



## 定期額外自願性供款計劃

為妥善計劃退休生活，累積充裕退休資金，現為各成員增設「定期額外自願性供款」計劃，歡迎各成員參加。

### 供款方法

成員可透過銀行自動轉帳作每月定期供款。

### 供款金額

每月供款金額為 澳門幣 / 港幣\* 300、500、1,000 或自選更高金額。

(\*注意：所選擇供款之幣別必須與現行計劃幣別相同。)

### 參加手續

- 成員須填寫以下表格：
  1. 「成員定期額外自願性供款申請表」及
  2. 「退休金計劃 - 成員直接付款授權書」。(樣本及表格見後頁)
- 成員須同時遞交扣賬戶口#的銀行存摺首頁之影印本一份(必須清楚顯示帳戶號碼及戶名)。  
(注意：扣賬戶口必須為成員以個人名義開立之戶口，聯名戶口暫不接受。)

### 遞交方法

- 成員可將申請表格及存摺影印本交予僱主，聯豐亨人壽退休金部將派員收取；或
- 成員可將有關文件直接送交 澳門新口岸宋玉生廣場 398 號中航大廈 4 樓 聯豐亨人壽退休金部。

### 供款提取條件

- 「定期額外自願性供款」之提取條件與成員現參加之退休金定期供款計劃之提取條件相同。

### 查詢

- 成員若對本計劃有任何查詢，歡迎在服務時間內致電查詢熱線 2870 0882 或 2870 0889。  
服務時間：星期一至五 9:00am – 7:00pm  
                  星期六 9:00am – 1:00pm



成員定期額外自願性供款申請表

樣本 SAMPLE

MEMBER REGULAR SPECIAL VOLUNTARY CONTRIBUTION APPLICATION FORM

甲部 計劃成員資料		PART A PERSONAL DETAILS OF SCHEME MEMBER			
僱主名稱 Employer Name	BIG APPLE COMPANY LIMITED			計劃編號 Scheme No.	LP00018100888
成員姓名 Member Name	中文 Chinese 陳大文	英文 English CHAN TAI MAN	身份證/護照號碼 ID Card/Passport No.	A7234567	
住宅地址* Residential Address*	澳門北京街 210 號美倫大廈 8 樓 A 座				
聯絡電話號碼* Contact Telephone No.*	6677 6677(手提)	傳真號碼* Fax No.*		電郵地址* Email Address *	taiman@hotmail.com
<p>注意 Note: 1.*請注意: 有關資料僅作為是次申請之用, 倘如欲更改成員之個人資料, 則必須填妥「更改計劃成員資料通知書」並交本公司辦理。 Please note that the relevant information is used for this application only. If you would like to change your personal details, please complete and submit us the "Notice of Change of Scheme Member's Particulars".</p> <p>2.#首次供款將於管理實體發出[辦妥自動轉帳申請及首次自動扣帳通知書]或按閣下於乙部填寫之[首次供款月份]之第七個工作日(以較後者為準)從閣下於兩部之銀行戶口中支付。 Please note that the first regular special voluntary contribution will be debited from your bank account as indicated in Part C after we have sent out a "Confirmation of Autopay Instruction" or the 7th business day of "Contribution Commencement Month" as indicated in Part B (whichever is later).</p> <p>3.成員只可於離職時贖回成員定期額外自願性供款。 Member Regular Special Voluntary Contribution can ONLY be redeemed upon cessation of employment.</p>					

乙部 成員定期額外自願性供款及投資詳情		PART B MEMBER REGULAR SPECIAL VOLUNTARY CONTRIBUTION & INVESTMENT DETAILS				
請 <input checked="" type="checkbox"/> 適當位置 Please <input checked="" type="checkbox"/> the appropriate box						
(1) 首次供款月份 Contribution Commencement Month	0	7	2	0	0	8
	月 MM		年 YYYY			
(2) 幣別 Currency	<input checked="" type="checkbox"/> 澳門幣 Macau Pataca <input type="checkbox"/> 港幣 Hong Kong Dollar 所選擇之幣別必須與計劃幣別相同 Currency must be same as Scheme Currency					
(3) 每月金額 Amount Per Month	<input type="checkbox"/> \$300 <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$800 <input type="checkbox"/> 其他 Others (請註明 Please specify) \$_____					
(4) 付款方式 Payment Method	<input checked="" type="checkbox"/> 自動轉帳 Autopay <input type="checkbox"/> 銀行自動櫃員機 ATM (只限澳門幣 For MOP only) <input type="checkbox"/> 支票 Cheque - 支票號碼 Cheque No. _____					

需於交表日後 2 個月生效  
例: 若成員在 2008 年 5 月將此表格交予聯豐亨人壽, 請在這欄填上 2008 年 7 月

本人之成員定期額外自願性供款投資選擇如下(請  適當位置):  
I elect to invest my member's regular special voluntary contribution into (Please  the appropriate box):

退休基金 Pension Funds	定期額外自願性供款 Regular Special Voluntary Contribution
PMUF 保證基金 Guaranteed Fund	不適用 Not Available
PMTF 安定基金 Maintenance Fund	<input type="checkbox"/> 100%
PMSF 平穩基金 Stable Fund	<input type="checkbox"/> 100%
PMLF 均衡基金 Balanced Fund	<input checked="" type="checkbox"/> 100%
PMGF 增長基金 Growth Fund	<input type="checkbox"/> 100%
PMCF 中國股票基金 China Equity Fund	<input type="checkbox"/> 100%

丙部 扣賬及贖回基金指示		PART C SUBSCRIPTION & REDEMPTION INSTRUCTION	
請細閱 PLEASE READ:			
1. 管理實體將於以下銀行戶口支付定期額外自願性供款及存入贖回之基金款項。 Please note that Management Company should debit Regular Special Voluntary Contribution and credit the payment of Regular Special Voluntary Contribution to the following bank account.			
2. 贖回之基金款項將於發出"定期額外自願性供款基金單位贖回確認書"後十四個工作天內存入以下之銀行戶口。 All payment should be credited to the following bank account within 14 business days after the issued date of "Unit Withdrawal Statement for Regular Special Voluntary Contribution".			
請 <input checked="" type="checkbox"/> 適當位置 Please <input checked="" type="checkbox"/> the appropriate box			
<input checked="" type="checkbox"/> 中國銀行澳門分行 Bank of China, Macau Branch <input type="checkbox"/> 大豐銀行有限公司 Tai Fung Bank Limited <input type="checkbox"/> 永亨銀行股份有限公司 Banco Weng Hang, S. A.			
戶口號碼 Bank Account No.:		8881 0 9 12451	

丁部 聲明及簽署		PART D DECLARATION AND SIGNATURE	
本人確認此申請表上提供的 所有資料均為真實及準確無誤。 I confirm that all the information provided in this application form is true and accurate in all aspects.	<i>Chan Tai Man</i>		17/5/2008
	成員簽署 Signature of Member		日期 Date

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Input by:		Date of Input:	
Verified by:		Date of Verification:	



收款人之一方(受益人) Name of Party to be credited (The Beneficiary)  
聯豐亨人壽保險股份有限公司  
Luen Fung Hang Life Limited

中國銀行澳門分行 Bank of China Macau Branch  
 大豐銀行 Tai Fung Bank Ltd.  
 永亨銀行 Banco Weng Hang, SA

成員姓名 Employee Name: <b>陳大文</b>	僱主名稱 Employer Name: <b>BIG APPLE COMPANY LIMITED</b>	*供內部填寫 For Internal Use Only 計劃編號 Scheme No.:
		0 1 8 1

銀行戶口 Bank Account

本人(等)/本公司茲授權 貴銀行, 根據聯豐亨人壽保險股份有限公司(以下簡稱公司)不時給予 貴銀行之指示, 在本人(等)/本公司於 貴銀行開立之賬戶(賬戶號碼附誌如下)內支取款項, 繳付上述公司的有關費用, 直至另行書面通知為止。

本人(等)/本公司知悉及遵守下述條款辦理:

1. 貴銀行接到公司的付款通知即可支付, 款項按公司所提供之金額扣除。
2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付, 一切責任及後果, 概與 貴銀行無涉。
3. 如有任何令授權書失效之變更, 本人(等)/本公司必須書面通知 貴銀行, 貴銀行在收到書面通知前, 本授權書繼續有效。但如本人(等)/本公司之銀行賬戶連續兩次因賬戶可用餘額不足而未能支付賬款, 則 貴銀行有權不經通知而撤銷此項授權。
4. 貴銀行有權徵收服務費用, 並可由本人(等)/本公司之銀行賬戶內支付。
5. 銀行認為必要和適當時, 不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。
6. 本人(等)/本公司同意 貴銀行無義務確定該等支款通知是否已交予本人(等)/本公司。
7. 本人(等)/本公司願共同及各別承擔因該等支款而令本人(等)/本公司之銀行賬戶出現透支(或令現時透支增加)之全部責任。
8. 本人(等)/本公司同意如由於本授權書並非直接交予 貴銀行以致本授權書上所載之資料披露予第三者知悉, 由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與 貴銀行無涉。

I / We hereby authorize the Bank to effect transfers from my / our account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice.

I / We further agree that:

1. The Bank may effect transfers from my said account such sum or sums as advised by the Beneficiary at any time with immediate effect.
2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my / our said account.
3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 2 consecutive times, transfers are not effected due to no sufficient available fund in my / our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me / us.
4. Service charge of the Bank will be debited from my / our said account.
5. The Bank may disclose details of my / our said account to any other third party if the Bank finds it necessary and appropriate.
6. The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.
7. Full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s) shall be jointly and severally accept by me / us.
8. If this "Direct Debit Authorization Form" is not directly sent to your bank, I/We/Our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.

賬戶持有人 Account Holder: <b>陳大文</b>	身份證明文件種類 ID Type <input checked="" type="checkbox"/> 澳門身分證號碼 Macau ID No. <u>A7234567</u> <input type="checkbox"/> 護照號碼 Passport No. _____ <input type="checkbox"/> 商業登記號碼 Business Registration No. _____ <input type="checkbox"/> 其他 Others _____
本人(等)之賬戶號碼 My A/C No. 8 8 8 1 0 9 1 2 3 4 5 1	賬戶幣別 Currency <input checked="" type="checkbox"/> MOP <input type="checkbox"/> HKD
	本人(等)之簽名 My / Our Signature (簽名須與賬戶相同) (Signature(s) should correspond with the account signature) <b>陳大文</b> 日期 Date: 17/05/2008

本公司已核對上述資料正確及見證賬戶持有人簽署本授權書

此處由聯豐亨人壽填寫

請注意:

1. 若對本授權書之解釋有任何爭議, 以中文為準。
2. 本人(等)/本公司授權 貴銀行可根據自動扣賬當天 貴銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。
3. 本人(等)/本公司保證在此授權書內之簽名與銀行賬戶所簽者完全相同。

Please note:

1. Should any disagreement arise in respect to the interpretation of this Authorization, the relevant clause as expressed in Chinese will apply.
2. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
3. I / We ensure that I / we sign the form in the usual way in which I / we would sign on my / our Bank Account.

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扣賬資料 Debtors Reference
Reason for Submission: <input type="checkbox"/> Regular Contribution <input type="checkbox"/> Regular Voluntary Contribution <input type="checkbox"/> Regular Special Voluntary Contribution <input type="checkbox"/> Others _____

銀行專用 For Bank Use Only

主管	覆核	經辦	備註: <input type="checkbox"/> 上述申請已由系統自動取銷。取銷日期: _____ <input type="checkbox"/> 上述申請已由客戶要求取銷, 取銷表格附後。取銷日期: _____
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公司蓋章及簽名  
Company Chop & Signature



成員定期額外自願性供款申請表

MEMBER REGULAR SPECIAL VOLUNTARY CONTRIBUTION APPLICATION FORM

甲部 計劃成員資料		PART A PERSONAL DETAILS OF SCHEME MEMBER			
僱主名稱 Employer Name		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.		
住宅地址* Residential Address*					
聯絡電話號碼* Contact Telephone No.*		傳真號碼* Fax No.*		電郵地址* Email Address *	
<p>注意 Note: 1.*請注意：有關資料僅作為是次申請之用，倘如欲更改成員之個人資料，則必須填妥「更改計劃成員資料通知書」並交本公司辦理。 Please note that the relevant information is used for this application only. If you would like to change your personal details, please complete and submit us the "Notice of Change of Scheme Member's Particulars".</p> <p>2.#首次供款將於管理實體發出[辦妥自動轉帳申請及首次自動扣賬通知書]或按閣下於乙部填寫之[首次供款月份]之第七個工作日(以較後者為準)從閣下於丙部之銀行戶口中支付。 Please note that the first regular special voluntary contribution will be debited from your bank account as indicated in Part C after we have sent out a "Confirmation of Autopay Instruction" or the 7th business day of "Contribution Commencement Month" as indicated in Part B (whichever is later).</p> <p>3.成員只可於離職時贖回成員定期額外自願性供款。 Member Regular Special Voluntary Contribution can <b>ONLY</b> be redeemed upon cessation of employment.</p>					

乙部 成員定期額外自願性供款及投資詳情		PART B MEMBER REGULAR SPECIAL VOLUNTARY CONTRIBUTION & INVESTMENT DETAILS			
請 <input checked="" type="checkbox"/> 適當位置 Please <input checked="" type="checkbox"/> the appropriate box					
(1) 首次供款月份 Contribution Commencement Month					
	月 MM	年 YYYY			
(2) 幣別 Currency	<input type="checkbox"/> 澳門幣 Macau Pataca <input type="checkbox"/> 港幣 Hong Kong Dollar 所選擇之幣別必須與計劃幣別相同 Currency must be same as Scheme Currency				
(3) 每月金額 Amount Per Month	<input type="checkbox"/> \$300 <input type="checkbox"/> \$500 <input type="checkbox"/> \$800 <input type="checkbox"/> 其他 Others (請註明 Please specify) \$ _____				
(4) 付款方法 Payment Method	<input type="checkbox"/> 自動轉帳 Autopay <input type="checkbox"/> 銀行自動櫃員機 ATM (只限澳門幣 For MOP only) <input type="checkbox"/> 支票 Cheque - 支票號碼 Cheque No. _____				
本人之成員定期額外自願性供款投資選擇如下(請 <input checked="" type="checkbox"/> 適當位置) : I elect to invest my member's regular special voluntary contribution into (Please <input checked="" type="checkbox"/> the appropriate box) :					
退休基金 Pension Funds			定期額外自願性供款 Regular Special Voluntary Contribution		
PMUF 保證基金 Guaranteed Fund			不適用 Not Available		
PMTF 安定基金 Maintenance Fund			<input type="checkbox"/> 100%		
PMSF 平穩基金 Stable Fund			<input type="checkbox"/> 100%		
PMLF 均衡基金 Balanced Fund			<input type="checkbox"/> 100%		
PMGF 增長基金 Growth Fund			<input type="checkbox"/> 100%		
PMCF 中國股票基金 China Equity Fund			<input type="checkbox"/> 100%		

丙部 扣賬及贖回基金指示		PART C SUBSCRIPTION & REDEMPTION INSTRUCTION			
請細閱 PLEASE READ :					
1. 管理實體將於以下銀行戶口支付定期額外自願性供款及存入贖回之基金款項。 Please note that Management Company should debit Regular Special Voluntary Contribution and credit the payment of Regular Special Voluntary Contribution to the following bank account.					
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請 <input checked="" type="checkbox"/> 適當位置 Please <input checked="" type="checkbox"/> the appropriate box					
<input type="checkbox"/> 中國銀行澳門分行 Bank of China, Macau Branch <input type="checkbox"/> 大豐銀行有限公司 Tai Fung Bank Limited <input type="checkbox"/> 永亨銀行股份有限公司 Banco Weng Hang, S. A.					
戶口號碼 Bank Account No.: _____					

丁部 聲明及簽署		PART D DECLARATION AND SIGNATURE			
本人確認此申請表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 application form is true and accurate in all aspects.		成員簽署 Signature of Member		日期 Date	

公司專用 For Official Use Only			
Input by:		Date of Input:	
Verified by:		Date of Verification:	



收款人之一方(受益人) Name of Party to be credited (The Beneficiary)  
聯豐亨人壽保險股份有限公司  
Luen Fung Hang Life Limited

中國銀行澳門分行 Bank of China Macau Branch  
 大豐銀行 Tai Fung Bank Ltd.  
 永亨銀行 Banco Weng Hang, SA

成員姓名 Employee Name:	僱主名稱 Employer Name:	*供內部填寫 For Internal Use Only 計劃編號 Scheme No.:
		0 1 8 1

銀行戶口 Bank Account

本人(等)/本公司茲授權 貴銀行, 根據聯豐亨人壽保險股份有限公司(以下簡稱公司)不時給予 貴行之指示, 在本人(等)/本公司於 貴銀行開立之賬戶(賬戶號碼附註如下)內支取款項, 繳付上述公司的有關費用, 直至另行書面通知為止。

本人(等)/本公司知悉及遵守下述條款辦理:

1. 貴銀行接到公司的付款通知即可支付, 款項按公司所提供之金額扣除。
2. 如該賬款未能自本人(等)/本公司之銀行賬戶內支付, 一切責任及後果, 概與 貴銀行無涉。
3. 如有任何令授權書失效之變更, 本人(等)/本公司必須書面通知 貴銀行, 貴銀行在收到書面通知前, 本授權書繼續有效。但如本人(等)/本公司之銀行賬戶連續兩次因賬戶可用餘額不足而未能支付賬款, 則 貴銀行有權不經通知而撤銷此項授權。
4. 貴銀行有權徵收服務費用, 並可由本人(等)/本公司之銀行賬戶內支付。
5. 銀行認為必要和適當時, 不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。
6. 本人(等)/本公司同意 貴銀行無義務確定該等支款通知是否已交予本人(等)/本公司。
7. 本人(等)/本公司願共同及各別承擔因該等支款而令本人(等)/本公司之銀行賬戶出現透支(或令現時透支增加)之全部責任。
8. 本人(等)/本公司同意如由於本授權書並非直接交予 貴銀行以致本授權書上所載之資料披露予第三者知悉, 由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與 貴銀行無涉。

I / We hereby authorize the Bank to effect transfers from my / our account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice.

I / We further agree that:

1. The Bank may effect transfers from my said account such sum or sums as advised by the Beneficiary at any time with immediate effect.
2. Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my / our said account.
3. Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank. For 2 consecutive times, transfers are not effected due to no sufficient available fund in my / our said account, the Bank may at its own discretion not to comply with or act further with this authorization without notice to me / us.
4. Service charge of the Bank will be debited from my / our said account.
5. The Bank may disclose details of my / our said account to any other third party if the Bank finds it necessary and appropriate.
6. The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us.
7. Full responsibility for any overdraft (or increase in existing overdraft) on my / our account which may arise as a result of any such transfer(s) shall be jointly and severally accept by me / us.
8. If this "Direct Debit Authorization Form" is not directly sent to your bank, I/We/Our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances your bank shall be responsible.

賬戶持有人 Account Holder:	身份證明文件種類 ID Type <input type="checkbox"/> 澳門身分證號碼 Macau ID No. _____ <input type="checkbox"/> 護照號碼 Passport No. _____ <input type="checkbox"/> 商業登記號碼 Business Registration No. _____ <input type="checkbox"/> 其他 Others _____
本人(等)之賬戶號碼 My A/C No.	賬戶幣別 Currency <input type="checkbox"/> MOP <input type="checkbox"/> HKD
	本人(等)之簽名 My / Our Signature (簽名須與賬戶相同) (Signature(s) should correspond with the account signature) 日期 Date :

本公司已核對上述資料正確及見證賬戶持有人簽署本授權書

請注意:

1. 若對本授權書之解釋有任何爭議, 以中文為準。
2. 本人(等)/本公司授權 貴銀行可根據自動扣賬當天 貴銀行所指定的匯率將賬款項兌換成受益人指定之收款貨幣。
3. 本人(等)/本公司保證在此授權書內之簽名與銀行賬戶所簽者完全相同。

Please note:

1. Should any disagreement arise in respect to the interpretation of this Authorization, the relevant clause as expressed in Chinese will apply.
2. The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
3. I / We ensure that I / we sign the form in the usual way in which I / we would sign on my / our Bank Account.

公司蓋章及簽名

Company Chop & Signature

公司專用 For Office Use Only

扣賬資料 Debtors Reference
Reason for Submission: <input type="checkbox"/> Regular Contribution <input type="checkbox"/> Regular Voluntary Contribution <input type="checkbox"/> Regular Special Voluntary Contribution <input type="checkbox"/> Others _____

銀行專用 For Bank Use Only

主管	覆核	經辦	備註: <input type="checkbox"/> 上述申請已由系統自動取銷。取銷日期: _____ <input type="checkbox"/> 上述申請已由客戶要求取銷, 取銷表格附後。取銷日期: _____
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