Change of Employee Benefit (for Manulife (Macau) Pension Fund Scheme) 更改僱員權益(適用於宏利(澳門)退休金計劃)

Notes:

- Please complete this Form in BLOCK LETTERS and tick the appropriate boxes
- Please initial any corrections you make on this Form.
- This Form is not applicable to report scheme contribution formula amendment. For plan amendment, please write to Manulife (International) Limited (the "Management Company").
- Only if the change of position/title affects the employee's current contributions should this Form be filled in.
- In order for these changes to be included on the Debit Note and Accounting Statement, this Form must reach the office of 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.

注意事項:

- (1) 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。
- 此表格不適用於更改計劃之供款程式。如要更改計劃,請以書面通知宏利人壽保險 (國際)有限公司(「管理公司」)。
- 若僱員因職位或職銜有變以致現時的供款額受影響,才須填寫此表格
- 若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

1. Group Policy No.: 團體保單號碼		2. Sub-Group No.: 分組編號					
3. Employer (Co 僱主(公司)	ompany) Name : 名稱						
A. Change	of Salary / Benefits 更改薪金	È / 7	權益				
Certificate No. 證書編號	Name of Employee 僱員姓名		Effective Date 生效日期 (mm / yyyy) (月 / 年)	New Optional % or Amount 自選供款 百分比或金額	New Monthly Salary 毎月新薪金 旧K \$ 港元 MOP \$ 澳門幣 (Please v one only 請 v 其中一項)	Position / Title 職位及職銜 (Class of Employee) (僱員類別)	
B. Employe	e Return From No Pay Leave	僱員	取消無薪	假期			
Certificate No. Name of Employee			v Monthly Salar HK \$ 港元 □ M Please ✔ one only 請	IOP \$ 澳門幣 l	生效	Effective Date 生效日期 (mm 月 / yyyy 年)	
		 Name & Title (in Block Letters) 姓名及職銜(正楷)			Date 日期		
	Completed forn "Macau Administration Office, Aver 幸峻持立的丰牧宋大祭珚	nida De Alr		Circle Square,14 andar	A, Macau".		

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