

Form Guide for Request for Fund Transfer Form (For Participating Employer)  
 如何填寫「資金轉移申請表格(參與僱主適用)」



**BCT (MPF) Pro Choice / BCT (MPF) Industry Choice**  
**BCT 積金之選 / BCT(強積金)行業計劃**  
**Request for Fund Transfer Form<sup>Note 1</sup> (For Participating Employer)**  
**資金轉移申請表格<sup>註1</sup> (參與僱主適用)**

FORM: ABD (ER)

Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")  
 《強制性公積金計劃(一般)規例》(《規例》)第150及150A條

**Note 注意**

- Please complete FORM: ABD (ER) at page 1 to page 3 and submit it to the new trustee after completion. 請填妥載於第1頁至第3頁的表格: ABD (ER) 後交予新受託人。
  - Please read the "Notes To Transfer of Benefits By Employer" carefully before completing this form. 填寫本表格前, 請細閱「由僱主轉讓權益須知」。
  - 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。
  - (Only applicable to the new scheme which is under trusteeship of Bank Consortium Trust Company Limited 只適用於新計劃是由銀聯信託有限公司所託管)
- Please send the completed form to "Pension Services, Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong" or fax it to 2992 0507. 請將填妥表格寄往「香港皇后大道中183號中環廣場18樓, 銀聯信託有限公司, 退休金服務」, 收或傳真至 2992 0507。

Please select your Type of Transfer.  
 請選擇轉移類別。

<b>Part I. Type of Transfer 轉移類別</b>
Please indicate your reason of transfer and "✓" as appropriate. 請於適當方格內填上「✓」號, 表明申請轉移的原因。
<input checked="" type="checkbox"/> Type 1: Transfer to another MPF scheme under the same employer 第1類: 轉移至同一僱主的另一個強積金計劃
<input type="checkbox"/> Type 2: Transfer to another / same MPF scheme participated by the new employer (Please complete the form provided by the approved trustee on transfer of accrued benefits upon change of business ownership / intra-group transfer for each employee involved). 第2類: 轉移至新僱主參與的另一 / 同一個強積金計劃(請就轉移申請涉及之每名僱員填寫由核准受託人提供有關在業務擁有權變更 / 集團內轉調的情況下轉移累算權益的表格)。

<b>Part II. Details of Existing Employer (for Type 1 transfer) or New Employer (for Type 2 transfer)</b> 現任僱主資料(適用於第1類轉移)或新僱主資料(適用於第2類轉移)		
Name of the Participating Employer <sup>Note 2</sup> 參與僱主名稱 <sup>註2</sup>	Hong Kong Brand Limited	
Contact Person (Mr / Ms / Mrs*) 聯絡人(先生 / 女士 / 太太*)	Chan Tai Man	
Mobile Phone No. 手提電話號碼	Business Phone No. 辦公室電話號碼	Fax No. 傳真號碼
	90000001	22989333 27124568
Correspondence Address 通訊地址	Flat A, 10/F, Block 2, Cosco Building, 183 Queen's Road, Hong Kong	
Email address 電郵地址	taiman@yahoo.com.hk	

Please fill in the employer contact details.  
 請填寫僱主聯絡資料。

\* Delete as appropriate. 請刪去不適用者

<b>Part III. Transfer Information 轉移資料</b>	
<b>A. Details of the scheme FROM which accrued benefits<sup>Note 3</sup> are to be transferred 轉出累算權益<sup>註3</sup>的計劃資料</b>	
Name of Employer <sup>Note 4</sup> in the Original Scheme 原計劃的僱主名稱 <sup>註4</sup>	Hong Kong Brand Limited
Name of Original Trustee 原受託人名稱	ABC Trustee (Hong Kong) Limited
Name of Original Scheme 原計劃名稱	ABC Mandatory Provident Fund
Employer's Identification No. <sup>Note 5</sup> (Participating Plan No.) 僱主識別號碼 <sup>註5</sup> (參與計劃編號)	199999
Contributions to Original Scheme should be paid up to (D / M / Y): 向原計劃供款的最後日期(日 / 月 / 年):	22/11/2021

Please fill in the Original Scheme details, the relevant information has been stated in Annual Statement. If you have any query, please contact your Original Trustee.  
 請填寫原計劃資料, 有關資料已詳列於周年權益報表, 如有疑問, 請聯絡您的原受託人。

Contributions up to this date should be paid to the Original Trustee.  
 在此日期前之供款必須交予原受託人。

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FORM: ABD (ER)

**Part III. Transfer Information 轉移資料 (Continued 續)**

Do you wish to transfer the accrued benefits <sup>Note 3</sup> of all employees participating in the original scheme?  
您是否擬轉移所有參與原計劃的僱員的累算權益<sup>註3</sup>?

Yes 是       No 否

Details of the employee(s) whose accrued benefits <sup>Note 3</sup> are to be transferred: 將獲安排轉移累算權益<sup>註3</sup>的僱員的詳細資料:

No. 編號	Name of employee 僱員姓名	HKID Card / Passport No. <sup>Note 6</sup> of employee 僱員的香港身份證 / 護照號碼 <sup>註6</sup>
1	<b>Chan Mei Yin</b>	<b>K126612(5)</b>
2	<b>Wong Ka Kei</b>	<b>P260777(4)</b>
3	<b>Lam Man Yee</b>	<b>A251266(8)</b>
4	<b>Cheung Chi Man</b>	<b>H334335(6)</b>
5		
6		
7		
8		
9		
10		

(Employer may provide details of employees, together with authorised signature(s) and company stamp, on separate sheets of paper. 僱主可另紙提供僱員的詳細資料；請由獲授權簽署人簽署及蓋上公司印章。)

**B. Details of the scheme TO which accrued benefits are to be transferred 轉入累算權益的計劃資料**

Name of New Trustee 新受託人名稱	<input checked="" type="checkbox"/> Bank Consortium Trust Company Limited 銀聯信託有限公司 <input type="checkbox"/> Others 其他 (Please specify 請註明) _____
Name of New Scheme 新計劃名稱	<input checked="" type="checkbox"/> BCT (MPF) Pro Choice BCT 積金之選 <input type="checkbox"/> BCT (MPF) Industry Choice BCT (強積金) 行業計劃 <input type="checkbox"/> Others 其他 (Please specify 請註明) _____
Employer's Identification No. <sup>Note 5</sup> (Participating Plan No.) 僱主識別號碼 <sup>註5</sup> (參與計劃編號)	<b>SCM00000341122</b>
Effective Date of Transfer (D / M / Y): 轉移開始生效日期 (日 / 月 / 年):	<b>23/11/2021</b>

Please indicate whether or not the accrued benefits of all employees participating in the original scheme are to be transferred and provide the details of the employee(s). 請選擇是否轉移所有參與原計劃的僱員的累算權益並提供僱員資料。

If you have used a separate piece of paper to provide the details of each employee, the authorized signatory / signatories must be on this piece of paper with company stamp. Your signature must be the same as the one held in the record of the Original Trustee. 如另紙提供每名僱員的詳細資料，獲僱主授權簽署人士請於該紙張上簽署及蓋章，請確保該簽署跟原受託人的記錄相同。

Please fill in the Employer information with BCT, the relevant information is stated on the "Notice of Participation". If you have any query, please contact BCT. 請填寫於BCT的僱主資料，有關資料已詳列於「參與通知」，如有疑問，請聯絡BCT。

This date must follow the last date of "Contributions to Original Scheme" in "Part III, A". 此日期必須緊接著上述 Part III, A 部份的「向原計劃供款的最後日期」。

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FORM: ABD (ER)

### Part IV. 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 BCT (MPF) Pro Choice and / or the BCT (MPF) Industry Choice (collectively referred as the "Schemes") (concerning application records and operational records and / or their dealing / transaction details records) will only be accessed and handled by properly authorised staff of Bank Consortium Trust Company Limited ("BCTC", the trustee of the Schemes), BCT Financial Limited ("BCTF", the sponsor of the Schemes) and their properly authorised service providers and agents, and may be used, 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 performing the functions conferred or imposed by or under or for the purposes of the Mandatory Provident Fund Schemes Ordinance ("Ordinance"); (ii) providing Mandatory Provident Fund services including the processing, administering, managing, and analysing of their, as the case may be, contributions, accrued benefits and portfolios and direct marketing of Mandatory Provident Fund services (and ancillary MPF products); (iii) improving the provision of Mandatory Provident Fund services by BCTC to customers generally (including the facilitation of the provision of Mandatory Provident Fund services to enable the customers of BCTC generally to access Mandatory Provident Fund (or other) account details through the internet and / or automated teller machine networks such as JETCO); (iv) compliance with applicable laws and regulations, and court order and / or (v) any other purposes for the exercise or performance of the above mentioned functions. If there is any change in the information 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.

由BCT積金之選及 / 或BCT(強積金)行業計劃(統稱為「強積金計劃」)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有限公司(「銀聯信託」, 強積金計劃之受託人)、銀聯金融有限公司(「銀聯金融」, 強積金計劃之保薦人)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)行使或執行強制性公積金計劃條例(「條例」)下所授予或施加之職能或根據該條例的目的而行使或執行職能;(二)提供強制性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, 及直銷強制性公積金服務(及有關強積金的產品);(三)改善銀聯信託提供予客戶一般之強制性公積金服務(包括協助提供強制性公積金服務以令銀聯信託之客戶可於互聯網及 / 或自動櫃員機網絡如銀通處理強制性公積金(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 V. Authorisation and Declaration 授權及聲明

- (1) I / We\* declare that I / we\* have read and understood the "Notes to Transfer of Benefits by Employer" and "the Explanatory Notes".  
本人 / 吾等\* 聲明本人 / 吾等\* 已閱讀及明白《僱主轉移權益須知》及註釋的內容。
- (2) I / We\* understand and agree that the personal data to be supplied in support of this election of transfer are to be used for processing my / our election of transfer. The personal data I / we\* supply may, for such purpose, be transferred to the approved trustee(s) concerned, the relevant service provider(s), and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority ("MPFA").  
本人 / 吾等\* 明白及同意就此項轉移申請提供的個人資料, 將用作處理本人 / 吾等\* 的轉移申請。本人 / 吾等\* 提供的個人資料可能會為該目的而轉交相關核准受託人、相關服務提供者, 以及政府或規管機構, 包括強制性公積金計劃管理局(「積金局」)。
- (3) 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。
- (4) I / We\* declare that, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my / our\* intention to cease participating in the original scheme in respect of the employee(s) identified in Part III.  
本人 / 吾等\* 聲明, 作為原計劃的參與僱主(只適用於第1類轉移), 特此作出通知, 本人 / 吾等\* 有意就第III部所列出的僱員終止參與原計劃。
- (5) I / We\* declare that all personal data of the employee(s) and of the participating employer of the original scheme provided in this form were collected for the purpose(s) mentioned in this form.  
本人 / 吾等\* 聲明在本表格提供的原計劃僱員及參與僱主的全部個人資料, 是為達致本表格內所述的目的而收集。
- (6) I / We\* declare that the purpose(s) mentioned in this form is / are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data.  
本人 / 吾等\* 聲明本表格內所述的目的直接與在收集該等個人資料時擬將其使用於的目的有關。
- (7) I / We\* declare that I / we\* have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his / her / their personal data disclosed in this form for the purpose(s) mentioned in this form.  
本人 / 吾等\* 聲明本人 / 吾等\* 已獲得原計劃的僱員及參與僱主的同意, 同意為達致本表格內所述的目的而使用他 / 她 / 他們於本表格內披露的個人資料。
- (8) 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。
- (9) I / We\* declare that to the best of my / our\* knowledge and belief, the information given and statements made in this form and / or its attachment(s), if any, are true, 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)所提供的資料和聲明均屬真實、正確無訛且無缺漏。
- (10) 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 acting thereon, whether or not the same are confirmed by me / us\* in writing. Notwithstanding the above, BCTC shall have 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損失、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接收。

For the authorized signatory / signatories of employer, please sign here with company stamp, your signature must be the same as the one held in the record of the Original Trustee. 獲僱主授權簽署人士請於此欄簽署及蓋章, 請確保此簽署跟原受託人的記錄相同。

Man



23 / 11 / 2021

Authorised Signature(s) and Company Stamp of the Participating Employer  
參與僱主有效簽署及公司印章

Date (D / M / Y) 日期(日 / 月 / 年)

\* Delete as appropriate 請刪去不適用者

### Internal Use Only 內部專用

Date Received:	Input By:	Verified By:	Remarks:
Broker Code:	Agent Code:	Campaign Code:	BD Code:

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

Member Hotline 成員熱線 : 2298 9333  
Employer Hotline 僱主熱線 : 2298 9388

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

Page 3 of 4

Ver.12-112021

Please fill in the completion date of this Form. 請填寫填表日期。

# Form Guide for Request for Fund Transfer Form (For Participating Employer) 如何填寫「資金轉移申請表格(參與僱主適用)」

FORM: ABD (ER)

## Request For Fund Transfer Form (For Participating Employer) [FORM: ABD (ER)] 資金轉移申請表格(參與僱主適用) [表格: ABD (ER)]

### Explanatory Notes

- (1) (i) This form should be used when a participating employer wishes to transfer the accrued benefits in respect of its employees to another MPF registered scheme. Upon completion of this form, a participating employer should give this form to the new trustee.  
(ii) A new trustee means the trustee of a scheme to which the accrued benefits of a scheme member are to be transferred.
- (2) In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.
- (3) The accrued benefits are confined to the accrued benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
- (4) Leave it blank if it is the same as the name of the employer in Part II.
- (5) The employer's identification no. is the no. assigned by the approved trustee to the employer concerned. Approved trustees may use different names for this no. (e.g. account no., company code, contract no., employer account no., employer code, employer ID, employer no., MPF client no., participating plan no., plan no., scheme no., scheme ID, sub-scheme no.). If you are in doubt of the no., please contact the relevant approved trustee.
- (6) If any of the employees do NOT possess a HKID Card, please fill in their passport no. and also indicate that it is a passport no..
- (7) (i) For transfer of accrued benefits of employee(s) to the MPF scheme of a new employer, this Form must be signed by the new employer.  
(ii) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorised to sign on behalf of the employer.

### 填報須知

- (1) (i) 本表格供擬就其僱員的累算權益轉移至另一個強積金註冊計劃的參與僱主使用。參與僱主填妥本表格後應交回新受託人。  
(ii) 新受託人指計劃的受託人，而某成員的累算權益是被轉移至該計劃的。
- (2) 如把僱員的累算權益轉移至新僱主參加的新計劃，則指新僱主。
- (3) 所指的累算權益僅限於現任僱主的僱員在原計劃的供款帳戶內的累算權益。
- (4) 如這個名稱與第II部份的僱主名稱相同，則無須填寫此項。
- (5) 僱主識別號碼即核准受託人為有關僱主編配的號碼。核准受託人或會使用不同名稱來設定識別號碼(例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號)。如不清楚識別號碼，請聯絡有關核准受託人。
- (6) 如僱員沒有香港身份證，請填上他們的護照號碼，並註明其為護照號碼。
- (7) (i) 如把僱員的累算權益轉移至新僱主的強積金計劃，則本表格須由新僱主簽署。  
(ii) 假如僱主並不是自然人，本表格可由行政總監、行政總裁或任何獲授權人士代表僱主簽署。

# Form Guide for Request for Fund Transfer Form (For Participating Employer) 如何填寫「資金轉移申請表格(參與僱主適用)」

FORM: ABD (ER)

## NOTES TO TRANSFER OF BENEFITS BY EMPLOYER

Please read the following **important notes** before completing this FORM: ABD (ER).

(1) **Definition of terms:**

- (i) "Contribution account" – an account in an MPF scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.
  - (ii) "Original trustee" (also known as "transferor trustee" in the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")) – the approved trustee of an MPF scheme from which the accrued benefits of the employees are to be transferred.
  - (iii) "New trustee" (also known as "transferee trustee" in the Regulation) – the approved trustee of an MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme or to another MPF scheme under the same trustee, the new trustee on FORM: ABD (ER) will be the same as the original trustee.
  - (iv) "Original scheme" – the MPF scheme from which the accrued benefits of the employees are to be transferred.
  - (v) "New scheme" – the MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme, the new scheme on FORM: ABD (ER) will be the same as the original scheme.
- (2) FORM: ABD (ER) should be used when an employer wishes to transfer the accrued benefits of its employees to another MPF registered scheme or when a new employer wishes to transfer the accrued benefits of the employees of another employer to the new employer's scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, FORM: ABD (ER) should be completed by the new employer.
- (3) If the employee members are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund as requested in FORM: ABD (ER) may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.
- (4) Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit FORM: ABD (ER) to the new trustee.
- (5) In order to prevent a third party from filling in incorrect information, please DO NOT sign on a blank form. After the completed FORM: ABD (ER) has been received by the new trustee, the administration procedures taken by the approved trustees may not be reversible.
- (6) If any information provided on FORM: ABD (ER) (including the signature) is incorrect or incomplete, the approved trustees may not be able to process the benefit transfer request.
- (7) Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer of accrued benefits to that scheme. Copies of that offering document can be obtained from the new trustee upon request.
- (8) If you wish to make enquiries or seek assistance in relation to your election to transfer benefit, please contact your original trustee or new trustee. For general enquiries regarding benefit transfer, you may contact the Mandatory Provident Fund Schemes Authority ("MPFA") via e-mail: [mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk) or hotline: 2918 0102.

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# Form Guide for Request for Fund Transfer Form (For Participating Employer)

## 如何填寫「資金轉移申請表格(參與僱主適用)」

FORM: ABD (ER)

### 僱主轉移權益須知

填寫本表格前，請先閱讀下列**重要資料**：

(1) **用詞定義：**

- (i) 「供款帳戶」– 指強積金計劃下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款(包括僱主及僱員部分)的帳戶。
  - (ii) 「原受託人」(在《強制性公積金計劃(一般)規例》(《規例》)中亦稱「轉移受託人」)– 指轉出僱員的累算權益的強積金計劃的核准受託人。
  - (iii) 「新受託人」(在《規例》中亦稱「承轉受託人」)– 指轉入僱員的累算權益的強積金計劃的核准受託人。如您選擇把累算權益轉移至同一強積金計劃的另一個帳戶或轉移至同一受託人的另一個強積金計劃，表格：ABD (ER)所指的新受託人將與原受託人相同。
  - (iv) 「原計劃」– 指轉出僱員的累算權益的強積金計劃。
  - (v) 「新計劃」– 指轉入僱員的累算權益的強積金計劃。如您選擇把累算權益轉移至同一強積金計劃的另一個帳戶，在表格：ABD (ER)所指述的新計劃將與原計劃相同。
- (2) 如僱主擬把僱員的累算權益轉移至另一個強積金註冊計劃，或新僱主擬把另一名僱主的僱員的累算權益轉移至本身所參與的計劃，應使用表格：ABD (ER)。後者的情況或會在業務擁有權有所變更，或僱員在有聯繫公司之間轉調時出現。在該情況下，表格：ABD (ER) 應由新僱主填寫。
- (3) 對於現時投資於強積金保證基金的僱員而言，如根據表格：ABD (ER)的要求從該保證基金轉出累算權益，可能會導致他們不符合部分或所有保證條件，以致影響他們享有保證的資格。詳情請查閱原計劃的要約文件，或向原受託人查詢。
- (4) 請確保您已參加並安排您的僱員登記參加新計劃。否則，您須先行參加並安排您的僱員登記參加該計劃，然後才向新受託人提交表格：ABD (ER)。
- (5) 為免被第三者填上不正確的資料，**請勿在空白的表格上簽署**。在新受託人收到已填妥的表格：ABD (ER)後，之前由核准受託人採取的行政步驟未必能夠撤銷。
- (6) 若您在表格：ABD (ER)上提供的任何資料(包括簽署)不正確或不完整，核准受託人可能無法處理此項權益轉移要求。
- (7) 新計劃的要約文件載有該計劃的資料，這些資料將有助您決定是否把累算權益轉移至該計劃。您可向新受託人索閱要約文件。
- (8) 如欲就您的權益轉移申請作出查詢或尋求協助，請聯絡您的原受託人或新受託人。有關權益轉移的一般查詢，可聯絡強制性公積金計劃管理局(電郵地址：mpfa@mpfa.org.hk或熱線電話：2918 0102)

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