

**Macau Pension Scheme**  
**Participating Scheme Application Form for Collective Membership**  
**澳門退休金計劃申請書 - 集體成員計劃**

**1. Details of Associate 公司資料**

Name of Associate 參與法人名稱	_____		
Address 地址	_____		
Income Tax Contributor No. 所得補充稅納稅人編號	_____		
Business Registration No. 商業登記號碼	(Please provide a photocopy 請附上影印本)		Industry Type 行業類別
Contact Person 聯絡人	*Mr./Ms. *先生/女士	Tel. No. 電話	_____
Email Address 電郵信箱	_____	Fax No. 傳真	_____

\*Please delete as inappropriate 請刪去不適用項

**2. Affiliated Company(ies) to be included in the Participating Scheme 參與計劃的相關聯公司:**

Company Name 公司名稱	_____
Address 地址	_____
Income Tax Contributor No. 所得補充稅納稅人編號	_____
Business Registration No. 商業登記號碼	_____ (Please provide a photocopy 請附上影印本)

**3. Scheme Effective Date :**

計劃生效日期 \_\_\_\_\_ MM 月 \_\_\_\_\_ DD 日 \_\_\_\_\_ YY 年

**4. Retirement Age:**       65 years old       Other than Age 65, please specify : \_\_\_\_\_ years old  
退休年齡                      65 歲                      如非 65 歲，請列明: \_\_\_\_\_ 歲

**5. Pension Funds and Contribution Allocation Percentage 退休基金及供款分配百分比**

Please choose the following Pension Funds and tick"✓" where applicable.  
請選擇下列退休基金並在適用的方格內加上"✓"號。

	Contribution Allocation Percentage	
	Associate Portion	Participant Portion
	參與法人部分	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%

Do you allow your Participant(s) to change the above Contribution Allocation Percentage?     Yes     No  
閣下是否准許參與人更改上述供款分配百分比?     是     否

If yes, which portion can be changed? Please tick"✓" where applicable.  
如是，那部分可以更改? 請在適用的方格內加上"✓"號。

Associate Portion 參與法人部分     Participant Portion 參與人部分

mmp/0041/202004/1

## 6. Contribution 供款：

- (a) Associate Contribution 參與法人供款： \_\_\_\_\_ % of Participant's monthly salary  
參與人每月薪金的 \_\_\_\_\_ %
- Participant Contribution 參與人供款： \_\_\_\_\_ % of Participant's monthly salary  
參與人每月薪金的 \_\_\_\_\_ %

- (b) Vesting Schedule 歸屬比例表  
Completed Years of Service  
服務年期

Completed Years of Service 服務年期	Vesting Percentage 歸屬百分比		
	<input type="checkbox"/> Alt.1 選擇一	<input type="checkbox"/> Alt. 2 選擇二	<input type="checkbox"/> Alt. 3 選擇三 (Please specify 請列明)
1	0%	10%	_____
2	0%	20%	_____
3	30%	30%	_____
4	40%	40%	_____
5	50%	50%	_____
6	60%	60%	_____
7	70%	70%	_____
8	80%	80%	_____
9	90%	90%	_____
10 or above 或以上	100%	100%	_____

- (c) Eligibility for Participants joining the Scheme :  After completion of probationary period  
參與人參加計劃的資格 試用期屆滿後

After \_\_\_\_\_ months from employment date  
受僱 \_\_\_\_\_ 個月後

Others (Please specify): \_\_\_\_\_  
其他(請註明): \_\_\_\_\_

- (d) "Years of Service" means  
『服務年期』指：

- Employment with the Associate in completed years; or  
以一整年計算，受僱於參與法人的年期；或
- Employment with the Associate in completed years from the Scheme Effective Date; or  
由計劃生效日期起以一整年計算，受僱於參與法人的年期；或
- Others (Please Specify): \_\_\_\_\_  
其他(請列明): \_\_\_\_\_

- (e) If a Participant ceases to be employed, the unvested benefit will be :  
如參與人被終止受僱，未歸屬的權益將：

- used to offset the Associate's future contribution. 用作抵銷參與法人將來的供款。
- refunded to the Associate and such refund will only be released after approval from the relevant regulatory bodies is granted. 退還予參與法人，而退款將於獲得有關監管機構核准後方予以發還。

## 7. Contribution Payment Method :

支付供款方法

By Cheque  
支票

pay in  
繳款以

HKD  
港幣支付

MOP  
澳門幣支付

## 8. Tax Status 稅款資料

Please complete the Supplementary Form for Collective Membership. 請填寫集體成員計劃補充表格。

## 9. Tax Residency 稅務居民身分

Please complete the Tax Residency Self-Certification Form (Entity). 請填寫稅務居民自我證明表格(實體)。

### DECLARATION 聲明:-

#### Duty of Disclosure 提供資料責任

I/we declare and agree 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/我們確保盡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").

YF Life Insurance International Ltd.

萬通保險國際有限公司

www.yflife.com

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# YFLife

## 萬通保險

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),以促成貴公司能達致遵從適用的規定。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(並在有必要的情况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)轉移或透露由萬通保險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。

We, the Associate, hereby agree to the terms of the Participating Agreement and the Management Regulations of the Funds and any amendments made thereto. 本參與法人同意計劃的參與協議及基金管理規章內列明的條款及將來可能作出的修訂。

Upon receipt of this application form by YF Life Insurance International Ltd., the Participant and Associate then have the obligation to make contributions as required by the Participating Agreement. 在萬通保險國際有限公司接獲本申請書後,參與人及參與法人須按參與協議要求履行供款責任。

### Name of Associate

參與法人名稱

### Authorized Signature & Company Chop

授權人簽署及公司蓋章

### Date (M/D/Y)

日期(月/日/年)

### Witness (Name & Signature)

見證人(姓名及簽署)

### Producer Name

營業員姓名

### Date (M/D/Y)

日期(月/日/年)

### Producer Code

營業員編號

**Please submit the Participant Enrolment Form duly completed by each Participant together with this form.**

**請連同由各參與人填寫的參與人參加表格及本表格一併交回。**

**YF Life Insurance International Ltd.**

**萬通保險國際有限公司**

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