

**VOLUNTARY CONTRIBUTIONS WITHDRAWAL FORM FOR
PERSONAL ACCOUNT / SELF-EMPLOYED PERSON / REGULAR EMPLOYEE (FORMER EMPLOYMENT)
個人帳戶 / 自僱人士 / 一般僱員(以往受僱工作)自願性供款提取表格**

Note 注意：

- (1) This Form is applicable for Personal Account, Self-Employed Persons and Regular Employee (Former Employment) only.
本表格只適用於個人帳戶、自僱人士及一般僱員(以往受僱工作)。
- (2) Please complete this Form in block letters. Please do not use correction fluid and all amendments should be signed.
請以正楷填寫此表格。請避免使用塗改液及任何刪改必須加簽。
- (3) **If we receive your withdrawal instruction at or after 5:00pm (Hong Kong time) on any business day, or anytime on a Saturday, public holiday or other non-business day, your instruction will be processed on next business day.**
如本公司於每個工作天下午五時或以後(香港時間)或在非工作天(如星期六或公眾假期)收到閣下的提取結餘指示，則有關指示將在下一個工作天處理。
- (4) Your signature in this Form must be identical to trustees' record in order to avoid delay in processing your instruction.
為避免任何延誤處理閣下的指示，閣下在此表格的簽名必須與受託人之記錄相同。
- (5) Please note that it will cause delay in processing your withdrawal instruction if there is any document outstanding in our record.
請注意如閣下記錄的資料有任何文件遺漏，將導致延誤處理閣下的提取結餘指示。
- (6) Please send the completed Form to **"Pension Services (Manulife RetireChoice), Bank Consortium Trust Co. Ltd, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong"** or fax it to **3102 0260**.
請將填妥表格寄往「香港皇后大道中183號中遠大廈18樓，銀聯信託有限公司，退休金服務部(宏利退休精選)」收或傳真致 **3102 0260**。
- (7) Should you have any questions when completing this Form, please contact Manulife MPF Members' Direct at 2298 9000.
如閣下於填寫表格時有任何疑問，請致電宏利強積金成員專線 2298 9000。
- (8) All investments are subject to the latest MPF Scheme Brochure (and any Addenda thereto) of the Manulife RetireChoice (MPF) Scheme (the "Master Trust"), as amended from time to time. Please refer to the MPF Scheme Brochure (and any Addenda thereto) of the Master Trust for details.
所有投資資料以宏利退休精選(強積金)計劃(本計劃)之最新強積金計劃說明書(及其附錄)為準(經不時修訂)。詳情請參閱本計劃最新之強積金計劃說明書(及其附錄)。

Section I – Member Information 第I部 – 成員資料

Member English Name 成員英文姓名		Member Chinese Name 成員中文姓名	
<input type="checkbox"/> Mr. 先生	Surname 姓 _____		
<input type="checkbox"/> Ms. 女士	First Name 名 _____		
<input type="checkbox"/> HKID Card No. 香港身份證號碼	<input type="checkbox"/> Passport No.# 護照號碼# _____		
<small># If the claimant is the member, HKID Card / Passport No should be identical to Membership Enrolment Form. If Passport No. was quoted in the Membership Enrolment Form and a new Passport No. has been issued thereafter, please provide both old and new Passport No. 如申索人同為計劃成員，其身份證 / 護照號碼必須與計劃成員登記表格相同。如使用護照號碼而其號碼已經更新，請同時填上新舊護照號碼。</small>			
Member Account Number 成員帳戶號碼		Contact Phone Number 聯絡電話號碼	

Important Notes 重要提示：

- If the account that to be withdrawn, which contains investment in default investment strategy (DIS), and there is one or more of other transaction(s) is being processed, the annual de-risking of investment in DIS will be DEFERRED, it 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包括預設投資策略而帳戶內有一個或超過一個的其他交易正在執行中，有關預設投資策略的週年降低風險指示將順延執行，一般在該等交易完成後下一個交易日執行；反之亦然。
- If you have reached, or are approaching, the age of 50 and your MPF accrued benefits (benefits) are currently invested according to the 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 derisking 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，而現時閣下的強積金累算權益(權益)是按照計劃的預設投資策略投資，請留意預設投資策略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策略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。

Section II – Withdrawal Details 第II部 – 提取資料

Please mark "✓" in the appropriate box.
請於適用的方格內填上「✓」號。

- ALL** balances of voluntary contribution under the account as referred to in Section I
於第I部所述的帳戶內**全部**自願性供款
- Specific** number of units / percentage for the selected fund(s)
指定所選成份基金的單位數量 / 百分比
(please complete the below details 請於下列填寫有關詳情)

Name of Constituent Fund 成份基金名稱		No. of Units to Withdraw 提取單位數目 (in terms of integer) (以整數為單位)	Percentage of holdings to Withdraw 提取結餘百分比 (Complete in multiples of 5%) (請以5%或其倍數填寫)
DIS	Default Investment Strategy 預設投資策略	N.A. 不適用	%
RBO	Allianz Hong Kong Fund 安聯香港基金		%
RBU	Allianz Greater China Fund 安聯大中華基金		%
RBI	Allianz Asian Fund 安聯亞洲基金		%
RBT	Allianz Oriental Pacific Fund 安聯東方太平洋基金		%
RBG	Allianz Growth Fund 安聯增長基金		%
RBB	Allianz Balanced Fund 安聯均衡基金		%
CAF	Allianz MPF Core Accumulation Fund (No automatic de-risking features) 安聯強積金核心累積基金(沒有自動降低投資風險特性)		%
RBS	Allianz Stable Growth Fund 安聯穩定增長基金		%
RBC	Allianz Capital Stable Fund 安聯穩定資本基金		%
65F	Allianz MPF Age 65 Plus Fund (No automatic de-risking features) 安聯強積金65歲後基金(沒有自動降低投資風險特性)		%
RBR	Allianz Flexi Balanced Fund 安聯靈活均衡基金		%
RBM	Allianz RMB Money Market Fund 安聯人民幣貨幣市場基金		%
RBP	Allianz MPF Conservative Fund 安聯強積金保守基金		%

OR
或

* Personal Account / Self-Employed Persons / Regular Employee (Former Employment) may withdraw up to 100% from the existing holdings of each constituent fund. 個人帳戶 / 自僱人士 / 一般僱員(以往受僱工作)可提取高達每種成份基金現有投資的100%。

Section III – Method of Payment 第 III 部 – 付款方式

Please credit me with the withdrawal proceeds as follows:

請將本人提取的結餘以下列方式支付：

(Please ✓ the appropriate box. 請在適當的空格填上✓號。)

By cheque in Hong Kong Dollar only and send to my correspondence address

只限港幣支票及寄往本人聯絡地址

By depositing directly in a bank account under the name of scheme member only (a bank account under the name of a third party is not applicable and there may be bank charges involved.)

直接存入只以計劃成員名義開立的銀行帳戶 (不適用於以第三者名義開立的銀行帳戶並且銀行可能會因此而收取費用。)

Name of bank account holder

銀行帳戶持有人姓名

Name of Bank

銀行名稱

Bank account number

銀行帳戶號碼

Section IV – Declarations 第 IV 部 – 聲明

1. I hereby declare that to the best of my knowledge and belief, the information given in this Form and any attachment is correct and complete. 本人聲明，本人深知確信本表格及隨附文件所提供的資料均屬正確無訛，並無缺漏。
2. I understand that the Trustee may not be able to process this instruction if I fail to provide any information requested in this Form. 本人明白倘若本人未能提供本表格所需的資料，受託人將可能無法處理有關指示。
3. I hereby agree to indemnify the Trustee against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against the Trustee or suffered or incurred by the Trustee arising either directly out of or in connection with the Trustee accepting facsimile instructions and acting thereon, whether or not the same are confirmed by me in writing, unless due to the wilful default or gross negligence of the Trustee. 本人同意並授權受託人接受傳真指示及根據該等指示處理有關事宜，而不須本人之確認。受託人無須因此而直接或間接負上任何責任，賠償，損失或費用。惟若因受託人故意失責或嚴重疏忽別論。
Notwithstanding the previous paragraph, the Trustee has the right to determine which Forms or other documents of instructions may or may not be accepted by facsimile. 儘管有上段之規定，受託人有權決定接受何種傳真表格或指示。

Signature of Member 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

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