

BCT Strategic MPF Scheme BCT 強積金策略計劃

CLAIM FORM FOR PAYMENT OF MPF ACCRUED BENEFITS (BENEFITS) ON GROUNDS OF
PERMANENT DEPARTURE FROM HONG KONG / TOTAL INCAPACITY / TERMINAL ILLNESS / SMALL BALANCE / DEATH基於永久性地離開香港 / 完全喪失行為能力 / 罹患末期疾病 /
小額結餘 / 死亡的理由而申索強積金累算權益(權益)的表格Mandatory Provident Fund Schemes Ordinance (CAP. 485) ("the Ordinance")
《強制性公積金計劃條例》(第 485 章) (《條例》)**Note: Please read the following important notes before completing this Form.****注意：填寫本表格前，請先閱讀下列重要資料。****Filling in this Form 填寫本表格**

- ◆ This Form is to be completed by any person who wishes to claim for payment of benefits from an MPF registered scheme (scheme) on the grounds of permanent departure from Hong Kong, total incapacity, terminal illness, small balance or death. For a claim for payment of benefits on the grounds of attaining retirement age of 65 or early retirement, please use Form MPF(S) - W(R). 本表格僅供擬基於永久性地離開香港、完全喪失行為能力、罹患末期疾病、小額結餘或死亡的理由提出申索，要求從一個強積金註冊計劃(計劃)提取權益的人士填報。若基於已達到 65 歲退休年齡或提早退休的理由申索權益，請填寫第 MPF(S) - W(R)號表格。
- ◆ If the claimant/scheme member wishes to withdraw benefits from more than one scheme, please fill in a separate form for each scheme. 如申索人 / 計劃成員擬從多於一個計劃提取權益，須就每個計劃填寫一份表格。
- ◆ Please submit the completed form and the required supporting documents to the trustee of the scheme concerned for processing the claim. If any information provided is incorrect or incomplete, the relevant trustee may not be able to process your request. 請把填妥的表格及所需證明文件交予有關計劃的受託人，以便處理有關申索。若提供的任何資料不正確或不完整，有關受託人可能無法處理閣下的申請。
- ◆ Please read the explanatory notes carefully before completing this Form. 填寫本表格前，請先細讀註釋。
- ◆ The personal data to be supplied in support of this claim for payment of benefits are to be used for processing your claim. The personal data you supply may, for such purpose, be transferred to the relevant service provider(s) and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority ("the Authority"). 就此項申索權益申請提供的個人資料，將被用作處理閣下的申索。閣下提供的個人資料可能會為該目的而轉交相關服務提供者及政府或規管機構，包括強制性公積金計劃管理局(「管理局」)。
- ◆ Please use blue or black ball pen and complete this Form in BLOCK LETTERS. 請以藍色或黑色原子筆及正楷填寫此表格。
- ◆ * means delete whichever is inappropriate. Please insert "N.A." if not applicable. * 請刪去不適用者。請在不適用處填上「不適用」。
- ◆ All amendments should be signed. 如有任何刪改，必須在旁加簽。
- ◆ Should you have any questions when completing this Form, please contact BCTCall Member Hotline at (852) 2842-7878. 如閣下於填寫表格時有任何疑問，請致電 BCT 積金熱線 (852) 2842-7878 查詢。

Reminder before Submitting a Claim 提交申索前須注意的事項

- ◆ Withdrawal of benefits derived from voluntary contributions paid pursuant to section 11 of the Ordinance is subject to the governing rules of the scheme concerned. Please check the information from the offering document of the scheme concerned, which can be found on the website of the trustee/sponsor of the scheme concerned. Please consult the relevant trustee/sponsor for details. 就依據《條例》第 11 條支付的自願性供款所產生的權益而言，提取權益須受有關計劃的管限規則所規限。詳情請查閱有關計劃的要約文件，而要約文件可於有關計劃受託人/保薦人的網站閱覽。詳情請向有關受託人/保薦人查詢。
- ◆ Withdrawal of benefits derived from tax deductible voluntary contributions paid pursuant to section 11A of the Ordinance is subject to the same withdrawal requirements as for mandatory contributions (except that under section 11A(3), certain provisions relating to offsetting of severance or long service payments, and protection of benefits from creditors and others, do not apply). 就依據《條例》第 11A 條存入的可扣稅自願性供款所產生的權益而言，提取權益須受與強制性供款相同的提取規定所規限（惟根據第 11A(3)條，若干與抵銷遣散費或長期服務金有關，以及與保障債權人及其他人士的權益有關的條文並不適用）。
- ◆ If you would like to withdraw / retain the benefits derived from and stop the future contribution to your “Flexible Voluntary Contribution”, please complete and return the “Flexible Voluntary Contributions Withdrawal / Transfer Form” to us. 如欲提取 / 保留由「靈活自願性供款」所產生的權益，及停止日後所作出之未來供款，請填寫並交回「靈活自願性供款提取 / 轉移表格」。

Reminder 請注意

- ◆ Withdrawal of benefits out of a guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the scheme or consult the relevant trustee for details. 若從保證基金提取權益，可能導致計劃成員不符合部分或所有保證條件，以致影響其享有保證的資格。詳情請查閱計劃的要約文件或向有關受託人查詢。
- ◆ The price of fund units may change due to market fluctuations and may go down as well as up. The price of fund units on the date when you submit a claim form to the trustee may be different from that on the date when the fund units are redeemed. 基金單位價格會因市場波動而出現變化，單位價格可跌亦可升。閣下向受託人提交申索表格當日的基金單位價格，或會與贖回基金單位當日的價格有所不同。
- ◆ If you have reached, or are approaching, the age of 50 and your benefits are currently invested according to the Default Investment strategy (“DIS”) of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investments in the DIS and your claim for payment of benefits take place at around the same time, the trustee of the scheme shall sequence the de-risking and the claim in accordance with its procedures and in compliance with the Ordinance. Please consult the trustee of the scheme if you wish to know the details of how it will handle these transactions. 如閣下已年滿或快將年滿 50 歲，而現時閣下的權益是按照計劃的預設投資策略（「預設投資」）投資，請留意預設投資的降低投資風險機制，會由計劃成員年滿 50 歲開始運作。如計劃的受託人在預設投資下按年降低閣下的投資風險的時間，與接獲閣下的申索權益申請的時間相當接近，該計劃的受託人將根據其運作程序及在符合《條例》規定的情況下，訂定處理降低風險及申索權益的次序。如欲瞭解計劃受託人如何處理該等交易，請向受託人查詢詳情。

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 GROUNDS OF PERMANENT DEPARTURE FROM HONG KONG / TOTAL INCAPACITY / TERMINAL ILLNESS / SMALL BALANCE / DEATH
 基於永久性地離開香港 / 完全喪失行為能力 / 罹患末期疾病 / 小額結餘 / 死亡的理由而申索強積金累算權益(權益)的表格

Section 1 - Details of the Claimant ^{Note 1} / Scheme Member 第 1 部份 – 申索人^{註1} / 計劃成員資料

(1) Claimant 申索人

Name of Claimant ^{Note 2} 申索人姓名 ^{註2} (Must be identical to HKID Card/Passport 必須與香港身份證 / 護照相同)	
<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Prof. 教授 <input type="checkbox"/> Dr. 醫生 / 博士 (please ✓ the appropriate box 請在適當方格內填上✓號)	
English 英文	Chinese 中文
Surname 姓 _____	
First Name 名 _____	
Residential Address 住址 (All correspondence will be sent to the following address 所有通訊將寄往以下地址)	

H.K. 香港 / Kln. 九龍 / N.T. 新界*	District 地區/Country 國家名稱 (if not HK 如非香港地區)
HKID Card/Passport* Number 香港身份證 / 護照*號碼 _____	
Daytime Contact Number 日間聯絡電話號碼 _____	
Mobile Phone Number 手提電話號碼 _____	
E-mail Address 電郵地址 _____	

(2) Scheme Member 計劃成員 (if different from claimant 如與申索人不同者)

Name of Member ^{Note 2} 成員姓名 ^{註2} (Must be identical to HKID Card/Passport 必須與香港身份證 / 護照相同)	
<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Prof. 教授 <input type="checkbox"/> Dr. 醫生 / 博士 (please ✓ the appropriate box 請在適當方格內填上✓號)	
English 英文	Chinese 中文
Surname 姓 _____	
First Name 名 _____	
HKID Card/Passport* Number 香港身份證 / 護照*號碼 _____	

Section 2 - Details of the Claim 第 2 部份 – 申索資料

Name of the scheme and account number(s) against which payment(s) are claimed : (Please ✓ the appropriate box)
 申索人要求支付權益的計劃名稱及帳戶號碼: (請在適當的方格填上✓號)

Name of the Scheme 計劃名稱 : BCT Strategic MPF Scheme BCT 強積金策略計劃	
<input type="checkbox"/> All accounts under the Scheme 計劃內所有帳戶	
OR 或	
<input type="checkbox"/> Selected account(s) under the Scheme 計劃內的指明帳戶 (please specify the scheme member account no. ^{Note 3} 請註明計劃成員帳戶號碼 ^{註3})	Member's Account Number(s) 成員帳戶號碼
	(1) _____
	(2) _____
	(3) _____

Important Notes 重要提示

- If the account to be withdrawn contains investment in DIS, the annual de-risking of investment in DIS will **NOT** be executed, when the benefits are being transferred out to another scheme or withdrawn in lump sum. 若支付權益帳戶當中的投資含有預設投資，當該帳戶的權益正待轉移至其他計劃或全數提取，該周年降低投資於預設投資風險的指示將**不會**執行。
- If the account to be withdrawn contains investment in DIS and there is one or more other transaction(s) is being processed, the annual de-risking of investment in DIS will be **DEFERRED**, which normally takes place on the next available dealing day after completion of such transaction(s); and vice versa. 若支付權益帳戶當中的投資含有預設投資而帳戶有一個或超過一個的其他交易正在執行中，該周年降低投資於預設投資風險的指示將**順延**執行，一般在該等交易完成後下一個交易日執行；反之亦然。
- If the account to be withdrawn contains investment in DIS, the annual de-risking of investment in DIS will be **DEFERRED**, which normally take place on the next available dealing day after completion of the partial benefits withdrawal, when both transactions fall on the same day. 若支付權益帳戶當中的投資含有預設投資，該周年降低投資於預設投資風險的指示將**順延**執行，一般在提取部份權益完成後下一個交易日執行，當兩者交易日適逢同一日。

Section 3 - Grounds For Claiming Benefits and the Required Documents ^{Notes 4, 5}

第 3 部份 - 申索權益的理由及所需文件^{註 4, 5}

(Please ✓ the appropriate box 請在適當的方格內填上 ✓ 號)

Select ONE of the following grounds for claiming benefits ONLY 只可選擇以下其中一個申索權益的理由

Permanent Departure from Hong Kong 永久性地離開香港

- a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification^{Note 6}; 計劃成員的香港身份證副本, 以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料)^{註 6};
- a copy of documents / evidence that the scheme member is permitted to reside in a place other than Hong Kong (e.g. immigration visa/foreign passport); 准予計劃成員在香港以外某地方居住的文件/證明文件副本(例如: 移民簽證/外國護照);
- the original statutory declaration form on permanent departure (Form MPF(S) - W(SD2))^{Notes 5 & 7}; 有關永久性地離開香港的法定聲明表格 (第 MPF(S)-W(SD2)號表格)^{註 5 及 7} 正本;
- a copy of the Letter of Release issued by the Inland Revenue Department, if applicable; and 稅務局發出的同意釋款書副本 (如適用); 及
- Information on overseas settlement: 海外定居資料

Place other than Hong Kong where the scheme member is permitted to reside:

計劃成員在香港以外獲准居住的地方: _____

Address 地址: _____

Telephone no. 電話號碼: _____ Fax no. 傳真號碼: _____

Email address 電郵地址: _____

Departure reason(s) 離港原因:

- Emigration 移民
- Retirement 退休
- Family reunion 家庭團聚
- Marriage 結婚
- Long-term overseas employment 長期海外受聘
- Others 其他 (please specify 請註明): _____

Total Incapacity 完全喪失行為能力

- a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification^{Note 6}; and 計劃成員的香港身份證副本, 以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料)^{註 6}; 及
- a copy of medical certificate certifying total incapacity (Form MPF(S) - W(M))^{Notes 8 & 9} 證明計劃成員完全喪失行為能力的醫學證明書 (第 MPF(S) - W(M) 號表格)^{註 8 及 9} 副本

Terminal Illness ^{Note 10 & 11} **罹患末期疾病** ^{註 10 及 11}

- a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6} ; and 計劃成員的香港身份證副本, 以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{註 6}; 及
- a copy of medical certificate certifying terminal illness dated not earlier than 12 months before the date on which the claim is lodged (Form MPF(S) - W(T)) ^{Note 8} 在提交申索日期之前的 12 個月內簽發的證明計劃成員罹患末期疾病的醫學證明書(第 MPF(S) - W(T) 號表格) ^{註 8} 副本

Small Balance **小額結餘**

- a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6} ; and 計劃成員的香港身份證副本, 以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{註 6}; 及
- the original statutory declaration form on small balance (Form MPF(S) - W(SD3)) ^{Notes 5&7} 有關小額結餘的法定聲明表格 (第 MPF(S)-W(SD3)號表格) ^{註 5 及 7} 正本

Death **死亡**

- a copy of the claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification ^{Note 6} ; and 申索人的香港身份證副本, 以供核對其姓名及身份證號碼 (如不擬親身出示申索人的香港身份證供核對有關資料) ^{註 6}; 及
- a copy of the Letter of Probate or Letters of Administration granted by the Probate Registry / a letter requesting withdrawal of the benefits issued by the Official Administrator if the claim is made by the Official Administrator* 遺產承辦處發出的遺囑認證書或遺產管理書副本 / (如申索是由遺產管理官提出) 遺產管理官發出要求提取權益的信件*

Section 4 - Method of Payment 第 4 部份 – 付款方式

Please note: The payment must be made into an account in the name of the Claimant / Scheme Member only. Any jointly-owned bank account with a third party must be disclosed.

請注意: 款項必須以申索人 / 計劃成員的名義存入帳賬戶。任何與第三方共同擁有的銀行帳戶都必須披露。
(Please ✓ the appropriate box 請在適當的方空格填上 ✓ 號)

- By Cheque 支票 (The cheque will be sent to your residential address stated in Section 1 支票將寄往第 1 部份之住址)

OR 或

- By depositing directly in a bank account 直接存入銀行帳戶
(applicable only to trustees who provide such services and there may be bank charges involved, such as currency conversion fee 只適用於有提供這項服務的受託人, 而銀行可能會因此收取費用, 例如匯兌費用)

- By depositing into local bank account 存入本地銀行帳戶:

Local Bank Name 本地銀行名稱: _____

Bank Account Number 銀行帳戶號碼: _____

Name of All Holders of the Above Bank Account
以上銀行帳戶所有持有人名稱: _____

OR 或

- By depositing into overseas bank account 存入海外銀行帳戶 (please fill-in in English only 請只以英文填寫)

Bank Account Number / IBAN 銀行帳戶號碼 / IBAN: _____

Name of All Holders of the Above Bank Account
以上銀行帳戶所有持有人名稱: _____

Remit Currency 匯款貨幣: _____

Bank Name 銀行名稱: _____

Bank Address 銀行地址: _____

Bank SWIFT / Sort Code 銀行代碼: _____

Correspondence Bank Name 代理銀行名稱: _____

Correspondence Bank Address 代理銀行地址: _____

Correspondence Bank SWIFT / Sort Code 代理銀行代碼: _____

Section 5 – Termination of MPF Account with No Residual Balance (if applicable)

第 5 部份 – 終止沒有剩餘款項的強積金帳戶 (如適用)

I / We* ^{Note 1} hereby authorize the trustee to terminate the relevant scheme member account(s) as referred to in Section 2 upon 本人 / 我們* ^{註 1} 謹此授權受託人在以下情況終止在第 2 部份所述的計劃成員帳戶

- (i) withdrawal of the full amount of benefits with no residual balance in the said account(s); 該帳戶內的權益已被全數提取，並無剩餘款項；
- (ii) (for employee contribution account only) termination of the employment in relation to the contribution account; (只適用於僱員供款帳戶) 該供款帳戶所涉及的受僱已經終止； and 及
- (iii) (for self-employed person contribution account only) cessation of the self-employment, (只適用於自僱人士供款帳戶) 終止自僱， with effect from 生效日期為 _____ (DD 日/MM 月/YYYY 年)

Section 6 – For Claim for Payment of Benefits on Grounds of Total Incapacity Only

第 6 部份 – 只適用於基於完全喪失行為能力的理由而要求支付權益的申索

For the claim for payment of benefits on the grounds of total incapacity, I/we* ^{Note 1} hereby declare that I/the scheme member* last performed the relevant kind of work as set out in the medical certificate (Form MPF(S)-W(M)) before becoming totally incapacitated or the "Certificate of an employee's permanent unfitness for a particular type of work" ^{Note 9} and that contract of employment has been terminated. 本人 / 我們* ^{註 1} 謹此就基於完全喪失行為能力的理由而要求支付權益的申索作出聲明，本人 / 計劃成員* 在完全喪失行為能力前，最後是執行醫學證明書 (第 MPF(S)-W(M) 號表格) 或「證明僱員永久不適合擔任某類工作的證明書」^{註 9} 所載有關類別的工作，而該僱傭合約已經終止。

Section 7 – Authorization and Declaration 第 7 部份 – 授權及聲明

Personal Information Collection Statement 收集個人資料聲明

I agree that 本人同意

The personal data provided by or in respect of Members and Participating Employers of the BCT Strategic MPF Scheme (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCTC", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCTC or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services (and ancillary MPF products); (iii) improving the provision of Mandatory Provident Fund services by BCTC to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCTC generally to access Mandatory Provident Fund (or other) account details through the internet or other means); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information provided, BCTC should be notified as soon as practicable. Failure to provide the information requested may result in BCTC being unable to process the instructions. 由 BCT 強積金策略計劃成員及參與僱主所提供或相關之個人資料 (有關申請及運作記錄) 及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託有限公司 (「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司 (「銀聯金融」, 強積金計劃之保薦人) 及它們正式授權之服務供應商及代理之正式授權之職員使用及處理，及在銀聯信託或其任何服務供應商認為有需要時，或會被使用、披露及 / 或轉移 (在香港境內或境外) 予個別人士，包括政府機關及監管機構作以下列任何之目的：(一) 行使或執行強制性公積金計劃條例 (「條例」) 下所授予或施加之職能或根據該條例的目的而行使或執行職能；(二) 提供強制性公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合，視乎情況而定，及直銷強制性公積金服務 (及有關強積金的產品)；(三) 改善銀聯信託提供予客戶一般之強制性公積金服務 (包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網或其他途徑處理強制性公積金 (或其他) 戶口資料)；(四) 遵守適用之法律及規例及法院命令及 / 或 (五) 任何以行使或執行上述職能作目的之用途。如所提供資料有所變更，請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。

Please note that by signing this Agreement, you expressly agree to the use of your personal data for direct marketing purposes as mentioned herein. The Sponsor will cease using the personal data upon your written or verbal request. 一經簽署本文件，閣下即明確表示同意保薦人為直接市場推廣目的而使用閣下的個人資料。倘接獲閣下之書面或口頭要求，保薦人將會停止使用閣下的個人資料。

If you do not wish your information to be made available for the dispatch of information on MPF products or services to you from the Sponsor, please the box. 如閣下不欲將資料提供給保薦人，以用作向閣下發放強積金產品或服務資料，請在方格內加上 號。

Members and Participating Employers have a right, without any charge, to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCTC, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong. 成員及參與僱主，在不設任何收費下，有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任，香港皇后大道中 183 號中遠大廈 18 樓。

I / We* ^{Note 1} declare that to the best of my / our* knowledge and belief, the information given in this Form and its attachments is correct and complete.* 本人 / 我們* ^{註 1} 聲明，盡本人 / 我們* 所知所信，本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。*

Signature of the claimant(s) / scheme member*

申索人 / 計劃成員*簽署

(*Must be identical to the Trustee's record 必須與受託人的記錄相符)

Date 日期

***Warning 警告:** Under section 43E of the Ordinance, a person who, in any document given to the Authority or an approved trustee, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and one year's imprisonment on the first conviction and a \$200,000 fine and two years' imprisonment on each subsequent conviction. A person who knowingly and willfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap. 200) and is liable on conviction to imprisonment for two years and to a fine. 根據《條例》第 43E 條，任何人在給予管理局或核准受託人的任何文件中，明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述，即屬犯罪。首次定罪者，最高可處罰款\$100,000 及監禁一年；其後每次定罪，最高可處罰款\$200,000 及監禁兩年。根據《刑事罪行條例》（第 200 章）第 36 條，任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述，亦屬犯罪。一經定罪，可處監禁兩年及罰款。

Please return the completed Form together with the required documents as stated in Section 3 by mail to:

請將填妥的表格連同第 3 部份中的所須文件寄回：

Pension Services (INV)
Bank Consortium Trust Company Limited
18/F Cosco Tower
183 Queen's Road Central, Hong Kong

銀聯信託有限公司
退休金服務 (INV)
香港皇后大道中 183 號
中遠大廈 18 樓

BCT use only 銀聯信託專用:	Document Received	Inputted By:	Checked By:	Remarks:
	Date:	Date Inputted:	Date Checked:	

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Explanatory Notes on

Claim Form For Payment of MPF Accrued Benefits (Benefits) on Grounds of Permanent Departure from Hong Kong / Total Incapacity / Terminal Illness / Small Balance / Death (Form MPF(S) - W(O))

基於永久性地離開香港 / 完全喪失行為能力 / 罹患末期疾病 / 小額結餘 / 死亡的理由 而申索強積金累算權益(權益)的表格(第 MPF(S)-W(O)號表格)

註釋

- (1) (i) For a claim made on the grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance can be the claimant to act on behalf of the deceased scheme member to claim for payment of the scheme member's benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap. 10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use an additional blank sheet to provide details of the claimants under Section 1. Under such circumstances, this Form needs to be signed by all of the personal representatives. 基於死亡的理由而提出的權益申索，只可由《強制性公積金計劃條例》所界定的遺產代理人作為申索人，代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第 10 章)所界定的遺產代理人及按該條例第 15 條，在無須任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第 1 部份另紙詳載各申索人的資料。在這種情況下，本表格須由所有遺產代理人聯署。
- (ii) For a claim made on all other grounds of permanent departure from Hong Kong, total incapacity, terminal illness or small balance, either the scheme member or person(s) appointed as a committee of the estate of a mentally incapacitated person under the Mental Health Ordinance (Cap. 136) ("the committee of the estate") to act on behalf of the scheme member can be the claimant to lodge the claim for payment of benefits. If there is more than one person appointed by the court as the committee of the estate, those persons should apply and sign in the capacity as the committee of the estate in accordance with those terms of appointment and any other requirements contained in the relevant court order. Please use an additional blank sheet to provide details of the claimants under Section 1. Under such circumstances, this Form needs to be signed by all the persons appointed by the court as the committee of the estate, unless the Court authorizes otherwise. 基於所有其他理由(即永久性地離開香港、完全喪失行為能力、罹患末期疾病或小額結餘)而要求支付權益的申索，可由計劃成員或根據《精神健康條例》(第 136 章)獲委任代表精神上無行為能力的計劃成員行事的產業受託監管人(「產業受託監管人」)作為申索人提出。如法庭委任超過一人為產業受託監管人，該等人士應按照委任條款及有關法庭命令所載的任何其他規定，以產業受託監管人的身份提出申請及在相關文件簽署。請就第 1 部份另紙詳載各申索人的資料。在此情況下，除非法庭另有授權，否則本表格須由所有獲法庭委任為該計劃成員的產業受託監管人的人士簽署。
- (2) If a claimant/scheme member does **NOT** possess a HKID Card, please fill in the name as shown on the passport. 如申索人 / 計劃成員 **沒有** 香港身份證，請填上護照上的姓名。
- (3) Member's account number can be found 成員帳戶號碼可循以下途徑查閱 / 查詢：
- (i) in the membership certificate, notice of acceptance, or notice of participation; or 查閱成員證明書、接納通知或參與通知；或
- (ii) in the annual benefit statement, or other statements provided by the trustee; or 查閱周年權益報表或受託人提供的其他報表；或
- (iii) through the member enquiry facilities available from the trustee. 受託人為成員提供的諮詢服務。
- If you are in doubt, please contact the trustee of the MPF registered scheme (scheme) concerned. 如有疑問，請聯絡有關強積金註冊計劃(計劃)的受託人。
- (4) In processing a claim for payment, the trustee of the scheme concerned may request the claimant to produce the original documents for checking purpose, if necessary. 如有需要，有關計劃的受託人在處理付款申索時可能會要求申索人提交文件的正本，以核對資料。
- (5) For a claim made by the committee of the estate on behalf of the scheme member, in addition to the required documents in respect of the scheme member, the following documents should be enclosed: 由產業受託監管人代表計劃成員提出的申索，除須提供有關該計劃成員的所需文件外，亦應夾附以下文件：
- (i) a copy of the evidence of the status of the committee of the estate, i.e. the court order; 產業受託監管人身份的證明文件副本，即法庭命令的副本；
- (ii) a copy of each claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification Note 6; and 每名申索人的香港身份證副本，以供核對其姓名及身份證號碼(如不擬親身出示申索人的香港身份證供核對有關資料)註 6; 及
- (iii) the original statutory declaration form made by the committee of the estate for a claim for payment of benefits (Form MPF(S) - W(SD4))^{Note 7} (if applicable). Where such a statutory declaration has been made and enclosed with the claim, the statutory declaration form (MPF(S)-W(SD2) and MPF(S)-W(SD3)) for claims made on the grounds of permanent departure from Hong Kong and small balance respectively shall not be required. 產業受託監管人就申索權益所作的聲明表格(第 MPF(S)-W(SD4)號表格)註 7 正本(如適用)。如使用該表格作出法定聲明並把該表格夾附於本申索，便無須提交基於永久性地離開香港及小額結餘的理由作出申索的法定聲明表格(即第 MPF(S)-W(SD2)號表格及第 MPF(S)-W(SD3)號表格)。
- (6) For a claimant/scheme member who does NOT possess a HKID card, a copy of the passport (only pages with personal particulars and passport number) should be provided to the trustee concerned for verification of the name and passport

number of the claimant/scheme member if the claimant/scheme member does not wish to present the passport in person for verification. 如申索人／計劃成員沒有香港身份證，而又不擬親身出示護照以供核對資料，則須提供護照副本（只須提供載有個人資料及護照號碼之頁），以供受託人核對申索人／計劃成員的姓名及護照號碼。

- (7) The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths (e.g. at a Public Enquiry Service Centre of the Home Affairs Department) or a Notary Public or a Justice of the Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration. 法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明（例如在香港，法定聲明須在監誓員（例如在民政事務總署諮詢服務中心）或公證人或太平紳士面前作出，並由他們簽署）。在香港以外地方所作的法定聲明，只要是在公證人或獲該地方法律授權監誓或監理法定聲明的人士面前作出，並由他們簽署，亦可予接受。
- (8) A medical certificate certifying total incapacity (Form MPF(S) - W(M)) or terminal illness (Form MPF(S) - W(T)) shall be signed by a medical practitioner who must be *either*- 證明計劃成員完全喪失行為能力的醫學證明書（第MPF(S)-W(M)號表格）或罹患末期疾病的醫學證明書（第MPF(S)-W(T)號表格）須由下述醫生簽署：
- (i) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap. 161), i.e., 根據《醫生註冊條例》（第161章）註冊的註冊醫生，即：
- (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or 在香港醫務委員會正式註冊為醫生的人；或
- (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (Cap. 161) (i.e. persons who are exempted from registration); 獲視作為根據《醫生註冊條例》（第161章）註冊成為醫生的人（即獲豁免無須註冊的人）；
- or 或*
- (ii) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2(1) of the Chinese Medicine Ordinance (Cap. 549). 《中醫藥條例》（第549章）第2(1)條所界定的註冊中醫。
- (9) For a claim made on the grounds of total incapacity, the claimant shall ask a medical practitioner to fill in the Form MPF(S) - W(M) and attach it to the Form MPF(S) - W(O). 基於完全喪失行為能力的理由而提出的權益申索，申索人須請醫生填寫第MPF(S)-W(M)號表格並夾附於第MPF(S)-W(O)號表格。
- For a claimant who also claims long service payment on the grounds of permanent unfitness for his present job under the Employment Ordinance (Cap. 57), the claimant may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under that Ordinance to substitute for the Form MPF(S) - W(M) for the purpose of claiming payment of MPF benefits on the grounds of total incapacity. 申索人如按《僱傭條例》（第57章）的規定，以永久不適合擔任其現時工作為理由同時申索長期服務金，則可採用按該條例填寫的「證明僱員永久不適合擔任某類工作的證明書」，替代填寫第MPF(S)-W(M)號表格，以提出基於完全喪失行為能力的理由而支付強積金權益的申索。
- (10) For a claim made by a scheme member for payment of benefits from a contribution account on the grounds of terminal illness, the scheme member may continue his current employment or current self-employment after he has received the payment of benefits. In that case, future contributions made by the employer (both employer and employee portions) or by the self-employed person himself will continue to be made to the contribution account. If the scheme member wishes to withdraw the benefits derived from future contributions and transfer-in benefits (if any) in the contribution account again, he should lodge another claim for payment of benefits. 計劃成員如基於罹患末期疾病的理由而要求從供款帳戶提取權益，該計劃成員在獲支付權益後，可能繼續從事其現時的受僱或自僱工作。在此情況下，僱主日後作出的供款（包括僱主及僱員部分）或該自僱人士日後作出的供款，將繼續分配至該供款帳戶。計劃成員如欲再度從該供款帳戶提取由未來供款及轉入的權益（如有）所產生的權益，須另行提出權益的申索。

第 MPF(S) - W(M)號表格

《強制性公積金計劃條例》（第 485 章）

成員永久不適合執行特定種類工作證明書

病人姓名： _____

病人的香港身分證／護照**號碼： _____

根據上述病人或該病人的代表所提供的資料，該病人在現時／最後*擔任的職位中，是執行以下種類的工作：

本人證明上述病人永久不適合執行上述種類的工作，理由如下：

註冊醫生／註冊中醫*簽署： _____

註冊醫生／註冊中醫*姓名： _____

電話號碼： _____

地址： _____

日期： _____

公章／註冊編號*（如有）： _____

* 刪去不適用者

病人應**只在沒有**香港身分證的情況下才填報護照號碼

FORM MPF(S) - W(M)

MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS
FOR A PARTICULAR KIND OF WORK**

Name of the patient: _____

Hong Kong Identity Card/Passport*# No. of the patient: _____

Based on the information provided by or on behalf of the above patient, he/she* performs the following kind of work in his /her* present/last* job:

I certify that the above patient is permanently unfit to perform the above kind of work for the following reason(s): _____

Signature of registered medical practitioner/
registered Chinese medicine practitioner*: _____

Name in block letters: _____

Telephone number: _____

Address: _____

Date: _____

Official seal / registration number* (if any): _____

* Delete whichever is not applicable

The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card