

## 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 :

- Please complete this Form in BLOCK LETTERS and ✓ the appropriate boxes.
- Please initial next to any corrections you make on this Form.
- This Form should be signed by both the employee (including an employee who applies to become a deferred member under this Form)/personal representative and employer and forwarded to Manulife (International) Limited (the "Management Company"), its address being Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau.
- Any contribution due up to (and including) the last date of employment of the employee must be paid in full before this withdrawal can be processed. Any contribution deducted by the employer from the employee for the period after the date on which his/her employment is terminated should be refunded by the employer directly to the employee, and the Management Company shall not be liable for any such refund or for ensuring that the employer will effect such refund.
- Employer is responsible for ensuring that all accrued benefits to which the employee is entitled are solely attributable to contributions made pursuant to the applicable statutory requirements, employment contract with the employee and any investment returns and/or losses on such contributions, and not from any unidentified source of fund.
- The information collected from and in respect of the employee (including an employee who applies to become a deferred member under this Form)/personal representative and/or the employer, and any update to any such information (collectively, the "Information") can be used by the Management Company, any of its affiliated entities and/or their respective officers, employees and agents for processing the claim as requested in this Form and complying with the applicable laws and regulations, including but not limited to the anti-money laundering and counter-terrorist financing requirements (collectively, the "Purposes"). The Information may be transferred to other division(s) within the Management Company, the holding companies, subsidiaries and affiliates of the Management Company ("Manulife Group") and/or other parties including delegates, intermediaries and service providers of the Management Company, Manulife Group and/or the Manulife (Macau) Pension Fund Scheme (the Management Company and the other transferees mentioned above are collectively referred to as the "relevant persons"); for the Purposes or for any purpose directly related to any of the Purposes. Any such transfer of the Information may be to places either within or outside of Macau Special Administrative Region. The employee/personal representative is required to supply the Information items in this Form and failure to do so may result in the claim being delayed.
- The regulatory bodies (including any taxation department or authority) in any jurisdiction may inspect any of the information or require disclosure of any of the information of the employee/personal representative by any of the relevant persons. Without limiting the generality of the above provisions, each of the relevant persons may disclose or transfer any of the information of the employee/personal representative to any regulatory bodies in any jurisdiction, and allow access of any regulatory bodies in any jurisdiction to any such information, for the purposes of ensuring each of the relevant persons' compliance with the applicable laws and regulations.
- By writing to the Privacy Officer of the Management Company at the address as specified on the last page of this Form, the employee (including an employee who applies to become a deferred member under this Form)/personal representative can correct and have access to his/her personal data.

### 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。
- 本表格須由僱員（包括在本表格申請成為保留成員的僱員）/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」），地址為「澳門新馬路61號永光廣場14樓A澳門分行行政部」。
- 截至（及包括）僱員最後受僱日期之任何到期供款必須全數支付，方可處理權益提取申請。僱主於僱員最後受僱日期後從僱員扣除的任何供款，須由僱主直接退還給該僱員，管理公司對此等退款概不負責，亦無責任確保僱主完成此等退款。
- 僱主有責任確保僱員的所有應得累積權益，一概來自按照適用法定規定及與僱員簽署的僱傭合約所作的供款，以及該等供款的任何投資回報及/或虧損，而非來自任何不名來歷的資金。
- 管理公司、其關聯實體及/或其任何高級負責人員、僱員及代理人可使用從僱員（包括在本表格申請成為保留成員的僱員）/遺產代理人及/或僱主收集及與其有關的資料，以及該等資料的任何更新（該等「資料」），以處理本表格中所要求的索償及遵守適用之法例及規則，包括但不限於反洗黑錢及反恐恐怖份子融資規定（統稱為「目的」）。該等資料可轉予管理公司內其他部門、管理公司的控股、附屬及關聯公司（「宏利集團」）及/或其他人士/團體，包括管理公司、宏利集團及/或宏利（澳門）退休金計劃的受委託者、中介人及服務提供者（管理公司及上述其他承讓統稱為「相關人士」），以達致上述目的或直接或間接與該目的有關的目的。此等資料可轉至澳門特別行政區以內或以外地區。僱員/遺產代理人須提供本表格內的該等資料，否則有可能導致有關索償要求被延誤處理。
- 任何司法管轄區的監管團體（包括任何稅務部門或當局）皆可查核該等資料或要求任何相關人士披露僱員/遺產代理人的任何該等資料。在不限制上述條文的一般性原則下，每一位相關人士可向任何司法管轄區之任何監管團體披露或轉交僱員/遺產代理人的任何該等資料，以及允許任何司法管轄區之任何監管團體取得任何該等資料，以確保每一位相關人士符合適用法例及規則。
- 僱員（包括在本表格申請成為保留成員的僱員）/遺產代理人可以書面向管理公司之個人資料主任要求更改及查閱其個人資料，管理公司之地址載於本表格最後一頁。

## 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： \_\_\_\_\_ Subgroup No. 分組編號： \_\_\_\_\_ Certificate No. 證書號碼： \_\_\_\_\_

Employee / Deferred Member Name 僱員 / 保留成員姓名： \_\_\_\_\_  
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/ Deferred Member/ Personal Representative : \_\_\_\_\_ /  Not available. I am an overseas employee. 僱員/保留成員/遺產代理人納稅人編號 不適用。本人為海外僱員。

Residential Address of Employee/ Deferred Member/ Personal Representative 僱員/保留成員/遺產代理人住址： (For sending cheque only 只作郵寄支票之用)

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 \_\_\_\_\_ 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

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

Please ✓ the appropriate boxes to indicate the "Reason of Withdrawal" and the manner for "Treatment of accrued benefits" 請 ✓ 適當的提取原因類別及累積權益處理方法：

Reason of Withdrawal 提取原因	Treatment of Accrued Benefits 累積權益的處理方法
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 <small>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，請於方格上劃上劃號，以及(ii)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。</small>	<input type="checkbox"/> Cash out 退款 (C) <input type="checkbox"/> Apply to become a Deferred Member 申請成為保留成員
2. <input type="checkbox"/> Retirement 退休 (TX430)	<input type="checkbox"/> Cash out 退款 (C) <input type="checkbox"/> Apply to become a Deferred Member 申請成為保留成員
3. <input type="checkbox"/> Early Retirement 提早退休 (TX430)	<input type="checkbox"/> Cash out 退款 (C) <input type="checkbox"/> Apply to become a Deferred Member 申請成為保留成員
4. <input type="checkbox"/> Death 死亡 (TX420) <small>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明書副本，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。</small>	Cash out 退款 (C)
5. <input type="checkbox"/> Cash Out of Deferred Benefits 提取保留權益 (TX400S) <input type="checkbox"/> a. Previously Retired 已退休者 <input type="checkbox"/> b. Previously Terminated 已離職者	Cash out 退款 (C)
6. <input type="checkbox"/> Dismissal for Cause 合理解僱 (TX400T) <small>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。</small>	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。

#### Applicable to employee who applies to become a deferred member 適用於申請成為保留成員的僱員

By signing this Part, in addition to my understanding(s), agreement(s), undertaking(s) and covenant(s) in other parts of this Form, I understand and agree that:

除本人對本表格其他部分的理解、協議、承諾及契約外，本人簽署本部分後即屬明白及同意：

a) where my application for enrolment into the Manulife (Macau) Pension Fund Scheme (the "Scheme") is accepted by the Management Company, as a deferred member of the employer's sub-scheme, I shall be bound by the Master Agreement constituting the Scheme, the Participation Agreement to which my former employer is a party and pursuant to which my former 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;

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，本人作為僱主分計劃的保留成員，將受組成計劃之集成協議、參與協議（本人之前僱主為協議方，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；

b) on ceasing to be an employee member of the employer's sub-scheme, I will become entitled to a payment of benefits (excluding, where applicable, any part of the benefits that are subject to any deductions as permitted under the rules of the employer's sub-scheme) from the employer's sub-scheme (the "deferred benefits") in accordance with the terms of the Scheme's constitutive documents. I agree to waive my rights to immediately receive payment of the deferred benefits from the employer sub-scheme in return for the right to apply to become a deferred member of the employer's sub-scheme. I understand and agree that the deferred benefits available will be remained in the employer's sub-scheme as my deferred member balance. Once my application is being accepted by the Management Company at its sole and absolute discretion, my notional units holding in the designated investment choice(s) attributable to my deferred benefits will be rollover to my deferred member account under the employer's sub-scheme;

當本人不再是僱主分計劃的僱員成員時，將可按照計劃組成文件所載條款，享有從僱主分計劃之提取的權益（不包括（如適用）任何須按照僱主分計劃之規定許可扣減的權益部分）（「保留權益」）。本人同意放棄從僱主分計劃即時收取保留權益的權利，以換取申請成為僱主分計劃保留成員的權利。本人明白及同意可收取的保留權益將會保留在僱主分計劃內，作為本人的保留成員結餘。一旦管理公司行使絕對酌情權接納本人的申請，本人的保留權益在指定投資選擇的名義持有單位將會滾存至僱主分計劃下本人的保留成員帳戶。

c) (where as an employee member I was given an opportunity to decide which fund option(s) to invest) the deferred member balance will continue to invest in the same fund option(s) as with those applicable to my benefits under the employer sub-scheme before they are transformed into my deferred benefits, until the Management Company receives a further decision from me with regard to which fund option(s) to invest; or (where as an employee member I was not given an opportunity to decide which fund option(s) to invest) the deferred member balance will continue to be invested in the same manner as with my benefits under the employer sub-scheme before they are transformed into my deferred benefits;

（倘若本人為可決定所投資的基金選項的僱員成員）保留成員結餘將會繼續以適用於僱主分計劃下本人權益在轉化為保留權益前的相同基金選項作出投資，直至管理公司收到本人對所投資基金選項的進一步決定；或（倘若本人為無權選擇所投資的基金選項的僱員成員）保留成員結餘將會繼續以適用於僱主分計劃下本人權益在轉化為保留權益前的相同方式作出投資。

d) that upon ceasing to be an employee member of the Scheme and becoming a deferred member of the employer's sub-scheme, neither I nor my former employer will be required or entitled to make any contribution to the employer's sub-scheme;

當本人不再是計劃的僱員成員並成為僱主分計劃的保留成員後，本人或本人的前僱主皆無須或無責任為僱主分計劃作出任何供款；

e) all personal details and instructions given in this Form shall supersede the personal details and instruction given in respect of my existing account in the employer's sub-scheme; 本表格內提供的所有個人資料及指示將取代本人於僱主分計劃的原有帳戶的個人資料及指示；

f) I will cease to be a deferred member of the employer's sub-scheme automatically when my deferred member balance standing is zero;

倘若本人的保留成員結餘為零，本人的僱主分計劃的保留成員身份將會自動終止；

g) the Management Company has the sole and absolute discretion to refuse my application to become a deferred member of the employer's sub-scheme without giving any explanation;

管理公司具絕對酌情權拒絕本人申請成為僱主分計劃的保留成員，而無須說明理由；

h) I authorise my former 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 employer's sub-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 former employer will promptly forward any such notice to me. I also authorise my former employer to access any information on me relating to my participation as a deferred member of the Scheme; and 本人授權本人的前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 / 或涉及僱主分計劃之任何事宜（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。本人明白本人的前僱主會迅速把該等通知轉交本人。本人亦授權本人的前僱主查閱有關本人以保留成員身份參與計劃的任何資料；及

i) I understand that the Management Company has advised me that I should seek professional independent advice before applying to become a deferred member of the employer's sub-scheme and/or making any decision (including without limitation any investment decision) in relation to my deferred benefits. 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.

本人明白管理公司已建議本人在申請成為僱主分計劃之保留成員及 / 或就本人的保留權益作出任何決定（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。

Signature of Employee / Deferred Member / Personal Representative  
(Please also print name)

僱員 / 保留成員 / 遺產代理人（請同時以正楷填寫姓名）簽署

Contact Tel No. of Employee /  
Deferred Member / Personal Representative  
僱員 / 保留成員 / 遺產代理人聯絡電話號碼

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」。