



AIA International Limited

(Incorporated in Bermuda with limited liability)

1903, AIA Tower, 251A-301, Avenida Comercial de Macau Macau
T: (853) 8988 1814 (Employer)
(853) 0800 272 (Member)
F: (853) 2872 2782

RETIREMENT.AIA.COM.HK

MACAU

Please note:

This form should be completed in **BLOCK LETTERS AND IN BLACK INK.**

Delete as appropriate where marked with “**”.

Submit **ORIGINAL COPY** only, fax copy will not be processed.

NOTICE OF MEMBER TRANSFER UNDER PARTICIPATING SCHEME DUE TO BUSINESS ACQUISITION OR EMPLOYMENT TRANSFER BETWEEN ASSOCIATED COMPANIES

Member Name : _____

ID Card / Passport No.* : _____

Name of Existing Employer : _____

Existing Employer Plan No. : _____

Name of Previous Management Company : _____

Member Account No. : _____

Name of New Employer : _____

New Employer Plan No. : _____

Name of New Management Company : _____

The Existing Employer and the New Employer (collectively “the Employers”) confirm that the above-named is a member of the participating scheme of the Existing Employer.

The Employers also confirm that the employment of the Member by the Employers should be treated as continuous by virtue of business acquisition or employment transfer between associated companies.

The Existing Employer agrees to release the full amount of his/her accrued benefits to the participating scheme of the New Employer, effective from _____ (dd/mm/ccyy).

The New Employer agrees to accept the said member’s accrued benefit balance from the Existing Employer to be credited to the said member’s account under the New Employer’s participating scheme.

The said Member agrees for his/her personal information to be released from the Existing Employer to the New Employer for the purposes of processing of such transfer and subsequent services. The Member agrees, understands, and acknowledges the effect of his/her employment being considered continuous. The said Member also understands, accepts, and agrees to comply with the governing rules, such as vesting scale, of the New Employer’s participating scheme, which may or may not vary from that of the Existing Employer.

In consideration of AIA International Limited Macau Branch agreeing to process the above transfer and provide the necessary participating scheme services thereafter, the Existing Employer, the New Employer and the said Member herein all agree and undertake to hold AIA International Limited Macau Branch and its processing agent(s) harmless and indemnified against all actions, proceedings, claims and demands whatsoever which may hereafter be brought against AIA International Limited Macau Branch and its processing agent(s) arising out of or in connection with the above transfer and from all costs and expenses of whatsoever kind in connection therewith.

Existing Employer’s authorized signature

Company Chop

New Employer’s authorized signature

Company Chop

Member’s signature

Date: (dd/mm/ccyy)



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請注意：
本表格必須以**正楷及黑筆**填寫。
請於“*”項目刪去不適用者。
請呈交**正本**，傳真本將不獲處理。

成員轉換參與計劃通知書
(適用於因公司業務被收購或成員轉職至聯繫公司)

成員姓名 : _____

身份證/護照號碼* : _____

現職僱主名稱 : _____

現職僱主計劃編號 : _____

現管理公司名稱 : _____

成員賬戶編號 : _____

新僱主名稱 : _____

新僱主計劃編號 : _____

新管理公司名稱 : _____

現職僱主及新僱主(以下統稱「雙方僱主」)均確認上述成員為現職僱主參與計劃內之成員。

雙方僱主均確認上述成員因公司業務被收購或成員轉職至聯繫公司將視作為連續性受僱。

現職僱主同意轉移上述成員之全數累算權益予新僱主之參與計劃，並於_____ (日/月/年)生效。

新僱主同意接受由現職僱主轉入上述成員之累算權益結餘，並存入上述成員於新僱主參與計劃之賬戶內。

上述成員同意將其個人資料由現職僱主發放予新僱主以便進行有關轉換及相關服務。成員同意、明白及確認其轉職被視作連續性受僱所帶來的影響。上述成員亦明白、接受並同意遵守新僱主的參與計劃條款規定，例如歸屬權益百分比，而此百分比將會或不會與現職僱主所定之百分比有所不同。

鑑於友邦保險(國際)有限公司同意處理上述有關安排及於日後提供所需之參與計劃服務，現職僱主、新僱主及上述成員均謹此同意確保友邦保險(國際)有限公司及其執行代理公司不會因上述轉換而蒙受任何損失，並同意賠償因上述轉換或上述轉換所衍生之任何行動、訴訟、申索及索求對友邦保險(國際)有限公司及其執行代理公司所帶來之任何成本及支出。

現職僱主授權人簽署

公司印鑑

新僱主授權人簽署

公司印鑑

成員簽署

日期：(日/月/年)