

填寫本表格前，請先閱讀下列重要資料：

註I

提交申索前須注意的事項

- 就依據《條例》第11條支付的自願性供款所產生的權益而言，提取權益須受有關計劃的管限規則所規限。詳情請查閱有關計劃的要約文件，而要約文件可於中銀國際英國保誠信託有限公司(中銀保誠信託)或積金易平台<sup>8</sup>的系統營運者<sup>8</sup>的網站閱覽。詳情請向中銀保誠信託(熱線：2929 3030或電郵地址：mpf@bocpt.com)或積金易客戶服務熱線<sup>8</sup>查詢。
- 就依據《條例》第11A條存入的可扣稅自願性供款所產生的權益而言，提取權益須受與強制性供款相同的提取規定所規限(惟根據第11A(3)條，若干與抵銷遣散費或長期服務金有關，以及與保障債權人及其他人士的權益有關的條文並不適用)。

查詢

- 如欲查詢帳戶詳情及個別計劃或基金的資料，請聯絡中銀保誠信託；如計劃已加入積金易平台，請聯絡積金易客戶服務熱線<sup>8</sup>183 2622或電郵至enquiry@support.empf.org.hk。
- 有關申索權益的一般查詢，請聯絡中銀保誠信託、積金易客戶服務熱線<sup>8</sup>或強制性公積金計劃管理局(管理局)(熱線電話：2918 0102；電郵地址：mpfa@mpfa.org.hk)。

註II

- (1) (i) 基於死亡的理由而提出的權益申索，只可由《強制性公積金計劃條例》所界定的遺產代理人作為申索人，代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第10章)所界定的遺產代理人及按該條例第15條，在無須任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第I部另紙詳載各申索人的資料。在這情況下，本表格須由所有遺產代理人聯署。
  - (ii) 基於所有其他理由(即永久性地離開香港、完全喪失行為能力、罹患末期疾病或小額結餘)而要求支付權益的申索，可由計劃成員或根據《精神健康條例》(第136章)獲委任代表精神上無行為能力的計劃成員行事的產業受託監管人(產業受託監管人)作為申索人提出。如法庭委任超過一人為產業受託監管人，該等人士應按照委任條款及有關法庭命令所載的任何其他規定，以產業受託監管人的身份提出申請及在相關文件簽署。請就第I部另紙詳載各申索人的資料。在此情況下，除非法庭另有授權，否則本表格須由所有獲法庭委任為該計劃成員的產業受託監管人的人士簽署。
- (2) 如申索人/計劃成員沒有香港身份證，請填上護照上的姓名。
  - (3) 計劃成員帳戶號碼可循以下途徑查閱/查詢：
    - (i) 查閱成員證明書、接納通知或參與通知；或
    - (ii) 查閱周年權益報表或受託人或積金易平台的系統營運者<sup>8</sup>提供的其他報表；或
    - (iii) 受託人或積金易平台的系統營運者<sup>8</sup>為成員提供的查詢服務。如有疑問，請聯絡中銀保誠信託(熱線：2929 3030或電郵地址：mpf@bocpt.com)或積金易客戶服務熱線<sup>8</sup>。
  - (4) 如有需要，中銀保誠信託或積金易平台的系統營運者<sup>8</sup>在處理付款申索時可能會要求申索人提交文件的正本，以核對資料。
  - (5) 由產業受託監管人代表計劃成員提出的申索，除須提供有關該計劃成員的所需文件外，亦應夾附以下文件：
    - (i) 產業受託監管人身份的證明文件副本，即法庭命令的副本；
    - (ii) 每名申索人的香港身份證副本，以供核對其姓名及身份證號碼(如不擬親身出示申索人的香港身份證供核對有關資料)<sup>8</sup> II(6)；及
    - (iii) 產業受託監管人就申索權益所作的法定聲明表格(第MPF(S)-W(SD4)號表格)<sup>8</sup> II(7)正本(如適用)。如使用該表格作出聲明並把該表格夾附於本申索，便無須提交基於永久性地離開香港及小額結餘的理由作出申索的法定聲明表格(即第MPF(S)-W(SD2)號表格及第MPF(S)-W(SD3)號表格)。
  - (6) (i) 如申索人/計劃成員沒有香港身份證，而又不擬親身出示護照以供核對資料，則須提供護照副本(只須提供載有個人資料及護照號碼之頁)，以供中銀保誠信託或積金易平台的系統營運者<sup>8</sup>核對申索人/計劃成員的姓名及護照號碼。
  - (ii) 如申索人/計劃成員未曾遞交香港身份證副本或護照副本予中銀保誠信託，申索人或計劃成員仍需遞交香港身份證副本或護照副本予中銀保誠信託以處理相關申請。
  - (7) 法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明(例如在香港，法定聲明須在監誓員(例如在民政事務總署諮詢服務中心)或公證人或太平紳士面前作出，並由他們簽署)。在香港以外地方所作的法定聲明，只要是在公證人或獲該地方法律授權監誓或監理法定聲明的人士面前作出，並由他們簽署，亦可予接受。
  - (8) 證明計劃成員完全喪失行為能力的醫學證明書(第MPF(S)-W(M)號表格)或罹患末期疾病的醫學證明書(第MPF(S)-W(T)號表格)須由下述醫生簽署：
    - (i) 根據《醫生註冊條例》(第161章)註冊的註冊醫生，即：
      - (a) 在香港醫務委員會正式註冊為醫生的人；或
      - (b) 獲視為根據《醫生註冊條例》(第161章)註冊成為醫生的人(即獲豁免無須註冊的人)；或
    - (ii) 《中醫藥條例》(第549章)第2(1)條所界定的註冊中醫。
  - (9) 基於完全喪失行為能力的理由而提出的權益申索，申索人須請醫生填寫第MPF(S)-W(M)號表格並夾附於第MPF(S)-W(O)號表格。申索人如按《僱傭條例》(第57章)的規定，以永久不適合擔任其現時工作為理由而同時申索長期服務金，則可採用按該條例填寫的「證明僱員永久不適合擔任某類工作的證明書」，替代填寫第MPF(S)-W(M)號表格，以提出基於完全喪失行為能力的理由而支付強積金權益的申索。
  - (10) 計劃成員如基於罹患末期疾病的理由而要求從供款帳戶提取權益，該計劃成員在獲支付權益後，可能繼續從事其現時的受僱或自僱工作。在此情況下，僱主日後作出的供款(包括僱主及僱員部分)或該自僱人士日後作出的供款，將繼續分配至該供款帳戶。計劃成員如欲再度從該供款帳戶提取由未來供款及轉入的權益(如有)所產生的權益，須另行提出權益的申索。
  - (11) 給予積金易平台的系統營運者的授權，適用於受託人使用積金易平台及由積金易平台的系統營運者提供的計劃管理服務，以執行其第II(1)部所指計劃的計劃管理職能的情況。  
積金易平台是根據《強制性公積金計劃條例》第19I(1)條指定的現有電子系統。

請注意

- 若從保證基金提取權益，可能導致計劃成員不符合部分或所有保證條件，以致影響其享有保證的資格。詳情請查閱計劃的要約文件或向有關的受託人或積金易客戶服務熱線<sup>8</sup>查詢。
- 基金單位價格會因市場波動而出現變化，單位價格可跌亦可升。你向受託人或積金易平台的系統營運者<sup>8</sup>提交申索表格當日的基金單位價格，或會與贖回基金單位當日的價格有所不同。
- 如你已年滿或快將年滿50歲，而現時你的權益是按照計劃的預設投資策略投資，請留意預設投資策略的降低投資風險機制，會由計劃成員年滿50歲開始運作。如計劃的受託人在預設投資策略下按年降低你的投資風險的時間，與接獲你的申索權益申請的時間相當接近，該計劃的受託人或積金易平台的系統營運者<sup>8</sup>將根據其運作程序及在符合《條例》規定的情況下，訂定處理降低風險及申索權益的次序。如欲瞭解計劃受託人或積金易平台的系統營運者<sup>8</sup>如何處理該等交易，請向計劃受託人或積金易客戶服務熱線<sup>8</sup>查詢詳情。

<sup>8</sup>適用於有關計劃已加入積金易平台。

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)(the Ordinance)**  
**Explanatory Notes on Claim Form for Payment of Accrued Benefits (Benefits) on Grounds of**  
**Permanent Departure from Hong Kong/Total Incapacity/Terminal Illness/Small Balance/Death (Form MPF(S)-W(O))**  
**Sections 161, 163, 164, 164A and 165 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)**

Please read the following **important notes** before completing this Form.

**Note I**

**Reminder Before Submitting a Claim**

- Withdrawal of benefits derived from voluntary contributions paid pursuant to section 11 of the Ordinance is subject to the governing rules of the scheme concerned. Please check the information from the offering document of the scheme concerned, which can be found on the website of BOCI-Prudential Trustee Limited (BOCPT) or the system operator of the eMPF Platform<sup>†</sup>. Please consult BOCPT for details (hotline: 2929 3030 or email: mpf@bocpt.com) or the eMPF Customer Service Hotline<sup>§</sup>.
- Withdrawal of benefits derived from tax deductible voluntary contributions paid pursuant to section 11A of the Ordinance is subject to the same withdrawal requirements as for mandatory contributions (except that under section 11A(3), certain provisions relating to offsetting of severance or long service payments, and protection of benefits from creditors and others, do not apply).

**Enquiries**

- For enquiries about account details and information on specific schemes or funds, please contact BOCPT or eMPF Customer Service Hotline<sup>§</sup> at 183 2622 or via email at enquiry@support.empf.org.hk if the scheme has got onboard the eMPF Platform<sup>†</sup>.
- For general enquiries regarding a claim for payment of benefits, please contact BOCPT, the eMPF Customer Service Hotline<sup>§</sup> or the Mandatory Provident Fund Schemes Authority (Authority) (hotline: 2918 0102 or email: mpfa@mpfa.org.hk).

**Note II**

- (1) (i) For a claim made on the grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance can be the claimant to act on behalf of the deceased scheme member to claim for payment of the scheme member's benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap. 10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use an additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives.
- (ii) For a claim made on all other grounds of permanent departure from Hong Kong, total incapacity, terminal illness or small balance, either the scheme member or person(s) appointed as a committee of the estate of a mentally incapacitated person under the Mental Health Ordinance (Cap. 136) (the committee of the estate) to act on behalf of the scheme member can be the claimant to lodge the claim for payment of benefits. If there is more than one person appointed by the court as the committee of the estate, those persons should apply and sign in the capacity as the committee of the estate in accordance with those terms of appointment and any other requirements contained in the relevant court order. Please use an additional blank sheet to provide details of the claimants under Section I. Under such circumstance, this Form needs to be signed by all of the persons appointed by the court as the committee of the estate, unless the Court authorizes otherwise.
- (2) If a claimant/scheme member does **NOT** possess a HKID Card, please fill in the name as shown on the passport.
- (3) Scheme member account number can be found:
  - (i) in the membership certificate, notice of acceptance, or notice of participation; or
  - (ii) in the annual benefit statement, or other statements provided by the trustee or the system operator of the eMPF Platform<sup>†</sup>; or
  - (iii) through the member enquiry facilities available from the trustee or the system operator of the eMPF Platform<sup>†</sup>.If you are in doubt, please contact BOCPT (hotline: 2929 3030 or email: mpf@bocpt.com) or the eMPF Customer Service Hotline<sup>§</sup>.
- (4) In processing a claim for payment, BOCPT or the system operator of the eMPF Platform<sup>†</sup> may request the claimant to produce the original documents for checking purpose, if necessary.
- (5) For a claim made by the committee of the estate on behalf of the scheme member, in addition to the required documents in respect of the scheme member, the following documents should be enclosed:
  - (i) a copy of the evidence of the status of the committee of the estate, i.e. the court order;
  - (ii) a copy of each claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>; and
  - (iii) the original statutory declaration form made by the committee of the estate for a claim for payment of benefits (MPF(S) – W(SD4))<sup>Note II (7)</sup> (if applicable). Where such a statutory declaration has been made and enclosed with the claim, the statutory declaration form (MPF(S) – W(SD2) and MPF(S) – W(SD3)) for claims made on the grounds of permanent departure from Hong Kong and small balance respectively shall not be required.
- (6) (i) For a claimant/scheme member who does **NOT** possess a HKID card, a copy of the passport (only pages with personal particulars and passport number) should be provided to BOCPT or the system operator of the eMPF Platform<sup>†</sup> for verification of the name and passport number of the claimant/scheme member if the claimant/scheme member does not wish to present the passport in person for verification.
- (ii) Claimant/ Scheme member should submit a copy of the HKID or a copy of the passport to BOCPT for processing the claim if you have not provided it before.
- (7) The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths (e.g. at a Public Enquiry Service Centre of the Home Affairs Department) or a Notary Public or a Justice of the Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration.
- (8) A medical certificate certifying total incapacity (Form MPF(S) – W(M)) or terminal illness (Form MPF(S) – W(T)) shall be signed by a medical practitioner who must be *either* -
  - (i) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap. 161), i.e.,
    - (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
    - (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (Cap. 161) (i.e. persons who are exempted from registration);
  - Or (ii) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2(1) of the Chinese Medicine Ordinance (Cap. 549).
- (9) For a claim made on the grounds of total incapacity, the claimant shall ask a medical practitioner to fill in the Form MPF(S) – W(M) and attach it to the Form MPF(S) – W(O). For a claimant who also claims long service payment on the grounds of permanent unfitness for his present job under the Employment Ordinance (Cap. 57), the claimant may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under that Ordinance to substitute for the Form MPF(S) – W(M) for the purpose of claiming payment of MPF benefits on the grounds of total incapacity.
- (10) For a claim made by a scheme member for payment of benefits from a contribution account on the grounds of terminal illness, the scheme member may continue his current employment or current self-employment after he has received the payment of benefits. In that case, future contributions made by the employer (both employer and employee portions) or by the self-employed person himself will continue to be made to the contribution account. If the scheme member wishes to withdraw the benefits derived from future contributions and transfer-in benefits (if any) in the contribution account again, he should lodge another claim for payment of benefits.
- (11) The authorization to the system operator of the eMPF Platform is applicable to cases where the trustee uses the eMPF Platform and scheme administration services provided by the system operator of the eMPF Platform to perform the trustee's scheme administration functions with respect to the scheme referred to in Section II(1).

<sup>†</sup> The eMPF Platform is the current electronic system designated under section 19I(1) of the Mandatory Provident Fund Schemes Ordinance.

**Reminder**

- Withdrawal of benefits out of a guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the scheme or consult the relevant trustee or the eMPF Customer Service Hotline<sup>§</sup> for details.
- The price of fund units may change due to market fluctuations and may go down as well as up. The price of fund units on the date when you submit a claim form to the trustee or the system operator of the eMPF Platform<sup>†</sup> may be different from that on the date when the fund units are redeemed.
- If you have reached, or are approaching, the age of 50 and your benefits are currently invested according to the default investment strategy (DIS) of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investments in the DIS and your claim for payment of benefits take place at around the same time, the trustee of the scheme or the system operator of the eMPF Platform<sup>†</sup> shall sequence the de-risking and the claim in accordance with its procedures and in compliance with the Ordinance. Please consult the trustee of the scheme or the eMPF Customer Service Hotline<sup>§</sup> if you wish to know the details of how the trustee of the scheme or the system operator of the eMPF Platform<sup>†</sup> handle these transactions.

**Applicable to the scheme concerned gets onboard the eMPF Platform.**

致: 中銀國際英國保誠信託有限公司 To: BOCI-Prudential Trustee Limited  
香港太古城英皇道 1111 號 Suite 1507, 15/F, 1111 King's Road,  
15 樓 1507 室 Taikoo Shing, Hong Kong

FORM MPF(S) – W(O)

注意 NOTES:

- 本表格僅供擬基於永久性地離開香港、完全喪失行為能力、罹患末期疾病、小額結餘或死亡的理由提出申索，要求從一個強積金註冊計劃(計劃)提取權益的人士填報。若基於已達到65歲退休年齡或提早退休的理由申索權益，請填寫第MPF(S) – W(R)號表格。This Form is to be completed by any person who wishes to claim for payment of benefits from an MPF registered scheme (scheme) on the grounds of permanent departure from Hong Kong, total incapacity, terminal illness, small balance or death. For a claim for payment of benefits on the grounds of attaining the retirement age of 65 or early retirement, please use Form MPF(S) – W(R).
- 如申索人／計劃成員擬從多於一個計劃提取權益，須就每個計劃填寫一份表格。If the claimant/scheme member wishes to withdraw benefits from more than one scheme, please fill in a separate form for each scheme.
- 若有關計劃已加入積金易平台，有關計劃的受託人須使用積金易平台及積金易平台的系統營運者提供的服務，以執行其計劃管理職能，包括處理你的申索。因此，你應把填妥的表格及所需證明文件直接交予積金易平台的系統營運者，而非受託人，否則你的申索或會延遲處理。請聯絡有關受託人或積金易客戶服務熱線瞭解詳情。When the scheme concerned gets onboard the eMPF Platform1, the trustee of the scheme must use the eMPF Platform and services provided by the system operator of the eMPF Platform to perform its scheme administration functions including processing your claim. You should therefore submit the completed form and the required supporting documents to the system operator of the eMPF Platform directly, instead of the trustee, otherwise the processing of your claim may be delayed. Please contact the relevant trustee or the eMPF Customer Service Hotline for details.
- 若有關計劃尚未加入積金易平台，請把填妥的表格及所需證明文件交予計劃受託人，以便處理有關申索。If the scheme concerned has not yet got onboard the eMPF Platform, please submit the completed form and the required supporting documents to the trustee of the scheme for processing the claim.
- 若提供的任何資料不正確或不完整，中銀保誠信託或積金易平台的系統營運者(視屬何情況而定)可能無法處理你的申請。If any information provided is incorrect or incomplete, BOCPT or the system operator of the eMPF Platform (as the case may be) may not be able to process your request.
- 填報本表格前，請先細讀填報須知。Please read the explanatory notes carefully before completing this Form.
- 就此項申索權益申請提供的個人資料，將用作處理你的申索。你提供的個人資料可能會為該目的而轉交相關服務提供者、積金易平台的系統營運者以及政府或規管機構，包括強制性公積金計劃管理局(管理局)。The personal data to be supplied in support of this claim for payment of benefits are to be used for processing your claim. The personal data you supply may, for such purpose, be transferred to the relevant service provider(s), the system operator of the eMPF Platform, and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority (the Authority).
- \*請刪去不適用者。\* means delete whichever is not applicable.

第I部 申索人<sup>註II(1)</sup>/計劃成員資料 SECTION I – DETAILS OF THE CLAIMANT<sup>Note II (1)</sup> / SCHEME MEMBER

(1) 申索人資料 Claimant Details

姓名 <sup>註II(2)</sup> (與你的香港身份證上的姓名相同) Name <sup>Note II (2)</sup> (as shown on your Hong Kong Identity (HKID) Card)	中文 Chinese	香港身份證號碼 HKID Card No.	
	英文 English	護照號碼(僅供沒有香港身份證的人士填寫) Passport No. (ONLY for person without HKID Card)	
通訊地址 Correspondence address	室 Flat / Room	樓層 Floor	座 Block
	大廈 Name of building	街/道號碼 Street no	街/道 Name of Street
	區 Name of district	國家/地區名稱(如非香港以內) Country / Region (if not in Hong Kong)	
	香港/九龍/新界*Hong Kong/Kowloon/N.T. *		
日間聯絡電話 Daytime Phone	手提電話 Mobile Phone	電郵地址 Email Address	

(2) 計劃成員資料 (如與申索人不同) Scheme Member DETAILS (if different from the claimant)

姓名 <sup>註II(2)</sup> (與你的香港身份證上的姓名相同) Name <sup>Note II (2)</sup> (as shown on your Hong Kong Identity (HKID) Card)	中文 Chinese	香港身份證號碼 HKID Card No.	
	英文 English	護照號碼(僅供沒有香港身份證的計劃成員填寫) Passport No. (ONLY for scheme member without HKID Card)	

## 第II部 申索資料 SECTION II – DETAILS OF THE CLAIM

### (1) 帳戶資料 (請在適當的方格內填上✓號)

#### ACCOUNT INFORMATION (please ✓ the appropriate box)

計劃名稱 Name of the scheme : 中銀保誠簡易強積金計劃 BOC-Prudential Easy-Choice Mandatory Provident Fund Scheme

☐ 計劃內所有帳戶 All accounts under the Scheme

☐ 計劃內的指明帳戶 (請註明計劃成員帳戶號碼<sup>註II(3)</sup>) (1)

Selected account(s) under the Scheme (please specify the

scheme member account no. (2)

Note II (3) (3)

### (2) 申索權益的理由及所需文件<sup>註II(4)及註II(5)</sup> (請在適當的方格內填上✓號)

#### GROUND(S) FOR CLAIMING BENEFITS AND THE REQUIRED DOCUMENTS<sup>Notes II (4, 5)</sup> (please ✓ the appropriate box)

☐ 永久性地離開香港 Permanent departure from Hong Kong

☐ 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）<sup>註II(6)</sup>；  
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>;

☐ 准予計劃成員在香港以外某地方居住的文件／證明文件副本（例如移民簽證／外國護照）；  
a copy of the documents / evidence that the scheme member is permitted to reside in a place other than Hong Kong (e.g. immigration visa / foreign passport);

☐ 有關永久性地離開香港的法定聲明表格（第 MPF(S) – W(SD2)號表格）<sup>註II(5)</sup>及<sup>註II(7)</sup>正本；  
the original statutory declaration form on permanent departure (Form MPF(S) – W(SD2))<sup>Notes II (5, 7)</sup>;

☐ 稅務局發出的同意釋款書副本（如適用）；及  
a copy of the Letter of Release issued by the Inland Revenue Department, if applicable; and

☐ 海外定居資料 Information on overseas settlement :  
計劃成員在香港以外獲准居住的地方  
Place other than Hong Kong where the scheme member is permitted to reside :

地址 Address :

電話號碼 Telephone no :

傳真號碼 Fax no :

電郵地址 E-mail address :

離港原因 Departure reason(s) : ☐ 移民 Emigration ☐ 家庭團聚 Family reunion ☐ 結婚 Marriage

☐ 退休 Retirement ☐ 長期海外受聘 Long-term overseas employment ☐ 其他（請註明）Others (please specify) :

☐ 完全喪失行為能力 Total incapacity

☐ 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）<sup>註II(6)</sup>；及  
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>; and

☐ 證明計劃成員完全喪失行為能力的醫學證明書（第 MPF(S) – W(M)號表格）<sup>註II(8)及註II(9)</sup>副本  
a copy of the medical certificate certifying total incapacity (Form MPF(S) – W(M))<sup>Notes II (8 & 9)</sup>

☐ 罹患末期疾病<sup>註II(10)</sup> Terminal illness<sup>Note II (10)</sup>

☐ 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）<sup>註II(6)</sup>；及  
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>; and

☐ 在提交申索日期之前的12個月內簽發的證明計劃成員罹患末期疾病的醫學證明書（第 MPF(S) – W(T)號表格）<sup>註II(8)</sup>副本  
a copy of the medical certificate certifying terminal illness dated not earlier than 12 months before the date on which the claim is lodged (Form MPF(S) – W(T))<sup>Note II (8)</sup>

☐ 小額結餘 Small balance

☐ 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）<sup>註II(6)</sup>；及  
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>; and

☐ 有關小額結餘的法定聲明表格（第 MPF(S) – W(SD3)號表格）<sup>註II(5)及註II(7)</sup>正本  
the original statutory declaration form on small balance (Form MPF(S) – W(SD3))<sup>Notes II (5 & 7)</sup>

☐ 死亡 Death

☐ 申索人的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示申索人的香港身份證供核對有關資料）<sup>註II(6)</sup>；及  
a copy of the claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification<sup>Note II (6)</sup>; and

☐ 遺產承辦處發出的遺囑認證書或遺產管理書副本／（如申索是由遺產管理官提出）遺產管理官發出要求提取累算權益的信件\*  
a copy of the Letter of Probate or Letters of Administration granted by the Probate Registry / a letter requesting withdrawal of the benefits issued by the Official Administrator if the claim is made by the Official Administrator\*

(3) 付款方式 (請在適當的方格內填上✓號)

Method of payment (please ✓ the appropriate box)

請將本人全部的權益用以下方式付予本人：Please arrange to pay ALL of my benefits as follows:

☐ 支票(支票將以港幣印發及郵寄至成員的通訊地址)  
By cheque (The cheque will be issued in HK dollars and sent to member's correspondence address)

☐ 轉移 (只限本地銀行，付款以港幣為貨幣單位)  
By Transfer (Local Bank only, payment in Hong Kong dollars)  
請提供銀行賬戶證明及不接受第三者名義/聯名開立的銀行賬戶。收款銀行或會收取費用。  
**Please provide proof of bank account** and third party/joint name bank account is not acceptable. Bank charge may be imposed by the receiving bank.

收款人姓名 Beneficiary Account Name

收款人賬號 Beneficiary Account No.

收款銀行 Beneficiary Bank

☐ 電匯  
By Telegraphic Transfer  
請提供銀行賬戶證明及不接受第三者名義/聯名開立的銀行賬戶<sup>#</sup>。收款銀行或會收取費用。  
**Please provide proof of bank account** and third party/joint name bank account is not acceptable<sup>#</sup>. Bank charge may be imposed by the receiving bank.

資料有任何遺漏或不完整，將由受託人自行決定所屬代理銀行。在此情況下，付款指示將可能被延遲。The Trustee will determine the correspondent bank if no or incomplete information is provided. In such case, the payment may be delayed.

收款人姓名 Beneficiary Account Name

收款人賬號 Beneficiary Account No.

匯款貨幣 Remittance Currency (如計劃成員沒有指定任何付款貨幣，付款將會以港幣為貨幣單位。If no payment currency is specified, the payment will be denominated in Hong Kong dollars.)

☐ 港元 Hong Kong dollars (HKD) ☐ 美元 United States dollars (USD)

收款銀行  
Beneficiary Bank

收款銀行地址  
Beneficiary Bank Address

電匯編號  
Swift Code

收款人在海外的地址  
Beneficiary address in overseas

收款人在海外的聯絡電話號碼  
Beneficiary contact number in overseas

其他結算資料(例如 IBAN) (如有)  
Other settlement information (e.g. IBAN) (if any)

代理行賬號 (如有)  
Correspondent Bank of Beneficiary Bank Account No. (if any)

代理行國家 / 地區 (如有)  
Correspondent Bank of Beneficiary Bank Country / Region (if any)

代理行 SWIFT 碼 (如有)  
Correspondent Bank of Beneficiary Bank SWIFT Code (if any)

代理行名稱 (如有)  
Correspondent Bank of Beneficiary Bank Name (if any)

<sup>#</sup> 轉賬服務僅限於申索人或計劃成員名下的銀行賬戶，不接受第三方或聯名銀行賬戶（基於死亡理由以超過一名申索人提交申索，若聯名銀行賬戶持有人與所有申索人的名稱相符，有關安排可被接受）。須連同本表格提交顯示有賬戶持有人姓名以及銀行賬戶號碼的銀行賬戶證明，例如最近三個月內發出的銀行月結單、銀行卡或銀行證明書的副本等。如與本表格上提供的銀行賬戶資料有任何差異，受託人將根據證明文件中顯示的銀行賬戶資料進行轉帳，恕不另行通知。如受託人因證明文件不足而無法繼續進行轉賬或通過轉賬到您銀行賬戶的款項被拒絕，有關權益將改以港元支票付款並郵寄往第一部填寫的通訊地址，恕不另行通知。

<sup>#</sup> The bank transfer service is only acceptable for bank account in the name of the Claimant or Scheme Member, third party or joint bank account is not acceptable (In case of making the claim on the ground of death by multiple claimants, it is acceptable if the account holders of the joint name bank account match the names of all claimants). Proof of bank account such as copy of bank statement issued within latest 3 months, ATM card or bank reference letter, etc. with name of the bank account holder and bank account number clearly shown should be provided together with this form. The trustee will make transfer according to the bank account details as shown in supporting document if there are any discrepancies with the information provided in the form without prior notice. **If the trustee is unable to proceed due to insufficient supporting document or the payment is rejected via bank transfer to your bank account, the benefits will be paid and sent to the correspondence address as stated in Part I by cheque in Hong Kong Dollars without prior notice.**

**第III部 授權及聲明**  
**SECTION III –AUTHORIZATION & DECLARATION**

**(1) 終止沒有剩餘款項的強積金帳戶（如適用）**

**TERMINATION OF MPF ACCOUNT WITH NO RESIDUAL BALANCE (IF APPLICABLE)**

本人／我們<sup>\*註(1)</sup>謹此授權受託人或積金易平台的系統營運者（視屬何情況而定）<sup>註(11)</sup>在以下情況終止在第(II)(1)部所述的計劃成員帳戶：

- (i) 該帳戶內的權益已被全數提取，並無剩餘款項；
- (ii) （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
- (iii) （只適用於自僱人士供款帳戶）終止自僱，生效日期為\_\_\_\_\_（日／月／年）。

I / We<sup>\* Note II (1)</sup> hereby authorize the trustee or, as the case may be, the system operator of the eMPF Platform<sup>Note II (11)</sup>, to terminate the relevant scheme member account(s) as referred to in Section II(1) upon

- (i) withdrawal of the full amount of benefits with no residual balance in the said account(s),
- (ii) (for employee contribution account only) termination of the employment in relation to the contribution account; and
- (iii) (for self-employed person contribution account only) cessation of the self-employment, with effect from \_\_\_\_\_ (DD/MM/YYYY).

**(2) 只適用於基於完全喪失行為能力的理由而要求支付權益的申索**

**FOR CLAIM FOR PAYMENT OF BENEFITS ON GROUNDS OF TOTAL INCAPACITY ONLY**

本人／我們<sup>\*註(1)</sup>謹此就基於完全喪失行為能力的理由而要求支付權益的申索作出聲明，本人／計劃成員<sup>\*</sup>在完全喪失行為能力前，最後是執行醫學證明書（第 MPF(S)-W(M)號表格）或「證明僱員永久不適合擔任某類工作的證明書」<sup>註(9)</sup>所載有關類別的工作，而該僱傭合約已經終止。

For the claim for payment of benefits on the grounds of total incapacity, I/We<sup>\* Note II (1)</sup> hereby declare that I/the scheme member<sup>\*</sup> last performed the relevant kind of work as set out in the medical certificate (Form MPF(S)-W(M)) before becoming totally incapacitated or the "Certificate of an employee's permanent unfitness for a particular type of work"<sup>Note II (9)</sup> and that contract of employment has been terminated.

**(3) 聲明**

**DECLARATION**

本人／我們<sup>\*註(1)</sup>聲明，盡本人／我們<sup>\*</sup>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。◆

I / We<sup>\* Note II (1)</sup> declare that to the best of my / our<sup>\*</sup> knowledge and belief, the information given in this Form and its attachments is correct and complete.◆

申索人簽署 Signature of the claimant(s)

日期（日／月／年） Date (DD/MM/YYYY)

◆注意：根據《條例》第 43E 條，任何人在給予管理局或核准受託人或積金易平台的系統營運者的任何文件中，明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述，即屬犯罪。首次定罪者，最高可處罰款\$100,000 及監禁一年；其後每次定罪，最高可處罰款\$200,000 及監禁兩年。根據《刑事罪行條例》（第 200 章）第 36 條，任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述，亦屬犯罪。一經定罪，可處監禁兩年及罰款。

◆Warning: Under section 43E of the Ordinance, a person who, in any document given to the Authority or an approved trustee, or a system operator of the eMPF Platform, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and 1 year's imprisonment on the first conviction and a \$200,000 fine and 2 years' imprisonment on each subsequent conviction. A person who knowingly and willfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap. 200) and is liable on conviction to imprisonment for 2 years and to a fine.

<b>FORM MPF(S) - W(M)</b>
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**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)**

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS  
FOR A PARTICULAR KIND OF WORK**

Name of the patient: \_\_\_\_\_

Hong Kong Identity Card/Passport\*<sup>#</sup> No. of the patient: \_\_\_\_\_

Based on the information provided by or on behalf of the above patient, he/she\* performs the following kind of work in his /her\* present/last\* job:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above patient is permanently unfit to perform the above kind of work for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of registered medical practitioner/  
registered Chinese medicine practitioner\*: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Official seal / registration number\* (if any): \_\_\_\_\_

*\* Delete whichever is not applicable.*

*<sup>#</sup> The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card.*