



Claim Form For Payment Of Accrued Benefits 累算權益申索表格

Notes:

- (1) This Form should be completed by any person who is eligible to claim for payment of MPF accrued benefits.
- (2) If claimant/scheme member has more than one account in a registered scheme, the claimant should fill in one form for payment of accrued benefits in respect of all accounts within one scheme. If a claimant/scheme member has accounts with more than one service provider, the claimant should fill in one form for each service provider.
- (3) Please use BLOCK LETTERS for completion of this Form.
- (4) Please initial next to any corrections you make on this form.
- (5) *Means delete whichever is inappropriate.
- (6) The completed form should be sent to Provident Funds Services, Manulife (International) Limited at 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong.
- (7) The information and data given in this Form can be used by the approved trustee concerned and the Mandatory Provident Fund Schemes Authority in activities relating to the processing of the claim and may be disclosed to other parties for such purposes. You have the right of access and correction in respect of your information in the possession of Manulife.

注意事項:

- (1) 本表格需由合資格申索強積金累算權益的人士填寫。
- (2) 倘索償人/計劃成員在註冊計劃內擁有超過一個帳戶，索償人應就申索一個計劃內所有帳戶的累算權益填寫一份表格。倘索償人/計劃成員在多過一個服務供應商內擁有帳戶，索償人應就每個服務供應商填寫一份表格。
- (3) 請以正楷填寫本表格。
- (4) 如須作出任何更改，請於刪改之位置旁簽署。
- (5) *表示把不適當之處刪除。
- (6) 填妥的表格請寄往香港北角電氣道169號宏利保險中心29樓宏利人壽保險(國際)有限公司公積金服務部。
- (7) 有關的認可受託人及強制性公積金管理局可利用本表格提供的資料處理與索償有關事宜，並可為該等目的而把所填寫的資料向其他方面披露。閣下有權取得並更改於宏利持有與閣下有關的資料。



Section I – Details of The Scheme Member / Claimant 第一部份 – 計劃成員 / 索償人資料

(1) Scheme Member 計劃成員

- (i) Name: (as shown on ID Card)
姓名(必須與身份證相同)

Surname in English 英文姓氏	Other Name in English 英文名字	Name in Chinese 中文姓名
(ii) HKID Card / Passport Number ^{Note 1} : 香港身份證 / 護照*號碼 ^{註1}	()	(iii) Date of Birth: 出生日期
(iv) Daytime Contact Number : 日間聯絡電話號碼		dd日 / mm月 / yyyy年
(v) Name of the Scheme : 計劃名稱		

I would like to withdraw the accrued benefits under all my member account(s)[^]. 本人欲從本人的所有成員帳戶[^]內提取累算權益。

Yes 是

No, my Member Account Number(s) ^{Note 2} is/are
否，本人之成員帳戶號碼為

(1) _____ (2) _____

If no option is chosen, it will be deemed that the request for withdrawal of accrued benefits applies to all your member account(s)[^].
如沒有選項，將視作閣下指示宏利從閣下的所有成員帳戶[^]內提取累算權益。

[^] Member account(s) include(s) account(s) of self-employed, employee member and/or preserved account under the Manu-Lifestyle (MPF) Scheme and/or Manulife Global Select (MPF) Scheme. Flexi Retirement Contribution member account is excluded.

[^] 成員帳戶包括在宏利寫意生活(強積金)計劃及/或宏利環球精選(強積金)計劃內之自僱人士成員帳戶，僱員成員帳戶及/或保留帳戶。自選退休供款之成員帳戶不包括在內。

(2) Claimant 索償人 (if different from scheme member 若跟計劃成員不同)

- (i) Name: (as shown on ID Card)
姓名(必須與身份證相同)

Surname in English 英文姓氏	Other Name in English 英文名字	Name in Chinese 中文姓名
(ii) HKID Card / Passport Number ^{Note 1} : 香港身份證 / 護照*號碼 ^{註1}	()	(iii) Daytime Contact Number : 日間聯絡電話號碼



Section II – Change of Address for Scheme Member / Notification of Claimant's Address 第二部份 – 計劃成員更改地址 / 知會索償人地址

Complete this section only if 如發生下列情況，請填寫此部份：

1. The member's current address is different from the one shown on the latest Member Benefit Statement; or 成員現居地址有別於最近期的成員權益報表上所載的地址；或
2. You are the Personal Representative of the deceased member. 閣下為身故成員的遺產代理人。

Residential Address 地址: (All correspondence will be sent to this address 所有通訊將寄往此地址)

Room / Flat 室	Floor 樓	Block 座	Name of Building 大廈名稱
Name of Estate 屋苑名稱			Street No. / Street Name 街道號碼 / 街道名稱
<input type="checkbox"/> H.K. 香港 <input type="checkbox"/> KLN. 九龍 <input type="checkbox"/> N.T. 新界 <input type="checkbox"/> Other 其他			
District 區域			

The below part is for scheme member to tick "✓" only, not suitable for claimant if claimant is other than the holder of this member account.
以下部份只供計劃成員以別號「✓」指示，不適用於索償人，如索償人並非此成員帳戶的持有人。

The contact information applies to all of your existing products / services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee / custodian services.
閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為本公司提供信託 / 託管服務的公司於香港及澳門所提供的產品 / 服務上。

To apply above address to this member account only, please "✓" this box. 如以上地址只適用於此成員帳戶，請在方格內填上「✓」號。

For office use only: ID Received? Y N ID Info: _____ Sig. match? Y N
Claimant's ID Received? Y N





Section III – Reason of Withdrawal 第三部份 – 申索理由

Please tick one box below to indicate the reason of withdrawal. 請在以下其中一個方格內加上「✓」號列明申索理由。

Reason of Withdrawal 申索理由	Required Document(s) ^{Note 3} / information to be submitted with this form 須與本表格一併遞交的文件 ^{註3} / 資料
<input type="checkbox"/> Retirement 退休 (NR) Eligibility 資格 1. Has reached age 65 or over 年滿六十五歲或以上 2. If the HKID Card does not contain the exact date of birth, it is assumed to be the last day of the month or the last day of the year shown on the HKID Card 如香港身份證上並無列明確實的出生日期，則以證上所載月份或年份的最後日期作準	1. A copy of your HKID Card ^{Note1} 香港身份證副本 ^{註1}
<input type="checkbox"/> Early Retirement 提早退休 (NR) Eligibility 資格 1. Has reached age 60 or over 年滿六十歲或以上 2. Has permanently ceased to be employed or self-employed 永久不再受僱或自僱 3. If the HKID Card does not contain the exact date of birth, it is assumed to be the last day of the month or the last day of the year as shown on the HKID Card 如香港身份證上並無列明確實的出生日期，則以證上所載月份或年份的最後日期作準	1. A copy of your HKID Card ^{Note1} 香港身份證副本 ^{註1} 2. The original copy of the statutory declaration form on early retirement (*Form MPF(S)-W(SD1)) ^{Note4} 提早退休的法定聲明表格(*MPF(S)-W(SD1)表格)正本 ^{註4}
<input type="checkbox"/> Total Incapacity 完全喪失行為能力 (TI) Eligibility 資格 1. Claimant is permanently unfit to perform the kind of work that he was last performing before becoming incapacitated 索償人永久不適合再擔任其於喪失工作能力前所擔任的該類工作	1. A copy of your HKID card ^{Note1} (if the claim is made by the scheme member), or a copy each of the scheme member's and the committee / guardian's HKID cards ^{Note1} (if the claim is made by the committee / guardian on behalf of the scheme member) 香港身份證副本 ^{註1} (如申索由計劃成員提出)，或計劃成員及產業受託監管人 / 監護人各自的香港身份證副本 ^{註1} (如申索由產業受託監管人 / 監護人代計劃成員提出) 2. A copy of the medical certificate (*Form MPF(S)-W(M)) issued by a registered practitioner ^{Note5} 由註冊醫生發出的醫生紙副本(*MPF(S)-W(M)表格) ^{註5} 3. (a) A copy of the letter from the employer (if employed as an employee immediately before total incapacitation) or the last employer (if employment as an employee has been terminated before total incapacitation) certifying that your contract of employment for that particular kind of work has been or will be terminated ^{Note 6} ; or 由僱主(即緊接完全喪失行為能力前聘請閣下為僱員之僱主)或前僱主(即於完全喪失行為能力前經已終止聘請閣下為僱員之僱主)發出的信件副本，證明此特定的僱傭合約已經或將會終止 ^{註6} ；或 (b) The original copy of the statutory declaration form on total incapacity. (*Form MPF(S)-W(SD4)) ^{Note 4 & 8} ; or 就完全喪失行為能力作出的法定聲明表格(*MPF(S)-W(SD4)表格)正本 ^{註4及8} ；或 (c) The original copy of the *Form MPF(S) - W(SD5) if the claim is made by a committee / guardian on behalf of the scheme member ^{Note 4 & 8} . 如申索由產業受託監管人 / 監護人代計劃成員提出，則請提交*MPF(S)-W(SD5)表格正本 ^{註4及8} 。 4. A copy of the evidence of the status of the committee / guardian, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136) (if the claim is made by a committee / guardian on behalf of the scheme member) 證明產業受託監管人 / 監護人身分的文件副本；身份證明指根據《精神健康條例》(第136章)發出的法院命令或監護委員會根據該條例發出的監護令(如申索由產業受託監管人 / 監護人代計劃成員提出)
<input type="checkbox"/> Death 身故 (D) Eligibility 資格 1. Only the personal representative of the deceased member can claim for payment of accrued benefits ^{Note7} 只有身故成員的遺產代理人才可申索累算權益 ^{註7}	1. A copy of the HKID card of the personal representative ^{Note1} 遺產代理人的香港身份證副本 ^{註1} 2. A copy of the death certificate of the deceased scheme member 身故計劃成員的死亡證副本 3. (a) A copy of the Letter of Probate or Letter of Administration granted by the Probate Registry, or 遺產承辦處發出的遺囑認證書或遺產管理書副本，或 (b) A letter requesting withdrawal of the accrued benefits issued by the Official Administrator if the claim is made by the Official Administrator 由遺產管理官所發出要求提取累算權益的信件(若該申索是由遺產管理官提出)

Reason of Withdrawal 申索理由	Required Document(s) ^{Note 3} / information to be submitted with this form 須與本表格一併遞交的文件 ^{註3} / 資料
<input type="checkbox"/> Permanent Departure from Hong Kong 永久性地離開香港 (PD) Eligibility 資格 1. Claimant has departed / will depart from Hong Kong permanently 索償人經已 / 將永久性地離開香港 2. Claimant has not previously claimed payment for any accrued benefits in any registered scheme on grounds of permanent departure from Hong Kong on an earlier departure date 索償人先前並無以相同理由，申索任何註冊計劃的累算權益 Please Specify 請註明： Information on overseas settlement 海外定居資料 (i) Country where you are permitted to reside permanently or for an indefinite period: 獲准永久或無限期居住的國家：_____。 (ii) Overseas contact details 海外聯絡資料： E-mail Address 電郵地址：_____。 Phone Number 電話號碼：(_____) _____。 (iii) Reason(s) for permanently departing from Hong Kong 永久離開香港原因： <input type="checkbox"/> Emigration 移民 <input type="checkbox"/> Marriage 結婚 <input type="checkbox"/> Family reunion 家庭團聚 <input type="checkbox"/> Long-term overseas employment 長期海外受聘 <input type="checkbox"/> Retirement 退休 <input type="checkbox"/> Others, please specify 其他，請註明 _____。	1. A copy of your HKID Card ^{Note1} 香港身份證副本 ^{註1} 2. A copy of the immigration visa / foreign passport / Home Visit Permit / Entry Permit for Hong Kong and Macau Residents ^{Note9} / others, etc. _____ (please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Hong Kong 准予成員在香港以外某地方永久或無限期地居住的移民簽證 / 外國護照 / 回鄉證 / 港澳居民來往內地通行證 ^{註9} / 其他證明文件等 _____ (請註明證件類別) 3. The original copy of the statutory declaration form on permanent departure (*Form MPF(S)-W(SD2)) ^{Note4} 永久性地離開香港的法定聲明表格(*MPF(S)-W(SD2)表格)正本 ^{註4} 4. A copy of the Letter of Release issued by the Inland Revenue Department, if applicable 稅務局發出的同意釋款書副本，如適用
<input type="checkbox"/> Small Balance Account 小額結餘帳戶 (SB) Eligibility 資格 1. Claimant does not intend to become employed or self-employed within the foreseeable future 索償人並不打算於可見之將來受僱或自僱 2. Accrued benefits kept in the scheme do not exceed HK\$5,000 as at the date of claim 計劃中保存的累算權益在提出申索當日不超過港幣五千元 3. At least 12 months have elapsed since the contribution day in respect of the latest contribution period for which a mandatory contribution is required to be made to any registered scheme by or in respect of the claimant's account(s) under the Mandatory Provident Fund Schemes Ordinance 自根據《強制性公積金計劃條例》須就所索償之帳戶作出強制性供款的最近一個供款期的供款日起計，已過了至少12個月 4. Claimant does not have accrued benefits kept in any other registered scheme 索償人並無在任何其他註冊計劃內保留累算權益	1. A copy of your HKID Card ^{Note1} 香港身份證副本 ^{註1} 2. The original copy of the statutory declaration form on small balance account (*Form MPF(S)-W(SD3)) ^{Note4} 小額結餘帳戶的法定聲明表格(*MPF(S)-W(SD3)表格)正本 ^{註4}

+ You can visit the MPFA web site www.mpfa.org.hk to download a copy of the relevant form
+ 閣下可登入積金局網址 www.mpfa.org.hk 下載有關表格



Section IV – Declaration 第四部份 – 聲明

I/We* ^{Note7} declare that, to the best of my/our* ^{Note7} knowledge and belief, the information given in this Form and its attachments is correct and complete. ◆
本人/吾等^{註7} 謹此聲明，就本人/吾等^{註7} 所知及所信，本表格及其附件提供的資料均屬正確及完整。◆

For claimant(s)/member who provide(s) passport number at Section I (1)(ii) or (2)(ii) only: I/We* ^{Note7} hereby confirm that I/we* ^{Note7} do not possess the HKID card(s), please accept my/our* ^{Note7} passport copy(ies) for identity verification purpose.
此部份只適用於第一部份(1)(ii)或(2)(ii)提供護照號碼的索償人/成員：本人/吾等^{註7} 謹此確認本人/吾等^{註7} 並無持有香港身份證，請接納本人/吾等^{註7} 提供之護照副本以作身份核實之用。

Signature of the Claimant(s) / Committee / Guardian / Sub-Scheme Member*
索償人 / 產業受託監管人 / 監護人 / 計劃成員* 簽署

Date
日期

◆ Warning : Section 43E(1) of the Mandatory Provident Fund Schemes Ordinance makes it an offence punishable with a maximum of 1 year's imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material respect.
◆ 警告：根據強制性公積金計劃條例第43E(1)條，倘任何人士在重要事項方面提供虛假或誤導聲明，初犯者最高可被判處一年監禁，而再犯者則每次最高可被判處兩年監禁。

Explanatory Notes on Claim Form For Payment of Accrued Benefits 申索累算權益表格註釋

- (1) Claimant or scheme member who does NOT possess a HKID card, should present his/her passport in person for identity verification purpose. If the claimant or scheme member does not wish to present the identity card / passport in person, he/she should provide a copy of the identity card / passport (only pages with personal particulars and identity card / passport number) to the trustee concerned for identity verification purpose. 如索償人或計劃成員非持有香港身份證，則可向有關受託人親身提交護照以作身份核實之用。如索償人或計劃成員不欲親身提交身份證或護照以核實其身份證或護照號碼，索償人或計劃成員則可向有關受託人提供身份證或護照副本（只需附有個人資料及身份證/護照號碼等頁）以供核實。
- (2) Refer to your latest Member Benefit Statement for Member Account Number(s). 閣下的成員帳戶號碼載於最新的成員權益報表。
- (3) In processing a claim for payment, the approved trustee of the scheme may request the claimant to produce the original copies of the documents for checking purpose, if necessary. 在處理申索付款時，計劃的認可受託人如有需要，可要求索償人出示文件正本以供查證。
- (4) Claimant who is required to make a statutory declaration for a claim shall complete the relevant statutory declaration form and make a statutory declaration before a Commissioner for Oaths at a Public Enquiry Service Centre of the Home Affairs Department / a Notary Public / a Justice of the Peace. Please call our Member Hotline 2108-1388 to obtain a copy of the relevant statutory declaration form. A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration. 索償人如須就索償作出法定聲明，須填妥有關的法定聲明表格，並在民政事務總署諮詢服務中心監誓員/公證人/太平紳士面前作出法定聲明。請致電宏利成員資料熱線2108-1388，索取有關的法定聲明表格。在香港以外地方所作的法定聲明，只要是在公證人或獲該地法律授權監誓或監理法定聲明的人士面前作出，並由他們簽實，亦可予接受。
- (5) Claimant should ask his/her medical practitioner to fill in form MPF(S)-W(M). A medical practitioner who signs form MPF(S)-W(M) must be either
- (I) a registered medical practitioner who is registered under the Medical Registration Ordinance (CAP.161), i.e.,
- (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
- (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (i.e. persons who are exempted from registration);
- or
- (II) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2 of the Chinese Medicine Ordinance (Cap. 549).
- 申索人須請其診症醫生填寫第 MPF(S)-W(M) 號表格。簽署第 MPF(S)-W(M) 號表格的醫生須是
- (I) 根據《醫生註冊條例》（第161章）註冊的註冊醫生，即：
- (a) 在香港醫務委員會正式註冊為醫生的人；或
- (b) 獲視作為根據《醫生註冊條例》註冊成為醫生的人（即獲豁免無須註冊條例的人）；
- 或
- (II) 《中醫藥條例》（第549章）第2條所界定的註冊中醫。
- For a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job under the Employment Ordinance (Cap.57), he/she may use the form "Certificate of an employee's permanent unfitness for a particular kind of work" under the Employment Ordinance to substitute for the Form MPF(S)-W(M) for the purpose of claiming payment of MPF accrued benefits on grounds of total incapacity. Please call our Member Hotline 2108-1388 for a sample of the form. 如按《僱傭條例》（第57章）以永久不適宜擔當現有工作為由同時申索長期服務金的索償人，可根據《僱傭條例》使用「僱員永久不適宜擔任特定種類工作證明書」表格替代第 MPF(S)-W(M) 號表格，提出因完全喪失行為能力而申索強積金累算權益。請致電宏利成員資料熱線2108-1388，索取有關表格樣本。
- (6) For a self-employed / former self employed person who claims payment on grounds of total incapacity, there is no need to produce an employer letter. 自僱 / 前自僱人士如以完全喪失行為能力為由申索付款，則毋須出示僱主信。
- (7) For claims for payment on grounds of death, only the personal representative within the meaning of the Mandatory Provident Fund Schemes Ordinance may act on behalf of the deceased scheme member to claim payment of the member's accrued benefits. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use an additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives. 如以身故為由申索付款，則只有《強制性公積金計劃條例》所指的遺產代理人方可代表身故的計劃成員申索其累算權益付款。倘遺產代理人多於一名，而這些遺產代理人並未授權其中一名代表其他遺產代理人提出申索，則所有遺產代理人必須一同提交申索表格。請另紙填寫第一部份有關索償人的資料。在此情況下，本表格需由所有遺產代理人簽署。
- (8) For a former employee whose last employment has been terminated before total incapacity and who is unable to obtain a letter from the last employer certifying that contract of employment for that particular kind of work has been terminated or has been unemployed for more than 7 years, he/she must provide the trustee with a statutory declaration stating that contract of employment for the particular kind of work as specified in the medical certificate has been terminated. 如前任僱員在他完全喪失行為能力之前最後從事的工作已終止，令他未能取得最後僱主發出的信件，證明關於該特定種類工作的僱傭合約已終止或他已失業超過7年，則他必須向受託人提供法定聲明，述明醫生證明書上所指明關於該特定種類工作的僱傭合約已終止。
- (9) The "Entry Permit for Hong Kong and Macau Residents (港澳居民來往內地通行證)" is issued at the China Travel Service (Hong Kong) Limited on behalf of the Public Security Bureau of Guangdong, PRC. 「港澳居民來往內地通行證」由香港中國旅行社有限公司代表中國廣東省公安廳發出。

Notes on Payment of Benefit 支付權益備註

- a. Accrued benefits will be paid to the claimant by cheque upon receipt of full evidence and information. 於所需的證據及資料全部收妥後，索償人方獲支付累算權益。有關權益將以支票形式發還。
- b. Payment of accrued benefits of a deceased member will be made to the personal representative(s) upon receipt of all the required documents. 於所需的文件全部收妥後，死者之遺產代理人方獲支付累算權益。
- c. Withdrawal on the grounds of permanent departure from Hong Kong will only be processed after a 14-day period after Manulife notified the Mandatory Provident Fund Schemes Authority of such request and during which the Mandatory Provident Fund Schemes Authority has not objected to this request. 如於宏利通知強制性公積金管理局有關是項申索後十四天內並未有接獲強制性公積金管理局之異議，方會處理因永久性地離開香港所作之申索。
- d. If there are contributions / contribution surcharges outstanding, accrued benefits will not be paid until all of the outstanding contributions and contribution surcharges have been paid to Manulife or within 60 days after receiving a complete request, whichever is earlier. 如有未清繳之供款/供款附加費，直至未清繳的供款及供款附加費已全部支付予宏利，或於接獲已填妥及完整的申索申請後的六十天內（以較早者為準），宏利方會支付累算權益。

Completed form should be sent to Provident Funds Services, Manulife (International) Limited, 29/F Manulife Tower, 169 Electric Road, North Point, Hong Kong.
填妥的表格請寄往香港北角電氣道169號宏利保險中心29樓宏利人壽保險（國際）有限公司公積金服務部。