

To 致: HSBC Provident Fund Trustee (Hong Kong) Limited
c/o The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司
PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號
or place to the MPF drop-in box at designated HSBC branches
或投放於指定滙豐分行的強積金寄存辦理箱
HSBC MPF Employer Hotline 滙豐強積金僱主熱線: 2583 8033
HSBC MPF Member Hotline 滙豐強積金成員熱線: 3128 0128



**HSBC MANDATORY PROVIDENT FUND – SUPERTRUST PLUS
THE GOVERNMENT OF THE HKSAR
CHANGE OF ADDITIONAL VOLUNTARY CONTRIBUTION
ARRANGEMENT FORM (EMPLOYEE)**

滙豐強積金智選計劃：香港特區政府 – 更改自願性供款安排指示表格(僱員)

Note 注意：

- Please complete in CAPITAL and BLOCK LETTERS and tick ✓ the appropriate box(es). 請用大楷及正楷填寫，並於適當的方格內加上「✓」號。
- Please return the completed form to your employer. 請把填妥的表格交給你的僱主。
- The information provided will be used in accordance with the relevant MPF Ordinance and/or its Regulations and the same manner as mentioned in the “Personal Information Collection Statement for HSBC Mandatory Provident Fund” (“PICS”). The PICS can be obtained through HSBC MPF website www.hsbc.com.hk/mpf or MPF hotline 2583 8033 (Employer) or 3128 0128 (Member). By signing this form, your present choice of receiving direct marketing information will remain unchanged. If you wish to update the use of your personal data for direct marketing purpose as stated in the PICS from the HSBC MPF scheme, you may exercise your right by notifying us. 所有已提供的資料將按照有關強積金條例及／或其規例及《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下滙豐強積金網站www.hsbc.com.hk/mpf或強積金熱線2583 8033(僱主)或3128 0128(成員)索取。在簽署本表格後，你現時關於接收直接促銷資訊的選擇將維持不變。如你希望更新在滙豐強積金計劃聲明中使用你的個人資料作直接促銷的用途，你可通知我們行使你的選擇權。

A. Personal information 個人資料

1. Full name 全名(same as that shown on your HKID card/Passport 與香港身分證／護照上的姓名相同)		2. HKID / Passport no. 香港身分證／護照號碼	
3. Bureau/Department name (in English) 局／部門名稱(英文)			
4. Pay Centre ID 付款中心編號	5. Employer ID 僱主編號	6. Change effective date 更改生效日期 _____ _____ _____ _____ _____ _____ Year 年 Month 月 Day 日	

B. New additional voluntary contribution arrangement details¹ 新自願性供款安排詳情¹

<input type="checkbox"/> 1. I would like to make additional voluntary contributions based on 本人希望以下列形式作出自願性供款	
<input type="checkbox"/> A fixed amount each month 每月固定金額 HKD 港元 _____ per month 每月	
<input type="checkbox"/> A fixed percentage of relevant income each month 每月有關入息的固定百分比	
The percentage should be in whole numbers (e.g. 50% not 50.5%) 百分比必須為整數(例如：須為50%而非50.5%)	
Percentage of relevant income 有關入息的百分比	Employee contribution 僱員供款 _____ %
<input type="checkbox"/> 2. I would like to stop making additional voluntary contributions. 本人擬停止作出自願性供款。	

¹ Amount of voluntary contribution should be limited by the net balance of the payroll available and any limit as prescribed under the Employment Ordinance. 自願性供款將以發放的薪金淨額及僱傭條例所訂明的限制作為上限。

C. Declaration and authorisation 聲明及授權書

Employee — by signing this form, I
僱員 — 在簽署本表格後，本人

- a) understand that my investment mandate for mandatory contributions will also be applied to my additional voluntary contributions, and
 明白本人於強制性供款的投資授權亦適用於自願性供款，及
- b) authorise the participating employer to deduct additional voluntary contributions from my relevant income and transfer them to the Trustee, and
 授權參與僱主於本人的有關入息內扣除自願性供款並轉賬至信託人，及
- c) understand that details as specified in Section B of this form will override any arrangement on my additional voluntary contributions, and
 明白於本表格B部所填寫的資料將取代本人於自願性供款的所有安排，及
- d) have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein.
 已細閱及明白此表格內的所有內容(包括此表格上的注意部分)，並同意遵守此述的規則。

X

Signature of employee 僱員簽署

Full name 全名

Date 日期

(This signature must be the same as your previous specimen submitted to us. Otherwise, this form may not be processed. 此簽名須與你之前遞交予我們的式樣相同，否則本表格可能不獲處理。)

Authorised signature of Bureau/Department 局／部門授權簽署 X	Authorised signature of Bureau/Department 局／部門授權簽署 X	Authorised chop of Bureau/Department 局／部門授權蓋章
Full name 全名	Full name 全名	
Position 職銜	Position 職銜	Date 日期