Luen Fung Hang Life Limited

中文 Chinese

個人資料

成員姓名 Member Name

身份證/護照號碼

ID Card/Passport No.

**MPC-DV-CHG** 

## 優裕人生個人退休金計劃 — 更改/新增資料通知書 DOLCE VITA INDIVIDUAL PENSION FUND SCHEME - NOTICE OF CHANGE / NEW PARTICULARS

PERSONAL DETAILS

計劃編號

Scheme No.

PART A

<sup>英文</sup> English

乙部 更改/新增資料詳情	PART B	CHANG	GE / NEW PART	ICULARS				
(請☑適當位置 Please ☑ the approp	priate box(es))							
□更改個人資料 Change of Member's	□ 成員新姓名	New Name o	f Member					
Particulars <i>請提供證明文件。</i> Please provide supporting document(s)				D. # // Otherwa				
	證件類別 ID type	□ 澳门身份:	證 Macau ID Card	■ 其他 Others				
	□ 新出生日期	New Date of	Birth					
□更改通訊/現時住址 Change of Correspondence / Current Residential Address	街道名稱 Street Name		門牌 Street Number	大廈	名稱 Building N	lame		
	座數 Block 層數 Floor		區域 District 城市 City			/地區 Country/Regio	n	
			□澳門 Macau □氹仔 Taip	oa □路環 Coloane		Macau		
		١	□其他,請註明 Other, please specify:			他,請註明 Other, please specify:	:	
■更改稅務居民所在司法管轄區及	稅務編號或具有等同功能	的認別編號						
Change of Jurisdiction of Tax Re-	sidence and Taxpayer Ide	entification Nu	ımber or functional e	equivalent numb	er			
請提供適當並已填妥的自證證明	表格(個人)Please pro	vide the duly	completed self-ce	rtification form	(Individua	l) as appropria	ite.	
□更改聯絡資料 Change of Contact Details	, , , , , , , , , , , , , , , , , , ,		□澳門電話 Macau		(	<u>,</u>		
	□ 新手提電話號碼 N	low Mobile No	Late of the second second	1/4回应/11. 百昧世 16.	nat Manau mahi	ila mianan munida C	accentury Aug	
	■ 新丁挺电话號碼 N	iew iviobile ivo	<ol> <li>如非澳門電話,請提 Code</li> </ol>	·供國家/地區號碼 lfr	not iviacau mobi	ie, piease provide C	ountry/ Are	эа
			□澳門以外電話 No	on Macau Mobile (	)			
	■ 新電郵地址 New En	nail Address						
□更改收取權益報表方法 Change of Means to Receive Annual Benefit Statement	□ 以電子檔寄送至本人 □ 收取列印本 Hardcop		Electronic copy sent t	o my online acco	unt			
□更改供款/贖回資料 Change of C	contribution / Redemption	ı Details						
生效供款月份								
Effective Contribution Month								
					月 MM	年 Y	YYY	
□ 毎月供款金額 Monthly Con □ 自定金額 Specific Amou (請注意・毎月最低供款金額為\$500	unt \$		\$1,000 🔲 \$800 Im monthly contribution amo	□\$500 ount should be \$500 a	nd any specific a	amount should be in	multiple of \$	\$100.)
☐ 自動轉帳戶口 Autopay Acco	ount							
□ 中國銀行 Bank of China		I 大豐銀行股份 Tai Fung Banl			永亨銀行股份 C Wing Hang	f有限公司 g Bank Limited		
戶口號碼 Bank Account I	No.:							
戶口之貨幣單位應與 "優裕人生當天銀行所指定的匯率將轉帳 Bank Account Currency should be th If it is not the same, the bank to whi determined by the Bank.	款項兌換成閣下指定之收 e same as the currency selecte	款貨幣。 ed in Part B of "Do	olce Vita Individual Pensic	on Fund Scheme – E	Enrolment For	m And Participation	Agreeme	ent".
請細閱PLEASE READ:  1. 管理實體將於以上銀行戶口數 the redemption payment to t			_			-		

form for processing.

和帳日期則於成功建立直接付款扣帳後之下一個月的第七個工作日於以上銀行户口扣帳。Debit date is the 7th working day of the following month after direct debit has been successfully set up for the above bank account.

如戶口內帳連續雨次不成功後將自動暫停。若要恢復每月供款,則必須重新填妥"優裕人生個人退休金計劃 — 更改/新增資料通知書"並交予管理實體辨理。Please note debit collection will be suspended if rejected twice consecutively. If you would like to reactivate monthly contribution, please complete "Dolce Vita Individual Pension Fund Scheme – Notice of Change / New Particulars" and return to Management Company for processing.

□暫停供款 Suspension of Contribution  □恢復供款 Reactivate Contribution  □恢復供款 Reactivate Contribution  □恢復供款 Reactivate Contribution  □ 恢復供款 Reactivate Contribution  □ 恢復性款 Reactivate Contribution  □ 大変月份 □ 大変月の □ 大変月	[=·····								
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의 사용보통 설립 수 있는 의 A. Transfer from persion fund account in another management company Note 1		lover Name (if applicable	a)	<u></u>					
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(株民族科会社 Pace provide structurally)  ### PACE FIRSO  1. 13 年 年 大 十 一定 子 年 年 董明年7 至 時 日 ・	□ 戶口轉帳 Transfer Account N	ote 6		B稱 Bank name					
1. 当場では、サータステラドで変数を対す。というでは、サースでは、	(請提供轉帳收據 Please provide transfer slip)					_			
医性の	1. 請達同有關文件一併交予管理實體辦理 2. 轉移之金額必須少於或相等於有關文件 3. 貨幣單位必須與"優裕人生個人退休金言"Dolce Vita Individual Pension Fund Scd 4. 轉入資金之投資選擇將與每月供款之投 5. 所有供款應繳予管理實體,若以支票支 contribution is paid by cheque, payment sf	上之金額。Transfer amour 十劃 — 申請表及參與協議" heme – Enrolment Form And 資選擇相同。Contribution tra 行,請簽發劃線支票抬頭 nould be made payable to "Lue"	nt should be less th 中「乙部」選擇之 d Participation Agre ansfer investment o "聯豐亨人壽保險股 en Fung Hang Life L	nan or equal to amoun 貨幣單位相同。Currenc sement". shoice will be same as r 份有限公司"。All contri .imited".	t shown in by must be monthly cor	related doci same as the ntribution inv	ument(s). e currency select restment choice.	ed in Pa	rt B of
Effective Month	(請☑適當位置 Please ☑ the appropriate	box(es))						1	
投資技施				· •					
国際投資社 Reactivate Contribution	Suspension of Contribution		le le	Effective Month					
Reactivate Contribution					月	MM	年 Y	YYY	1
(検注を・そまれる 動機外とつ・機能会 "無終年"の表示性報告でいる。子生理常確解は、Please note if the autopay account has been changed, kindly complete the "Direbit Authorizon" and return to Management Company together with this form for processing.)  □ 文改交並入資料(非技術文並人之命を注) (表現本・ Change of Beneficiantes (Please attach 10 Card/Passport copies of the beneficiaries.)  ★人提成技术人界並は外表を見て利益する。安全は「実施・シーへ、 18月前 大田東市 100%之刊品:中野・サール、 18月前 大田東市 100%之刊品:中野・サール・ 18月前 大田東市 100%之刊品:中野・サール・ 18月前 100%。 18月前 100%。 18月前 100%。 18月前 100%。 18月前 100%。 18月前 100%之刊品:中野・サール・ 18月前 100%之間、18月前			2	<b>上效月份</b>					
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Change of Beneficiaries (Please attach ID Card/Passport copies of the beneficiaries.)  本人民機構木子育改進体を全飛行之村位は北京を任め週間。本人現を任政下上(美資料計物下)於木人本性進享有本人在「侵船人生倒人進体全計別」内所意と利益・シラか一人、该利益等女工方面では、特別の大力を開発しませる。  I hereby revoke all my previous appointments in relation to the benefits due to me under the Pension Funds (II applicable). I hereby appoint the following person whose particulars are set out below to receive the benefits entitle that under the Dock Visit Individual Pression Funds Scheme in the event of my death. If there is on one person, such person shall be entitled to 100% of the benefits and if there are more than one person, such benefits should be apportioned between them according to the percentages specified below.  福祉 Remarks:  1 音り比熱か必須負 100%・否則此受益人之委任時報推集無效。 The sum of the percentages must be 100% Otherwise, this appointment of beneficiaries will be regarded as invalid.  2 受益人必須負 自然へ。  Beneficiary Name  1D Card/Passport No.  Relationship  Percentage  Residential Address  Percentage  Residential Address  Residential Address  Percentage  Residential Address  Residential Address  A 分分								•	
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受益人柱名 Beneficiary Name ID Card/Passport No. Of Witness* ID Card/Passport	之利益。如只有一人,該人將享有 100%之利 I hereby revoke all my previous appointment whose particulars are set out below to receive one person, such person shall be entitled to 1 to the percentages specified below: 備註 Remarks:  1. 百分比總和必須為 100%,否則此受 The sum of the percentages must be 2. 受益人必須為自然人。	J益;如多於一人,該利益料 ts in relation to the benefits e the benefits entitlement u 100% of the benefits and if t 益人之委任將被視為無效 e 100%. Otherwise, this a	身按以下指示之百分 s due to me under inder the Dolce Vit there are more tha	分比分配子該等人士: the Pension Funds (i a Individual Pension F n one person, such be	f applicable Fund Scher enefits shou	e). I hereby ne in the ev Ild be appor	appoint the folk rent of my death	owing pe	erson(s)
			關係	百分比			住址		
際有關退体基金之管理規章及有關之多與協議之條款以及法例另有規定外,本人確定上述委任將持續有效,並不受制於本人訂立之遺囑或當本人沒有訂立遺 時所適用的繼承法則之規定。 Subject to the provisions of the Management Regulations and the relevant Participation Agreement of the Pension Funds and the relevant legislat provisions, I confirm that the above appointment shall remain valid and shall not be bound by any testamentary dispositions made by me or any rules succession applicable in the case of my intestacy.  Description	Beneficiary Name	ID Card/Passport No.	Relationship	Percentage		Reside	ntial Address		
除有關退休基金之管理規章及有關之參與協議之條款以及法例另有規定外,本人確定上述委任將持續有效,並不受制於本人訂立之遺囑或當本人沒有訂立过時所適用的繼承法則之規定。  B				%					
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	(須與身份證一致(如適用) Must be consistent with the ID card (if applicable))		證人姓名* ame of Witness* 證人身份證/護照	號碼*					

□其他 (請說明) Others (Please specify)								
Others	s (Ficase specify)							
丙部	聲明及收集及使用個人資料之同意	PART C		LARATION AND CONS LECTION AND USE O	SENT RELATING TO THE F PERSONAL DATA			
本人確認此通知書上提供的所有資料均為真實及準確無誤。 I confirm that all the information provided in this Notice is true and accurate in all aspects.								
個人資料收集及使用 PERSONAL DATA COLLECTION AND USE								
本人確認本人已閱讀及明白聯豐亨人壽保險股份有限公司收集個人資料聲明("聯豐亨人壽保險收集個人資料聲明")。本人聲明及同意在本表格所載或管理實體 不時以任何方法收集所得、編製或持有關於本人的任何個人資料及其他資料,可根據聯豐亨人壽保險收集個人資料聲明收集及使用。本人知悉及同意就聯豐亨 人壽保險收集個人資料聲明所述目的在澳門境內轉移關於本人的個人資料及其他資料或轉移有關資料至澳門境外,及轉移予聯豐亨人壽保險收集個人資料聲明 所載的資料接收方。								
I confirm that I have read and understood the Luen Fung Hang Life Limited Personal Information Collection Statement ("LFH Life PICS"). I declare and agree that any personal data and other information relating to me contained in this form or collected, obtained, compiled or held by the Management Company by any means from time to time may be collected and utilized in accordance with the LFH Life PICS. I acknowledge and consent to the transfer of personal data and other information relating to me in or outside of Macau for the purposes and to the types of transferee as set out in the LFH Life PICS.								
聯豐亨人壽保險收集個人資料聲明的最新版本可於 https://lfhlife.com/personal_information_statement 下載或向管理實體索取。 The updated version of LFH Life PICS is available for download from https://lfhlife.com/en/personal_information_statement, and is made available upon request.								
	S.V.							
成員簽署	成員簽署 Signature of Member 日期 Date							
(須與身份證一致(如適用) Must be consistent with the ID card (if applicable))								
公司専用 For Official Use Only								
FATCA a	and CRS g by & Date:			Input by & Date:				
Checking	g by & Date.			Verified by & Date:				