

- i. 本表格供擬提出申索累算權益的人士填報。
This Form is to be completed by any person who wishes to claim for payment of accrued benefits.
- ii. 填報本表格前，請先細讀填報須知。
Please use BLOCK LETTERS for completion of this Form. Please read the explanatory notes carefully before completing this Form.
- iii. 本申索表格所填報的個人資料可供有關的受託人及強制性公積金計劃管理局（簡稱「管理局」）作處理申索的用途，並可為此用途向其他人士披露。
The information and data given in this Form can be used by the approved trustee concerned and the Mandatory Provident Fund Schemes Authority in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.
- iv. 所有關於要求支付累算權益的表格（即第 MPF(S)-W(M)、MPF(S)-W(SD1)、MPF(S)-W(SD2)、MPF(S)-W(SD3)、MPF(S)-W(SD4)及 MPF(S)-W(SD5)號表格）均可從管理局的互聯網網址下載。管理局辦事處亦印備表格以供索取。如有需要，可向所參與計劃的核准受託人或管理局求助。
All the forms related to claims for payment of accrued benefits (i.e. Form MPF(S) - W(M), MPF(S) - W(SD1), MPF(S) - W(SD2), MPF(S) - W(SD3), MPF(S) - W(SD4) and MPF(S) - W(SD5)) can be downloaded from the internet at MPFA's web site. Hard copies of the forms are also available at the office of the MPFA. If necessary, you may seek assistance from the approved trustee of your scheme or the MPFA.
- v. 申索人/計劃成員填妥本表格後，應把表格交回任何一間交通銀行分支行或寄回：香港中環德輔道中 121 號遠東發展大廈 1 樓，交通銀行信託有限公司強積金營運部收。
Upon completion of this Form, claimant / scheme member should give this Form to any sub-branches of Bank of Communications or mail to: Operations Department, Bank of Communications Trustee Limited, 1/F, Far East Consortium Building, 121 Des Voeux Road Central, Hong Kong

第一部：申索人/計劃成員資料 SECTION I - DETAILS OF THE CLAIMANT / SCHEME MEMBER

(A) 申索人資料 ^{註1} Details of Claimant ^{Note 1}			
1) 申索人姓名 Name of Claimant		2) 香港身分證/護照號碼 ^{註2} HKID Card / Passport No. ^{Note 2}	
3) 通訊地址 Correspondence Address		4) 聯絡電話(住宅) Tel No. (Home)	
		5) 聯絡電話(手提) Tel No. (Mobile)	
		6) 傳真號碼 Fax No.	
(B) 計劃成員(如與申索人不同者) Scheme member (if different from claimant)			
7) 計劃成員姓名 Name of Scheme Member		8) 香港身分證/護照號碼 ^{註2} HKID Card / Passport No. ^{Note 2}	

第二部：申索資料 SECTION II – DETAILS OF THE CLAIM

申索人要求支付權益的計劃名稱及計劃編號 ^{註3} Name of the scheme and scheme number(s) against which payment(s) are claimed ^{Note 3}		
9) 受託人名稱及計劃名稱 Name of Trustee and Scheme	交通銀行信託有限公司 Bank of Communications Trustee Limited 交通銀行愉盈退休強積金計劃 BCOM Joyful Retirement MPF Scheme	
10) 計劃編號 Scheme No.	[i]	[ii]
11) 付款方式 (請在適用的方格內填上✓號) Method of Payment (Please tick the appropriate box)		
支票 By cheque		
直接存入本人銀行帳戶(祇限存入交通銀行股份有限公司香港分行帳戶) by depositing directly in my bank account (applicable only to depositing into account with Bank of Communications Co., Ltd, Hong Kong Branch)		
銀行名稱 Name of Bank	交通銀行股份有限公司香港分行 Bank of Communications Co., Ltd, Hong Kong Branch	
帳戶號碼 Account number	027-	

第三部：申索累算權益的理由及隨附文件^{註4} SECTION III – GROUNDS FOR CLAIMING ACCRUED BENEFITS^{Note 4}

- 退休 Retirement**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本^{註8} A copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification^{Note 8}
- 提早退休 Early retirement**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本^{註8} A copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification^{Note 8}
 有關提早退休的法定聲明(第 MPF(S)-W(SD1)號表格)^{註5} 正本 The original copy of the statutory declaration form on early retirement (Form MPF(S)-W(SD1))^{Note 5}
- 完全喪失行為能力 Total incapacity**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本(如申索由計劃成員提出)，或計劃成員及產業受託監管人 / 監護人各自的香港身分證副本(如申索由產業受託監管人 / 監護人代計劃成員提出)^{註8} A copy of your HKID card (if the claim is made by the scheme member), or a copy each of the scheme member's and the committee/ guardian's HKID cards (if the claim is made by the committee/ guardian on behalf of the scheme member) for verification of identity card number(s) if you do not wish to present the card in person for verification^{Note 8}
 證明申索人完全喪失行為能力的醫生證明書副本(第 MPF(S)-W(M)號表格)^{註6} A copy of the medical certificate certifying total incapacity (Form MPF(S)-W(M))^{Note 6}
 現任僱主(如僱員在緊接完全喪失行為能力之前是受僱的)或最後僱主(如僱員在完全喪失行為能力之前已終止受僱)所發信件的副本，證明有關該特定種類工作的僱傭合約已予或將予終止^{註7} A copy of the letter from the employer (if employed as an employee immediately before total incapacity) or the last employer (if employment as an employee has been terminated before total incapacitation) certifying that the contract of employment for that particular kind of work has been or will be terminated^{Note 7}
 就完全喪失行為能力作出的法定聲明的正本(如申索由計劃成員提出，請填寫法定聲明表格第 MPF(S)-W(SD4)號；如申索由產業受託監管人 / 監護人代計劃成員提出，則填寫第 MPF(S)-W(SD5)號表格)^{註5及9} The original copy of the statutory declaration form on total incapacity (Form MPF(S)-W(SD4) if the claim is made by the scheme member, or Form MPF(S)-W(SD5) if the claim is made by a committee/ guardian on behalf of the scheme member)^{Notes 5 & 9}
 證明產業受託監管人 / 監護人身分的文件副本；身分證指明根據《精神健康條例》(第 136 章)發出的法院命令或監護委員會根據該條例發出的監護令(如申索由產業受託監管人 / 監護人代計劃成員提出) A copy of the evidence of the status of the committee/ guardian, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136) (if the claim is made by a committee/ guardian on behalf of the scheme member)
- 死亡 Death**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本^{註8} A copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification^{Note 8}
 已故計劃成員的死亡證明書副本 A copy of the death certificate of the deceased scheme member
 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，請隨附由遺產管理官所發出要求提取累算權益的信件 * A copy of the Probate or Letter of Administration granted by the Probate Registry or a letter requesting withdrawal of the accrued benefits issued by the Official Administrator if the claim is made by the Official Administrator*
- 永久性地離開香港 Permanent departure from Hong Kong**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本^{註8} A copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification^{Note 8}
 准予成員在香港以外某地方永久或無限期地居住的移民簽證 / 外國護照 / 回鄉證 / 港澳居民來往內地通行證^{註10} / 其他證明文件 * 等
_____ (請註明證件類別) A copy of the immigration visa / foreign passport / Home Visit Permit / Entry Permit for Hong Kong and Macau Residents^{Note 10} / others *, etc. _____ (please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Hong Kong
 有關永久性地離開香港的法定聲明(第 MPF(S)-W(SD2)號表格)正本^{註5} The original copy of the statutory declaration form on permanent departure (Form MPF(S)-W(SD2))^{Note 5}
 稅務局發出的同意釋款書(如適用)副本 A copy of the Letter of Release issued by the Inland Revenue Department, if applicable
 海外定居資料 Information on overseas settlement:
獲准永久或無限期居住的國家:
Country where you are permitted to reside permanently or for an indefinite period: _____
海外聯絡方法 Overseas contact details:
地址 Address: _____
電話號碼 Telephone no. _____ 傳真號碼 Fax no. _____
電郵地址 E-mail address _____
永久離開香港原因(例如移民、結婚、家庭團聚、長期海外受聘、退休或其他。若原因屬其他，請註明 Reason(s) for permanently departing from Hong Kong (e.g. emigration, marriage, family reunion, long-term overseas employment, retirement or others. For others, please specify) _____
- 小額結餘帳戶 Small balance account**
 如不擬親身出示香港身分證供受託人核對號碼，請隨附身分證副本^{註8} A copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification^{Note 8}
 有關小額結餘帳戶的法定聲明(第 MPF(S)-W(SD3)號表格)^{註5} 正本 The original copy of the statutory declaration form on small balance account (Form MPF(S)-W(SD3))^{Note 5}

第四部：聲明 SECTION IV - DECLARATION

本人/我們^{註1}聲明，本人/我們深知確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^{Note 1} declare that to the best of my/our knowledge and belief, the information given in this Form and its attachments is correct and complete.*

S.V.

12) 申索人 / 計劃成員簽署 Signature of the claimant(s) / scheme member

13) 簽署日期 Date

- (1) 基於死亡理由而要求支付累算權益的申索，只可由《強制性公積金計劃條例》所界定的遺產代理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。在這種情況下，本表格須由所有遺產代理人聯署。基於完全喪失行為能力的理由而要求支付累算權益的申索，可由計劃成員或根據《精神健康條例》(第136章)獲委任代表該計劃成員行事的產業受託監管人/監護人提出。
For claims of payment on grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance may act on behalf of the deceased scheme member to claim for payment of the member's accrued 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 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. For claims of payment on grounds of total incapacity, either the member or a committee of estate/guardian appointed under the Mental Health Ordinance (Cap. 136) to act on behalf of the member may lodge the claim for payment of accrued benefits.
- (2) 申索人或計劃成員**只應在沒有香港身份證的情況下**才填報護照號碼。
Claimants/ scheme members should give their passport numbers ONLY when they do NOT possess HKID cards.
- (3) 如果申索人/計劃成員在同一個註冊計劃內擁有超過一個帳戶，則在提出支付累算權益的申索時，只須就該等同屬一個計劃的所有帳戶填報一份表格；但若申索人/計劃成員不止在一個計劃開立帳戶，則須就每個計劃填報一份表格。
If a claimant/scheme member has more than one account in a registered scheme, the claimant should fill in one form for payment of accrued benefits in respect of all accounts within one scheme. If a claimant/scheme member has accounts in more than one scheme, the claimant should fill in one form for each scheme.
- (4) 處理付款申索時，計劃的核准受託人可在必要時向申索人索取文件的正本以核對資料。
In processing a claim of payment, the approved trustee of the scheme may request the claimant to produce the original copies of the documents for checking purpose, if necessary.
- (5) 須就某項申索作出法定聲明的申索人，須填報有關聲明表格及作出法定聲明。申索人須把簽妥的聲明表格夾附於第MPF(S)-W號表格。該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，法定聲明須在民政事務總署諮詢服務中心監誓員/公證人/太平紳士面前作出，並由他們簽實)。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督或監理法定聲明的人士面前作出，並由他們簽實，亦可予接受。A claimant who is required to make a statutory declaration for a claim shall complete the relevant statutory declaration form and make a statutory declaration. The signed statutory declaration form shall be attached to the Form MPF(S) - W. 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 at a Public Enquiry Service Centre of the Home Affairs Department/a Notary Public/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..
- (6) 申索人須請其診症醫生填寫第 MPF(S)-W(M)號表格並夾附於第 MPF(S)-W 號表格。簽署第 MPF(S)-W(M)號表格的醫生須是
(I) 根據《醫生註冊條例》(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士；或
(b) 獲視作為根據《醫生註冊條例》註冊成為醫生的人士(即獲豁免無須註冊的人士)；或
(II) 《中醫藥條例》(549章)第2條所界定的註冊中醫。
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同時申索長期服務金，則可按《僱傭條例》填寫「僱員永久不適合擔任特定種類工作證明書」，以替代第 MPF(S)-W(M)號表格。該表格是供因完全喪失行為能力而提出支付強積金累算權益申索的人士填報的。
Except for a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job under the Employment Ordinance (Cap. 57), a claimant shall ask his/her medical practitioner to fill in Form MPF(S) - W(M) and attach it to Form MPF(S) - W. A medical practitioner who signs Form MPF(S) - W(M) 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 (i.e. persons who are exempted from registration), or
(II) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2 of the Chinese Medicine Ordinance(Cap.549).
For a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job, he/she may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under the Employment Ordinance used for the purpose to substitute for the Form MPF(S) - W(M) for the purpose of claiming payment of MPF accrued benefits on grounds of total incapacity.
- (7) 基於完全喪失行為能力的理由而提出累算權益申索的自僱人士或前任自僱人士無須提出僱主證明書。
For a self-employed person or a former self-employed person who claims payment on grounds of total incapacity, there is no need to produce an employer letter.
- (8) 如申索人或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，則須提供護照副本(只載有個人資料及護照號碼之頁)供受託人核對護照號碼。
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 given to the trustee concerned for verification of the passport number if the claimant/ scheme member does not wish to present the passport in person for verification.
- (9) 如前任僱員在他完全喪失行為能力之前最後從事的工作已終結，令他未能取得最後僱主發出的信件，證明關於該特定種類工作的僱傭合約已終止或他已失業超過7年，則申索人必須向受託人提供法定聲明，述明醫生證明書上所指明關於該特定種類工作的僱傭合約已終止。
For a former employee whose last employment has been terminated before total incapacity and who is unable to obtain a letter from the last employer certifying that that contract of employment for that particular kind of work has been terminated or has been unemployed for more than 7 years, the claimant must provide the trustee with a statutory declaration stating that that contract of employment for the particular kind of work as specified in the medical certificate has been terminated.
- (10) 「港澳居民來往內地通行證」由香港中國旅行社有限公司代表中國廣東省公安廳發出。

FORM MPF(S) - W(SD4)

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)
("the Ordinance")**

**STATUTORY DECLARATION FOR CLAIMS FOR PAYMENT
OF ACCRUED BENEFITS ON GROUNDS OF TOTAL INCAPACITY**

I, _____ [name of the claimant], Hong Kong Identity Card/Passport*
No.: _____ of _____
[address of the claimant], solemnly and sincerely declare that:

- (a) I was last engaged as a _____ [job title]
before becoming totally incapacitated and that contract of employment has been
terminated with effect from _____ [dd/mm/yyyy]; and
- (b) I am unable to obtain a letter from my last employer certifying the termination of
that contract of employment/I have been unemployed for more than 7 years*.

And I make this solemn declaration conscientiously believing the same to be true and by
virtue of the Oaths and Declarations Ordinance.

[Signature of the claimant]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

* *Delete whichever is inappropriate*

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1
year's imprisonment for the first occasion and 2 years' imprisonment on each
subsequent occasion for a person who makes a false or misleading statement in a
material respect.

FORM MPF(S) - W(M)

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)
("the Ordinance")**

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

Name of the patient: _____ Sex: _____ Age: _____

Hong Kong Identity Card/Passport* No.: _____

The above patient has been under the medical care of the undersigned since
_____ [dd/mm/yyyy].

Based on the findings as revealed in today's consultation, I certify that he/she* is permanently unfit for his/her* present/last* job as a _____ [job title] for the following reason(s): _____

Signature of registered medical practitioner/
registered Chinese medicine practitioner*: _____

Name in block letters: _____

Address and telephone number: _____

Date: _____

Official seal (if any): _____

** Delete whichever is inappropriate*