



聯豐亨人壽退休基金 LUEN FUNG HANG LIFE PENSION FUND

退休金福利計劃 - 更改計劃成員資料通知書

PENSION BENEFITS SCHEME - 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	身份證/護照號碼 ID Card/Passport No.
中文 Chinese	英文 English

**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"/> 更改計劃成員資料 Change of Scheme Member's Particulars 請提供證明文件。Please provide supporting document(s).	<input type="checkbox"/> 成員新姓名 New Name of Member <input type="checkbox"/> 新身份證/護照號碼 New 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"/> 新出生日期 New 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 W-9 表格或聲明書。Please provide the W-9 form or self-certification form.)
<input type="checkbox"/> 更改通訊/居住地址 Change of Correspondence / Residence Address	
<input type="checkbox"/> 更改聯絡資料 Change of Contact Details	<input type="checkbox"/> 新手提電話號碼 New Mobile No. <input type="checkbox"/> 新住宅電話號碼 New Residential Telephone No. <input type="checkbox"/> 新電郵地址 New Email Address

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任命(如適用)。本人現任命以下人士(其資料詳情如下)於本人去世後享有本人在有關退休金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，該利益將按所述之百分比分配予該等人士：  
I hereby revoke all my previous nominations in relation to the benefits due to me under the Pension Funds (if applicable). I hereby nominate the following person(s) whose particulars are set out below to receive the benefits due to me 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 is more than one person, such benefits shall be apportioned between them according to the relevant percentage set out below:

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、有關之參與協議及法例另有規定外，本人確定上述任命將持續有效，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 together with the relevant Participation Agreement establishing the Pension Funds and the relevant legislation provisions, I confirm that the above nomination shall remain valid notwithstanding 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 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: _____
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\*見證人不得同為受益人。The witness and the beneficiary must not be the same person.  
如閣下未有作出有關指示，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。In case you have not designated 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.

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.

成員簽署 Signature of Member	日期 Date
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FATCA Checking by & Date:		Input by & Date:	
		Verified by & Date:	