

新增轉入資金資料 New Contribution Transfer Details

由現有聯豐亨人壽退休基金賬戶轉入基金單位 Transfer from existing account in Luen Fung Hang Life Pension Funds

計劃編號 Scheme No.: _____

前僱主名稱(如適用) Former Employer Name (if applicable) _____

由其他基金賬戶轉入 Transfer from pension fund account in another management company ^{Note 1}

轉入金額 Transfer Amount ^{Notes 2, 3 & 4} _____

支票號碼 Cheque No ^{Note 5} _____ 銀行名稱 Bank name _____

戶口轉帳 Transfer Account ^{Note 6} _____ 銀行名稱 Bank name _____

(請提供轉帳收據 Please provide transfer slip)

請細閱 PLEASE READ :

1. 請連同有關文件一併交予管理實體辦理資金轉移。Please submit related document(s) together with this form to Management Company for asset transfer.
2. 轉移之金額必須少於或相等於有關文件上之金額。Transfer amount should be less than or equal to amount shown in related document(s).
3. 貨幣單位必須與「優裕人生個人退休金計劃 — 申請表及參與協議」中「乙部」選擇之貨幣單位相同。Currency must be same as the currency selected in Part B of "Dolce Vita Individual Pension Fund Scheme – Enrolment Form And Participation Agreement".
4. 轉入資金之投資選擇將與每月供款之投資選擇相同。Contribution transfer investment choice will be same as monthly contribution investment choice.
5. 所有供款應繳予管理實體，若以支票支付，請簽發劃線支票抬頭「聯豐亨人壽保險股份有限公司」。All contributions should be paid to the Management Company. If contribution is paid by cheque, payment should be made payable to "Luen Fung Hang Life Limited".
6. 轉帳戶口持有人必須與成員相同。Transfer account holder should be the same as the member.

(請 適當位置 Please the appropriate box(es))

<input type="checkbox"/> 暫停供款 Suspension of Contribution	生效月份 Effective Month					
		月 MM	年 YYYY			
<input type="checkbox"/> 恢復供款 Reactivate Contribution	生效月份 Effective Month					
		月 MM	年 YYYY			

(請注意，若更改自動轉帳戶口，請填妥“直接付款授權書”一併交予管理實體辦理。 Please note if the autopay account has been changed, kindly complete the "Direct Debit Authorization" and return to Management Company together with this form for processing.)

更改受益人資料 (請提供受益人之身份證 / 護照副本。)

Change of Beneficiaries (Please attach ID Card/Passport copies of the beneficiaries.)

本人現撤銷本人早前就退休基金應得之利益作出之委任(如適用)。本人現委任以下人士(其資料詳情如下)於本人去世後享有本人在「優裕人生個人退休金計劃」內所應得之利益。如只有一人，該人將享有 100% 之利益；如多於一人，該利益將按以下指示之百分比分配予該等人士：

I hereby revoke all my previous appointments in relation to the benefits due to me under the Pension Funds (if applicable). I hereby appoint the following person(s) whose particulars are set out below to receive the benefits entitlement under the Dolce Vita Individual Pension Fund Scheme in the event of my death. If there is only 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:

備註 Remarks:

1. 百分比總和必須為 100%，否則此受益人之委任將被視為無效。
The sum of the percentages must be 100%. Otherwise, this appointment of beneficiaries will be regarded as invalid.
2. 受益人必須為自然人。
Beneficiary must be natural persons.

受益人姓名 Beneficiary Name	身份證/護照號碼 ID Card/Passport No.	關係 Relationship	百分比 Percentage	住址 Residential 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遺囑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 legislative 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 of succession applicable in the case of my intestacy.

如閣下未有作出任何委任，有關利益將按閣下訂立之遺囑或當閣下沒有訂立遺囑時所適用的繼承法則之規定處理。

In case you have not appointed any beneficiary, the benefits will be handled in accordance with any testamentary dispositions made by you or any rules of succession applicable in the case of your intestacy.

成員簽署 Signature of Member
(須與身份證一致(如適用) Must be consistent with the ID card (if applicable))

日期 Date: _____

見證人簽署*Signature of Witness*

見證人姓名*

Name of Witness* _____

見證人身份證/護照號碼*

ID Card/Passport No. of Witness* _____ 日期 Date: _____

*見證人不得同為受益人。The witness and the beneficiary must not be the same person.

其他 (請說明)
Others (Please specify)

丙部 聲明及收集及使用個人資料之同意 PART C DECLARATION AND CONSENT RELATING TO THE COLLECTION AND USE OF 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 Signature of Member

(須與身份證一致(如適用) Must be consistent with the ID card (if applicable))

日期 Date

公司專用 For Official Use Only

FATCA and CRS
Checking by & Date:

Input by & Date:

Verified by & Date: