



AIA Pension and Trustee Co. Ltd.
(Incorporated in the British Virgin Islands
with limited liability)

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MPF.AIA.COM.HK (MPF)
RETIREMENT.AIA.COM.HK (ORSO)

MPF

For Internal Use Only	
Plan No.:	
Signature verified / Processed by:	Checked by:
Date:	Date:

Claim Form for Reimbursement of Long Service Payment / Severance Payment 長期服務金/遣散費退款申索表格

Please submit the completed form with original signature, fax copy will not be processed. 請呈交填妥並附有親筆簽署之表格正本，傳真本將不獲處理。

* Please delete the inappropriate item(s). 請刪除不適用者。

Part A - Member Information

甲部分- 成員資料

Plan No. 計劃編號: _____
Employer Name 僱主名稱: _____
Member Name in English (same as HKID Card/Passport)
成員姓名(與香港身份證/護照上之英文名字相同): _____
HKID Card/Passport* No. _____ Member Account No.
香港身份證/護照*號碼: _____ 成員賬戶編號: _____

Part B - Reimbursement Arrangement

乙部分- 退款安排

HK\$ _____ has been paid to the employee/claimant of a deceased member* being part or all of the Long Service Payment (LSP) / Severance Payment (SP)* by the employer. The vested portion of the employee's accrued benefits attributable to the employer's contributions ("Vested Benefits") will be reduced by such amount or the amount of Vested Benefits whichever is the lesser. The employer requests the Trustee to reimburse the employer for the amount of HK\$ _____.

僱主已向僱員/去世成員之申索人*支付 _____ 港元作為部分或全數長期服務金/遣散費*。由僱主供款所衍生累算權益中僱員歸屬部分(「歸屬權益」)可對減此款額或僱員之歸屬權益，以較低者為準。僱主現要求受託人退款 _____ 港元予僱主。

Part C - Member Acknowledgement receipt of the LSP/SP amount

丙部分 - 成員確認收妥長期服務金/遣散費

I agree and acknowledge receipt of the LSP/SP* amount stated above, and have read and understood the Important Notice below.
本人同意及確認已收妥上述之長期服務金/遣散費*，並已參閱及瞭解以下重要事項。

Signature of Member / Claimant*
成員/申索人*簽署

Name of Member / Claimant*
成員/申索人*姓名

Date (dd/mm/ccyy)
日期(日/月/年)

Important Notice 重要事項:

- The Vested Benefits derived from (i) the voluntary contribution (if any) and then (ii) the mandatory contribution will be used to offset LSP/SP unless agreed otherwise. Vested Benefits also include any amount claimed previously by member. 「歸屬權益」中會先從(i)自願性供款部分(如有), 然後(ii)強制性供款部分(特別安排除外)對減長期服務金/遣散費。「歸屬權益」亦包括成員已申索之款額。
- If the above LSP/SP reimbursement request cannot be processed before the transfer of accrued benefits held in above contribution account to the member's other MPF account under a AIA MPF scheme, by signing this form, the member agrees to authorize the Trustee to redeem the relevant fund units from such member account to which the accrued benefits derived from the previous employer's contribution will be used for LSP/SP reimbursement. 若抵銷對減長期服務金/遣散費的要求未能在上述供款賬戶之累算權益轉移至成員之友邦其他強積金賬戶前處理, 通過簽署本表格, 成員同意授權受託人從該成員賬戶贖回其前僱主供款部分的累算權益下有關基金單位作抵銷長期服務金/遣散費。
- Please be reminded that the employer must settle all outstanding contribution in respect of the terminated member before LSP/SP can be reimbursed. 請緊記僱主必須於退還長期服務金/遣散費前就離職成員清繳所有未繳付之供款。
- If the signature of member is not the same as filed with AIAPT, employer may be requested to provide appropriate supporting documents. 若成員之簽署與已備存於友邦退休金之記錄不符, 僱主可能被要求提供相關的證明文件。
- Incomplete Claim Form cannot be processed. Please request the respective member/claimant of a deceased member to sign the above acknowledgement of the reimbursement arrangement. 欠完整的申索表格無法處理。請要求有關成員/去世成員之申索人簽署確認退款安排。
- This LSP/SP reimbursement request will only be processed upon receiving completed Claim Form for Payment of Accrued Benefits or Member's Request for Fund Transfer Form. 本退款申請只會於收到完整的累算權益申索表格或計劃成員資金轉移申請表才會處理。
- Supporting documents for LSP/SP reimbursement should be submitted together with this form, otherwise no refund can be made. 請把長期服務金/遣散費退款的證明文件連同本表格一併遞交, 否則不能安排退款。
- Once the employer has declared his option on the LSP/SP reimbursement, any subsequent amendment will not be accepted. 僱主一經對是否提出退還長期服務金/遣散費之申索作出聲明, 其後任何更改恕不受理。
- In the event of a death case, please attach the death certificate and supporting documents to prove identity and relationship of the claimant of the deceased member. 如遇上死亡事故, 請連同去世成員之死亡證、申索人之身份證明文件及與去世成員之關係證明文件一併遞交。

Declaration by the Employer 僱主聲明

I/We confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I/ We declare and agree that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this document or collected, obtained, compiled or held by AIA Company (Trustee) Limited (the "Trustee") by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent to the transfer of my/our personal data in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.

I/We further declare and confirm that the information provided by me/us to the Trustee in this form is true and correct, and I/we have obtained all required written consent from our employees in respect of the transfer of their personal data to the Trustee for direct marketing purposes in accordance with the AIA Personal Information Collection Statement ("AIA PIC"). I/we acknowledge and consent to the transfer of the personal data of our employees in or outside of Hong Kong for direct marketing purposes and to the types of transferee as set out in the AIA PIC.

I/We confirm that the information of my/our employees which I/we provide to the Trustee has been verified. I/We agree to indemnify and keep the Trustee and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Trustee or its affiliates as a result of any inaccurate information provided by me/us and/or upon the Trustee's or its affiliates' execution of any of my/our instructions provided except where there is proven (to the satisfaction of the Trustee or its relevant affiliate) willful default, gross negligence or fraud on the part of the Trustee or its relevant affiliate. I/We agree that in case of any dispute between my/our employee(s) and me/us relating to the terms of the termination of employment and/or MPF scheme membership of the employee(s) concerned, I/we will assume full responsibility in resolving such dispute.

I/We hereby authorize the Trustee to accept, process, execute and rely upon instructions issued in my/our names and my/our signatures and sent to the Trustee by original copy only. I/We agree to be bound by the said instructions sent to the Trustee under my/our names and my/our signatures and I/we further agree to indemnify and hold the Trustee harmless from and against any and all liability and expense incurred by the Trustee arising from the Trustee's execution of the said instructions.

本人 / 吾等確認本人 / 吾等已閱讀及明白友邦保險收集個人資料聲明（「收集個人資料聲明」）。本人 / 吾等聲明及同意在本文件所載或友邦（信託）有限公司（「受託人」）不時以任何方式收集所得、編製或持有的任何個人資料及關於本人 / 吾等或本人 / 吾等的保單或投資的其他資料，可根據收集個人資料聲明收集及使用。本人 / 吾等確認及同意就收集個人資料聲明所述目的在香港境內轉移本人 / 吾等的個人資料或轉移有關資料至香港境外，及轉移予收集個人資料聲明所載的資料承讓人。

本人 / 吾等聲明及確認本人 / 吾等在此表格提供給受託人的資料為真實及正確，並已獲得本人 / 吾等所有員工對提供個人資料以用於友邦保險收集個人資料聲明（「收集個人資料聲明」）所述直接促銷目的的書面同意。本人 / 吾等確認及同意就收集個人資料聲明所述直接促銷目的在香港境內轉移本人 / 吾等所有員工的個人資料或轉移有關資料至香港境外及轉移予收集個人資料聲明所載的資料承讓人。

本人/吾等確認其提交予受託人之有關本人/公司之僱員資料已核對無誤，除因受託人或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外（此證明須得受託人或其相關關聯公司信納），倘若本人 / 吾等所填報之資料錯誤及/或受託人或其關聯公司因執行本人 / 吾等之任何指示，而導致受託人或其關聯公司需要承擔任何損失、支出，或需要進行任何行動或訴訟，本人 / 吾等同意作出有關賠償予受託人及其關聯公司。本人 / 吾等同意倘若本人 / 吾等與僱員間因有關僱員之離職及/或終止有關僱員於強制性公積金計劃內的成員資格之條款而產生爭議，本人 / 吾等自當負責解決有關之爭議。

本人/吾等謹此授權受託人依據以本人/吾等名義簽署及送往受託人之正本所指示以接納、處理及執行有關事宜。本人/吾等同意受本人/吾等名義簽署之指示約束，並且同意賠償受託人因執行所述指示而致產生之任何後果及其責任與支出。本人/吾等亦同意確保受託人不因此而蒙受任何損失。

**I/We confirm that we have read, understood and agreed to the Important Notice overleaf and the declaration clauses stated above.
本人/吾等確認已參閱、瞭解及同意背頁之重要事項及以上聲明。**

Authorized signature
授權人簽署

Company chop
公司印鑑

Date (dd/mm/ccyy)
日期(日/月/年)