

Employer's Request For Fund Transfer Form 僱主資金轉移申請表

Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)
《強制性公積金計劃（一般）規例》第150及150A條（第485A章）

- (a) Please complete this form or Form MPF(S)-P(E) issued by the Mandatory Provident Fund Schemes Authority ("MPFA") and submit it to the trustee of the New Scheme.
(b) Please use BLOCK LETTERS to complete this Form and initial next to any corrections you make.
(c) *means delete whichever is inappropriate. Please insert "N.A." if not applicable.
(d) The information collected from you and in respect of this instruction can be used by Manulife, trustee(s), relevant service provider(s), and the government or regulatory bodies including the MPFA in activities relating to the processing of your instruction as requested in this Form. The information may be transferred to other division(s) within Manulife, the relevant trustee(s), government or regulatory bodies including the MPFA or other parties including delegates, intermediaries or any service providers of Manulife or the relevant trustees, for such purpose(s) or for a purpose directly related to such purpose(s). All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region. You are required to supply the information in this Form and failure to do so may result in your instruction being delayed.
(e) The MPFA and other regulatory bodies in any jurisdiction shall be authorized to inspect any information under the scheme.
(f) By writing to the Privacy Officer of your scheme administrator, you can correct and have access to your personal data.
(g) All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice"). In case you have not read the Notice before, you can obtain such Notice through Manulife's website at www.manulife.com.hk.
(h) The information of the contact person(s)/authorized person(s) is collected in their official capacities.
- (a) 請填妥本表格或由強制性公積金計劃管理局（簡稱「積金局」）發出的第MPF(S)-P(E)號表格，並提交予新計劃的受託人。
(b) 請以正楷填寫本表格。如須作出任何刪改，請於刪改處旁簽署。
(c) *請刪去不適用者。請在不適用處填上「不適用」。
(d) 宏利、受託人、相關服務提供者及政府或規管機構，包括積金局可使用從您收集及關於您的資料以處理您在本表格內指示的事宜。為達致該等目的，或直接或間接與該等目的有關的目的，所提供的資料可轉移予宏利內其他部門、有關受託人、政府或規管機構，包括積金局，或其他人士/團體，包括宏利或有關受託人的受委託者、強積金中介人或任何服務提供者。所有資料處理過程或會涉及資料轉移至香港特別行政區或以外地區。請提供本表格所需的資料，否則您的指示或會因此而被延誤。
(e) 積金局及任何司法管轄區的其他監管團體將獲授權查看計劃內的任何資料。
(f) 您可以書面向計劃管理人之個人資料主任更改及查閱您的個人資料。
(g) 宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）所述，處理有關資料。假如您未有細閱該通知，您可透過宏利網址 www.manulife.com.hk 取得該通知。
(h) 聯絡人/獲授權人士的資料乃因應其職務身份而收集。

Section I – Type Of Transfer 第一部份 – 轉移類別

1. Please indicate the reason of transfer and ✓ as appropriate.
請說明轉移的原因，並於適當方格內填上✓號。
- Type 1 : Transfer to another scheme under the SAME EMPLOYER
第1類：轉移至同一僱主的另一個計劃
- Type 2 : Transfer to another/same scheme participated by the NEW EMPLOYER (Please also complete the "Transfer of Accrued Benefits upon Intra-group Transfer/Change of Business Ownership Form" for each employee involved)
第2類：轉移至新僱主參與的另一/同一個計劃（請同時就每名擬轉移權益的僱員填寫一份「有聯繫公司間或更改業務擁有權時之成員累算權益轉移表格」）

Section II – Details Of Existing Employer (For Type 1 Transfer) Or New Employer (For Type 2 Transfer) 第二部份 – 現任僱主資料（適用於第1類轉移）或新僱主資料（適用於第2類轉移）

2. Name of employer ^{Note 1} :
僱主名稱 ^{註1} _____
3. Name of contact person [#] :
聯絡人姓名 [#] _____
4. (a) Telephone number [#] : _____ (b) Mobile phone number [#] : _____ 5. Facsimile number [#] : _____
電話號碼 [#] _____ 手提電話號碼 [#] _____ 傳真號碼 [#] _____
6. Correspondence address 通訊地址 [#] _____

Room / Flat 室 Floor 樓 Block / Tower 座 Name of Building / Estate 大廈 / 屋苑名稱

Street No. & Street Name 街道號碼及街道名稱 District 區域 H.K. 香港 KLN. 九龍 N.T. 新界 Others 其他 _____

* The contact information provided is for the sole purpose of following up on matters related to this transfer. If you would like to update the employer's contact information, please submit the "Change of Employer Particulars Form".
以上所提供的聯絡資料只會用作跟進有關是項轉移之事宜。如欲更新僱主聯絡資料，請另行提交「更改僱主資料表格」。

Section III – Transfer Information 第三部份 – 轉移資料

7. Details of the original scheme from which benefits ^{Note 2} are to be transferred 轉出權益 ^{註2} 的原計劃的資料:
- Name of employer ^{Note 3} in the original scheme : _____
原計劃的僱主名稱 ^{註3}
- Name of original trustee : Manulife Provident Funds Trust Company Limited 宏利公積金信託有限公司
原受託人名稱 : Others (please specify) 其它 (請註明): _____
- Name of original scheme : Manulife Global Select (MPF) Scheme 宏利環球精選(強積金)計劃
原計劃名稱 : Others (please specify) 其它 (請註明): _____
- Employer's identification number ^{Note 4} : _____
(If the original scheme belongs to Manulife's MPF scheme, this number refers to employer's MPF sub-scheme number)
僱主識別號碼 ^{註4}
(如原計劃屬宏利之強積金計劃，有關號碼指僱主強積金附屬計劃編號)
- Last contributions to original scheme should be paid up to : _____
於原計劃的最後供款期之終結日 dd日 / mm月 / yyyy年
8. Do you wish to transfer the benefits ^{Note 2} of ALL employees participating in the original scheme? (please ✓ as appropriate)
您是否擬轉移所有參與原計劃的僱員的權益 ^{註2} ? (請於適當的方格內填上✓號)
- (a) Yes 是
(Note: Please select option (i) OR (ii) if (a) is chosen; if no option is selected, your sub-scheme will be handled in the same way as what is stated in option (i).)
(備註: 如選擇第(a)項，請選擇方案(i)或(ii); 如沒有選擇任何方案，宏利將會按方案(i)所述的安排處理有關附屬計劃。)
- (i) Terminate the sub-scheme after all members' benefits are transferred 在所有附屬計劃成員的權益轉移後終止計劃
(Not applicable to Intra-group Transfer/Change of Business Ownership 不適用於有聯繫公司間或更改業務擁有權時之成員累算權益轉移)
- (ii) Retain the sub-scheme after all members' benefits are transferred 在所有附屬計劃成員的權益轉移後仍保留計劃
- (b) No 否

For inquiries, please contact your MPF intermediary or call Manulife Employer Hotline on 2108 1234. 如有任何查詢，請聯絡您的強積金中介人或致電宏利僱主熱線2108 1234。

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」。



9. Details of the employee(s) whose benefits ^{Note 2} are to be transferred:
將獲安排轉移權益^{註2}的僱員的詳細資料：

No. 編號	Name of employee 僱員姓名	HKID Card number ^{Note 5} of employee 僱員的香港身份證號碼 ^{註5}
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(Employer may provide details of employees, together with authorized signature and company chop, on separate sheets of paper.)
(僱主可另紙提供僱員的詳細資料，並請加上授權簽署及公司印章。)

10. Details of the new scheme to which benefits are to be transferred ^{Note 7} :
轉入權益的新計劃的資料^{註7}

Name of new trustee
新受託人名稱 : Manulife Provident Funds Trust Company Limited 宏利公積金信託有限公司
 Others (please specify) 其它 (請註明) :

Name of new scheme
新計劃名稱 : Manulife Global Select (MPF) Scheme 宏利環球精選(強積金)計劃
 Others (please specify) 其它 (請註明) :

Employer's identification number ^{Note 4}
(If the new scheme belongs to Manulife's MPF scheme, this number refers to employer's MPF sub-scheme number)
僱主識別號碼^{註4}
(如新計劃屬宏利之強積金計劃，有關號碼指僱主強積金附屬計劃編號)

Effective date of transfer
轉移開始生效日期 : _____
dd 日 / mm 月 / yyyy 年

Section IV – Authorization And Declaration 第四部份 – 授權及聲明

1. I/We* declare that:
本人 / 我們* 聲明：

- (a) all personal data of the employee(s) and of the participating employer of the original scheme provided in this Form were collected for the purpose(s) mentioned in this Form; or
本表格所提供的原計劃僱員及參與僱主的全部個人資料，是為達致本表格內所述的目的而收集；或
- (b) the purpose(s) mentioned in this Form is/are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data; or
本表格內所述的目的直接與在收集該等個人資料時擬將其使用於的目的有關；或
- (c) I/We* have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his/her/their personal data disclosed in this Form for the purpose(s) mentioned in this Form.
本人 / 我們* 已獲得原計劃的僱員及參與僱主的同意，同意為達致本表格內所述的目的而使用他 / 她 / 他們於本表格內披露的個人資料。

2. I/We* further declare that:
此外，本人 / 我們* 聲明：

- (a) I/We* have read and understood the Notes to Transfer of MPF Accrued Benefits (“Benefits”) by Employer and the Explanatory Notes;
本人 / 我們* 已閱讀及明白《僱主轉移強積金累算權益（「權益」）須知》及註釋的內容；
- (b) I/We*, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my/our* intention to cease participating in the original scheme in respect of the employee(s) identified in section III;
本人 / 我們*，作為原計劃的參與僱主（只適用於第1類轉移），特此作出通知，本人 / 我們有意就第三部份的僱員終止參與原計劃；
- (c) to the best of my/our* knowledge and belief, the information given in this Form is correct and complete;
盡本人 / 我們* 所知所信，本表格所提供的資料均屬正確無訛且無缺漏；
- (d) I/We* understand Manulife will only handle the asset transfer/termination processing from our original scheme for those members listed in section III (9) and/or on the attached list. Likewise, I/We* am/are obliged to clarify the employment status of members who are not on list, and liaise with the original provider for their respective enrollment/asset transfer/termination processes; and
本人 / 我們* 明白，宏利只為本公司於第三部份第(9)項及 / 或附頁上所提供的成員名單而處理原計劃的資產轉移 / 終止程序。本人 / 我們* 作為僱主，有責任澄清成員的僱傭身份，並就成員登記 / 資產轉移 / 終止程序與原供應商進行聯絡；及
- (e) The above transfer will have no detrimental effect on the benefits of the employees and I/we* have duly communicated the changes of governing rules of the MPF Sub-scheme to the employees concerned. Manulife should not be liable for any breaches due to non disclosure of pertinent facts/information. I/We* undertake to indemnify Manulife on a full indemnity basis for any damages, losses or expenses suffered or incurred by Manulife by reason of or in any way occasioned by the said confirmation.
以上轉移將不會對僱員的權益構成損害及本人 / 我們* 已通知受影響僱員有關更改強積金附屬計劃管限規則事宜。如因未披露相關事實 / 資料而構成任何違反，宏利概不負責。對於宏利因所述確認或其引起之任何理由而蒙受或招致的損害、損失或開支，本人 / 我們* 保證向宏利作出全面的賠償。

Authorized Signature and Company Chop of Employer (if applicable) ^{Note 6}
僱主的獲授權人簽署及公司印章（如適用）^{註6}

Date
日期

For Intermediary Use 中介人專用

Name 姓名: _____ Code 編號: _____

Receive Document Date 接獲文件日期 (dd/mm/yyyy 日/月/年): _____ / _____ / _____

Receive Document Time 接獲文件時間: _____ am / pm

Explanatory Notes 註釋

1. In case of transfer of benefits of employees to the new scheme under a new employer, this refers to the new employer.
如把僱員的權益轉移至新僱主參加的新計劃，則指新僱主。
2. The benefits are confined to the benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
所指的權益僅限於現任僱員在原計劃的供款帳戶內的權益。
3. Leave it blank if it is the same as the name of the employer in section II(2).
如這個名稱與第二部份第(2)項的僱主名稱相同，則無須填寫此項。
4. The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number). If you are in doubt of the number, please contact the relevant trustee.
僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼（例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號）。如不清楚識別號碼，請聯絡有關受託人。
5. If any of the employees do NOT possess a HKID Card, please fill in their passport number and also indicate that it is a passport number.
如僱員沒有香港身份證，請填上他們的護照號碼，並註明其為護照號碼。
6. (a) For transfer of benefits of employee(s) to the scheme of a new employer, this Form must be signed by the new employer.
如把僱員的權益轉移至新僱主的計劃，則本表格須由新僱主簽署。
(b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorized to sign on behalf of the employer.
假如僱主並不是自然人，本表格可由行政總監、行政總裁或任何獲授權人士代表僱主簽署。
7. In case of Type 2 transfer, if the transfer is effected across member's contribution accounts within the Manulife Global Select (MPF) Scheme, such request will be processed by way of unit transfer for the unitized constituent funds and by way of transferring account balance for the non-unitized constituent fund. That means there is no selling or buying of funds during the transfer process. The latest contribution investment instruction for the member's contribution account under the scheme is not applicable to the benefits being transferred for the above arrangement. Please refer to the latest offering document for details.
有關第2類轉移，如涉及宏利環球精選（強積金）計劃內的成員供款帳戶之間的轉移，所有單位化的成分基金的轉移將採取轉移單位方式進行，而非單位化的成分基金會以轉移帳戶結餘方式進行。換言之，轉移過程並不涉及任何基金買賣，而該計劃內的成員供款帳戶的最新供款投資指示並不適用於上述的權益轉移安排。請參閱最新的銷售文件以了解有關詳情。

Notes To Transfer of MPF Accrued Benefits ("Benefits") By Employer Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A) 僱主轉移強積金累算權益（「權益」）須知 《強制性公積金計劃（一般）規例》第150及150A條（第485A章）

Please read the following important notes before completing this Form.

填寫本表格前，請先閱讀下列重要資料：

A. Definition of terms:

用詞定義：

- (i) "Contribution account" - an account in an MPF registered scheme ("scheme") which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.
「供款帳戶」- 指強積金註冊計劃（「計劃」）下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款（包括僱主及僱員部分）的帳戶。
 - (ii) "Original trustee" (also known as "transferor trustee" in the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")) - the trustee of a scheme from which the benefits of the employees are to be transferred.
「原受託人」（在《強制性公積金計劃（一般）規例》（《規例》）中亦稱「轉移受託人」）- 指轉出僱員的權益的計劃的受託人。
 - (iii) "New trustee" (also known as "transferee trustee" in the Regulation) - the trustee of a scheme to which the benefits of the employees are to be transferred. If you elect to transfer the benefits to another account within the same scheme or to another scheme under the same trustee, the new trustee on Form MPF(S)-P(E) will be the same as the original trustee.
「新受託人」（在《規例》中亦稱「承接受託人」）- 指轉入僱員權益的計劃受託人。如您選擇把權益轉移至同一計劃的另一個帳戶或轉移至同一受託人的另一個計劃，在第MPF(S)-P(E)號表格所述的新受託人將與原受託人相同。
 - (iv) "Original scheme" - the scheme from which the benefits of the employees are to be transferred.
「原計劃」- 指轉出僱員的權益的計劃。
 - (v) "New scheme" - the scheme to which the benefits of the employees are to be transferred. If you elect to transfer the benefits to another account within the same scheme, the new scheme on Form MPF(S)-P(E) will be the same as the original scheme.
「新計劃」- 指轉入僱員的權益的計劃。如您選擇把權益轉移至同一計劃的另一個帳戶，在第MPF(S)-P(E)號表格所指的新計劃將與原計劃相同。
- B. Form MPF(S)-P(E) should be used when an employer wishes to transfer the benefits of its employees to another scheme or when a new employer wishes to transfer the benefits of the employees of another employer to the new employer's scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, Form MPF(S)-P(E) should be completed by the new employer.
如僱主擬把僱員的權益轉移至另一個計劃，或新僱主擬把另一名僱主的僱員的權益轉移至本身所參與的計劃，應使用第MPF(S)-P(E)號表格。後者的情況或會在業務擁有權有所變更，或僱員在有聯繫公司之間轉調時出現。在該情況下，第MPF(S)-P(E)號表格應由新僱主填寫。
- C. If the employee members are currently investing in an MPF guaranteed fund, a transfer of the benefits out of that guaranteed fund as requested in Form MPF(S)-P(E) may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.
對於現時投資於強積金保證基金的僱員而言，如根據第MPF(S)-P(E)號表格的要求從該保證基金轉出權益，可能會導致他們不符合部分或所有保證條件，以致影響他們享有保證的資格。詳情請查閱原計劃的銷售文件，或向原受託人查詢。
- D. Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit Form MPF(S)-P(E) to the new trustee.
請確保您已參加並已安排您的僱員登記參加新計劃。否則，您須先行參加並安排您的僱員登記參加該計劃，然後才向新受託人提交第MPF(S)-P(E)號表格。
- E. In order to prevent a third party from filling in incorrect information, please **DO NOT sign on a blank form**. After the completed Form MPF(S)-P(E) has been received by the new trustee, the administration procedures taken by the trustees may not be reversible.
為免被第三者填上不正確的資料，**請勿在空白的表格上簽署**。在新受託人收到已填妥的第MPF(S)-P(E)號表格後，之前由受託人採取的行政步驟未必能夠撤銷。
- F. If any information provided on Form MPF(S)-P(E) (including the signature) is incorrect or incomplete, the trustees may not be able to process the benefit transfer request. If you are in doubt, please contact your original trustee or new trustee for details.
若您在第MPF(S)-P(E)號表格上所提供的任何資料（包括簽署）不正確或不完整，受託人可能無法處理閣下的權益轉移要求。
- G. Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer of benefits to that scheme. Copies of that offering document can be obtained from the new trustee upon request.
新計劃的銷售文件載有該計劃的資料，這些資料將有助您決定是否把權益轉移至該計劃。您可向新受託人索閱銷售文件。
- H. If you wish to make enquiries or seek assistance in relation to your election to transfer benefit, please contact your original trustee or new trustee. For general enquiries regarding benefit transfer, you may contact the Mandatory Provident Fund Schemes Authority via e-mail: mpfa@mpfa.org.hk or hotline: 2918 0102.
如欲就您的權益轉移申請作出查詢或尋求協助，請聯絡您的原受託人或新受託人。有關權益轉移的一般查詢，可聯絡強制性公積金計劃管理局（電郵地址：mpfa@mpfa.org.hk 或熱線電話：2918 0102）。