



AIA International Limited
(Incorporated in Bermuda
with limited liability)

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Macau
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RETIREMENT.AIA.COM.HK

MACAU

For AIA Macau's Internal Use:	
Participant No.:	
Signature Verified / Processed By :	Checked By :

Notification of Member Termination 成員離職通知書

Please note 請注意:

*Delete as appropriate. 請於*項目刪去不適用者。
Submit **ORIGINAL COPY** only, fax copy will not be processed. 請呈交**正本**, 傳真本將不獲處理。
Benefits cheque will be in MOP. 權益之支票將以澳門幣支付。

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

- Plan No. 計劃編號: _____
 - Name of Employer 僱主名稱: _____
 - Particulars of the Terminated Member ("the Member") 離職成員 (下稱「成員」) 資料:
 - Member Name (Same as I.D. Card/Passport)
成員姓名 (以身份證/護照之名字為準): _____
 - I.D. Card/Passport No.* 身份證號碼 / 護照號碼*: _____
 - Last Day of Employment (ccyy/mm/dd) 最後在職日期 (年/月/日): ____/____/____
 - Tax Contribution No. 納稅人編號: _____
 - 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 ^{Note 1})* 退休 (提早/正常/延遲 ^{註 1})*	<input type="checkbox"/> Ill-health/Disability ^{Note 2*} 健康欠佳/傷殘 ^{註 2*}
<input type="checkbox"/> Redundancy 裁員	<input type="checkbox"/> Summary Dismissal 因嚴重過失而被解僱	<input type="checkbox"/> Dismissal ^{Note 3*} 解僱 ^{註 3*}
<input type="checkbox"/> Death ^{Note 4*} 死亡 ^{註 4*}		
- Tax Contribution No. of Beneficiary 受益人納稅人編號: _____
(Please fill in "N/A" if the above no. is not available. 如沒有上述編號, 請填上 "不適用")

* Note 註: 1. Late Retirement is equivalent to Old Age Retirement for AIA Macau Retirement Fund Services. 於澳門友邦保險退休金服務而言延遲退休等同老年退休。
2. Ill-health/Disability includes the events of Permanent Loss of Work Capacity and Serious Illness as stated in AIA Macau Retirement Fund Services.
健康欠佳/傷殘於澳門友邦保險退休金服務而言包括永久喪失工作能力及嚴重病患。
3. Please complete Part C (if applicable). 請填寫丙部分 (如適用)。
4. A FATCA Declaration for Beneficiary form must be completed. 必須填寫<海外賬戶納稅法案> 受益人聲明。

Part B 乙部分: To be completed by the **Member** 此部分由**成員**填寫: -

- Residential Address 住宅地址: _____
- Contact Telephone No. 聯絡電話號碼: _____
- Treatment of benefits under the employer plan stated in Part A-1 (Please tick one of the followings) 甲-1 部分所述僱主計劃之權益之安排: (請✓以下其中一項)

Option 1 選項一 To be paid by cheque (if any) and sent to the following address with ✓ 以支票形式支付, 並寄往以下加上✓號之地址:

<input type="checkbox"/> The address of the Employer named in Part A-2 如甲-2 部分上述之僱主的通訊地址
<input type="checkbox"/> The address as stated on the self-addressed slip 回郵地址欄之地址 (Please fill in the self-addressed slip at the end of this form 請填寫表格內之回郵地址欄)

Option 2 選項二 To be re-invested in my Individual Personal Account as follows: (Please tick one of the following)
根據下列選擇之總額於本人之「個人參與人」個人賬戶內再作投資: (請✓以下其中一項)

<input type="checkbox"/> Entire Sum 全數
<input type="checkbox"/> MOP 澳門幣 _____ (Minimum of MOP20,000 if there is no Existing Participant Personal Account balance or no voluntary contribution made in Individual Personal Account); the remaining balance will be paid by cheque and sent to the following address with ✓ (如沒有任何「在職參與人」個人賬戶結存或沒有選擇於「個人參與人」個人賬戶內作自願性供款, 則最低限額須為澳門幣二萬元。); 餘款以支票支付並寄往以下加上✓號之地址:
<input type="checkbox"/> The address of the Employer named in Part A-2 如甲-2 部分上述之僱主的通訊地址
<input type="checkbox"/> The address as stated on the self-addressed slip 回郵地址欄之地址 (Please fill in the self-addressed slip at the end of this form 請填寫表格內之回郵地址欄)

Note 附註: 1. Only applicable to Members whose application to join Individual Personal Account has been approved by Autoridade Monetária De Macau ("AMCM"). For those who have not submitted application before, please complete and return the Personal Account Application Form – Individual Participant [Appendix F2].
只適用於經澳門金融管理局(「澳門金管局」)審批之「個人參與人」個人賬戶申請。如尚未提出申請之人士, 請填妥並交回「個人賬戶申請表格 – 個人參與人」[附件 F2]。
2. The benefits will be redeemed in cash from the employer plan stated in Part A-1 and re-invested according to your instruction given in the Appendix F2 under the Individual Personal Account with AIA Macau Retirement Fund Services.
甲-1 部分所述僱主計劃內之累算權益所持有投資基金將以現金贖回及根據附件 F2 內之指示於閣下之澳門友邦保險退休金服務開立之「個人參與人」賬戶內再作投資。
3. The benefits will only be redeemed after the approval of Individual Personal Account is obtained from AMCM.
有關之累算權益只於「個人參與人」賬戶獲澳門金管局審批後才會被贖回。

Note 附註: If no option has been selected, accrued benefits under the employer plan will be redeemed in cash and paid by cheque which will be sent to the address of the Employer named in Part A-2. 如並未於上述選項中作出選擇, 僱主計劃內之累算權益將以現金贖回, 並以支票形式支付, 支票將寄往如甲-2 部分所述之僱主的通訊地址。

Part B (cont.) 乙部分 (承上):

4. Treatment of voluntary contribution balances under your Existing Participant Personal Account 閣下於在職參與人個人賬戶內自願性供款結存之安排:

According to the reason for Cessation of Employment stated in Part A-3d) above (except death), (i) your Existing Participant Personal Account will automatically close; and (ii) the account balances under your Existing Participant Personal Account will be arranged to rollover to the Individual Personal Account, under AIA Macau Retirement Fund Services for continuous investment until we receive your further instructions, provided that the set up of the Individual Personal Account has been approved by Autoridade Monetária De Macau. Please ensure you have read the Personal Account Application Form - Individual Participant [Appendix F2] for details of the operation of Individual Personal Account.

根據上述甲-3d) 部分所述之離職原因(死亡除外), (i) 閣下之在職參與人個人賬戶將被自動取消; 及(ii) 閣下之在職參與人個人賬戶中之結存, 將被安排滾存至獲澳門金融管理局審批而開立之澳門友邦保險退休金服務之「個人參與人」個人賬戶內繼續投資直至管理公司收到閣下之其他指示。有關個人賬戶之運作詳情, 請參閱「個人賬戶申請表格 - 個人參與人」[附件 F2]。

Part C 丙部分: For Reason for Cessation of Employment is Dismissal Only (if applicable): - 此部分只供離職原因是**被解僱**填寫(如適用):

1. Amount of dismissal compensation entitled by the Member: MOP 澳門幣 _____
成員應得之解僱賠償金額
2. Dismissal compensation paid to the member 解僱賠償已支付予成員: Yes 是 No 否
3. Dismissal compensation to be reimbursed from the amount of the employee's vested accrued benefits that is attributable to the employer's contribution:
由僱主供款部分所衍生的累算權益中歸屬予僱員之部分償還解僱賠償
 Yes (Please ask member to complete the following) 是 (請要求僱員填妥以下資料) No 否

Acknowledge receipt of dismissal compensation 確認已收妥解僱賠償

I hereby agree and acknowledge receipt of the dismissal compensation stated in Part C (1).
本人同意及確認已收妥於丙部分項目(1)上所述之解僱賠償。

Signature of the Member
成員簽署

Date (ccyy/mm/dd)
日期 (年/月/日)

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

We hereby authorise and acknowledge that the Management Company 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 Management Company by original copy only. We agree to be bound by any instructions sent to the Management Company under our names and our signatures and we further agree to indemnify and hold the Management Company harmless from and against any and all liabilities and expenses incurred by the Management Company arising from the Management Company's execution of the said instructions.

I/We hereby declare and agree that any personal information collected or held by the Management Company (whether contained in this form or otherwise obtained) is provided and may be held, used, and disclosed by the Management Company to individuals/organisations associated with the Management Company or any selected third party (within or outside Macau), for the purposes of processing this document. I/We understand that (i) the Management Company may be unable to process this form if I/we fail to provide any information requested in this form; and (ii) I/we have the right to obtain access to and to request correction of any of my/our employees' (as the case may be) personal information held by the Management Company. Such request may be made in writing to the Management Company.

I/We further declare and confirm that the information provided by me/us to the Management Company in this form is true and correct, and hereby instruct the Management Company to amend the records accordingly. I/We agree to indemnify and keep the Management Company indemnified against any and all losses, costs, expenses, actions, proceedings suffered by the Management Company as a result of any inaccurate information provided by me/us and/or upon the Management Company's execution of any of my/our instructions provided except where there is proven (to the satisfaction of the Management Company) willful default, gross negligence or fraud on the part of the Management Company.

吾等謹此授權及確認管理公司有權接納、處理及執行以吾等名義並一起簽署發出並以正本送往管理公司之指示。吾等同意及接受以吾等名義及簽署致管理公司之任何指示約束, 並且同意賠償管理公司因執行所述指示而致產生之任何後果及其責任與支出。吾等亦同意確保管理公司不因此而蒙受任何損失。

本人/吾等現聲明並同意, 管理公司可保留、使用或透露管理公司所收集或保留的任何有關本人/吾等的個人資料(包括在此表格所載或從其他途徑取得), 給予與管理公司有關人士/公司或任何被選定的機構(在澳門或海外), 用作處理本表格。本人/吾等明白到(i)倘若本人/吾等未能提供本表格所需的資料, 管理公司將可能無法處理有關表格, 及(ii)本人/吾等有權向管理公司查閱及要求修正備存於管理公司的任何本人/吾等之員工(如適用)的資料, 有關要求可以書面向管理公司提出辦理。

本人/吾等謹此聲明及確認, 本人/吾等在此表格上提供予管理公司之所有資料均為正確無誤, 並同意管理公司按本人/吾等指示更改有關資料。除因管理公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得管理公司信納), 倘若本人/吾等所填報之資料錯誤及/或管理公司因執行本人/吾等之任何指示, 而導致管理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管理公司。

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

Employer's Authorised signature and Company chop
僱主之授權人簽署及公司印鑑

Signature of member
成員簽署

Date (ccyy/mm/dd)
日期 (年/月/日)

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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)