



**AIA MPF - PRIME VALUE CHOICE  
EMPLOYER APPLICATION FORM  
友邦強積金優選計劃僱主申請書**



**IMPORTANT 重要事項**

PLEASE READ THE PRINCIPAL BROCHURE BEFORE COMPLETING THIS FORM. WORDS AND EXPRESSIONS IN THIS FORM HAVE THE SAME MEANING AS IN THE PRINCIPAL BROCHURE. 請於填寫本申請書前參閱計劃主要說明書。本申請書的詞彙及措辭均與主要說明書同義。

**Please note:**

This form should be completed in **ENGLISH BLOCK LETTERS AND IN BLACK INK.** Leave a space between numbers and words. Delete as appropriate where marked with " \* ". Submit **ORIGINAL COPY** only, fax copy will not be processed.

**請注意：**

本表格必須以英文正楷及黑筆填寫。請於數字與文字之間留一個空格。請於" \* "項目刪去不適用者。請呈交**正本**，傳真本將不獲處理。

**PART A: PARTICULARS OF EMPLOYER 第一部分：僱主資料**

PR15064

1. Name of Business/Company 業務/公司名稱 (same as registration document as indicated in A9 與第一部分第九項之認可註冊文件相同)

English 英文 : \_\_\_\_\_  
\_\_\_\_\_

Chinese 中文 : \_\_\_\_\_

2. Tel. No. 電話號碼 : \_\_\_\_\_  
(Area Code 地區代號)

3. Fax No. 傳真號碼 : \_\_\_\_\_  
(Area Code 地區代號)

4. Principal Place of Business 營商地址 :

Unit 單位 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座數 \_\_\_\_\_

Building 大廈名稱 \_\_\_\_\_

Name of Street 街道名稱 \_\_\_\_\_

District 區域 \_\_\_\_\_ HK香港/KLN九龍/NT新界\*

5. Correspondence Address 通訊地址 : (only if different from A4 如跟第一部分第四項相同則不用填寫)

Unit 單位 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座數 \_\_\_\_\_

Building 大廈名稱 \_\_\_\_\_

Name of Street 街道名稱 \_\_\_\_\_

District 區域 \_\_\_\_\_ HK香港/KLN九龍/NT新界\*

6. Contact Person (Primary) 第一聯絡人 :

Name 姓名 :  Mr. 先生  Ms. 女士

English 英文 : \_\_\_\_\_  
(Surname 姓) (Given Names 名)

Chinese 中文 : \_\_\_\_\_

Tel. No. 電話號碼 : \_\_\_\_\_  
(Area Code 地區代號)

Fax No. 傳真號碼 : \_\_\_\_\_  
(Area Code 地區代號)

E-mail 電郵 : \_\_\_\_\_

Contact Person (Secondary) 第二聯絡人 : (if applicable 如適用)

Name 姓名 :  Mr. 先生  Ms. 女士

English 英文 : \_\_\_\_\_  
(Surname 姓) (Given Names 名)

Chinese 中文 : \_\_\_\_\_

Tel. No. 電話號碼 : \_\_\_\_\_  
(Area Code 地區代號)

Fax No. 傳真號碼 : \_\_\_\_\_  
(Area Code 地區代號)

E-mail 電郵 : \_\_\_\_\_

7. Type of Legal Entity 公司類別 : (tick one only 只須選擇一項)

Sole Proprietor 獨資經營

Partnership 合夥經營

Corporation 有限公司

Others 其他 (please specify 請註明 : \_\_\_\_\_)

8. Approximate Number of Employees 僱員大約人數： \_\_\_\_\_

9. Type of Registration 註冊類別：(you may tick more than one 可選擇下列多項)  
(please provide copy of the registration document as ticked and refer to Part G for details 請呈交下列所選擇之認可註冊文件副本，詳情請參閱第七部分)

- Business Registration 商業登記證<sup>[BR]</sup> - No. 號碼： \_\_\_\_\_
- Inland Revenue Department 稅務局 (charitable organizations only 祇適用於慈善團體)<sup>[IR]</sup> - No. 號碼： \_\_\_\_\_
- Society of the Hong Kong Police 香港警務處社團事務處 (societies only 祇適用於社團)<sup>[SO]</sup> - No. 號碼： \_\_\_\_\_
- Education Department 教育署<sup>[ED]</sup> - No. 號碼： \_\_\_\_\_
- Registry of Trade Union 職工會登記局<sup>[TU]</sup> - No. 號碼： \_\_\_\_\_
- Others 其他 - No. 號碼： \_\_\_\_\_
- (please specify 請註明： \_\_\_\_\_ )

10. Nature of Business 商業類別：(tick one only 只須選擇一項)

- Construction 建築業
- Community, social and personal services 社區、社會及個人服務
- Electricity and gas 電力及煤氣
- Finance, insurance, real estate and business services 金融、保險、地產及商業服務
- Import/Export trades 出/入口貿易
- Manufacturing 製造業
- Mining and quarrying 開礦及採石
- Restaurants and hotels 餐廳及酒店業
- Technology 科技行業
- Transport, storage and communications 運輸、倉務及通訊業
- Wholesale and retail 批發及零售業
- Others 其他 (please specify 請註明： \_\_\_\_\_ )

11. Are you a representative employer of a group of companies? 貴公司是否集團公司之僱主代表?

- Yes 是 (please complete Appendix A, Group Companies Form 請填寫附件A - 集團公司表格)  No 否

12. Date of Participation 參與計劃日期

(If there is no asset to be transferred in, this date should be on or before the Date of Employment of the first joining employee 如沒有資產轉移，此日期該較最早入職僱員之入職日期為早)

(If there is asset to be transferred in, this date should be same as the scheme transfer effective date 如有資產轉移，此日期該等同於計劃轉移生效日期)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
ccyy 年 mm 月 dd 日

## PART B: FREQUENCY OF PAYROLL/CONTRIBUTIONS 第二部分：發薪/供款次數 (you may tick more than one 可選擇下列多項)

- Monthly 每月\*\* (month end 月底)
- Semi-monthly 每半個月\*\* (15th and month end 15 號及月底)
- Weekly 每週\*\* (last day of the week i.e. Saturday 每週最後一天即星期六)

For Internal Use 內部使用	
M	_____
SM	_____

\*\* If the frequency of your payroll is different from that specified above, please specify period 如發薪次數與上述所列有別，請列明時段：

## PART C: SUBMISSION OF CONTRIBUTION DATA 第三部分：呈交供款資料方法 (tick one only 只須選擇一項)

- Interactive Website<sup>###</sup> 互動網頁<sup>###</sup>  Diskette/CD-Rom 磁碟/光碟  Paper Format 書面方式

<sup>###</sup> Please complete and submit the "Application Form for Online MPF Data Submission Service" which can be downloaded from our Interactive Website or obtained from our Employer Hotline (852) 2100 1888. 請填妥並遞交「網上遞交強積金資料服務申請表格」。有關表格可於本公司之互動網頁下載或致電僱主熱線(852) 2100 1888索取。

## PART D: METHODS OF PAYMENT 第四部分：繳付方法 (tick one only 只須選擇一項)

- Cheque 支票  Direct Debit 直接付款 (please complete the enclosed Direct Debit Authorization Form 請填寫隨表格附上之「直接付款授權書」)

Please do not send or give cash to an intermediary. Crossed cheque should be made payable to "AIA Co. (Trustee) Ltd. - Prime". 請勿郵寄或繳付現金予中介人。劃線支票抬頭請填上「友邦(信託)有限公司 - 優選」。

## PART E: VOLUNTARY CONTRIBUTIONS 第五部分：自願性供款

Will there be any voluntary contributions made by the Employer? 僱主是否作出自願性供款?

- Yes 是 (please complete Appendix B, Voluntary Contribution and Withdrawal Methods 請填寫附件B - 自願性供款及提取方法)
- No 否 (please go to Part F 請繼續填寫第六部分)

## PART F: TRANSFER OF ASSETS 第六部分：資產轉戶

Will there be any assets transferred from your existing retirement scheme? 有沒有任何資產由貴公司現有之退休計劃轉入本計劃?

- Yes 是 (please complete Appendix C, Transfer of Asset 請填寫附件C - 資產轉戶)  No 沒有

## PART G: DOCUMENTS TO BE PROVIDED WITH THIS APPLICATION FORM 第七部分：連同本申請書一併呈交之文件

- copy of Business Registration Certificate or other relevant certificate (within 1 year validity) as indicated in A9 商業登記證或列明於第一部分第九項之其他有關證明文件(於一年內有效)副本
- copy of Certificate of Incorporation (for company) 公司註冊證書副本(適用於公司)
- authorized signatory list 授權人簽名式樣清單

## PART H: DECLARATION 第八部分：僱主聲明

I/We, the undersigned Employer understand and acknowledge that I/we have received and read the Principal Brochure applicable to the Scheme and that by signing this application form:

- (a) I am/We are entering into a legally binding agreement with the Trustee to participate in and contribute to the Scheme.
- (b) I/We undertake to the Trustee to comply with all relevant provisions of the documentation governing the Scheme to the extent applicable to the Employer and, in particular to:
- notify the Trustee in writing of any changes to the information given by me/us in this application form;
  - provide the Trustee with such information and assistance as the Trustee may reasonably require in order to enable the Trustee to comply with the relevant requirements under the MPF Legislation; and
  - notify the Trustee of any election by any of my/our employees to become a Member of the Scheme.
- (c) I/We agree and consent to my/our participation in the Scheme being terminated by the Trustee, upon 3 months' prior written notice having been given by the Trustee, if I/we fail to carry out any undertaking made by me/us.
- (d) I/We understand that to effect any subsequent changes on the governing rules of the MPF scheme that will alter to the detriment of a member's vested benefits or accrued rights:
- written consent should be obtained from all affected employees, and
  - MPFA's approval is required before the changes take effect.

Acceptance of this application by the Trustee is subject to:

- (a) satisfactory completion of all relevant sections in this application form;
- (b) receipt of all relevant documents required by the Trustee; and
- (c) issuance of Notice of Participation from the Trustee.

**I/We declare that: (please select (a) OR (b) and ✓ as appropriate; if no selection is made, we will assume that you HAVE NOT been invited, induced or advised by any registered MPF intermediaries) 本人/吾等聲明：(請選擇 (a) 或 (b)，並於適當方格內填上✓號；如果沒有選擇，我們將假設閣下未獲任何註冊強積金中介人邀請、誘使或建議。)**

(a) I/We HAVE NOT been invited, induced or advised by any registered MPF intermediaries to transfer to or enrol in the AIA MPF schemes. 本人/吾等未獲任何註冊強積金中介人邀請、誘使或建議轉移至或參加友邦強積金計劃。

(b) I/We have been invited, induced or advised by one or more registered MPF intermediaries to transfer to or enrol in the AIA MPF schemes. 本人/吾等獲註冊強積金中介人邀請、誘使或建議轉移至或參加友邦強積金計劃。  
I/We acknowledge that I/we have received and read the Principal Brochure (including fees and charges, information about Principal and Subsidiary Intermediary), Employer's and Member's Guide applicable to the Scheme. 本人/吾等確認已收受及閱讀本計劃之主要說明書(包括收費、主事及附屬中介人資料)、僱主及成員資料冊。

I/We have been informed by my/our registered MPF intermediary that, if I/we elect to transfer out of any guaranteed fund(s) from the original MPF registered scheme(s) to the Scheme, my/our employee(s) may not satisfy some or all of the guarantee conditions of the said guaranteed fund(s) and the relevant guarantee may be disallowed. My/Our registered MPF intermediary has also advised me/us to check the offering document or consult the trustee of the original MPF registered scheme(s) for details before transferring out of the said guaranteed fund(s). 本人/吾等之僱員可能未能符合部分或所有前述保證基金的保證條款，並因而失去有關保證。本人/吾等的註冊強積金中介人已告知本人/吾等若選擇從原註冊強積金計劃的任何保證基金轉移至本計劃，本人/吾等之僱員可能未能符合部分或所有前述保證基金的保證條款，並因而失去有關保證。本人/吾等的註冊強積金中介人已建議本人/吾等在轉移前述保證基金前，查閱原註冊強積金計劃的銷售文件或諮詢其受託人以了解有關詳情。

I/We hereby confirm that my/our registered MPF intermediary has explained to me/us the timeframe involved in the transfer. I/We understand that during the transfer process from original approved trustee to new approved trustee, there will be a time lag during which the accrued benefits will not be invested. 本人/吾等謹此確認本人/吾等的註冊強積金中介人已向本人/吾等說明轉移權益所涉及的時間。本人/吾等明白從原核准受託人轉移至新核准受託人過程需時，過程中累積權益將不會作任何投資。

I/We declare that I/we fully understand the information provided and discussed, including the rationale underlying the advice relating to transfer to or enrol in the AIA MPF schemes. The advice given to me/us is based on the following rationale(s): (please ✓ the appropriate box(es)) 本人/吾等聲明已完全明白所提供及討論之資料，包括有關轉移至或參加友邦強積金計劃的意見之理據。向本人/吾等提供的意見乃基於以下理據：(請於適當方格內填上✓號)

- Schemes and fund choices 計劃及基金選擇  Fund management fees 基金管理費
- Employer and Member services 僱主及成員服務  Other, please specify 其他，請註明：\_\_\_\_\_
- I/We hereby confirm that the sales process does not involve any claims that the Scheme is preferred over the scheme I/we participated in. 本人/吾等謹此確認在銷售過程中，並無涉及任何就本計劃優於本人/吾等正參與的計劃之聲言。

Pursuant to section 34ZL of the Mandatory Provident Fund Schemes Ordinance, I/we declare that: (please select (a) OR (b) and ✓ as appropriate) 根據《強制性公積金計劃條例》第34ZL條，本人/吾等聲明：(請選擇(a) 或 (b)，並於適當方格內填上✓號)

(a) I am/We are NOT visually or otherwise impaired and/or my/our education level(s) IS/ARE NOT primary or below such that I/we can make a key decision\* independently. 本人/吾等並非視障或有其他障礙及/或本人/吾等的教育程度並非為小學或以下，本人/吾等能夠自行作出重要決定\*。

(b) I am/We are visually or otherwise impaired and/or my/our education level(s) is/are primary or below such that I/we cannot make a key decision\* independently, and (please ✓ the appropriate box) 本人/吾等因視障或其他障礙及/或本人/吾等的教育程度為小學或以下，本人/吾等無法自行作出重要決定\* (請於適當方格內填上✓號)

I/We would not like to be accompanied by a witness during the sales process. 本人/吾等不願意銷售過程由見證人陪同。 **OR 或**

I/We would like to be accompanied by the following witness during the sales process: (please ✓ the appropriate box) 本人/吾等願意銷售過程由以下見證人陪同：(請於適當方格內填上✓號)

my/our companion. 本人/吾等的同伴。 **OR 或**  another intermediary or member of staff (i.e. a third party). 另一名中介人或員工(即第三者)。

Name of witness 見證人姓名

Signature of witness 見證人簽署

Date 日期 (ccyy 年 / mm 月 / dd 日)

\*As defined in the MPF legislation, it refers to: (i) choosing a particular constituent fund; (ii) making a transfer that would involve a transfer out of a guaranteed fund; (iii) making an early withdrawal of accrued benefits from the MPF system; or (iv) making voluntary contributions into a particular registered scheme/constituent fund. 根據強積金法例的定義，指(i) 選擇一項特定成分基金；(ii) 進行涉及轉移一項保證基金的權益轉移；(iii) 提早從強積金制度中提取累積權益；或 (iv) 向一個/項特定註冊計劃/成分基金作自願性供款。

(please ✓ as appropriate 如適用，請加上✓號)

- I/We enclose herewith the board resolution/meeting minutes/relevant supporting documents showing that I am/we are the authorized person(s) of the Employer. 本人/吾等附上董事決議書/會議紀錄/有關之證明文件以說明本人/吾等為僱主之授權人。
- I am/We are unable to provide board resolution/meeting minutes/relevant supporting documents of the Employer. I/we hereby declare that I am/we are the authorized person(s) of the Employer. 本人/吾等未能提供僱主之董事決議書/會議紀錄/有關之證明文件。本人/吾等謹此聲明本人/吾等為僱主之授權人。

Note: 注意: If no selection is made, we will assume that you are unable to provide board resolution/meeting minutes/relevant supporting documents of the Employer and you declare that you are the authorized person of the Employer. 如果沒有選擇，吾等將假設閣下未能提供僱主之董事決議書/會議紀錄/有關之證明文件及閣下聲明為僱主之授權人。

Print Name 姓名：\_\_\_\_\_

Position 職銜：\_\_\_\_\_

Date 日期：\_\_\_\_\_

Authorized Signature and Company Chop 授權人簽署及公司印鑑<sup>△</sup>

ccyy 年 / mm 月 / dd 日

<sup>△</sup> For Sole Proprietorship or Partnership business, the authorized signor must be the Sole Proprietor or any one of the Partners. 如屬獨資經營公司或合夥經營公司，必須由獨資經營者或任何一位合夥人簽署。

The completed application form and enclosures should be sent to an authorized intermediary or directly to AIA Company (Trustee) Limited at 1/F, AIA Building, 1 Stubbs Road, Hong Kong. Please take copy for your records. 填妥之申請書及附件請交回認可中介人或直接寄回友邦(信託)有限公司，地址為香港司徒拔道1號友邦大廈1樓。煩請閣下影印本申請書以作記錄。

Remark 備註: Please note that any bank or transaction charges incurred will be borne by you. 閣下須支付所有之銀行或交易手續費。

For Intermediary Use	Agent 1 Name :	Agent 2 Name :
	MPF Card No. :	MPF Card No. :
	Tel. No. :	Tel. No. :
	Agency Code 1 : _____	Agency Code 2 : _____
	Agent Code 1 : _____	Agent Code 2 : _____
	Consultant Code 1 : _____	Consultant Code 2 : _____
Source of Business :	<input type="checkbox"/> 1-Direct <input type="checkbox"/> 2-GMD <input type="checkbox"/> 3-Broker <input type="checkbox"/> 4-Agent <input type="checkbox"/> 5-CKW <input type="checkbox"/> 6-FB <input type="checkbox"/> 7-BOA <input type="checkbox"/> K-Bank <input type="checkbox"/> Z-Others <input type="checkbox"/> A-JF	
Appendix A :	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appendix B : <input type="checkbox"/> Yes <input type="checkbox"/> No
		Appendix C : <input type="checkbox"/> Yes <input type="checkbox"/> No
Cheque No. :	Amount HK\$ :	

For Internal Use	Summary Plan No. :	Commission Rule :	Business Group: _____
Plan Level Indicator/Cross Plan Option :	Contribution Commencement Date (ccyy/mm/dd) :		
Staff Name :	Staff Code :	CIS Class : _____ MT3	

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