JP MORGAN PROVIDENT FUND ("the Plan")
Minimum MPF Benefits Transfer Form
最低強制性公積金利益轉移表格

Note 注意:

1. Please complete this form only if you joined the Plan after 1 December 2000. Benefit payable to you may be subject to portability and preservation provision of Minimum MPF Benefits ("MMB") as defined in Mandatory Provident Fund Schemes (Exemption) Regulations ("MPF Regulation"). By the said legislation, MMB must be transferred to a Mandatory Provident Fund scheme ("MPF scheme") and MMB may not be paid out unless and until occurrence of prescribed triggering events such as normal retirement after attaining age 65, early retirement after attaining age 60, permanent departure from Hong Kong, total incapacitation, terminal illness and death.
   如您是在 2000 年 12 月 1 日之後才參加本計劃，請填寫本表格。支付給您的累算權益，可能受制於定明在強制性公積金計劃（豁免）規例下最低強制性公積金利益（「最低強積金利益」）的保存及可調動性提取的規定。根據有關規例，最低強積金利益需轉至一個強制性公積金計劃（「強積金」）內，直至核准取回權益的情況下，才可提取最低強積金利益，如達至六十五歲正常退休年齡、六十歲提早退休年齡、永久性離開香港、完全喪失行為能力、罹患末期疾病或身故。
2. By completing this form, this means you give instruction to transfer your MMB to a MPF scheme of your choice.
   填寫本表格時，表示您欲轉移最低強積金利益至您所選的強積金計劃。
3. Please also complete the "JP Morgan Provident Fund ("the Plan") Option Form for Termination / Retirement Benefits" to provide us the payment method for benefit in excess of MMB, if any.
   請填寫 "JP Morgan Provident Fund ("the Plan") Option Form for Termination / Retirement Benefits" 以指示超逾最低強積金利益的金額（如有）支付方式。
4. Please note all outstanding MMB pending for transfer will be kept in Hong Kong dollars cash only. No bank interest or any investment return is earned.
   請注意所有等待轉移的最低強積金利益的餘額將以港幣保留，期間並沒有任何利息或投資回報。
5. Please countersign any alterations made in this form.
   如須作出任何刪改，請於刪改之位置旁簽署。
6. Please send the completed form to "Pension Services, Bank Consortium Trust Company Limited ("BCTC"), 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong".
   請將填妥表格寄往「香港皇后大道中183 號中遠大廈18樓，銀聯信託有限公司「銀聯信託」，退休金服務」收。

Part I. 第一部份. Member's Details 成員資料

Name of Member 成員姓名	HKID Card / Passport* Number 香港身份證/護照* 號碼
Correspondence Address 通訊地址	Telephone Number (Day Time) 聯絡電話（日間）

* Please delete whichever is inappropriate. 請刪除不適用者。

Part II. 第二部份. Minimum MPF Benefits Transfer Options 轉移最低強制性公積金利益的選擇

I elect to transfer my MMB in the Plan as follows 本人選擇把本計劃內的「最低強積金利益」作出以下轉移：
(Please mark "✓" in the appropriate box 請於適用的方格內填上"✓"號)

☐ To a MPF registered scheme in which my new employer is participating 轉移至本人在新僱主所參與的強積金註冊計劃

Name of New Employer 新僱主名稱 _____

New Employer's Participation Number 新僱主參與強積金註冊計劃之號碼 _____

Name of The Trustee of The MPF Scheme 強積金計劃的受託人名稱 _____

Name of The MPF Scheme 強積金計劃名稱 _____

Scheme Member's Account No. (if known) 計劃成員帳戶號碼 (如知悉) _____

☐ To my existing / new MPF account 轉移至本人現有/新增之強積金帳戶

Name of The Trustee of The MPF Scheme 強積金計劃的受託人名稱 _____

Name of The MPF Scheme 強積金計劃名稱 _____

Scheme Member's Account No. (if known) 計劃成員帳戶號碼 (如知悉) _____

Note: If you do not have any account in MPF schemes, please visit Mandatory Provident Fund ("MPFA schemes Authority") website (https://www.mpfa.org.hk/) for information on MPF service providers. Should you have any enquiries, please feel free to contact Member Hotline on (852) 2298 9067.
註意： 如您沒有任何強積金計劃戶口，請瀏覽強制性公積金計劃管理局（「積金局」）網址（https://www.mpfa.org.hk/）查閱有關強積金供應商詳情。若有任何查詢，請致電成員服務熱線 (852) 2298 9067。

*Please delete whichever is inappropriate. 請刪除不適用者。

Part III. 第三部份. Personal Information Collection Statement 收集個人資料聲明

The personal data collected from you will only be accessed and handled by properly authorised staff of the administrator, the trustee(s) or participating employers of the Plan and its properly authorised service providers and will only be used for processing the instructions of this form; administering and managing the contributions and accrued benefits under the Plan; compliance with applicable laws and regulations; any other purpose relating to the above; and the carrying out of matching procedures with any other personal data for the purpose of running a pension and trust business. If required by law or relevant regulations, the above parties may provide such personal data to governmental bodies, regulators or other third parties. If there is any change in the information so provided, BCTC should be notified as soon as practicable. Failure to provide the information requested may result in BCTC being unable to process the instructions. To access or correct your personal data held by us, please write to the Data Protection Officer at Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong. 從您收集之個人資料，僅供本計劃的管理人，信託人或參與本計劃的各僱主公司正式授權之職員及服務供應商使用及處理，並且只會被用作處理此表格之指示；處理和管理參與本計劃下之供款及累算權益；遵守法律及規例；與上述有關之任何其他用途；及為經營退休計劃及信託業務而與任何其他個人資料進行核對程序。如因法律或相關規例規定，以上各方可向政府機關、監管機構或其他第三者提供有關個人資料。如所提供之資料有任何更改，請在可行的情況下儘快通知銀聯信託。未能提供所需資料可能導致銀聯信託不能處理有關指示。要查閱或更改本公司所持有您的個人資料，請以書面聯絡本公司之資料保護主任（香港皇后大道中 183 號中遠大廈 18 樓，銀聯信託有限公司）。

Part IV. 第四部份. Authorisation and Declaration 授權及聲明

(1) I hereby give consent to the MPFA to disclose information collected in this form to the trustee(s) concerned, the relevant service provider(s) and other appropriate parties, or to enable such party or parties to access the information for the purposes of processing the transfer of my accrued benefits.
本人同意積金局可為處理本人的累算權益轉移，向有關信託人、相關服務提供者，及其他相關機構披露本表格所收集的資料，或使該等人士或機構能夠接觸該等資料。

(2) I understand and agree that the personal data to be supplied in this form is to be used for the purpose(s) of processing my election(s) of transfer as requested in this form.
本人明白及同意在本表格提供的個人資料，將被用作處理本人在本表格內要求的轉移選擇。

(3) I understand and agree that the personal data I supply may, for the purpose(s) mentioned above or for a purpose directly related to such purpose(s), be transferred to the trustee(s) concerned, the relevant service provider(s), the MPFA and other appropriate parties.
本人明白及同意本人所提供的個人資料可能會為達致上述目的，或直接與上述目的有關的目的而轉交有關信託人、相關服務提供者、積金局，及其他相關機構。

(4) I undertake that if there is any change in the information so provided, I shall notify BCTC as soon as reasonably practicable.
本人承諾若所提供之資料有任何更改，將儘快通知銀聯信託。

(5) I declare that to the best of my knowledge and belief, the information given in this form and its attachments, if any, is correct and complete.
本人聲明，盡本人所知及所信，本表格及隨附之文件（如有）所提供的資料均屬正確無訛且無缺漏。

(6) I hereby agree to indemnify BCTC against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against BCTC or suffered or incurred by BCTC arising either directly out of or in connection with BCTC accepting facsimile instructions or e-mail instructions and acting thereon, whether or not the same are confirmed by me in writing. Notwithstanding the above, BCTC has the right to determine which forms or other documents of instructions may or may not be accepted by facsimile or email.
本人同意銀聯信託不論在有否得到本人的書面確認下均可接受及處理傳真指示或電郵指示及根據該等指示處理有關事宜，本人亦同意賠償銀聯信託因接受或處理該等傳真指示或電郵指示而直接或間接導致銀聯信託遭受或承受的任何行動、訴訟、理賠、損失、損害、成本或費用。儘管以上所述，銀聯信託有權決定何種表格或其他指示文件能否以傳真方式或電郵方式傳遞。

s.v.

Signature of Applicant 申請人簽署

Date 日期 (DD/MM/YYYY 日 / 月 / 年)

Internal Use 內部專用

Date Received:	Input By:	Verified By:	Remarks: