

**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  
EMPLOYER CONSENT FORM FOR EMPLOYEES WHO CLAIM  
ON THE GROUND OF TERMINAL ILLNESS (EMPLOYEE)  
滙豐強積金：僱主就僱員以罹患末期疾病為理由申索的同意書(僱員)**



Note 注意：

1. Please complete in CAPITAL and BLOCK LETTERS. 請用大楷及正楷填寫。
2. This form is for use by any employee during employment for the purpose of obtaining his/her employer's consent for withdrawal of **ALL of the voluntary balance**, whether 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) ("Voluntary Balance"), on the ground of terminal illness ("terminal illness"). 此表格適用於任何僱員在受僱時以罹患末期疾病為理由而獲得其僱主同意提取**所有自願性供款結餘**，不論是僱主自願性供款(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)(「自願性結餘」)。
3. Please note that a claim for payment of the Voluntary Balance on the grounds of terminal illness will need to be in respect of **all Voluntary Balance** as at the time when the claim is lodged, and no partial withdrawal of the Voluntary Balance will be accepted. 請注意，以罹患末期疾病為理由申索支付自願性結餘，就提取的申索需要提出以截至提出申索時的**全數自願性結餘**，提取部分自願性結餘的要求將不予接受。
4. Where an employee makes any subsequent claim of payment of Voluntary Balance on the ground of terminal illness accrued after an earlier claim on the same ground, the employee will need to submit another claim in accordance with note 5 below. Employer's consent will be valid for 12 months from the date specified in Part B of this form (the "Relevant Period"). That is, if the employee lodges another claim of payment of Voluntary Balance on the ground of terminal illness within the Relevant Period, no further employer's consent needs to be obtained. However, if the employee lodges another claim of payment of Voluntary Balance on the ground of terminal illness after the Relevant Period, employer's consent will be needed for that subsequent claim. 當僱員隨後再以同樣罹患末期疾病為理由申索支付自願性結餘，僱員需根據以下注意第5項另行提交申請。僱主的同意書有效期將由本表格B部列明的日期起12個月內(「有關期間」)，即若僱員於有關期間內以罹患末期疾病為理由另再次申索支付自願性結餘，則毋須再獲得僱主的同意。然而，若僱員於有關期間後以罹患末期疾病為理由另再次申索支付自願性結餘，則必須再次獲得僱主的同意。
5. If you choose to claim for payment, please also submit a 'Claim Form for Payment of MPF Accrued Benefits (Benefits) on Grounds of Permanent Departure from Hong Kong/Total Incapacity/Terminal Illness/Small Balance/Death [FORM MPF(S) – W(O)]' (INPO) together with a copy of your HKID card or Passport and the required documents. The relevant claim forms can be downloaded at [www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf) or from the Authority's website at [www.mpfa.org.hk](http://www.mpfa.org.hk). 如你欲申索累算權益，請同時遞交「基於永久性地離開香港／完全喪失行為能力／罹患末期疾病／小額結餘／死亡的理由而申索強積金累算權益(權益)的表格[表格 MPF(S) – W(O)]」(INPO)，並連同香港身分證／護照副本及所需文件一併交回。有關申索表格可於網址 [www.hsbc.com.hk/mpf](http://www.hsbc.com.hk/mpf) 或可從積金局的網站 [www.mpfa.org.hk](http://www.mpfa.org.hk) 下載。
6. 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](http://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](http://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 (in English) 全名(英文)<br>(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.<br>香港身分證／護照號碼 |
| 3. Company name of participating employer 參與僱主公司名稱  |                                    |
| 4. Employer ID 僱主編號   | 5. Pay centre ID 付款中心編號            |

## Point to note 注意事項：

- i. To claim for **ALL** Voluntary Balance as at the time when the claim is lodged and subject to note 4 above, employer's written consent in section B must be obtained. If your employer has indicated that employees can withdraw their employee's voluntary contributions (if any) without the employer's consent on Section A6 of "Additional voluntary contribution application form (Employer) (IN12)", the employer's consent is not required for employee to withdraw their employee's voluntary contributions (if any) during employment. Please contact your employer for details. 僱員須獲得僱主於B部作出書面的同意後，才可申索截至提出申索時的**全數**自願性結餘。申索受上述注意第4項的約束。倘若你的僱主以往曾在「額外自願性供款申請表格(僱主)」(IN12)A部第6項指示僱員可於在職期間毋須獲僱主同意下提取其僱員自願性供款(如有)，僱員則可在沒有僱主同意下提取其僱員自願性供款(如有)。有關詳情請向你的僱主查詢。
- ii. If the employee ceases employment, the employee's entitlement to the Voluntary Balance will be calculated according to the vesting scale or percentage applicable to the participating scheme of the employer under the relevant HSBC mandatory provident fund. However, **if the employee lodges a claim of payment of Voluntary Balance on the ground of terminal illness during employment, the employee will be entitled to 100% of the Voluntary Balance at the time when the claim is lodged, regardless of whether all or any part of the Voluntary Balance is fully vested in the employee.** 若僱員日後離職，僱員有權獲得的自願性結餘將會根據僱主在滙豐強積金參與計劃下所定立的歸屬比例或百分比而計算。然而，若僱員在受僱時以罹患末期疾病為理由申索支付自願性結餘，該僱員將有權獲支付以截至提出申索時的**100%自願性結餘**，不論此自願性結餘是否全數或部分歸屬於該僱員。
- iii. For tax implication of making a claim of Voluntary Balance on the ground of terminal illness, please seek professional advice. Neither The Hongkong and Shanghai Banking Corporation Limited nor any other member(s) of the HSBC Group provide any tax advice or are under any obligation or duty to give any opinion or advice on tax. The Hongkong and Shanghai Banking Corporation Limited and any other member(s) of the HSBC Group have no responsibility in respect of any tax obligations of yours or any person claiming any benefits through you in any jurisdiction in which they may arise. Neither The Hongkong and Shanghai Banking Corporation Limited nor any member of the HSBC Group shall be responsible in any respect for any loss, damages and expenses incurred by you or any person claiming any benefits through you. "HSBC Group" means HSBC Holdings plc, and/or any of its affiliates, subsidiaries, associated entities and any of their branches and offices, and "any member of HSBC Group" as well as "any other member(s) of HSBC Group" have the same meaning. 有關僱員以罹患末期疾病為理由申索自願性結餘的稅務事項，請諮詢專業意見。香港上海滙豐銀行有限公司及任何其他滙豐集團成員是沒有義務及責任對任何稅務事項作出意見。香港上海滙豐銀行有限公司及任何其他滙豐集團成員是不會就個人的提取權益作出管轄。香港上海滙豐銀行有限公司及任何其他滙豐集團成員是不會就你或任何人因個人提取權益引致任何損失、損害及支出承擔責任。「滙豐集團」是指滙豐控股、及/或任何附屬機構、附屬公司、相關機構及任何分行和辦事處、任何滙豐集團成員及任何其他滙豐集團成員。

## B. Employer's consent 僱主同意書

|  |   |
|--|---|
| I/We hereby consent to the above mentioned employee making a claim for payment of <b>ALL of the Voluntary Balance</b> during employment on the ground of terminal illness. I/We understand that my/our consent applies to payment of All of the Voluntary Balance, and not part of it. In addition, I/We agree that my/our consent will be <b>valid and irrevocable for 12 months</b> from the date specified in this Part B (the "Relevant Period") in that it applies to the Voluntary Balance at any time during the Relevant Period. Accordingly, the above employee need not obtain my/our consent for any subsequent claim of payment of Voluntary Balance on the ground of terminal illness within the Relevant Period. Also, I/we agree that with my/our consent, so long as the above employee remains in employment, the vesting scales otherwise applicable to the Voluntary Balance will not apply and he/she will be entitled to <b>100% of the Voluntary Balance at the time when the claim of payment of the Voluntary Balance on the ground of terminal illness is lodged, regardless of whether all or any part of the Voluntary Balance is fully vested</b> in the above mentioned employee. 本人/吾等現同意上述僱員在受僱時以罹患末期疾病為理由申索支付 <b>所有自願性結餘</b> 。本人/吾等明白在本人/吾等的同意下是申索支付全數的自願性結餘，而非部分。此外，本人/吾等認同本人/吾等的同意書將由本表格B部列明的日期起 <b>12個月內(「有關期間」)有效及不可撤回</b> ，並適用於有關期間內任何時間的自願性結餘。因此，上述僱員任何隨後在有關期間以罹患末期疾病為理由申索支付自願性結餘，亦毋須再獲得僱主的同意。而且，本人/吾等認同本人/吾等的同意當上述僱員於仍然受僱期間，以罹患末期疾病為理由申索支付自願性結餘時， <b>他/她將有權獲支付以截至提出申索時的100%自願性結餘，而毋須理會有關的歸屬比例設定及此自願性結餘是否全數或部分歸屬於上述僱員。</b> |   |
| Authorised signature of employer 僱主授權簽署<br><br><br><br><br><br><br><br><br><br><b>X</b>  | Authorised signature of employer 僱主授權簽署<br><br><br><br><br><br><br><br><br><br><b>X</b> |
| Full name 全名   | Full name 全名  |
| Date 日期  | Date 日期   |

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

|   |              |         |
|---|--------------|---------|
| I 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. 本人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)，並同意遵守此處的規則。 |              |         |
| Member's signature* 成員簽署*   | Full Name 全名 | Date 日期 |
| <br><br><br><br><br><br><br><br><br><br>  |              |         |

\* 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。