To 致: AIA International Limited 友邦保險(國際)有限公司
(Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司)
8/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong
香港九龍太子道東 712 號友邦九龍金融中心 8 樓
Employer Hotline 僱主熱線: 2100 1888
Member Hotline 成員熱線: 2200 6288

MPF

AUTHORIZATION FOR THE RELEASE OF MEMBER ACCOUNT INFORMATION (FOR MPF EMPLOYEE MEMBER / SELF-EMPLOYED PERSON / AIA MPF PERSONAL ACCOUNT MEMBER ONLY)
發放成員賬戶資料授權書
(只適用於強積金僱員成員或自僱人士或休悠樂成員)

Please note 請注意:
**Delete as appropriate. 請於 * 項目刪去不適用者 。*
Each authorization applies to one member account only. If you request the above service for more than one Member Account, please submit separate authorization. 每一授權書只適用於一個成員賬戶。如需申請多於一個成員賬戶之該項服務，請呈交個別授權書。
Please submit the completed form with original signature, fax copy will not be processed. 請呈交填妥並附有親筆簽署之表格正本，傳真本將不獲處理。

PART A: MEMBER PARTICULARS 甲部分: 成員資料

Member Name 成員姓名 : Kloth Iris

HKID Card/Passport*No. 香港身份證/護照*號碼 : R613758(9)

eMPF Member Account No 積金易成員賬戶號碼 : _____

PART B: MEMBER'S AUTHORIZATION 乙部分: 成員之授權

I hereby authorize AIA Company (Trustee) Limited (the "Trustee") to release my account balance (by fund & by source), its detail breakdown (including total contribution / transfer in, total withdrawal and unrealized gain / loss) and investment choices ("Relevant Data") of the above mentioned member account to my MPF Intermediary with details listed below, via the Trustee's Interactive Website for the purposes of assessing and advising me on my need for MPF related services provided by the Trustee ("Relevant Purpose") with immediate effect until there is a change in the MPF Intermediary of the above mentioned plan or such time when I withdraw such authorization or the above member account is terminated.
本人謹此授權友邦(信託)有限公司(「受託人」) 透過受託人互動網頁 ，向下列所示之強積金中介人發放本人於上述成員賬戶內之賬戶結餘(按資金來源及基金類別計算) ，其詳細分類 (包括供款 / 轉入資產總計 / 提取供款總計及未實現收益 / 虧損) 及投資選擇 (「有關資料」) ，從而為本人就受託人提供之強積金相關服務需要作出評估及建議(「有關目的」)。此項授權將即時生效直至上述計劃之指定強積金中介人有所更改，或本人提出取消此項授權，或上述之成員賬戶已被终止。

(1)	Name of MPF Intermediary 強積金中介人名稱	Ho Kar Lee
(2)	Agency Code 營業組別編號	8489
(3)	Agent / Broker Code 營業員 / 經紀編號	H1690
(4)	Name of Employer Servicing 現服務之僱主名稱 (If applicable 如適用)	

PART C: DECLARATION 丙部分: 聲明

I have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I declare and agree that any personal data and other information relating to me or my policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Trustee by any means from time to time may be collected and utilized in accordance with the AIA PIC. I acknowledge and consent to the transfer of my personal data in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC.
本人已閱讀及明白友邦保險收集個人資料聲明(「收集個人資料聲明」)。本人聲明及同意在本申請書所載或受託人不時以任何方式收集所得、編製或持有的任何個人資料及關於本人或本人的保單或投資的其他資料，可根據收集個人資料聲明收集及使用。本人確認及同意就收集個人資料聲明所述目的在香港境內轉移本人的個人資料或轉移有關資料至香港境外，及轉移予收集個人資料聲明所載的資料承讓人。

I agree to be bound by any instructions sent to the Trustee under my name and signature. I agree to indemnify and keep the Trustee and its affiliates indemnified against any and all losses, costs, expenses, actions, proceedings and liabilities suffered by the Trustee and/or its affiliates as a result of any inaccurate information provided by me or my agent or intermediary, and/or upon the Trustee's or its affiliates' execution of any such instructions except where there is proven (to the satisfaction of the Trustee or its relevant affiliate) wilful default, gross negligence or fraud on the part of the Trustee or its relevant affiliate.
本人同意及接受以本人名義及簽署致受託人之任何指示約束。除因受託人或其相關關聯公司被證明故意失責、嚴重疏忽或欺詐外(此證明須得受託人或其相關關聯公司信納)，倘若本人或本人之代理人或中介人所提供之資料錯誤及/ 或受託人或其關聯公司因執行相關指示，而導致受託人及/或其關聯公司需要承擔任何損失、支出、責任，或需要進行任何行動或訴訟，本人同意作出有關賠償予受託人及其關聯公司。

By signing this form, my authorization above supersedes all of my previous authorization with effect from the date stated below.
本授權書一經簽署，本人於下列所示之日期前所提供之任何授權指示將被本指示取替。

S.V.

Member's Signature (Signature must be the same as the record filed with the Trustee)
成員簽署 (簽署式樣必須與已備存於受託人之記錄相符)

Date: dd/mm/yyyy
日期: 日/月/年