## 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:

- (1) Please complete this Form in BLOCK LETTERS and ✓ the appropriate boxes.
- (2) Please initial next to any corrections you make on this Form.
- (3) This Form should be signed by both the employee/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.
- (4) 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.
- (5) 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.
- from any unidentified source of fund.
  (6) The information collected from and in respect of the employee/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.
  (7) The regulatory bodies (including any taxation department or authority) in any jurisdiction may inspect any of the
- (7) 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.
- (8) By writing to the Privacy Officer of the Management Company at the address as specified on the last page of this Form, the employee/personal representative can correct and have access to his/her personal data.
- (9) The surrender of fund units from the account, if any, will take place within 1 month upon receipt of all necessary documents and any outstanding contributions received by Hong Kong Retirement.

## 注音重值:

- (1)請用正楷填寫本表格,並在適當空格內加 ✔ 號。
- (2) 如須作出任何刪改,請於刪改之位置旁簽署。
- (3)本表格須由僱員/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」。
- (4)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,須由僱主直接退回給該僱員,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。
- (5) 僱主有責任確保僱員的所有應得累算權益,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。
- 報及/ 5%前項, 100.4元年に同り、古米佐的資金。
  (6) 管理公司、其關聯實體及/或属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例,包括但不限於反洗黑錢及反恐怖份子融資規定(統稱為「目的」)。該等資料可移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)退休金計劃的受委托者、中介人及服務提供者(管理公司及上述其他承讓人統稱為「相關人士」),以達致上述目的或直接與該等目的有關的目的。此等資料可移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際索價要求被延誤處理。
- (7)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例。
- (8) 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。
- (9) 出售投資基金的指示會在香港退休業務部收到所需文件及未繳交供款的一個月內完成。

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:		_	01	Certifi	icate No. 證書號碼: -			
Employee Name 僱員姓名:								
	Surname in E	English (英文姓氏)		Name in En	glish (英文名字)		Name in Chinese (中文始	生名)
Tax Contribution No. of Employee/僱員/遺產代理人納稅人編號	Personal Repres	entative:				/ -	Not available. I am an oversea 不適用。本人為海外僱員。	as employee.
Last Contributory Month 最後供款月份: MM月	] / YYYY年	Last Day of Ei Retirement Da 最後受僱日 / 引	ate	DD日 / Mi	M月 / YYYY年	Date of Dea 死亡日		YYYY年
Residential Address of Employee (The relevant cheque and all corr					寄往以下地址)			
Room / Flat 室	Floor 樓	Block 座		Name of Building	3 大廈名稱			
 Name of Estate 屋苑名稱				Street No. / Street	et Name 街道號碼 / 街	f道名稱		
				Contact Tel No.: 聯絡電話	(	)		
District 區域	Country 國家			for "Country Code"	aken as a Macau	PhoneNo. 電話號碼 u phone number if you do not fill 被視為澳門電話號碼。	in the space	
The below part is for scheme mem以下部份只供計劃成員以「✓」號	nber to put " ✔ " 指示,如申索人	only, and is not sui 並非此成員帳戶的	table for claim 持有人即不適	nant if the claimant i 用。	s not the holder of this	member acco	ount.	
All the above contact information companies which provide trustee 以上所有聯絡資料,均適用於您持	applies to all of custodian serv	your products / ser ices to Manulife.	rvices in Hong	g Kong and Macau	provided by all comp	anies within th	ne Manulife group of compani	es and also

To apply the above address to this member account only, please " ✓ " this box 如以上地址只適用於此成員帳戶,請在方格內填上「✓」號。

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

Please ✓ the appropriate boxes to indicate the "Reason of Withdrawal" 請 ✓ 適當的提取原因類別:

Reason of With 提取原因		Treatment of Accrued Benefits 累算權益的處理方法				
1. □ a. Termination 離職 (TX400T) □ b. Permanent incapacity/Serious illness 長期無工作能力/嚴重疾病 Please tick this box if applicable and (i) in the case of permanent incapacity, a registered medical practitioner) specifically appointed by the Monetary Autho of the medical certificate issued by the relevant health authority' 如適用,計 定之專科實體(如註冊醫生)發出之證明書核實副本;(i) 如屬嚴重疾病狀況, "The Management Company reserves the right to require additional informe "serious illness" ground has been satisfactorily met. 管理公司保留權利要求抗 否有充足的理據作支持。	Cash out 退款 (C)					
2. □ Retirement 退休 (TX430)		Cash out 退款 (C)				
3. □ Early Retirement 提早退休 (TX430)		Cash out 退款 (C)				
4. Death 死亡 (TX420)  The personal representative is required to submit a copy of his/her identity card, certified true copy of the certificate of a judicial ruling obtained in the probate pr copy of the certificate of notarial entitlement (where the appointment of the perso 成員的死亡證核實副本,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 "The Management Company reserves the right to require additional information a需要時要求提供額外資料及/或物件。	ue 劃					
5. Dismissal for Cause 合理解僱 (TX400T) Please enclose legal documents/any supporting evidences for the alleged misbeh 證據一併交回。	navior 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	Cash out 退款 (C) 關				
III. Declaration and Authorisation 聲明!	岛 烃 樺					
To the best of my/our knowledge and belief, the information given in this 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。	an go down as well as up and neither the Management Co e or employer's sub-scheme.					
本人/ 日寺明日区内思泰正的年度関係可以刊 / 官柱区内或制旛工到本。 I/We would undertake to provide the Management Company in an expedit may reasonably request in order to enable the Management Company (as Scheme's constitutive documents.	tious manner with such full and accurate information as the	Management Company (as the case may be or regulatory requirements or the terms of the				
本人 / 吾等承諾會盡快向管理公司(視情况而定)提供其合理要求的全部及 I/We covenant with Management Company that I/we shall indemnify the M the case may be) by reason of any information supplied by me/us to the M Form) being false and misleading.	Management Company against any loss occasioned or cos	sts incurred by the Management Company (a				
s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 补)而招致任何損失或費用,本人/吾等須向管理公司作出彌償。						
I/We declare and agree the arrangement of Section I and II, and agree that ticked the termination reason as "Dismissal for Cause" in Section II. 本人 / 吾等謹此聲明及同意 I部 及II 部的安排,並同意若僱主於II部選擇終L	the employee is not entitled to any vested benefits from th 上受僱原因為「合理解僱」,僱員將無權利享有任何已歸屬	e employer's contributions if the employer ha 的僱主供款。				
Signature of Employee / Personal Representative 僱員 /遺產代理人簽署	Name of Employee / Personal Representative 僱員 / 遺產代理人姓名	Date 日期				

Name & Title (in Block Letters) 姓名及職銜(正楷)

Authorized Signature & Company Chop of Employer 僱主的獲授權人簽署及公司印章

Date 日期