

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：_____ (i.e. the identification no. under the sub-scheme 即分計劃的識別號碼)

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

- Name 姓名：_____ Surname in English 英文姓氏 _____ Other Name in English 英文名 _____ Name in Chinese 中文姓名 _____
- Sex 性別： M 男 F 女
- Macau ID No./Other Identity Card No.* 澳門身份證號碼 / 其他身份證明文件號碼*：_____
- Date of Birth 出生日期：_____ / _____ / _____ dd日 mm月 yyyy年
- Nationality 國籍：_____
- Employment Date 受僱日期：_____ / _____ / _____ dd日 mm月 yyyy年
- Coverage Date 保障生效日期：_____ / _____ / _____ 01 dd日 mm月 yyyy年
- Monthly Salary 月薪 HK\$ 港元 / MOP\$ 澳門幣*：_____
- Title 職位：_____
- Monthly Optional Contribution Amount 自選每月供款金額 / Percentage 百分比*：_____
- Schedule Class 計劃類別：_____
- 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 _____
- Residential Address 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 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 _____

The contact information applies to all of your existing 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.

閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為本公司提供信託 / 託管服務的於香港及澳門所提供的產品 / 服務上。

To apply above address to this member account only, please "✓" this box. 如以上地址只適用於此成員帳戶，請在方格內填上「✓」號。

- Contact Numbers (For each of the numbers below, it will be taken as a Macau number if you do not fill in the space for "Country Name" preceding it.) 聯絡電話 (如沒有填寫以下各聯絡號碼的國家名稱，該號碼將被視為澳門地區號碼。)

Residential 住宅		Office 辦事處		Mobile 流動電話	
Country Name 國家名稱	Number 號碼	Country Name 國家名稱	Number 號碼	Country Name 國家名稱	Number 號碼

Please register your email address. You may request the Personal Identification Number (PIN) to be sent to your email account via www.manulife.com.hk in order to access Manulife Customer Website. 請登記閣下的電郵地址。您可於 www.manulife.com.hk 申請透過電郵收取私人密碼，以便使用「宏利客戶網站」服務。

- Email Address 電郵地址：_____

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	Remarks 備註：
GUARANTEED FUND (MACAU) 保證基金(澳門)	S400	%	%	(1) Upon taking effect, the following contribution % will be applied to all future contribution and monies that have NOI 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 initialed; 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、不清楚、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。
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 %	



C. Certifications in relation to the Tax Compliance Provision 有關稅務符規條款的證明

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 any of the information which I have provided.
以下回答乃真確無誤，本人所提供之資料若有任何變更，本人同意在三十天內通知宏利有關變動。

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)?
閣下是否美國人士、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 and U.S. TIN. by submitting the prescribed form/substitute Form W-9 as requested by Manulife)
(請提交宏利所要求的指定表格 / 簡易W-9表格，以表示閣下同意申報並提供閣下的美國稅務識別號碼)。
- 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 U.S. 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：

- 閣下如為美國公民，即使在美國境外定居，仍須回答「是」。
- 閣下如持有重疊國籍包括美國公民身份，必須回答「是」。
- 閣下如在美國(或美國屬地)出生且並未合法放棄美國公民身份，必須回答「是」。
- 閣下如通過「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，閣下如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>)。
- 閣下如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」。
- 不論閣下所持綠卡何日到期，亦不論閣下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」。
- 閣下在簽署及填交本表格當天，若已正式放棄、撤銷或取消閣下所持綠卡，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。

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 I (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 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 (Version 20150119_M)" ("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.

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分，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。

本人確認並同意，若本人未能符合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〉(20150119_M版本)》(「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**為標題的部分，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**為標題的部分，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。

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)

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號光廣場14樓A澳門分行行政部」。