

Guide to Filling in the "Claim Form For Payment Of MPF Accrued Benefits ("Benefits") On Grounds Of Attaining The Retirement Age Of 65 Or Early Retirement" ("the Form")

「基於已達到 65 歲退休年齡或提早退休的理由而申索強積金累算權益（「權益」）的表格」（「表格」）填寫指南

Please have the following documents/information ready before filling in the Form: 在填寫表格前，請備妥以下文件/資料：

1. Your/ scheme member's HKID card copy. 您/計劃成員的香港身份證副本。
2. The original statutory declaration form on early retirement (Form-MPF(S)--W(SD1)) [Applicable to Early Retirement Claim Only]. 有關提早退休的法定聲明表格（第 MPF(S)-W(SD1)號表格）正本 [只適用於提早退休之申索]。
3. Determined withdrawal account(s) and option*. 選定提取帳戶及選項*。



* You may withdraw the benefits 您可選擇

- either from **all accounts** or **selected account(s)** under Manulife Global Select (MPF) Scheme ("the Scheme"), and 於宏利環球精選(強積金)計劃（「計劃」）下的**所有帳戶**或**指明帳戶**中提取權益，並
- either **in a lump sum**, **a specified amount** or **monthly withdrawal per standing instruction** (for Manulife MPF Interest Fund ONLY). 可選擇**整筆提取**、**提取指定金額**，或**按照常行指示每月提取**（只適用於宏利 MPF 利息基金）。

1. Section I - Details Of The Scheme Member / Claimant 第一部份 – 計劃成員 / 申索人資料

(1) Scheme Member Details 計劃成員資料

(i) Name^{Note 2} (as shown on your Hong Kong Identity (HKID) Card) 姓名² (與您的香港身份證上的姓名相同)

Surname in English 英文姓氏	Given Name in English 英文名字	Name in Chinese 中文姓名
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(ii) Identification 身份證明

HKID Card Number 香港身份證號碼: ()	Passport Number 護照號碼: (ONLY for scheme member without HKID Card 本欄僅供沒有香港身份證的計劃成員填寫)
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(iii) Contact Details 聯絡資料

Daytime Phone Number 日間聯絡電話號碼:	Mobile Phone Number 手提電話號碼:	Email Address 電郵地址:
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Fill in your information as required in this part.

按照指示於此部份填寫您的資料。

(2) Claimant Details 申索人資料 (If different from the scheme member 如與計劃成員不同)

(i) Name^{Note 2} (as shown on your Hong Kong Identity (HKID) Card) 姓名² (與您的香港身份證上的姓名相同)

Surname in English 英文姓氏	Given Name in English 英文名字	Name in Chinese 中文姓名
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(ii) Identification 身份證明

HKID Card Number 香港身份證號碼: ()	Passport Number 護照號碼: (ONLY for person without HKID Card 本欄僅供沒有香港身份證的人)
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(iii) Contact Details 聯絡資料

Daytime Phone Number 日間聯絡電話號碼:	Mobile Phone Number 手提電話號碼:
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If you are the scheme member, simply skip this part.

如您是計劃成員本人，可跳過此部份。

2. Section II - Details Of The Claim 第二部份 – 申索資料

Please tick the appropriate box to indicate the ground of your claim.

請剔選適當方格，以註明您的申索理由。

Section II - Details Of The Claim

第二部份 – 申索資料

(1) Grounds For Claiming Benefits And The Required Documents^{Notes 4 & 5} (Please ✓ The Appropriate Box)

I have previously withdrawn the benefits by instalments on the below grounds from all the accounts specified in Section II(2), therefore, I DO NOT provide the required documents for this claim again. 本人之前曾基於下述理由從第 II(2)部份指明的所有帳戶分期提取權益，因此毋須就是次申索再次提供所需文件。

Grounds 理由	Required documents 所需文件
<input type="checkbox"/> Attaining the retirement age of 65 已達到65歲退休年齡	<input type="checkbox"/> a copy of the scheme member's HKID card for verification of the name, date of birth and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6} 計劃成員的香港身份證副本，以供核對其姓名、出生日期及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料） ^{Note 6}
<input type="checkbox"/> Early retirement 提早退休	<input type="checkbox"/> a copy of the scheme member's HKID card for verification of the name, date of birth and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6} ; and 計劃成員的香港身份證副本，以供核對其姓名、出生日期及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料） ^{Note 6} ; 及 <input type="checkbox"/> the original statutory declaration form on early retirement ("Form MPF(S) - W(SD1)) ^{Note 7} 有關提早退休的法定聲明表格（第 MPF(S) - W(SD1)號表格） ^{Note 7} 正本

For a scheme member whose HKID card does not contain the month and/or day of birth, evidence showing the scheme member's date of birth^{Note 8}:

If you have previously withdrawn the benefits from the same account(s) by instalments with the same ground as stated, you may simply tick this box and do not need to provide the required documents again.

如您之前曾於同一帳戶以相同申索理由分期提取權益，可剔選此方格並毋須再次提供所需文件。

- I have previously withdrawn the benefits by instalments on the below grounds from all the accounts specified in Section II(2), therefore, I DO NOT provide the required documents for this claim again. 本人之前曾基於下述理由從第 II(2)部份指明的所有帳戶分期提取權益，因此毋須就是次申索再次提供所需文件。

2. Section II – Details Of The Claim

第二部份 – 申索資料

(2) Withdrawal Details 提取詳情

(i) Account Information (Please ✓ The Appropriate Box)
帳戶資料 (請在適當的方格內填上 ✓ 號)

ALL accounts under the Scheme 本計劃內所有帳戶

Selected account(s) under the Scheme (please specify the scheme member account no.)

(1) _____ (2) _____

If you do not tick "✓" the above options or have stated the member account number but you do not select any one option or with both options selected below. Your withdrawal request CANNOT be processed if you do not select any one option or with both options selected below. The amount specified in the selected option must be in a whole number.

如沒有以剔號 "✓" 選擇上列選項或只提供成員帳戶號碼而沒有加上剔號作實，將視作您未選擇任何一個選項，或同時選擇兩者，有關申索申請將無法處理。

(ii) Withdrawal Options ^{Notes 9 & 10} (Please ✓ The Appropriate Box)
提取選項 ^{註9及註10} 請在適當的方格內填上 ✓ 號)

Please select **EITHER ONE** option below, Option 1 and Option 2 are mutually exclusive. Your withdrawal request CANNOT be processed if you do not select any one option or with both options selected below. The amount specified in the selected option must be in a whole number.

請選擇以下 **其中一個** 選項，選項 1 及選項 2 不能兩者兼選。如您沒有選擇任何選項或同時選擇兩者，有關申索申請將無法處理。

Option 1 – Amount Of Benefits To Be Withdrawn From Each Account Specified In the Above
選項 1 – 擬從上述指明的每個帳戶提取的權益金額

A Lump Sum ^{Note 11} OR Specify Withdrawal Amount ^{Note 12} : HK \$
整筆 ^{註11} 或 註明提取金額 ^{註12} 港元

Option 2 – Withdrawal of Benefits of Manulife MPF Interest Fund ONLY ^{Note 13}
選項 2 – 只提取宏利 MPF 利息基金之權益 ^{註13}

(a) One off Withdrawal ^{Note 14} :
單次提取 ^{註14}

Specify withdrawal amount : HK \$
註明提取金額 港元

OR

(b) Standing Instruction for Monthly Withdrawal (Not applicable to employee contribution account) ^{Notes 14, 15 & 16}
每月提取之常行指示 (不適用於僱員供款帳戶) ^{註14、註15及註16}

Monthly withdrawal amount : HK \$
每月提取金額 港元

"ALL" or "Selected" account(s)? Please specify.

「所有」或「指明」帳戶? 請註明。

Scheme member account number can be found on documents/ statements sent by Manulife, e.g. the notice of acceptance, the member benefit statement.

計劃成員帳戶號碼可見於宏利印發的文件/報表，如接納通知、成員權益報表。

Member Benefit Statement
成員權益報表

Member Account No. 成員帳戶號碼 : 9000027-123XXXX
Employee's Identification No. 僱主識別號碼 : N/A 不適用
Date of Inception 帳戶生效日期 : 10/03/2016
Issue Date 編印日期 : 06/10/2021
Statement Coverage Period 報表涵蓋期 : 01/04/2021 - 30/09/2021
Page No. 頁數 : 1

The amount specified MUST be in a **whole number**.
所註明的金額必須為整數。

Select **either ONE option**, otherwise the request CANNOT be processed.

請選擇 **其中一個** 選項，否則有關申請將無法處理。

If "Option 2" selected, the below must be indicated:

如選擇「選項 2」，請註明以下項目：

- (a) One off Withdrawal 單次提取；或
- (b) Standing Instruction for Monthly Withdrawal (Not applicable to employee contribution account)

每月提取之常行指示 (不適用於僱員供款帳戶)

3. Section III – Authorization & Declaration Authorization & Declaration

第三部份 – 授權及聲明

Section III – Authorization & Declaration

第三部份 – 授權及聲明

(1) Termination Of MPF Account With No Residual Balance (If Applicable) 終止沒有剩餘款項的強積金帳戶 (如適用)

I/We* ^{Note 1} hereby authorize the trustee to terminate the relevant scheme member account(s) as referred to in Section II(2) upon

本人 / 我們* ^{註1} 謹此授權受託人在以下情況終止在第II(2)部份所述的計劃成員帳戶：

- withdrawal of the full amount of benefits with no residual balance in the said account(s);
該帳戶內的權益已被全數提取，並無剩餘款項；
- (for employee contribution account only) termination of the employment in relation to the contribution account; and
(只適用於僱員供款帳戶) 該供款帳戶所涉及的受僱已經終止；及
- (for self-employed person contribution account only) cessation of the self-employment, with effect from
(只適用於自僱人士供款帳戶) 終止自僱，生效日期為

(DD日/MM月/YYYY年)

(2) Declaration 聲明

I/We* ^{Note 1} declare that to the best of my/our* knowledge and belief, the information given in this Form and its attachments

本人 / 我們* ^{註1} 聲明，盡本人 / 我們* 所知所信，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*。

Signature of the claimant(s)*
申索人簽署*

* The signature must be the same as your specimen signature previously submitted to Manulife.
簽署必須與您之前提交予宏利的簽署式樣相同。

Date (DD/MM/YYYY)
日期 (日 / 月 / 年)

Sign here and the signature must be the same as your specimen signature previously submitted to Manulife.

請於此處簽名。簽署必須與您之前提交予宏利的簽署式樣相同。