

Please give details in English 請以英文填寫

Scheme Number 計劃編號		MMP			
Name of Associate 參與法人名稱					
Name of Affiliated Company 關聯公司名稱					
Participant's Details 參與人資料					
Name of Participant 參與人姓名	(English) 英文				
	(Chinese) 中文				
ID Card No. / Passport No. 身份證號碼/護照號碼 (Please provide a photocopy 請附上影印本)			Sex 性別		Nationality 國籍
Date of Birth 出生日期	___M月___D日___Y年	Date of Employment 受僱日期	___M月___D日___Y年		
Date of Joining the Scheme 參加計劃日期	___M月___D日___Y年	Monthly Salary (HKD/MOP)* 月薪 (港幣/澳門幣)*			
Beneficiaries 受益人					
Name 姓名	ID Card/Passport No. 身份證號碼/護照號碼	Relationship 關係	Share % 所佔比例%		
Contribution Allocation Percentage (applicable only if the Associate allows you to change as stated in the Application Form of the above Scheme.) 供款分配百分比 (祇在僱主在上述計劃申請書內指明容許更改下，方為有效。)					
		Associate Portion 參與法人部分	Participant Portion 參與人部分		
<input type="checkbox"/>	YF Life Capital Conservative Fund 萬通保險保守基金	_____	_____		
<input type="checkbox"/>	YF Life Global Growth Fund 萬通保險環球增長基金	_____	_____		
<input type="checkbox"/>	YF Life Global Balanced Fund 萬通保險環球均衡基金	_____	_____		
<input type="checkbox"/>	YF Life Global Stable Fund 萬通保險環球穩定基金	_____	_____		
		100%	100%		
Tax Status 稅款資料					
Are you a U.S. citizen, U.S. resident or Green Card holder or currently required to file a tax return in the U.S.? (If yes, please submit relevant U.S. tax status form(s). For details and downloading of the required form(s), please visit U.S. IRS website: http://www.irs.gov/) 閣下是否美國公民、美國居民、綠卡持有人或現時需要向美國報稅的人士? (如是，請遞交相關美國稅務表格，請參考美國報稅網頁 http://www.irs.gov/ 以索取詳情及下載相關稅務表格。)		<input type="checkbox"/> Yes 是		<input type="checkbox"/> No 否	

*Please delete as inappropriate. 請刪去不適用項。

mmp/0042/202201/1

Tax Residency Self-Certification (Must Fill) 稅務居民身分自我證明 (必須填寫)**Important Notes 重要提示：**

- This is a self-certification provided by an account holder to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Financial Services Bureau or other governmental authorities for transfer to the tax authority of another country/jurisdiction. 這是由帳戶持有人向申報金融/財務機構提供的自我證明，以作自動交換財務帳戶資料用途。申報金融/財務機構可把收集所得的資料交給財政局或其他政府機關，將資料轉交到另一國家/稅務管轄區的稅務當局。
- An account holder should report all changes in his/her tax residency status to the reporting financial institution. 如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報金融/財務機構。
- If space provided is insufficient, continue on additional sheet(s). The information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the Macao SAR Financial Services Bureau and exchanged with tax authorities of such jurisdictions of residence of the Account Holder, pursuant to agreements for exchange financial account information. 如這份表格上的空位不夠應用，可另紙填寫。本表格所載資料和關於帳戶持有人及任何須申報帳戶的資料將向澳門特別行政區政府財政局申報，而有關資料將按照金融帳戶信息交換協定，被轉交到帳戶持有人所屬的常居地的司法管轄區的稅務當局。

(1) My Tax Residence is Macao SAR ONLY, with no tax residence in any other jurisdictions or countries (and my Macau resident identity card number is my TIN). 本人之稅務居住地只有澳門特別行政區，及沒有處於任何其他司法管轄區或國家的稅務居住地（而我的澳門特別行政區居民身份證編號是我的稅務編號）。

Please tick one. 請選一項。

Yes 是 (you may skip (2). 你可略過 (2)。

No 否 (please complete (2). 請填寫 (2)。

(2) Complete the following table indicating 提供以下資料，列明：

(a) each country/jurisdiction (including Macao SAR) where the account holder is a resident for tax purposes; and 帳戶持有人作為稅務居民的國家/司法管轄區(包括澳門特別行政區)；及

(b) the account holder's TIN for each country/jurisdiction indicated. 該國家/稅務管轄區發給帳戶持有人的稅務編號。

If the account holder is a tax resident of Macao SAR, the TIN is the Macau resident identity card number. 如帳戶持有人是澳門特別行政區稅務居民，稅務編號是帳戶持有人的澳門特別行政區居民身份證編號。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

#	Reason 理由 A	The country/jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents. 帳戶持有人的國家/稅務管轄區並沒有向其居民發出稅務編號。
	Reason 理由 B	The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason. 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。
	Reason 理由 C	TIN is not required. Select this reason only if the authorities of the country/jurisdiction of tax residence do not require the TIN to be disclosed. 帳戶持有人毋須提供稅務編號。國家/稅務管轄區的主管機關不需要帳戶持有人披露稅務編號。

Country/Jurisdiction of Tax Residence 國家/稅務管轄區	TIN 稅務編號	Enter Reason A, B or C# if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C#	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選取理由 B，解釋帳戶持有人 不能取得稅務編號的原因
1			
2			
3			
4			
5			

If you have any foreign indicia (e.g. nationality, place of birth, residential address/correspondence/office address, contact number, etc...), please provide your explanation for not being a tax resident of the country/jurisdiction. 如果您有任何外籍標記（例如：國籍、出生地點、住宅/通訊/辦公地址、聯繫電話等），請在以下方框內解釋不屬於此國家/司法管轄區的稅務居民之原因。

DECLARATION 聲明:-

Duty of Disclosure 提供資料責任

I/We declare and agreed that (1) all information provided by me/us are full, complete and true to the best of my/ our knowledge and belief; (2) if there is any subsequent change to the information provided, I/we undertake to notify YF Life Insurance International Ltd. ("the Company") as soon as possible.

本人/我們謹此聲明及同意(1)本人/我們提供的所有資料均為完整、正確及真實；(2)若本人/我們所提供的資料有任何更改時，本人/我們確保儘快通知萬通保險國際有限公司（「貴公司」）有關的更改。

Acknowledgement and Agreement relating to Reporting and Withholding Obligations under Applicable Requirements 適用的規定下之申報及預扣責任聲明及協議

I/We acknowledge that the Company may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and/or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements").

本人/我們確認貴公司須遵從由（本地或海外）任何機構（包括監管機構、行業監管機構或其他，以下簡稱「監管機構」）不時頒布及修訂適用的任何性質的要求，或與任何監管機構（現在及將來）的承諾或協議（以下簡稱「適用的規定」）。

In this connection, notwithstanding anything contained in this form or any membership or agreements between me/us and the Company, I/we irrevocably agree to provide the Company with all assistance and/or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I/we irrevocably agree that:

因此，儘管本表格或任何成員計劃或任何其他由本人/我們和貴公司之間所訂協議有任何其他不同條款，本人/我們不可撤回地同意向貴公司提供一切協助及/或撤銷所有適用限制（無論是法律、法規或其他限制），以促成貴公司能遵從適用的規定。更重要的是（但不限於此）本人/我們不可撤回地同意：

(a) I/We will provide the Company with further information and/or prescribed documents within such time as may be required by the Company;

本人/我們於貴公司要求的時限內向貴公司提供進一步資料及/或指定文件；

(b) The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my/our membership(s) (whether the membership(s) is/are in force or otherwise); and/or (ii) me/us and any Consenting Person as defined hereinafter;

貴公司可向任何監管機構披露（此等披露可以透過貴公司的總公司進行）任何有關(i)本人/我們任何成員計劃資料（無論該等成員計劃是否生效）；及/或(ii)本人/我們或任何同意人士（見下述定義）的資料；

(c) The Company may withhold any payments otherwise payable to me/us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required); and

貴公司可預扣任何應支付予本人/我們或任何同意人士（見下述定義）的款項（並在有必要的情況下向有關監管機構支付該等被預扣之款項）；及

(d) If I/we fail to comply with point (a) above or if any information or document provided is not up-to-date, accurate or complete, the Company may terminate any of my/our membership(s) and the amount that the Company will pay upon termination shall be calculated pursuant to the applicable terms and conditions of the membership(s) as if the membership(s) has/have been terminated by me/us on the date of the termination.

若本人/我們未能遵從上述(a)項或所提供的並非最新的、準確的或完整的資料或文件，貴公司可終止本人/我們之任何成員計劃，該等成員計劃將被當作於終止日當天被本人/我們終止，並根據成員計劃的條款計算所有因成員計劃終止貴公司所需支付之款項。

"Consenting Person" in relation to a retirement pension scheme means any person who is / will be entitled to receive a benefit under the membership(s). I/We confirm that I/we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

「同意人士」指就退休金計劃而言，任何人士（於現在或將來）可根據成員計劃收取款項。本人/我們確認本人/我們已取得每位同意人士事先的許可和協議，以使貴公司能遵從適用的規定，及以使貴公司能行使載於上文的權利及權力。

The Company shall not be liable for any costs, loss or damages that I/we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I/we have any doubt on the impact of the aforesaid on me/us or my/our legal or tax position, I/we should seek independent professional advice.

貴公司將不會向本人/我們或任何同意人士承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人/我們因上述所載而對本人/我們或本人/我們的法律或稅務狀況而產生的影響有任何疑問，本人/我們應尋求獨立專業意見。

This section shall survive the termination and cancellation any of my/our membership(s).

本部份所載之條款將於任何本人/我們的保單終止和取消後繼續適用。

Personal Information Collection Statement 收集個人資料聲明

The personal information provided by the Participant or Associate of the Scheme (defined below), collected by or held by YF Life Insurance International Limited ("YF Life") ("your personal information") may be used for the purposes of administration and/or management of or in connection with the contributions or accrued benefits or account in respect of the participation of the Participant or Associate ("your participation") in the Macau Pension Scheme; providing computer and any other services in connection with the Macau Pension Scheme; dispatch of information in relation to Macau Pension Scheme; data matching; investigation or prevention of crime; or fulfilling legal or regulatory requirements. Please note that failure to provide any information requested by YF Life may result in YF Life not being able to process or maintain your participation in the Macau Pension Scheme. Transfer of Personal Information, your personal information may be transferred or disclosed by YF Life to any of the following persons (whether within or outside Macau) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Macau) for them to carry out their governmental/regulatory functions, relevant Participant or Associate; YF Life group companies and their associated/affiliated companies; financial institutions, Macau Pension Scheme service providers and intermediaries; industry associations/federations and their members; governmental/regulatory bodies and law enforcement agencies; crime prevention organisations and their members/participants; and service providers and selected persons which are under a duty of confidentiality to YF Life. Access to or Correction of Personal Information, you have the right to access to, and to correct, any of your personal information held by YF Life by writing to our Personal Data Protection Officer at 27/F, 33 Lockhart Road, Wanchai, Hong Kong. YF Life may charge a reasonable fee for the processing of such request.

萬通保險國際有限公司（下稱「萬通保險」）所收集或持有的由參與僱主及/或成員提供的個人資料（「閣下之個人資料」）可能會被用於下列目的，就參與僱主及/或成員參與澳門退休金計劃，處理與參與僱主及/或成員的供款或累積權益或澳門退休金計劃戶口有關的行政事宜及/或管理；根據適用之法例就澳門退休金計劃提供電腦或其他服務；提供有關澳門退休金產品及/或服務的資訊；資料核對；偵測或防止罪行；或符合法律或合規要求。請注意，閣下必須提供萬通保險所需的閣下之個人資料，否則，萬通保險將不能處理或管理閣下參與澳門退休金計劃。轉移個人資料，萬通保險可能為達到上述目的或讓政府/監管機構（不論在澳門或海外）執行其職務而向以下任何一方（不論在澳門或海外）轉移或透露由萬通信託收集或持有屬於閣下之個人資料；有關之參與僱主；萬通保險集團成員公司及其關聯或相關公司；金融機構、澳門退休金服務提供者、中介人；行業組織/聯會及其成員；政府部門或監管機構和執法機構；防犯罪組織及其會員/參與者；及與萬通保險有保密協議的服務提供者及其他人士。查閱或更改個人資料，閣下有權查閱和更改任何由萬通保險持有屬於閣下的個人資料。如有需要，閣下可與萬通保險的資料保護主任提出有關要求，並以書面方式呈交至香港灣仔駱克道 33 號 27 樓。處理上述要求時，萬通保險可能會收取合理費用。

Authorization and Agreement 授權及同意參與協議及管理規章-

I hereby authorize the Associate to deduct the regular contributions from my monthly salary and agree to the terms of the Participating Agreement and the Management Regulations of the Funds and any amendments made thereto.

本人授權參與法人由本人每月薪金扣除定期供款及同意計劃的參與協議及管理規章內列明的條款及將來可能作出的修訂。

Date (M/D/Y) 日期(月/日/年)

Signature of Participant 參與人簽署

YF Life Insurance International Ltd.

萬通保險國際有限公司

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