

BCT Premier Pooled ORSO Retirement Plan 銀聯信託紹卓匯集退休計劃 **Employee Termination Notice** 僱員離職涌知書

FORM: ETN (ER) - ORSO

Note 注意

- 1. Please mark "✓" in the appropriate box. 請於適用的方格內填上"✓"號。
- 2. 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。
- 3. Please send the completed form to "Pension Services, Bank Consortium Trust Company Limited, 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,退休金服務」收

Part I. Employer D	etails 僱主資料							
Name of Company 公司名稱						Participating Plan No. 參與計劃編號		
]		
Part II. Employee T	ermination 離職僱員							
HKID Card / Passport No. 香港身份證 / 護照號碼	Name of Employee 僱員姓名	Last Date of Employment 最後受僱日期 (D 日-M 月-Y 年)	Last Contribution Month 離職前最後供款月份 (M 月 - Y 年)	Termination Reason Note1 離職原因 ^誰	Claim for reimbursement of LSP/ SP Paid by Employer Note2 申索發還僱主已付之長期服務金 /遣 散費金額 ^{莊2}	Final Average Monthly Relevant Income Note3 最終每月平均有關入息 ^{註3}	Deferred Withdrawal of Benefits Note4 & 5 延遲提取權益 ^{註4 及5}	
			_				☐ Yes	
			_				☐ Yes	
			_				☐ Yes	
			_				☐ Yes	
			_				☐ Yes	
Remarks 備註 (1) Termination Reason 離職原因	'01' – Retirement 退休 '02' – III Health 健康理由 '03' – Death 死亡 '04' – Resignation / Contract Completion 辭職 / 合約	解僱(保留已虧 '06' – Transfer to Assoc	-forfeiture of ERVC's vested b 帚屬之僱主供款權益) ciated Company / Transfer du / 因業務擁有權變動之轉職	e to Change of B	usiness Ownership Note7 '14' – Reu	al Incapacity 完全喪失行為能力 dundancy 裁員/遺散 inal Illness 罹患末期疾病 lown to employer 只適用於僱主外	1 1悉下填寫)	

'05a' - Dismissal (Forfeiture of ERVC's vested benefit) Note6

解僱 (喪失已歸屬之僱主供款權益) 註(

'07' - Early Retirement 提早退休

'08' - Permanent Departure from Hong Kong 永久性地離開香港

- The employer MUST complete this part for claiming reimbursement of Long Service Payment ("LSP / SP") amount from employer's contribution account. In addition, please provide supporting documents, e.g. original LSP / SP Receipt duly signed by the employee and employee. For terminated employees who join the Scheme after 1 December 2000, please complete the Minimum MPF Benefit Transfer Form [FORM: MMB (REE) - ORSO] in order to expedite the process to reimburse LSP/SP amount. 僱主若申請從僱主之供款帳戶中發還已付之長期服務金 / 遣散費,必須填寫此欄。此外,請提供有關文件,如:僱員及僱主簽妥之長期服務金 /遣散費收款證明書之正本。若離職僱員在 2000 年 12 月 1 日之後成為計劃成員,請 同時遞交「最低強制性公積金利益轉移表格」[FORM: MMB (REE) - ORSO]以便加快處理發還已付之長期服務金/ 遣散費
- Only applicable for terminated employees who are dismissed by the company or who join the Scheme after 1 December 2000. For terminated employees who join the Scheme after 1 December 2000, please complete the Minimum MPF Benefit Transfer Form [FORM: ORSO-MMB(REE)]. In general, the amount is the average relevant income of the last 12 months, subject to maximum relevant income. 只適用於被解僱或在 2000 年 12 月 1 日之後成為計劃成員之離職僱員。若離職僱員在 2000 年 12 月 1 日之後成為計劃成員,請同時遞交「最低強制性公積金利益轉移表格」[FORM: MMB (REE) - ORSO]。此金額一般為過往12個月的平均有關入息,以最高有關入息為上限。
- Please mark "\" in the box if you approve deferred withdrawal of Benefit of the respective terminated employee. 如僱主批准有關僱員之延遲提取權益,請於方格內填上" \" "號。
- For member who has been approved for deferred withdrawal of benefits, please complete and return the Deferred Withdrawal of Benefits Application Form [FORM: DR(REE) ORSO] together with this Employee Termination Notice. 如成員獲准延遲提 取權益,請填妥「延遲提取權益申請表格」[FORM: DR(REE) - ORSO]連同本僱員離職通知書一併遞交。
- This termination reason is only applicable to a member who has been dismissed by the employer because of fraud, dishonesty or gross misconduct against the employer. 此離職原因只適用於如因欺詐、不誠實或行為粗鄙失當而遭僱主解僱之僱員。
- For transfer between associated companies or due to change of business ownership, please complete the Transfer of Accrued Benefit Upon Intra-group Transfer / Change of Business Ownership Form [FORM: TPT (REE) ORSO] and submit the required documents to us. 如屬於聯繫公司或因業務擁有權變動之轉職,請填妥「**聯繫公司 / 更改業務擁有權之僱員累算權益轉移表格** [FORM: TPT (REE) - ORSO]及遞交所需之文件。

Plan Sponsor 計劃保薦人:BCT Financial Limited 銀聯金融有限公司 Trustee & Administrator 受託人及行政管理人: Bank Consortium Trust Co. Ltd 銀聯信託有限公司

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^{*} Delete as appropriate 請刪去不適用者

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

The personal data provided by or in respect of Members and Participating Employers of the Plan / Participating Plan (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of BCTC (the trustee of the Plan / Participating Plan), BCT Financial Limited ("BCTF", the sponsor of the Plan) and their properly authorised service providers and agents, and may be usef, disclosed and / or transferred (whether in or outside Hong Kong) to such persons as BCTC or any of its service providers may consider necessary, including governmental authorities and regulators, for any of the following purposes: (i) exercising or perior per

由本計劃 / 參與計劃成員及參與僱主所提供或相關之個人資料(有關申請及運作記錄)及 / 或他們的買賣 / 交易細節記錄僅供銀聯信託(本計劃 / 參與計劃之受託人)、銀聯金融有限公司(「銀聯金融」,本計劃之保薦人)及它們正式授權之服務供應商及代理之正式授權之職員使用及處理,及在銀聯信託或其任何服務供應商認為有需要時,或會被使用、披露及 / 或轉移(在香港境內或境外)予個別人士,包括政府機關及監管機構作以下列任何之目的:(一) 行使或執行職業退休計劃條例及強制性公積金計劃(豁免)規例下所授予或施加之職能或根據條例及規例的目的而行使或執行職業。(二) 提供公積金的服務包括處理、掌管、管理及分析供款、累算權益及投資組合,視乎情況而定,及直銷公積金服務;(三) 改善銀聯信託提供予客戶一般之公積金服務(包括協助提供服務以令銀聯信託之客戶可於互聯網或其他途徑處理公積金(或其他)戶口資料);(四)遵守適用之法律及規例及法院命令及 / 或(五)任何以行使或執行上述職能作目的之用途。如所提供資料有所變更,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。

Members and Participating Employers have a right, without any charge, to request access to and correction of any personal data or to request that personal data about them not be used for direct marketing purposes. Requests can be made in writing to the Data Protection Officer at BCTC, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong.

成員及參與僱主,在不設任何收費下,有權要求查閱或更改任何個人資料或要求個人資料不被用作直銷之用。請以書面聯絡銀聯信託之資料保護主任,香港皇后大道中 183 號中遠大廈 18 樓。

Part IV. Authorisation and Declaration 授權及聲明

- (1) I / We understand and agree to the terms of the Personal Information Collection Statement as set out in this form.
 - 本人 / 吾等明白及同意於此表格之收集個人資料聲明條款。
- (2) I/We undertake that if there is any change in the information so provided, I/we shall notify BCTC as soon as reasonably practicable.
 - 本人 / 吾等承諾若所提供之資料有任何更改,將儘快通知銀聯信託。
- (3) I/We declare that to the best of my / our knowledge and belief, the information given in this form and / or its attachment(s), if any, is correct and complete.
 - 本人 / 吾等聲明,盡本人 / 吾等所知及所信,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。
- (4) I / We confirm that I / we have obtained the consent of the above employee(s) with regard to the information provided herein above to BCTC and we have verified all the information provided herein is true and accurate in all respects. I / We further confirm that for any claims of LSP / SP reimbursement from employer's contribution account, the LSP / SP paid by my / our company is calculated and paid to the relevant employee in accordance with the Employment Ordinance.

 本人 / 吾等確認本人 / 吾等已獲上述僱員之同意向銀聯信託提供有關上述申報僱員的資料,並已查核就此通知書內所提供之資料於各方面均為真實及正確。本人 / 吾等並確認就已付之長期服務金或遣散費而提出從僱主供款戶口發還有關金額(如有),均根據僱傭條例而計算及支付予有關僱員。
- (5) I / We agree and confirm that this form serves as the written agreement to terminate the membership of the member(s) listed under my / our participating plan.
- 本人 / 吾等同意及確認此表格作為書面同意終止所列僱員於本人 / 吾等計劃的成員資格。
- (6) I / We 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 email instructions and acting thereon, whether or not the same are confirmed by me / us 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 / 吾等同意銀聯信託不論在有否得到本人 / 吾等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 / 吾等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。



Authorised Signature(s) with Company Stamp (if applicable) 有效簽署及公司印章(如適用)

Date (D / M / Y) 日期 (日 / 月 / 年)

Internal Use Only 內部專用

Date Received: Input By: Verified By: Remarks:

18/F Cosco Tower, 183 Queen's Road Central, Hong Kong 香港皇后大道中183號中遠大廈18樓 Plan Hotline 計劃熱線: 2298 9389

Fax 傳真: 2992 0507 Website 網址: www.bcthk.com