Manulife 宏利

Please stick on a Sub-Scheme Number label (if applicable)
請貼上附屬計劃編號標籤 (如適用)

Set Up / Change of Voluntary Contribution
成立/更改自願性供款表格

Sub-Scheme No. : _
附屬計劃編號 _____

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

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

Section A - Request Not Requiring Approval From Mandatory Provident Fund Schemes Authority
甲部 - 不需強制性公積金計劃管理局批核之申請

☐ Set Up of voluntary contribution.
成立自願性供款。

☐ Cessation of voluntary contribution.#
終止自願性供款。

☐ Change of existing voluntary contribution vesting.#
更改現有自願性供款歸屬比例。

☐ Addition of member category.# (Please attach list of affected member(s))
新增成員類別（請附上受影響的成員名單）。

☐ Change of member category.# (Please attach list of affected member(s))
更改成員類別（請附上受影響的成員名單）。

Effective Date ※
生效日期 ※ _____ dd日 / mm月 / yyyy年

Applicable only if the members' accrued rights or vested benefits under the sub-scheme will not be adversely affected.
只適用於對僱員就此附屬計劃之累算權益或既得利益不構成損害。

※ One month prior notice to the Trustee and the relevant employee(s) is required to change the existing voluntary contribution particulars. This Effective Date shall be deemed as one month from the date that the Trustee receives this form or the Effective Date 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 complete Section C and also ensure that due communication has been made with the affected employees for the set up / change / cessation of voluntary contribution or addition / change of member category.
請填寫丙部及知會有關僱員此項成立/更改/終止自願性供款或新增/更改成員類別事宜。

Section B - Request Which Approval From Mandatory Provident Fund Schemes Authority Required
乙部 - 需強制性公積金計劃管理局批核之申請

☐ Addition of member category. (Please attach list of affected member(s))
新增成員類別，（請附上受影響的成員名單）。

☐ Change of existing voluntary contribution vesting.
更改現有自願性供款歸屬比例。

☐ Cessation of voluntary contribution.
終止自願性供款。

☐ Change of member category. (Please attach list of affected member(s))
更改成員類別。（請附上受影響的成員名單）

Proposed Effective Date
建議生效日期 _____ dd日 / mm月 / yyyy年

Applicable only if the members' accrued rights or vested benefits under the sub-scheme will be adversely affected.
只適用於對僱員就此附屬計劃之累算權益或既得利益構成損害。

The above change(s) shall be effective as from the later of:
以上申請將於以下日期(以較後者為準)生效：
(a) the proposed effective date ; or
建議生效日期；或
(b) one month from the date of receipt by the Trustee of the approval by the Mandatory Provident Fund Schemes Authority.
受託人取得強制性公積金計劃管理局的批核日期後一個月。

Please complete Section C and attach the following documents which may be submitted to the MPFA.
請填寫丙部，並提供下列文件，下列文件或會呈上積金局以供積金局批核申請。
- Copy of notification to affected employees of such addition / change.
向受影響僱員通知有關更改之副本。
- Copy of written consents from affected employees of the proposed addition / change.
受影響僱員對此更改建議之同意書副本。
- Undertaking from employer to the MPFA on obtaining consent from all affected / concerned members.
僱主向強制性公積金計劃管理局承諾取得所有受影響/有關成員同意的聲明。

Manulife is required to submit this request to the Mandatory Provident Fund Schemes Authority (MPFA) for approval before effecting the new vesting scale.
宏利需於實施新歸屬比例前，向強制性公積金計劃管理局遞交此申請，並取得有關批核。

Section C - Vesting Scale Details 丙部 - 歸屬比例詳情

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:	☐ Year of Service 服務年期 ☐ Year of Participation 參與計劃年期	☐ A ☐ B ☐ C ☐ Anytime 100% 任何年期100%	☐ 100% ☐ Same percentage as termination of employment 與離職百分比相同
2:	☐ Year of Service 服務年期 ☐ Year of Participation 參與計劃年期	☐ A ☐ B ☐ C ☐ Anytime 100% 任何年期100%	☐ 100% ☐ 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

Our company shall make voluntary contributions for members as specified by the Employer#. We have made due communication / obtained consent from all concerned / affected members (whichever applicable). 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# 。本公司已向所有有關/受影響成員作出適當之溝通/取得其同意(如適用)。

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. # 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款項。

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。

* Warning: Section 43E(1) 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(1)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 the scheme administrator,
"Provident Funds Services, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".
請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險（國際）有限公司公積金服務部」。

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