



**PAYMENT OF BENEFITS FORM 支付利益表格**

SCHEME NO. 計劃編號

\_\_\_\_\_

SCHEME NAME 計劃名稱

\_\_\_\_\_

SPONSOR (EMPLOYER)

參與法人(僱主)

\_\_\_\_\_

Please pay the following member (employee) the accrued benefits according to the Regulations of the respective pension scheme 請根據退休金計劃規例支付以下參與人(僱員)的既得利益：

Name of Member (Employee) 參與人(僱員)姓名：\_\_\_\_\_

Staff Code 職員編號：\_\_\_\_\_ BIR(P) No. 身份證號碼：\_\_\_\_\_

Date of Leaving Employment 離職日期：\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy 日/月/年)

Date of Benefit Entitlement 利益享有權日期\*：\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (dd/mm/yyyy 日/月/年)

(\* Please state if different from Date of Leaving Employment 若與離職日期不同，請填寫)

Remarks (if any) 備註(如有)：\_\_\_\_\_

**CONDITION FOR BENEFIT PAYMENT 支付利益之條件**

Please "√" the appropriate box 請在合適的空格上填上"√"：

- Employee's Resignation Complying Rules 僱員按規定辭職
- Employee's Resignation Not Complying Rules 僱員非按規定辭職
- Termination of Employment Relationship by Employer with Good Cause 被僱主合理解僱
- Termination of Employment Relationship by Employer without Good Cause 被僱主非合理解僱
- Old Age Retirement 年老退休
- Permanent Incapacity for Work 長期無工作能力
- Serious Illness 嚴重疾病
- Death 死亡
- Others, please specify 其他，請說明：\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Sponsor's Signature 參與法人簽署 Date 日期 (dd/mm/yyyy 日/月/年)

Transfer benefits to a new individual contract for deferred redemption 將權益轉入新訂立的個人合約以作延後贖回

Please review your personal financial needs and the performance of your pension fund accounts, consider the pros and cons of immediate versus deferred redemption, understand and agree to the related terms and conditions of the individual contract, sign on this form, and submit the required application documents to the pension fund management company for processing.

請檢視閣下的個人財務需要和退休基金賬戶的表現、考慮即時贖回與延後贖回的相對優劣、了解及同意相關的個人合約條款、在本表格簽署、並遞交所需的申請文件至退休基金管理公司辦理。

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Sponsor's Signature 參與法人簽署 Member's Signature 參與人簽署 Date 日期 (dd/mm/yyyy 日/月/年)