



BCT Premier Pooled ORSO Retirement Plan

銀聯信託超卓匯集退休計劃

Minimum MPF Benefits Transfer Form

最低強制性公積金利益轉移表格

FORM: ORSO-MMB (REE)

Important Notes 重要事項:

- This Form is only applicable to members who join MPF Exempted ORSO Registered Scheme after 1 December 2000. 此表格只適用於在 2000 年 12 月 1 日後加入獲強積金豁免的職業退休註冊計劃的成員。
- Bank Consortium Trust Company Limited ("BCT") will redeem units as soon as practicable upon receipt of both the duly completed "Employee Termination Notice" [FORM: ORSO-ETN(ER)] and this "Minimum MPF Benefits Transfer Form" [FORM: ORSO-MMB (REE)]. 銀聯信託有限公司(「銀聯信託」)只在收到填妥之「僱員離職通知書」[FORM: ORSO-ETN(ER)]及此表格後才能贖回基金單位。
- The Minimum MPF Benefits will be transferred according to the following instruction with the remaining vested benefits to be paid out by cheque in favour of the member. 「最低強制性公積金利益」將根據以下指示轉移，餘下的既有利益將以支票形式支付予該成員。

PART I. EMPLOYER DETAILS 僱主資料

Name of Company 公司名稱	English	Participating Plan No. 參與計劃編號
	中文	

PART II. EMPLOYEE DETAILS 僱員資料

Name of Employee 僱員姓名	English (Mr / Ms / Mrs*)	HKID Card / Passport* No. 香港身份證 / 護照*號碼
	中文 (先生 / 小姐 / 女士*)	Telephone No. (Day Time) 聯絡電話 (日間)
Correspondence Address 通訊地址		

PART III. 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 Minimum MPF Benefits in the Scheme as follows 本人選擇把計劃內的「最低強制性公積金利益」作出以下轉移：
(Please mark "✓" in the appropriate box 請於適用的方格內填上"✓"號)

- (a) To a preserved account under the Bank Consortium MPF / Industry Plan* 轉移至銀聯信託強積金 / 行業計劃* 內的保留帳戶
(Please complete the "Application Form – Preserved Member" [FORM: AP(PM)-MT] / [FORM: AP(PM)-IS] 請填寫「保留成員申請書」[FORM: AP(PM)-MT] / [FORM: AP(PM)-IS])
- (b) To an MPF registered scheme in which my new employer is participating 轉移至本人新僱主就本人開立的強積金帳戶
- Name of New Employer 新僱主名稱 _____
- New Employer's Participation No. 新僱主參與編號 _____
- Name of the Trustee 受託人名稱 _____
- Name of the Scheme 計劃名稱 _____
- Scheme Member's Account No. (if known) 計劃成員帳戶號碼 (如知悉) _____
- (c) To my existing / new account in a master trust / industry scheme 轉移至本人在集成信託 / 行業計劃內現有/新增之帳戶
- Name of the Trustee 受託人名稱 _____
- Name of the Scheme 計劃名稱 _____
- Scheme Member's Account No. (if known) 計劃成員帳戶號碼 (如知悉) _____

PART IV. 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 BCT 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 Participating Plan; compliance with applicable laws and regulations; marketing our products or services to you; 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, BCT may provide such personal data to governmental bodies, regulators or other third parties. If there is any change in the information so provided, BCT should be notified as soon as practicable. Failure to provide the information requested may result in BCT being unable to process the instructions. To access or correct your personal data held by us or to request that such personal data not to be used for direct marketing purposes, please write to the Data Protection Officer at Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

從您收集的個人資料，僅供銀聯信託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；處理和管理參與計劃下之供款及累積權益；遵守法律及規例；向您推銷本公司之產品或服務；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，銀聯信託可向政府機關、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或要求本公司不再使用其個人資料作直銷之用，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 V. DECLARATION AND SIGNATURE 聲明及簽署

I declare that to the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete. I understand and agree to the terms of the Personal Information Collection Statement as set out in this form. 本人聲明，本人深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。本人明白及同意於此表格之收集個人資料聲明條款。

S.V.

Signature of Employee
僱員簽署

Date (D / M / Y)
日期 (日 / 月 / 年)

BCT Use Only 銀聯信託專用

Date Received: _____ Input By: _____ Verified By: _____ Remarks: _____

* Delete as appropriate 請刪去不適用者

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