

**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  
 INSTRUCTIONS FOR TREATMENT OF ACCRUED BENEFITS AFTER  
 RETIREMENT AGE**

**滙豐強積金：到達退休年齡後的累算權益處理指示書****Note 注意：**

1. 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。
2. This form is for use by employees/self-employed persons/personal account holders/flexi-contribution account holders/tax deductible voluntary contributions account holders aged 65 or above for giving instructions for the treatment of accrued benefits. 此表格適用於已達65歲或以上的僱員／自僱人士／個人賬戶持有人／靈活供款賬戶持有人／可扣稅自願性供款賬戶持有人，就如何處理其累算權益作出指示。
3. If you choose to claim for payment, please also submit a 'Claim Form for Payment of MPF Accrued Benefits (Benefits) on Grounds of Attaining the Retirement Age of 65 or Early Retirement [FORM MPF(S) - W(R)]' (INPR) together with a copy of your HKID card or Passport. The claim form can be downloaded at [www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf) or obtained by fax through the HSBC MPF Member Hotline on 3128 0128. 如你欲申索累算權益，請連同「基於已達到65歲退休年齡或提早退休的理由而申索強積金累算權益(權益)的表格[表格MPF(S) - W(R)]」(INPR)及香港身分證／護照副本一併交回。此申索表格可於網址[www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf)下載或透過滙豐強積金成員熱線3128 0128以傳真方式索取。
4. The personal data provided will be treated in the same manner as set out in the "Personal Information Collection Statement for HSBC Mandatory Provident Fund" ("Statement"). A copy of the Statement can be obtained through HSBC MPF website [www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf) or MPF hotline 2583 8033 (Employer) or 3128 0128 (Member). 所有個人資料均按照《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過滙豐強積金網站[www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf)或強積金熱線2583 8033(僱主)或3128 0128(成員)索取。

**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. Company name of participating employer 參與僱主公司名稱 (for employee only 只適用於僱員)	
4. Employer ID/Scheme ID 僱主編號／計劃編號	5. Pay centre ID 付款中心編號

**B. Employment status 僱傭狀況 (for employee only 只適用於僱員)**

Please indicate your current employment status with the above participating employer 請列明你現時與上述僱主之僱傭狀況：

Ceased employment 已離職

Still employed 仍然受僱

### C. Instructions for treatment of accrued benefits 累算權益處理指示

Please state your choice in respect of the treatment of your accrued benefits\*\* 請選擇如何處理你的累算權益\*\*：

- Retain in the existing scheme until claim for payment 保留在現有的計劃內直至申索累算權益為止
- Claim for payment 申索累算權益

Please ensure the following documents are enclosed 請確保連同下列文件一併遞交：

- i) Claim Form for Payment of Accrued Benefits on Ground of Attaining the Retirement Age of 65 or Early Retirement [FORM MPF(S)-W(R)] (INPR)  
基於已達到65歲退休年齡或提早退休的理由而申索累算權益的表格[表格MPF(S)-W(R)] (INPR)
- ii) Copy of HKID card or Passport 香港身分證／護照副本

\*\* If no option has been elected, we will assume that you would like to retain your accrued benefits in the existing scheme. 如果你沒有作出選擇，我們將假設你欲把累算權益保留在現有的計劃內。

### D. Declaration and authorisation 聲明及授權書

I have read and understood and agree with the "Personal Information Collection Statement for HSBC Mandatory Provident Fund"<sup>Note 4</sup>. 本人已細閱及明白並同意《滙豐強積金的收集個人資料聲明》<sup>註釋4</sup>。

Member's signature <sup>†</sup> 成員簽署 <sup>†</sup>	Full name 全名	Date 日期
<b>X</b>		

<sup>†</sup> 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。

**The following is only applicable for employees who remain in employment with their employer after age 65 以下只適用於已達65歲而繼續受僱的僱員：**

- i) If any member's voluntary contributions are made as part of a contractual arrangement with your employer, you will need your employer's written consent in section E in order to claim these benefits (unless your employer has previously informed us in writing that their approval is not required). 如任何成員的自願性供款乃與僱主以協定形式作出，你須獲得僱主於E部作出書面同意，才可提取該權益（除非你的僱主曾以書面通知我們毋須獲得其同意）。
- ii) To claim for all benefits derived from employer's voluntary contributions (if applicable), employer's ORSO transfers (if applicable), employer's special contributions (if applicable), employee's voluntary contributions (if applicable) and member's ORSO transfers (if applicable), these benefits must be fully vested to you and you will need your employer's written consent in section E. 如欲申索所有僱主自願性供款（如適用）、轉移自職業退休計劃的僱主部分（如適用）、僱主特別供款（如適用）、僱員自願性供款（如適用）和轉移自職業退休計劃的成員部分（如適用）款項，這些權益必須為全數歸屬予你，以及須獲得僱主於E部作出書面同意。

### E. Employer's authorisation 僱主授權書 (if applicable 如適用)

I/We hereby authorise the above employee to withdraw full amount in all of the MPF sub-accounts that are made under a contractual arrangement. 本人(等)現授權上述僱員提取所有與僱主以協定形式作出的供款之有關強積金賬目的全數。

Authorised signature of employer 僱主授權簽署	Authorised signature of employer 僱主授權簽署
<b>X</b>	<b>X</b>
Full name 全名	Full name 全名
Date 日期	Date 日期