

**Notice of Member Termination 成員離職通知書**

Scheme Number 計劃編號 : MAS

Employer Name 僱主名稱 : \_\_\_\_\_

Contact Person 聯絡人 : \_\_\_\_\_

Contact Tel. No. 聯絡電話號碼 : \_\_\_\_\_

Member Name 成員名稱	HKID Card No. 香港身份證號碼	Last Date of Employment 最後受僱日期 mm 月/dd 日/yyyy 年	Reason for Termination of Employment * 離職原因 * (Please refer to the list below and enter the appropriate number in this column 請參考下列離職原因並填寫適用 之編號)
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	

\* It is required to provide the termination reason if the employer requests to offset Long Service Payment ("LSP") / Severance Payment ("SP") against the accrued benefits derived from employer's contributions or there are accrued benefits attributable to employer's voluntary contributions in the employee's account.  
如僱主要求把長期服務金 / 遣散費與僱主供款部份的累算權益對沖或僱員戶口內的累算權益包含有僱主自願性供款，僱主需要提供離職原因。

**Reason for Termination of Employment 離職原因：**

1. Resignation 辭職
2. Dismissal 解僱
3. Redundancy 裁員
4. Laid off 僱員遭停工
5. Death 死亡
6. Ill Health 健康問題
7. Retirement at age 65 已屆 65 歲退休年齡
8. Other 其他: Please specify 請說明

\_\_\_\_\_  
Authorized Signature with  
Company Chop of Employer  
授權簽署及公司蓋章  
Date 日期：

***If Long Service Payment (LSP) or Severance Payment (SP) is involved, please complete the page overleaf.***

***如涉及長期服務金或遣散費，請填寫背頁。***

Please make photocopy if you need more copies for this page  
如有需要，請影印此頁以供應用

**Long Service Payment (LSP) /Severance Payment (SP) 長期服務金/遣散費**

Employees should read this section carefully before signing. Both the employee and the employer are required to sign under this section to acknowledge and agree on the arrangement.

僱員簽署前必須小心細讀此部份。僱員及僱主雙方必須簽署此部份以確認及同意所述安排。

Please tick "√" the appropriate box :  Long Service Payment 長期服務金(LSP) **or 或**  Severance Payment 遣散費(SP)  
請於合適的方格內填上 "√" 號

Member Name 成員名稱: \_\_\_\_\_ HKID Card No. 香港身份證號碼: \_\_\_\_\_ ( )

Please select and tick either choice 1 **or** 2 below: 請選擇及 "√" 以下第 1 **或** 第 2 項:

- |                             |   |
|-----------------------------|---|
| 1. <input type="checkbox"/> | We confirm that the amount of HK\$_____ has been paid by the employer to the above employee as LSP / SP in respect of this cessation of employment. This amount will be credited to the employer by check payment.<br>本人等確認，僱主已支付港幣_____ 長期服務金/遣散費予上述僱員。該筆款項將以支票退回僱主。<br><br>Before signing this section, the employee declares and confirms that the above LSP/SP amount has been paid in full to him/her and, in the case of payment by check, the relevant check has been presented and cleared by the bank.<br>在簽署此部份時，僱員謹聲明及確認已獲支付上述長期服務金/遣散費；如為支票付款，請確認支票已全數兌現。 |
| 2. <input type="checkbox"/> | We confirm that an LSP/SP entitlement of HK\$_____ has not been paid by the employer, YF Life Trustees is hereby authorized to issue payment directly to the above employee, which forms part or all of the LSP/SP.<br>本人等確認，僱主並未向僱員支付有關長期服務金/遣散費，其款項為港幣_____。萬通信託現獲授權直接向僱員支付部份或全部有關長期服務金/遣散費的款項。   |

We understand that the employee's vested accrued benefits attributable to the employer's contribution will be reduced by the above amount, up to and no more than the aforementioned vested accrued benefits.

本人等明白此金額將由僱主供款部份之歸屬僱員累算權益中扣除，但以不超過前述的歸屬累算權益為限。

The amount withdrawn from the vested accrued benefits is in the following sequence:

從累算權益中提取的款額將按照以下次序在已歸屬累算權益提取：

1. the vested portion of the accrued benefits derived from the employer's voluntary contribution  
強積金計劃內累算權益中的僱主自願性供款之已歸屬部份
2. the accrued benefits derived from the employer's mandatory contribution  
強積金計劃內累算權益中的僱主強制性供款

We fully understand the eligibility of the LSP/SP as stipulated under the Employment Ordinance. To the best of our knowledge and belief, the information given in this form/ its attachment(s) is/are correct and complete. I/We declare that I/we understand and agree with all the information and content provided in this Notice of Member Termination.

本人等完全明白僱傭條例內訂明有關長期服務金/遣散費的資格規定。據本人等所知及所信，於本表格/ 附件所提供的資料均屬正確及完整。本人/ 吾等聲明本人/ 吾等明白及同意於本成員離職通知書的所有資料及內容。

\_\_\_\_\_  
Signature of Employee  
僱員簽署

\_\_\_\_\_  
Contact Tel. No. of Employee  
僱員聯絡電話號碼

\_\_\_\_\_  
Date (mm/dd/yyyy)  
日期 (月/日/年)

\_\_\_\_\_  
Authorized Signature with  
Company Chop of Employer  
授權簽署及公司蓋章

\_\_\_\_\_  
Name & Title (in Block Letters)  
姓名及職銜

\_\_\_\_\_  
Date (mm/dd/yyyy )  
日期 (月/日/年)

**Attention: To complete the withdrawal procedure, the Scheme Member's Request Fund Transfer Form (MPF(S)-P(M)) must be submitted. 敬請注意：請提交「計劃成員資金轉移申請表(MPF(S)-P(M))」以便處理退款手續。**