

Employee Voluntary Contributions Change Form 僱員自願性供款更改表格

Notes :

- (1) Please where appropriate and complete in BLOCK LETTERS.
- (2) Please initial next to any corrections you make on this form to avoid delays in processing of your instruction.
- (3) Manulife will process this request upon receipt of this completed form and all pertinent document(s), if any.
- (4) The information collected from you and in respect of you can be used by Manulife in activities relating to the processing of the contribution instructions as requested in this Form. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, 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 request being delayed.
- (5) The Mandatory Provident Fund Schemes Authority and other regulatory bodies in any jurisdiction shall be authorized to inspect any information under the scheme.
- (6) By writing to the Privacy Officer of your scheme administrator, you can correct and have access to your personal data.
- (7) 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.

注意事項：

- (1) 請在適當的地方加上 號，並以正楷填寫。
- (2) 為免延誤處理您的指示，如須作任何刪改，請於刪改之位置旁簽署。
- (3) 宏利將於收訖已填妥表格及有關文件（如有）後處理是項申請。
- (4) 宏利可使用向您收集及關於您的資料以處理您在本表格內要求的供款有關事宜。為達致該等目的，或直接與該等目的有關的目的，所提供的資料可移轉予宏利內其他部門或其他人士／團體，包括宏利的受委託者、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移轉至香港特別行政區及以外地區。請提供本表格所需的資料，否則您的要求或會因此而被延誤。
- (5) 強制性公積金計劃管理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。
- (6) 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。
- (7) 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。

Section I - Employer and Employee Details 第一部分 - 僱主及僱員資料

Employer Information 僱主資料

1. Employer (Company) Name 僱主（公司）名稱：_____
2. Sub-Scheme Number 附屬計劃編號：_____
3. Billing Class Number 分組編號：_____

Personal Information of Employee 僱員個人資料

1. Name 姓名 (as shown on HKID Card / Passport 必須與香港身份證 / 護照相同) : _____
 2. Member Account Number 成員帳戶號碼 : _____
- Surname in English 英文姓氏 _____ Given Name in English 英文名字 _____ Name in Chinese 中文名字 _____
3. HKID Card No. 香港身份證號碼 : _____ (_____) / Passport No. 護照號碼 : _____
(ONLY for person without HKID Card 只供沒有香港身份證的人士填寫)
 4. Daytime Contact No. 日間聯絡電話# : _____
* The contact number provided on this form is only for facilitating any follow-up of your instruction. It will not be updated to any record of your account(s) / policy(ies) with Manulife. 本表格上所提供的聯絡電話號碼只會用作跟進本指示之用，您在宏利所持有之任何帳戶 / 保單紀錄不會按此作出更新。

Section II - Amendment Details 第二部分 - 修改細則

Employees are entitled to make changes to their voluntary contributions **ONCE** in a Scheme financial year with at **least 1-month** prior notice to Manulife is required. 僱員有權於每個計劃財政年度更改自願性供款額 **一次**，並須於 **最少一個月** 前通知宏利。

Effective Date of Change _____ / _____ / _____ (Effective Date will be the 1st day of a payroll period)
生效日期 _____ / _____ / _____ (生效日期為支薪期的首天)
dd日 mm月 yyyy年

Please "" the appropriate box.
請在適當的方格內填上「」。

- _____ % of my Salary* (percentage in whole number)
本人之薪金* (以整數百分比計算)
- _____ % of my Salary* **minus** Employee's Mandatory Contributions of the respective payroll period (percentage in whole number)
本人之薪金* 減去該供款期之僱員強制性供款 (以整數百分比計算)
- Fixed Amount HK\$ _____
固定金額 港元
- According to the Participation Agreement for Employer Voluntary Contributions (if applicable)
根據僱主自願性供款參與協議 (如適用)

* Unless otherwise specified in the Employer's Participation Agreement for Employer's Voluntary Contributions, "Salary" is defined as the same as "Relevant Income".
除非在僱主的自願性供款參與協議中另有界定，否則「薪金」之定義相同於本人之「有關入息」。

Section III - Declaration 第三部分 - 聲明

I, the Employee, hereby authorize my Employer to deduct my voluntary contributions (if any) from my salary according to Section II of this form and to pay the same amount to Manulife thereof. 本人（僱員）現授權本人的僱主根據本表格「第二部分」所示從本人薪金中扣除該款項（如有），並向宏利支付有關款項。

Signature of Employee 僱員簽署 _____ Name of Employee 僱員姓名 (in block letters 請用正楷填寫) _____ Date 日期 _____

Section IV - To be Completed by Employer 第四部分 - 須由僱主填寫

I/ We, the Employer, hereby confirm that I/ we am/are notified of the change of the voluntary contributions arrangement for the above employee and will adjust the contribution total for each payroll period from the abovementioned effective date. 本人 / 吾等現確認已獲通知有關上述僱員自願性供款安排之更改，並將於上述生效日期起調整每一支薪期之供款總額。

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」。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。