



## 聯豐亨人壽退休基金-退休金福利計劃 (私退金) Luen Fung Hang Life Pension Fund - Pension Benefits Scheme (PPF)

## 非強制性中央公積金制度-公積金共同計劃 (央積金) Non-Mandatory Central Provident Fund - Joint Provident Fund Scheme (CPF)

## 更改計劃成員資料通知書 Notice of Change of Scheme Member's Particulars

甲部 計劃成員資料 Part A Personal Details of Scheme Member			
僱主名稱 (如有) Employer Name (if any)			計劃編號 Scheme No.
成員姓名 Member Name	中文 Chinese	英文 English	身份證/護照號碼 ID Card/Passport No.

乙部 更改資料詳情(請☑適當位置) Part B Particulars of Change(s) (Please ☑ the appropriate box(es))			
<input type="checkbox"/> 更改個人資料 Change of Personal Particulars 請提供有效證明文件。*請刪去不適用者 Please provide valid supporting document(s). *Please delete whichever is inappropriate	<input type="checkbox"/> 姓名 Name <input type="checkbox"/> 中文 Chinese <input type="checkbox"/> 葡文 Portuguese/英文 English <input type="checkbox"/> 身份證/護照號碼 ID Card/Passport No. 證件類別 ID type <input type="checkbox"/> 澳門身份證 Macau ID Card <input type="checkbox"/> 其他 Others <input type="checkbox"/> 出生日期 Date of Birth <input type="checkbox"/> 出生地 Place of Birth <input type="checkbox"/> 國籍 Nationality <input type="checkbox"/> 本人是美國人士 (包括美國居民/美國公民/美國永久居民/美國綠卡持有人/美國定居之外國人) I am a U.S. person (including a U.S. Resident / U.S. Citizen / U.S. Permanent Resident / U.S. Green Card Holder / U.S. Resident Alien) (請提供適當並已填妥的 W-9 表格或自證證明表格(個人)。 Please provide the duly completed W-9 form or self-certification form (Individual) as appropriate.)		
<input type="checkbox"/> 更改通訊/現時居住地址 Change of Correspondence / Current Residence Address	街道名稱 Street Name 門牌 Street Number 大廈名稱 Building Name  座數 Block 層數 Floor 單位 Flat 區域 District 城市 City <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 氹仔 Taipa <input type="checkbox"/> 路環 Coloane <input type="checkbox"/> 其他, 請註明 Other, please specify: 國家/地區 Country/Region <input type="checkbox"/> 澳門 Macau <input type="checkbox"/> 其他, 請註明 Other, please specify:		
<input type="checkbox"/> 更改聯絡資料 Change of Contact Details	<input type="checkbox"/> 澳門手提電話號碼 Macau Mobile No. (853) 如非澳門電話, 請提供國家/地區號碼 If not Macau mobile, please provide Country/ Area Code <input type="checkbox"/> 澳門以外電話 Non Macau Mobile ( ) <input type="checkbox"/> 電郵地址 Email Address		
<input type="checkbox"/> 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 Residence and Taxpayer Identification Number or functional equivalent number 請提供適當並已填妥的自證證明表格 (個人) Please provide the duly completed self-certification form (Individual) as appropriate.			
<input type="checkbox"/> 更改收取權益報表方法 Change of Means to Receive Annual Benefit Statement	<input type="checkbox"/> 以電子檔寄送至本人的網上帳戶內 Electronic copy sent to my online account <input type="checkbox"/> 收取列印本 Hardcopy is required		

**只供私退金計劃成員填寫 To be completed by PPF Scheme Member only**

☐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有關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有關退休基金內所應得之利益。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 Pension Funds 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相關法例另有規定外，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 Regulation and the relevant Participation Agreement of the Pension Funds and the relevant legislation 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.

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.

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.

**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**

我以簽署此通知書作為聲明此通知書內所提供之資料為真實及正確。I declare that all information given in this Notice is true and correct by signing this Notice.

**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](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](https://lfhlife.com/en/personal_information_statement), and is made available upon request.

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))

**公司專用 For Official Use Only**

FATCA and CRS Checking by & Date:		Input by & Date:	
		Verified by & Date:	