



AIA Pension and Trustee Co. Ltd.
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 MPF.AIA.COM.HK (MPF)
 RETIREMENT.AIA.COM.HK (ORSO)

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Participant No.:	
Signature Verified / Processed by:	Checked by:
Date:	Date:

Occupational Retirement Scheme Notification of Member Termination 職業退休計劃成員離職通知書

Part A 甲部分 : To be completed by the **EMPLOYER** : - 此部分由**僱主**填寫

- Scheme No. 退休金計劃編號 : _____
- Name of Employer in English 僱主之英文名稱 : _____
- Particulars of the Leaving Member ("the Member") 離職成員(下稱「成員」)資料:
 - Member Name in English (Same as HKID Card/Passport) 成員姓名 (與香港身份證/護照相同) : _____
 - HKID Card / Passport No. 香港身份證/護照號碼: _____
 - Last Day of Employment : (ccyy/mm/dd) 最後在職日期(年/月/日) _____
 - Contribution Up to (ccyy/mm) : 供款至(年/月) _____
 - Reason for Cessation of Employment (Please tick one of the followings) 離職原因(請✓以下其中一項):

<input type="checkbox"/> Resignation 辭職	<input type="checkbox"/> Retirement (Early/Normal/Late) 退休(提早/正常/延遲)	<input type="checkbox"/> Ill-health/Disability 健康欠佳/傷殘	<input type="checkbox"/> Death 死亡	<input type="checkbox"/> Redundancy 裁員
<input type="checkbox"/> Summary Dismissal (Vesting Percentage shall be zero) 因嚴重過失而被解僱(歸屬百分比將為「零」)	<input type="checkbox"/> Dismissal/ Termination 因事故而被解僱/終止受聘			
 - Is the member entitled to Long Service Payment(LSP)/Severance Payment(SP) 成員是否享有長期服務金/遣散費?
 (Note: If no option is being selected, the Member is deemed not to be entitled to LSP/SP.) (註: 如沒有作出任何選擇, 成員將視為不會享有長期服務金/遣散費。)
 Yes (Please complete item 3g) 是 (請填寫項目 3g) No (Please go to item 5) 否 (請填寫項目 5)
 - Amount of LSP/SP* entitled by the Member: HK\$ 港幣 _____
 成員應得之長期服務金/遣散費金額
 - LSP/SP* paid to the Member 長期服務金/遣散費*已支付予成員 Yes 是 No 否
 - LSP/SP* to be offset from Occupational Retirement Scheme benefits 以職業退休計劃權益抵銷長期服務金/遣散費*
 Yes (Please complete the following) 是 (請填寫以下資料) No (Please go to item 5) 否 (請填寫項目 5)
 Please indicate below the preferred payment method of LSP/SP*
 請揀選以下支付長期服務金/遣散費*之方法
 - Employer will pay first and be reimbursed up to the amount of the employee's vested accrued benefits that is attributable to the employer's contribution in this ORSO scheme.
 (Please provide supporting documents for verification with regard to the LSP/SP* received by the Member and inform the Member to complete item 4. Trustee(s) will only be able to proceed with the claim for reimbursement of LSP/SP* upon receipt of all supporting documents.)
 受託人會以職業退休計劃之僱主供款部分所衍生的累算權益中歸屬於僱員之部分償還僱主預先支付之長期服務金/遣散費*。(請提交有關文件以證明成員經已收妥該項長期服務金/遣散費*及通知成員填寫項目四。如未能提交任何證明文件, 受託人將不受理有關償還申索。)
 - Employer will pay first and be reimbursed up to the amount of the employee's vested accrued benefits that is attributable to the employer's contribution in the order of (i) the Member's MPF account and then (ii) this ORSO scheme.
 (Please provide supporting documents for verification with regard to (a) the LSP/SP* received by the Member and (b) the amount to be offset from the Member's MPF account* and inform the Member to complete item 4. Trustee(s) will only be able to proceed with the claim for reimbursement of LSP/SP* upon receipt of all supporting documents.)
 僱主預先支付長期服務金/遣散費*, 而有關款額會先從 (i) 成員強積金賬戶內之僱主部分扣除, 然後從 (ii) 職業退休計劃內僱主部分償還。(請提交有關文件以證明 (a) 成員經已收妥該項長期服務金/遣散費*及 (b) 由成員之強積金賬戶*所支付之相關金額及通知成員填寫項目四。如未能提交任何證明文件, 受託人將不受理有關償還申索。)
 **Please provide the following information if the Member's MPF account is also administered by AIAPT:-
 如成員的強積金賬戶亦由友邦退休基金管理, 請填寫以下資料:-
 (i) Plan No. 計劃編號: _____ (ii) Member Account No. 成員賬戶編號: _____

4. **Acknowledge receipt of Long Service Payment (LSP)/Severance Payment (SP) 確認已收妥長期服務金/遣散費***

I hereby agree and acknowledge receipt of the LSP/SP* amount stated in Part A 3g).
 本人同意及確認已收妥於甲部份項目 3g) 上所述之長期服務金/遣散費*。

 Signature of the Member/Claimant 成員/申索人簽署

 Date (ccyy/mm/dd) 日期 (年/月/日)

- Is your scheme an MPF Exempted ORSO Registered Scheme (i.e. schemes with MPF Exemption No. ORxxxxxxx)?
 僱主現有的職業退休計劃是否獲強積金豁免的職業退休註冊計劃 (即強積金豁免證明書編號為 ORxxxxxxx)?
 Yes (Please complete Part B) 是 (請填寫乙部分) No (Please request member to complete Part C-2,3,4) 否 (請通知成員填寫丙-2, 3, 4 部分)

* Please delete if not appropriate. 請刪除不適用者

Part B 乙部分 : To be completed by the **EMPLOYER** of MPF Exempted ORSO Scheme :-
此部分只供獲強積金豁免的職業退休計劃的僱主填寫： -

1. Did the Member join this ORSO scheme on or after Dec 2, 2000? (Please tick one of the followings)
成員是否於二零零零年十二月二日或以後參與此職業退休計劃? (請✓以下其中一項)

- a) (i) Yes. (Please complete Part B-1(b) and arrange the Member to complete Part C)
是。(請填寫乙-1 (b) 部分及安排成員填寫丙部分)
- (ii) No. The Member is summarily dismissed. (Please complete Part B-1(b) and arrange the Member to complete Part C-2,3,4)
否。成員是因嚴重過失而被解僱。(請填寫乙-1 (b) 部分及安排成員填寫丙-2, 3, 4 部分)
- (iii) No, and the Member is **not** summarily dismissed. (Please request member to complete Part C-2,3,4)
否, 而成員**不是**因嚴重過失而被解僱。(請通知成員填寫丙-2, 3, 4 部分)

b) **Minimum MPF Benefits Calculation 最低強制性公積金利益計算方法**(applicable to Employer who choose item **a(i)or(ii)** only 此部分只適用於選擇項目 **a(i) 或 (ii)** 之僱主填寫)

This Member's accrued benefits will be subject to an amount equivalent to the Minimum MPF Benefits.
該成員在計劃內累算所得的權益將受制於「最低強制性公積金利益」。

Minimum MPF Benefits is the lesser of 最低強制性公積金利益指下列兩者中數目較少者:

- (i) the member's benefits accrued during the years of post-MPF service; and
於強積金計劃實施後之服務年期內, 成員在該計劃下累算的權益; 以及
- (ii) $1.2 \times \text{final average monthly relevant income} \times \text{years of post-MPF service}$
 $1.2 \times \text{最終每月平均有關入息} \times \text{強積金計劃實施後之服務年期}$

The employer is required to provide the amount calculated in the table below in accordance to item b(ii) above: HK\$港幣 _____

僱主需提交根據上列項目 b(i i) 所計算之金額

The following table may be used to facilitate the determination of this amount.

僱主可根據下列圖表以作計算成員最低強制性公積金利益金額。

The last 12# complete months' Relevant Income preceding termination (skip any month(s) during which unpaid leave or maternity leave was taken) 最後 12#個 完整 月份的每月有關入息 (任何含有無薪假期或產假之月份不用計算在內)	Relevant Income (maximum level per month – HK\$30,000^) 有關入息 以每月最高有關入息水平 - HK\$30,000 元為上限^) HK\$港元	Example 例
The last complete month 過去之第 1 個完整月份		10,000
The 2 nd last complete month 過去之第 2 個完整月份		11,000
The 3 rd last complete month 過去之第 3 個完整月份		12,000
The 4 th last complete month 過去之第 4 個完整月份		11,500
The 5 th last complete month 過去之第 5 個完整月份		11,300
The 6 th last complete month 過去之第 6 個完整月份		maximum level 最高水平 30,000 (actual 實際= 35,000)
The 7 th last complete month 過去之第 7 個完整月份		11,200
The 8 th last complete month 過去之第 8 個完整月份		13,000
The 9 th last complete month 過去之第 9 個完整月份		11,200
The 10 th last complete month 過去之第 10 個完整月份		15,000
The 11 th last complete month 過去之第 11 個完整月份		10,000
The 12 th last complete month 過去之第 12 個完整月份		15,000

[a] Sum of Relevant Income = _____ e.g. [a] = \$161,200
有關入息總和 HK\$港幣 _____

[b] No. of complete months# = _____ e.g. [b] = 12#
完整月份數目

[c] Final average monthly Relevant Income = HK\$港幣 _____ (= [a]/[b]) e.g. [c] = \$161,200/12
最終每月平均有關入息 = \$13,433.33

[d] Years of post-MPF service (i.e. since Dec 1, 2000) on complete month basis = _____ e.g. [d] = 15 months 個月
強積金計劃實施後 (即是二零零零年十二月一日以後) 之服務年期 (以整月計算) = 1.25 years 年

[e] $1.2 \times [c] \times [d] = 1.2 \times \text{HK\$港幣} \times \text{_____}$ e.g. [e] = $1.2 \times 13,433.33 \times 1.25$
= HK\$港幣 _____ (Please fill this answer in item b(ii) above 請填寫
此答案於上方項目 b(i i) 內) = 20,150.00

#Note: If the employee has only been a member of the scheme for less than 12 months, then the number of complete months since the date the member joined the scheme to the date of termination should be used.

#附註: 如僱員成為計劃成員少於 12 個月, 請以成員參與計劃日期起至離職日期止所包含之完整月份數目作計算。

^ Note: In determining the final average monthly relevant income, each of the last 12 complete month's relevant income will be capped by the applicable maximum level of relevant income per month, i.e. HK\$20,000 on or before May 31, 2012 or HK\$25,000 between Jun 1, 2012 and May 31, 2014 or HK\$30,000.00 on or after Jun 1, 2014, first before calculating the average.

^附註: 最終每月平均有關入息的釐定方法, 是先就最後 12 個完整月份的每月入息定出每月的有關入息(若計算月份在 2012 年 5 月 31 日或以前, 相關月份之每月最高有關入息水平以港幣 20,000 元為上限; 若計算月份在 2012 年 6 月 1 日至 2014 年 5 月 31 日期間, 相關月份之每月最高有關入息水平則以港幣 25,000 元為上限; 若計算月份在 2014 年 6 月 1 日或以後, 相關月份之每月最高有關入息水平則以港幣 30,000 元為上限), 然後再計算每月平均的入息。

Part C 丙部分 : To be completed by the **MEMBER** : - 此部分由**成員**填寫

1. **Treatment of Minimum MPF Benefits 最低強制性公積金利益之處理方法:-**
Please mark a '✓' in the appropriate box to indicate your preferred Option : -
請在適當的選項上填上✓號:-

- Option 1 選項一: To transfer my Minimum MPF Benefits to a Personal Account under the AIA MPF - Prime Value Choice administered by AIA Pension and Trustee Co. Ltd ("AIAPT"). I understand that I have to complete and duly sign the AIA MPF - Prime Value Choice Personal Account Member Application Form and send it to AIA Pension and Trustee Co. Ltd. at 1/F, AIA Building, 1 Stubbs Road, Hong Kong.
將最低強制性公積金利益轉移至由友邦退休金管理及信託有限公司所管理的友邦強積金優選計劃個人賬戶內, 本人確知須填妥及遞交友邦強積金優選計劃個人賬戶成員申請書到友邦退休金管理及信託有限公司, 地址為香港司徒拔道一號友邦大廈一樓。

Note: If this Option is chosen, please submit the AIA MPF - Prime Value Choice Personal Account Member Application Form within 31 days from the date the Trustee(s) receives this notification of termination. The Form can be obtained via our Member Hotline at (852) 2200 6288.

附註: 選擇[選項一]之人士, 請於此表格交還受託人後三十一日內提交友邦強積金優選計劃個人賬戶成員申請書。有關表格可致電成員熱線 (852) 2200 6288 索取。

- Option 2 選項二: To transfer my Minimum MPF Benefits to my MPF account with details as follows:-
將最低強制性公積金利益轉移至本人之強積金賬戶內, 資料如下:-
- Name of MPF Scheme 強積金計劃名稱 : _____
- Name of the Trustee(s) 受託人名稱 ^{Note #11} : _____
- Name of New Employer (optional) 僱主名稱 (可選擇填寫與否) : _____
- Scheme Member Account Number 計劃成員賬戶編號 : _____

Note: If the Trustee(s) of your MPF Scheme is not AIA Company (Trustee) Limited, please provide a copy of relevant supporting document that carries the Name of your MPF Scheme, Name of the Trustee(s) and Scheme Member Account Number for verification purpose.

附註: 若閣下之強積金計劃受託人並非友邦(信託)有限公司, 敬請提供閣下之強積金計劃名稱, 受託人名稱及計劃成員賬戶編號之有關證明文件副本, 以便核實。

- Option 3 選項三: To withdraw my Minimum MPF Benefits on the ground of retirement (age:65 or above)/early retirement (between ages 60 and 65)/total incapacity/death/permanent departure from Hong Kong. I recognize that I have to complete and submit the Claim form for withdrawal of Minimum MPF Benefits from MPF exempted ORSO registered scheme (Form MMB-W) as soon as possible for further processing.
提取最低強制性公積金利益, 申索理由為退休(年齡:六十五歲或以上)/提早退休(年齡:六十歲至六十五歲)/完全喪失行為能力/死亡/永久性離開香港。本人確知須儘快填妥及遞交獲強積金豁免的職業退休註冊計劃提取最低強積金利益的申索表格(表格 MMB-W)。

Note: The Form (Form MMB-W) can be downloaded from MPFA website at www.mpfa.org.hk.

附註: 有關表格(表格 MMB-W)可於積金局網頁 www.mpfa.org.hk 下載。

I hereby declare and agree that if I fail to furnish this information within 31 days from the receipt date of this notification of termination by the Trustee(s), I will be deemed to have elected Option 1. AIAPT is authorized to:-

- Invest 100% of my Minimum MPF Benefits in the Guaranteed Portfolio
- Use my personal particulars maintained under this ORSO scheme to set up my new MPF account

本人現聲明並同意, 倘若本人未能於此表格交還受託人後三十一日內提供以上所需資料, 則以[選項一]作為既定處理方法, 受託人可將:-

- 本人之最低強制性公積金利益百份百投資於保證組合
- 根據本人職業退休計劃內的個人資料成立強積金賬戶

2. **Treatment of benefits in excess of Minimum MPF Benefits ("MMB"), if any:-** (Please tick only one of the followings)
「最低強制性公積金利益」以外的其他權益(最低強積金利益)(如有)將作下列安排:- (祇可選擇以下其中一項並填上✓號)

Option 1 To be handled as per the attached Appendix to Notification of Member Termination. 根據附上之成員離職通知書附頁作出處理。
選項一:

Note: Only applicable to Members participating in the AIA Retirement Fund Scheme (minimum re-investment amount is HK\$100,000). By selecting this option 1 and completing the attached Appendix, you are informing the Trustee(s) that you would like your investment fund holdings representing your accrued benefits in excess of MMB to be transferred or to be redeemed in cash and to be re-invested according to your instruction given in the Appendix under a separate personal account in the AIA Retirement Fund Scheme.

附註: 只適用於已參與友邦退休金計劃之成員(最低投資金額為港幣十萬元)。閣下於選項一內加上✓號並填妥附上之附頁, 以通知受託人表示閣下願意轉移或以現金贖回等同最低強積金利益以外之累算權益所持有投資基金及根據附頁內之指示於閣下之友邦退休金計劃之另一個人賬戶內再作投資。

Option 2 To be paid by cheque and sent to:- (Please tick one of the followings)以支票形式支付, 並寄往:-
選項二: (請選擇以下其中一項並填上✓號)

The address of the Employer named in Part A-2. 如甲 - 2 部分上所述之僱主的通訊地址

The address as stated in Part C-3 below. 如丙 - 3 部分所述之住宅地址

Option 3 To be handled in the same way as those derived from Minimum MPF Benefits. 以處理最低強積金利益的同樣方式處理。
選項三:

3 Residential address: 住宅地址 :

4. Contact Telephone No. 聯絡電話號碼 :

Home: 住宅電話:

Mobile: 流動電話:

Office: 辦公室電話:

Notes:

注意事項:

1. Member termination will only be processed on or after the last day of employment unless prior written notice is given by the Employer
除非僱主事先遞交書面通知，否則只會於成員在職最後一天或以後才處理成員離職程序。
2. Member's benefits cheque will be sent to the address indicated by the Member in Part C-3.
成員權益支票將寄往成員在丙-3 部分指定之地址。
3. Benefits cheque will be in HK dollar unless otherwise specified (Handling fee and/or bank charges may apply and will be borne by the Member)
除非特別註明，否則權益支票將以港元支付(有關行政費用或手續費用將由成員支付)。

Declaration by the Employer 僱主聲明

I/We understand that I am/we are duly authorized to release the information of my/our employees and will fully indemnify the Trustee(s) for any losses, damages, or claims that might result from the release of such information. I/We confirm that the information of my/our employees which I/we provide to the Trustee(s) has been verified. I/We agree to indemnify and keep the Trustee(s) indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Trustee(s) as a result of any inaccuracy of the information provided for the purpose of processing this Member termination.

本人/吾等明白本人/吾等獲授權公開本公司僱員之資料，並賠償受託人因公開有關資料所導致之任何損失、損壞或申索。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，倘若因本人/吾等所填報之資料錯誤，而導致受託人在處理有關離職成員個案中蒙受任何損失、支出、或須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。

Declaration by the Member 成員聲明

I hereby declare and confirm that the information provided by me to the Trustee(s) in this form is correct. I agree to indemnify and keep the Trustee(s) indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Trustee(s) as a result of any inaccuracy of the information provided.

本人謹此聲明及確認，本人於此表格上提供予受託人之資料正確無誤，倘若本人所填報之資料錯誤，而導致受託人任何損失、支出、或須要進行任何行動或訴訟，本人同意作出有關賠償予受託人。

Declaration by both the Employer and the Member 僱主及成員聲明

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

吾等確認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」）。吾等聲明及同意在本申請書所載或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吾等或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。吾等確認及同意就收集個人資料聲明所述目的轉移吾等的個人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。

We further declare and confirm that the information provided by us to the Trustee in this form is true and correct, and 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"). We acknowledge and consent to the transfer of the personal data of our employees outside of Hong Kong for direct marketing purposes and to the types of transferee as set out in the AIA PIC.

吾等聲明及確認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。吾等確認及同意就收集個人資料聲明所述直接促銷目的轉移吾等所有員工的個人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。

We hereby authorize and acknowledge that the Trustee(s) has the right to accept, process, execute and rely upon instructions issued in our names together with our signatures which have been sent to the Trustee(s) by original copy only. We agree to be bound by any instructions sent to the Trustee(s) under our names and our signatures and we further agree to indemnify and hold the Trustee(s) harmless from and against any and all liabilities and expenses incurred by the Trustee(s) arising from the Trustee(s)'s execution of the said instructions.

吾等謹此授權及確認受託人有權接納、處理及執行以吾等名義並一起簽署發出並以正本送往受託人之指示。吾等同意及接受以吾等名義及簽署致受託人之任何指示約束，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。吾等亦同意確保受託人不因此而蒙受任何損失。

We confirm that we have read and understood the notes and declaration clauses stated above. 吾等確認已參閱及瞭解上述之注意事項及聲明。

Employer's Authorized Signature and Company Chop
僱主授權人簽署及公司印鑑

Member's Signature
成員簽署

Date
日期

Self-addressed Slip 回郵地址欄 (to be completed by member 此部分由成員填寫)

(Name) 姓名

(Address) 地址