

NOTES TO TRANSFER OF BENEFITS BY EMPLOYER  
僱主轉移權益須知

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

填寫本表格前，請先閱讀下列**重要資料**：

- (1) **Definition of terms 用詞定義：**
- (a) “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.  
「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。
- (b) “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.  
「原受託人」（在《強制性公積金計劃（一般）規例》（簡稱《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。
- (c) “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 MPF(S)-P(E) will be the same as the original trustee.  
「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。如你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，第MPF(S)-P(E)號表格所指的新受託人將與原受託人相同。
- (d) “Original scheme” - the MPF scheme from which the accrued benefits of the employees are to be transferred.  
「原計劃」—指轉出僱員的累算權益的強積金計劃。
- (e) “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 MPF(S)-P(E) will be the same as the original scheme.  
「新計劃」—指轉入僱員的累算權益的強積金計劃。如你選擇將累算權益轉移至同一強積金計劃的另一個帳戶，在第MPF(S)-P(E)號表格所指的新計劃將與原計劃相同。
- (2) Form MPF(S)-P(E) 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 MPF(S)-P(E) should be completed by the new employer.  
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，應使用第MPF(S)-P(E)號表格。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，第MPF(S)-P(E)號表格應由新僱主填寫。
- (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 MPF(S)-P(E) 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.  
對於現時投資於強積金保證基金的僱員而言，如根據第MPF(S)-P(E)號表格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) 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 MPF(S)-P(E) to the new trustee.  
請確保你已參加並已安排你的僱員登記參加新計劃。否則，你須先行參加並安排你的僱員登記參加該計劃，然後才向新受託人提交第MPF(S)-P(E)號表格。
- (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 MPF(S)-P(E) has been received by the new trustee, the administration procedures taken by the approved trustees may not be reversible.  
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第MPF(S)-P(E)號表格後，之前由核准受託人採取的行政步驟未必能夠撤銷。
- (6) If any information provided on Form MPF(S)-P(E) (including the signature) is incorrect or incomplete, the approved trustees may not be able to process the benefit transfer request.  
若你在第MPF(S)-P(E)號表格上提供的任何資料（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) 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.  
新計劃的要約文件載有該計劃的資料，這些資料將有助你決定是否把累算權益轉移至該計劃。你可向新受託人索閱要約文件。
- (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 via e-mail: [mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk) or hotline: 2918 0102.  
如欲就你的權益轉移申請作出查詢或尋求協助，請聯絡你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](mailto:mpfa@mpfa.org.hk)或熱線電話：2918 0102。）

*Explanatory Notes*  
**填報須知**

- (1) In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.  
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。
- (2) 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.  
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。
- (3) Leave it blank if it is the same as the name of the employer in section II(2).  
如這個名稱與第 II(2) 部的僱主名稱相同，則無須填寫此項。
- (4) The employer's identification number is the number assigned by the approved trustee to the employer concerned. Approved trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number) If you are in doubt of the number, please contact the relevant approved trustee.  
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。
- (5) If any of the employees do NOT possess a HKID Card, please fill in their passport number and also indicate that it is a passport number.  
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。
- (6)
  - (a) 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.  
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。
  - (b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorized to sign on behalf of the employer.  
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。

**Please complete Form MPF(S)-P(E) at page 1 to page 2 and submit it to the new trustee after completion.**  
**請填妥載於第 1 頁至第 2 頁的第 MPF(S)-P(E) 號表格，並提交該表格予新受託人。**

**EMPLOYER'S REQUEST FOR FUND TRANSFER FORM**

**僱主資金轉移申請表**

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》（簡稱《規例》）第150及150A條

1. Please use **BLOCK LETTERS** to complete this Form. 請用英文大楷填寫本表格。
2. \*means delete whichever is inappropriate. Please insert "N.A." if not applicable. \*請刪去不適用者。請在不適用處填上「不適用」。
3. The personal data to be supplied in support of this election of transfer are to be used for processing your election of transfer. The personal data you 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.  
你就此項轉移申請提供的個人資料，將用作處理你的轉移申請。你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」）。
4. If necessary, you may seek assistance from the MASS MPF hotline at 2533 5522. 如有需要，歡迎致電萬全強積金熱線 2533 5522 查詢。

**SECTION I – TYPE OF TRANSFER 第 I 部 – 轉移類別**

- (1) Please indicate your reason of transfer and ✓ as appropriate.  
請說明轉移的原因，並於適當方格內填上✓號。

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

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（請就轉移申請所涉及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）

**SECTION II – DETAILS OF EXISTING EMPLOYER (FOR TYPE 1 TRANSFER) OR NEW EMPLOYER (FOR TYPE 2 TRANSFER)**

**第 II 部 – 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）**

- (2) Name of employer<sup>Note 1</sup> : \_\_\_\_\_ (英文)  
僱主名稱<sup>註 1</sup> \_\_\_\_\_ (中文)

- (3) Correspondence address 通訊地址:

Flat/Room 室	Floor 樓層	Block 座	Name of Building 大廈
Street No. 街道號碼	Name of Street 街道		District 地區

- (4) Name of contact person 聯絡人姓名 : \_\_\_\_\_
- (5) (a) Telephone number 電話號碼 : \_\_\_\_\_
- (b) Mobile phone number 手提電話號碼 : \_\_\_\_\_
- (6) Facsimile number 傳真號碼 : \_\_\_\_\_
- (7) Email address 電郵地址 : \_\_\_\_\_

**SECTION III – TRANSFER INFORMATION 第 III 部 – 轉移資料**

- (8) Details of the scheme from which accrued benefits<sup>Note 2</sup> are to be transferred 轉出累算權益<sup>註 2</sup>的計劃的資料

Name of employer<sup>Note 3</sup> in the original scheme  
原計劃的僱主名稱<sup>註 3</sup> : \_\_\_\_\_

Name of original trustee 原受託人名稱 : \_\_\_\_\_

Name of original scheme 原計劃名稱 : \_\_\_\_\_

Employer's identification number<sup>Note 4</sup> 僱主識別號碼<sup>註 4</sup> : \_\_\_\_\_

Contributions to original scheme should be paid up to  
向原計劃供款的最後日期 : \_\_\_\_\_

MM 月      DD 日      YYYY 年

- (9) Do you wish to transfer the accrued benefits<sup>Note 2</sup> of all employees participating in the original scheme? (please ✓ as appropriate)  
 你是否擬轉移所有參與原計劃的僱員的累算權益<sup>註2</sup>? (請於適當的方格內填上✓號)

Yes 是 OR 或  No 否

- (10) Details of the employee(s) whose accrued benefits<sup>Note 2</sup> are to be transferred 擬轉移累算權益<sup>註2</sup>的僱員的詳細資料：

No. 編號	Name of employee 僱員姓名	HKID Card number <sup>Note 5</sup> of employee 僱員的香港身份證號碼 <sup>註5</sup>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

(Employer may provide details of employees, together with authorized signature and company chop, on separate sheets of paper.)  
 (僱主可另紙提供僱員的詳細資料，並請加上授權簽署及公司印章。)

- (11) Details of the scheme to which accrued benefits are to be transferred 轉入累算權益的計劃的資料

Name of new trustee 新受託人名稱 : \_\_\_\_\_

Name of new scheme 新計劃名稱 : \_\_\_\_\_

Employer's identification number<sup>Note 4</sup> 僱主識別號碼<sup>註4</sup> : \_\_\_\_\_

Effective date of transfer 轉移開始生效日期 : \_\_\_\_\_  
 MM 月 DD 日 YYYY 年

#### SECTION IV – AUTHORIZATION AND DECLARATION 第四部 – 授權及聲明

- (12) I/We\* declare that 本人/我們\*聲明：

- (a) 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; or  
 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；或
- (b) 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; or  
 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；或
- (c) 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/我們\*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。

- (13) I/We\* further declare that 此外，本人/我們\*聲明：

- (a) I/we\* have read and understood the Notes to Transfer of Benefits by Employer and the Explanatory Notes;  
 本人/我們\*已閱讀及明白《僱主轉移權益須知》及註釋的內容；
- (b) I/we\*, 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 Section III; and  
 本人/我們\*，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/我們有意就第III部列出的僱員終止參與原計劃；及
- (c) to the best of my/our\* knowledge and belief, the information given in this Form is correct and complete.  
 盡本人/我們\*所知所信，本表格所提供的資料均屬正確無訛且無缺漏。

\_\_\_\_\_  
 Signature of employer and company chop<sup>Note 6</sup>  
 僱主簽署及公司印章<sup>註6</sup>

\_\_\_\_\_  
 Date 日期