有任何疑問,請諮詢專業稅務顧問或瀏覽OECD及澳門財政局(<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>)及(<https://www.dsf.gov.mo/AEOI/CRS/?lang=zh>)有關金融帳戶信息自動交換的網頁,或掃描此二維碼,以獲取更多CRS及相關資料。



(OECD)

The personal information, including name, Macau ID No., date of birth and current residential address, provided in Part A forms part of this self-certification. 於A部份提供的個人資料,包括姓名、澳門身份證號碼、出生日期及現時住址,會成為此自證證明的一部份。

Please declare or list all jurisdictions where you are a resident for tax purposes (including Macau) and Taxpayer Identification Number or its Functional Equivalent (TIN) for each jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s). Please refer to the OECD website at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or simply scan the QR code for tax residency related information.

請在以下聲明或列明您在所有司法管轄區(包括澳門)作為符合稅務目的的居民的稅務編號或具有等同功能的識辨編號(稅務編號)。如下列位置不敷應用,請按以下格式另加新頁。請參考OECD網頁:<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>或掃描此二維碼以了解相關的稅務居民資料。



(OECD-TR)

Jurisdiction of Tax Residency 稅務居民司法管轄區	TIN <sup>Remark 1</sup> 稅務編號 <sup>註1</sup>	If no TIN available, please indicate Reason A, B or C below <sup>Remark 2</sup> 若未能提供稅務編號,請於下方填上理由A、B或C <sup>註2</sup>	Please explain why you are unable to obtain a TIN if you selected Reason B. 若您選擇理由B,請在下方解釋無法取得稅務編號的原因。
<input type="checkbox"/> I hereby declare that, I am a Macau tax resident and have a Macau employment (Taxpayer Identification Number (TIN): Macau SAR resident identity card number provided). 本人在此聲明,我是澳門稅務居民並在澳門工作(稅務編號:本人提供的澳門特別行政區居民身份證號碼)。			
1			
2			

### Remarks 註

1. For guidance on TIN, please visit the OECD website at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>, or simply scan the QR code.

如欲了解相關稅務居民司法管轄區發出的稅務編號,您可瀏覽OECD網頁 <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>,或掃描此二維碼。

2. If a TIN is unavailable, please provide the appropriate reason:

如沒有提供稅務編號,必須填寫合適的理由:

Reason A : The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.

理由A - 帳戶持有人所屬的稅務居民司法管轄區沒有向其居民發出稅務編號。

Reason B : The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain TIN in the above table if you have selected this reason.)

理由B - 帳戶持有人無法獲得稅務編號。(若您選擇這理由,請在上表解釋您無法獲得稅務編號的原因。)

Reason C : No TIN is required. (Note: Only select this reason if the authority of the relevant jurisdiction of residence does not require the TIN to be disclosed.)

理由C - 毋須提供稅務編號。(註:只有在相關司法管轄區的主管當局不需要披露該司法管轄區發出的稅務編號方可選擇這理由。)



(OECD-TIN)

## D. Declaration 聲明

I hereby confirm and agree that:

I have read all the contents (including all the notes) in this Form. Where my application for enrolment into the Manulife (Macau) Pension Fund Scheme (the "Scheme") is accepted by the Management Company, as a member of the Scheme, I shall be bound by the Master Agreement constituting the Scheme, the Participation Agreement to which my employer is a party and pursuant to which my employer has adhered to the Scheme (the "Participation Agreement") and the Management Regulations of each of the fund options under the Scheme, each such document as may be amended from time to time.

I understand that the Management Company has advised me that I should seek professional independent advice before enrolling in the Scheme and/or making any decision (including without limitation any investment decision) in relation to my enrolment in the Scheme. I declare and confirm that the decisions indicated in this Form have been reached as a result of my own independent judgment and opinion. I agree that the Management Company shall not be liable for any loss (or any person claiming through me) may incur, whether directly or indirectly, as a result of any instruction of mine as indicated in this Form.

I understand and agree that, upon acceptance of this application/enrolment, commission or other remuneration may be payable by the Management Company to any intermediaries involved in this application/enrolment and they are permitted to receive the same on account of their services.

I authorise my employer to accept any notice, whether in relation to the Master Agreement constituting the Scheme, the Participation Agreement or the Management Regulations of each of the fund options under the Scheme, and/or whether in relation to any aspect (operational or administrative) of the Scheme, and/or whether in relation to any fees and charges payable under the Scheme, from the Management Company on my behalf. I understand that my employer will promptly forward any such notice to me. I also authorise my employer to access any information on me relating to my enrolment and participation in the Scheme.

I declare that, to the best of my knowledge and belief, the information supplied by me from time to time to the Management Company, whether through completion of this Form and/or its attachments and whether before or after the signing of this form and/or its attachments (the "Information"), is correct and complete. I confirm and agree to update the Management Company and my employer promptly should there be any update, change or addition to the Information, and authorise my employer to forward any such update, change or addition to the Management Company. Without prejudice to the above, I further confirm and agree that I will provide such further information and/or material as the Management Company may from time to time require with regard to any such update, change or addition. I understand that any update, change or addition should form part of the Information and be treated in accordance with the provisions of this Form accordingly. I agree to indemnify and hold the Management Company, any of its affiliated entities and/or any of their respective officers, employees and agents harmless from and against any losses, liabilities and expenses directly or indirectly incurred by any or all of such entities/persons arising from relying on or acting upon any Information.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with the Management Company setting out how the Management Company may use and share the information supplied by me.

I acknowledge and agree that (a) the information contained in any parts of this self-certification, the Form W-9 or other W-series forms provided regarding the Applicant is collected and may be kept by the Management Company for the purpose of automatic exchange of financial information and the Foreign Account Tax Compliance Act (FATCA) and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Management Company to the United States Internal Revenue Service or Financial Services Bureau of the Macau Special Administrative Region and exchanged with the competent authorities of a reportable jurisdiction(s) in which the account holder may be a resident for tax purposes, pursuant to the Macau Special Administrative Region Law No. 5/2017 "Legal Regime for the Exchange of Tax Information", Chief Executive Resolution No. 211/2017, the Annex of the Chief Executive Resolution No. 232/2020, and the Agreement between the Government of the United States of America and the Government of the Macau Special Administrative Region of the People's Republic of China for Cooperation to Facilitate the Implementation of FATCA and (c) I/We agree to the obligation that the account holder must comply with requests made by Management Company to comply with the CRS (AEOI) and FATCA requirements under the Law of Macau Financial Services Bureau and/or applicable laws and regulations, and such obligation forms the basis of the account to be opened.

I certify that I am the account holder / I am authorised to sign for the account holder of all the account(s) to which this form relates.

I undertake to advise the Management Company of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Management Company with a suitably updated self-certification within 30 days of such change in circumstances.

I acknowledge and agree to the right of Manulife (including its sponsored funds/entities) not to accept this enrolment application or to terminate my membership under the policy (if applicable) in case I cannot satisfy their requirements on any of their regulatory or tax compliance obligations.

I have received and read the "Manulife Personal Information Collection Statement" ("Statement"). I understand and agree to the Statement. I consent to the usage, transfer and processing of personal data as described in the Statement. I further confirm my consent as referred to in the sections entitled **Use of Personal Data in Direct Marketing** and **Provision of Personal Data for Use in Direct Marketing** of the Statement subject to any objection as indicated by me below:

(IMPORTANT NOTES: Please note that direct marketing can include offers of special discounts, coupons or gift items. You can leave these boxes blank.)

- I object to Manulife using my personal data in direct marketing as referred to in the section entitled **Use of Personal Data in Direct Marketing** of the Statement.
- I object to Manulife providing my personal data to Manulife Group (other than Manulife itself) for use in direct marketing as referred to in the section entitled **Provision of Personal Data for Use in Direct Marketing** of the Statement.

Signature of Employee 僱員簽署

(Please provide your signature as shown (if any) on your identification document  
請以閣下身份證明文件所示之簽署式樣 (如有) 作簽署)

本人確認及同意：

本人已閱讀本表格之所有內容 (包括所有注意事項)。於管理公司接納本人參加宏利 (澳門) 退休金計劃 (該「計劃」) 之申請後，本人作為計劃成員，將受組成計劃之集成協議、參與協議 (本人之僱主為協議方，並按該協議之規定參與計劃) (下稱「參與協議」)，以及計劃下每項基金的管理規章所約束。上述各項文件可不時予以修訂。

本人明白管理公司已建議本人在參加計劃及 / 或就本人參加計劃作出任何決定 (包括但不限於任何投資決定) 前，應尋求獨立專業人士的意見。本人聲明及確認本表格上所示之任何決定，乃本人經獨立判斷及據本人意見所作之決定。本人同意，任何本人 (或透過本人提出申索之任何人士) 因本人於本表格所示之任何指示而直接或間接招致的損失，管理公司一概無須負責。

本人明白並同意，本申請書 / 參加表格一旦被接納，管理公司可向任何參與本申請的中介人支付佣金或其他待遇，而中介人亦可就其提供的服務收取有關的得益。

本人授權本人僱主代本人收取管理公司之任何通知，不論組成計劃之集成協議、參與協議、計劃下每項基金之管理規章、及 / 或涉及計劃之任何事宜 (包括營運或行政方面)，及 / 或涉及計劃下應付之任何費用及收費。本人明白本人之僱主會迅速把該等通知轉交本人。本人亦授權本人之僱主查閱有關本人參加及參與計劃的任何資料。

本人聲明，就本人所知及所信，本人不時向管理公司提供的資料 (該等「資料」)，不論是否通過填寫本表格及 / 或其附件而提供的資料，亦不論在簽署本表格及 / 或其附件前或後而提供的資料，均屬正確及完整。倘若該等資料如有更新、變更或新增，本人確認及同意盡快通知管理公司及本人之僱主，並授權本人之僱主把有關更新、變更或新增轉發給管理公司。在不影響以上聲明的情況下，本人進一步確認並同意按管理公司就此等更新、變更或新增的不時要求，提供更多有關資料及 / 或物件。本人明白任何此等更新、變更或新增乃該等資料之組成部份，並會按照本表格條文作出處理。本人同意就任何或所有有關人士因倚賴任何該等資料或按任何該等資料而採取行動而直接或間接招致的任何損失、法律責任及開支，對管理公司、其關聯實體及 / 或其任何高級負責人員、僱員及代理人作出彌償及使其免受傷害。

本人明白，本人提供的資料適用於帳戶持有人與管理公司關係的所有條款及細則的規範，當中列明管理公司可如何使用及分享由本人所提供的資料。

本人確認及同意管理公司可根據澳門特別行政區第5/2017號法律《稅務信息交換法律制度》，第211/2017號行政長官批示，第232/2020號行政長官批示附件有關交換金融帳戶資料的法律條文及澳門特別行政區政府與美國政府簽定的《跨政府協議》，(a) 收集來自證明，W-9表格或其他W系列表格任何部份所載資料並可備存作金融帳戶信息自動交換及美國海外帳戶稅收合規法用途，(b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向美國國稅局或澳門特別行政區政府財政局申報，從而把資料交換到帳戶持有人所屬的稅務司法管轄區的主管當局及(c) 本人 / 吾等同意帳戶持有人必須遵守管理公司的要求以便遵守澳門財政局法律及 / 或適用法律及規例的 CRS (AEOI) 及 FATCA 規定，並為日後開立帳戶之基礎。

本人證明，就與本表格所有相關的帳戶，本人是帳戶持有人 / 本人獲帳戶持有人授權簽署本表格。

本人承諾，如情況有所改變，以致影響本表格所述的個人稅務居民身份，或引致本表格所載的資料不正確，本人會通知管理公司，並會在情況發生改變後的三十日內，向管理公司提交一份已適當更新的自證證明表格。

本人確認並同意，若本人未能符合就有關法規或稅務符規條款的要求，宏利(包括以宏利作為合規保證人之基金/機構)將有權拒絕此參與計劃之申請或終止本人於本計劃之成員資格 (如適用)。

本人已收訖及閱畢《宏利個人資料收集聲明》(「聲明」)。本人清楚明白及同意該聲明之內容。本人同意個人資料根據該聲明描述的使用、轉交及處理。除本人如下所示提出之任何反對外，本人亦確認同意該聲明內以**個人資料在直接促銷中的使用及提供個人資料作直接促銷**為標題之內容。

(重要提示：請注意直接促銷用途可包括提供特別折扣、優惠券或禮品。你可將這些空格留空。)

- 本人反對宏利按該聲明內以**個人資料在直接促銷中的使用**為標題的部份，將本人之個人資料作直接促銷用途。
- 本人反對宏利按該聲明內以**提供個人資料作直接促銷**為標題的部份，向宏利集團(不包括宏利本身)提供本人之個人資料作直接促銷用途。

Date 日期

## E. Employer Authorization 僱主授權

I/We declare that I/we have verified the identification information of the applicant on this application form against the proper identification documents.

本人/吾等聲明本人/吾等已核對此表格上的申請人載於合法身份證明文件內的資料。

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 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」。