



INVESCO STRATEGIC MPF SCHEME 景順強積金策略計劃

CHANGE OF PERSONAL PARTICULARS / NEW PIN REQUEST FORM

更改個人資料/索取新私人密碼表格

Please note 請注意:

- ◆ Use blue or black ball pen and complete this Form in BLOCK LETTERS. 請以藍色或黑色原子筆及正楷填寫此表格。
- ◆ “*” 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」。
- ◆ All amendments should be signed. 如有任何刪改，必須在旁加簽。
- ◆ The personal data to be supplied in this Form are to be used for the purpose(s) of, or directly relating to processing your change request and purposes detailed herein. 在本表格提供的個人資料，將被用作處理閣下的更改申請及本表格所詳述之目的或直接有關之目的。
- ◆ Should you have any question when completing this Form, please contact INVESCall Member Hotline for HA Employees at (852) 3191-8088. 如閣下於填表時有任何疑問，請致電景順強積金熱線 - 醫管局僱員專線 (852) 3191-8088 查詢。

Section 1 – Scheme Member Details 第 1 部份 – 計劃成員資料

Name of Institution (Please put down HAHO or Name of Hospital in English) 機構名稱 (請以英文填寫醫管局總辦事處或所屬醫院名稱)	
Name of Member 成員姓名 (Must be identical to HKID Card / Passport 必須與香港身份證/護照相同) <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Prof. 教授 <input type="checkbox"/> Dr. 醫生/博士 (please ✓ the appropriate box 請在適當方格內填上✓號)	
English 英文 Surname 姓 _____ First Name 名 _____	Chinese 中文
HKID Card Number : _____ 香港身份證號碼 :	Or Passport Number: (If HKID Card No. is not available) 或 護照號碼: (如沒有香港身份證號碼)
Contact Phone Number 聯絡電話號碼: _____	

Section 2 – Change of Personal Particulars 第 2 部份 – 更改個人資料

(Please ✓ the appropriate box 請在適當空格填上✓號)

Please note that the changes will be applied to all accounts under your name in the Invesco Strategic MPF Scheme (“the Plan”).
請注意以下的更改將適用於景順強積金策略計劃 (「本計劃」) 內閣下名下的所有帳戶。

Important Note 重要提示: If your information update, such as change of address or telephone number, causes the country/countries and/or jurisdiction(s) of tax residency previously identified being incorrect or incomplete, please provide a suitably updated self-certification within 30 days of such change in circumstances. 若閣下更新的資料, 例如地址或電話號碼, 導致之前確定的國家及/或司法管轄區的稅務居民身份資料不正確或不完整, 閣下必須在改變後的30天內提供最新的自我證明。

<input type="checkbox"/> 2.1 Change of Residential Address 更改住址		
(P.O. Box address and “In-care-of” address will not be accepted. All correspondence will be sent to the following address. 郵政信箱及「轉交」地址恕不接受。所有通訊將寄往以下地址。)		
Flat /Rm. 室 _____	Floor 樓 _____	Block 座 _____
Building / Estate Name 大廈/屋苑名稱 _____		
Number & Name of Street 街號及名稱 _____		
District 地區 _____	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Overseas (Country and City) * 海外(國家及城市)*	<input type="checkbox"/> China 中國 _____ (City 城市)	<input type="checkbox"/> Others 其他 (Please specify 請說明)
	_____ (Country 國家)*	_____ (City 城市)*
* For overseas address. 適用於海外地址。		

2.6 Change of HKID/Passport Number 更改香港身份證 / 護照號碼

Change 更改: Current Document Type 現有證件類別:

Passport Number* 護照號碼*

Current Number 現有號碼: _____

To 至: New Document Type 新證件類別:

- HKID Card No. 香港身份證號碼 Or 或
 Passport Number* 護照號碼 *

New Number 新號碼: _____

(Please provide the copy of both your current **AND** new Hong Kong Identity Card or Passport and the related legal documents (if applicable) 請提供現有**及**新香港身份證 / 護照 **副本**及有關的法律文件(如適用)。)

(*Only for person without HKID Card 只適用於沒有持有香港身份證人士)

2.7 Change of Signature Specimen 更改簽署式樣

Specimen of Old Signature 舊簽署式樣 (Note 註)

Specimen of New Signature 新簽署式樣

Note 註

The specimen of old signature must be the same as the specimen last submitted to the Trustee. If you forget or have not yet provided the specimen of your signature, please also provide a copy of your HKID Card/ Passport bearing your new signature, and mark "For the use of updating signature specimen" on it. Kindly note that the Trustee will only accept the specimen of new signature after verification of your identity. 舊簽署式樣必須與之前遞交予信託人的簽署式樣相同。如閣下忘記了或尚未提供簽署式樣，請同時提供香港身份證/護照副本，並於該副本上簽署新的簽署式樣並註明“更新簽署式樣之用”。此外，信託人在確認閣下之身份後方會接受新簽署式樣。

Section 3 – New Phone PIN Request 第 3 部份 – 索取新電話私人密碼

(Please ✓ the box if appropriate 如適用，請在空格填上✓號)

Request for a New Phone PIN 要求索取新電話私人密碼

The new PIN will be sent to your residential address in the Administrator's record within 3 business days.
新密碼將於三個工作天內，根據行政管理人記錄寄往閣下的住址。

For online account password, please follow the steps via INVESNet at www.invesco.com/hk to apply for a new online password.
如要索取網上戶口私人密碼，請於景順積金網 www.invesco.com/hk 按照網上步驟申請新網上私人密碼。

Section 4 – Authorization, Declaration and Consent 第 4 部份 – 授權、聲明及同意

- I confirm that the information provided in this Form is accurate and authorize the Trustee to confirm this from any source the Trustee may choose. 本人確定在此表格上填寫的資料均屬正確無訛並授權信託人用任何渠道確實資料的真實。
- I understand that the Trustee may not be able to process this application if I fail to provide any information requested in this Form. 本人明白倘若本人未能提供本表格所需的資料，信託人將可能無法處理有關申請。
- I have read and agree to comply with the governing rules of the Plan. 本人已瞭解並同意遵守本計劃之計劃條款。
- I undertake to notify the Trustee as soon as possible of any changes to the information contained in this Form. 本人承諾如本表格所載資料有任何更改，將盡早通知信託人。
- I hereby agree to indemnify the Trustee against any actions, proceedings, claims, losses, damages, costs or expenses which may be brought against the Trustee or suffered or incurred by the Trustee arising either directly out of or in connection with the Trustee accepting facsimile instructions and acting thereon, whether or not the same are confirmed by me in writing. Notwithstanding the previous paragraph, the Trustee has the right to determine which Forms or other documents of instructions may or may not be accepted by facsimile. 本人同意並授權信託人接受傳真指示及根據該等指示處理有關事宜(不論該等指示是否經本人書面確認)，亦同意就直接或間接因此引致對信託人的任何行動，訴訟，責任，賠償，損失或費用作出彌償保證。信託人有權決定只接受某一指定的表格或指示以傳真方式傳遞。
- Personal Information Collection Statement 收集個人資料聲明
I agree that 本人同意
 - Information supplied on the Form and otherwise in connection with my participation in the Plan may be held by the Trustee and/or the Sponsor and will be used for the purposes of processing and administering my participation in the Plan, and may also be used for the purpose of carrying out my instructions or responding to any enquiry purporting to be given by me or on my behalf, dealing with any other matters relating to my participation in the Plan (including, where applicable, the mailing of reports or notices and use by the employer (or a related

company of the employer) for any such purpose), forming part of the records of the recipient as to the business carried on by it, observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which any recipient of the data is subject). The Sponsor intends to use my personal data (name, telephone number, fax number, email address, correspondence address, investment records) for direct marketing of MPF products or services but the Sponsor cannot so use my personal data without my consent¹. All such information may be retained after I have ceased to participate in the Plan. Under the Personal Data (Privacy) Ordinance², I have the right to obtain a copy of information held about myself and for which I may be charged a fee. 信託人及/或營辦人可保留本表格所載資料及其他有關參與本計劃的資料，以作為處理及管理本人申請參與本計劃之用；同時亦可用作執行本人的指示或答覆本人的查詢；或其他有關參與本計劃之事項(包括，如適用，郵寄報告或通告，僱主(或其有關聯公司)之任何有關用途)；此等資料將構成資料接收人業務之部份記錄；以遵行任何有關適用司法管轄區的法律、政府或監管規定(包括任何資料接收人需遵守的披露或通知的規定)。營辦人有意使用本人之個人資料(姓名，電話號碼，傳真號碼，電郵地址，通訊地址，投資紀錄)用作直接推廣強積金產品或服務；然而營辦人除非得到本人同意不能如此使用我的個人資料¹。在本人停止參與本計劃後，信託人及/或營辦人仍可保留上述所有資料。根據個人資料(私隱)條例²，本人有權在支付費用的情況下，索取一份有關本人個人資料的副本。

¹ Please note that by signing this Agreement, you expressly agree to the use of your personal data for direct marketing purposes as mentioned herein. The Sponsor will cease using the personal data upon your written or verbal request. 一經簽署本文件，閣下即明確表示同意營辦人為直接市場推廣目的而使用閣下的個人資料。倘接獲閣下之書面或口頭要求，營辦人將會停止使用閣下的個人資料。

If you do not wish your information to be made available for the dispatch of information on MPF products or services to you from the Sponsor, please ✓ the box. 如閣下不欲將資料提供給營辦人，以用作向閣下發放強積金產品或服務資料，請在方格內加上✓號。

² You are entitled under the Personal Data (Privacy) Ordinance to be informed by Invesco whether it holds Personal Data about you and to request access to and/or correction of any such Personal Data. Any such request may be made to Data Protection Officer, c/o Head of Compliance, Greater China, Invesco Hong Kong Limited, 41/F, Champion Tower, Three Garden Road, Central, Hong Kong. 按個人資料(私隱)條例，閣下有權要求景順提供是否持有閣下的個人資料，或要求接觸和/或更改任何個人資料。此類要求，可向資料保障主任轉交大中華區監察總監作出書面查詢。請郵寄至香港中環花園道三號冠君大廈四十一樓，景順投資管理有限公司收。

(ii) The Trustee and/or the Sponsor may disclose and transfer such information to the auditors of the Plan and the Sponsor, including any of their employees, officers, directors and agents and/or to the ultimate holding company of the Sponsor and the Trustee and/or their subsidiaries and/or affiliates or to any third party employed to provide administrative, computer or other services or facilities which are MPF related to any person to whom data is provided or may be transferred as aforesaid and/or to any regulatory authority entitled thereto by law or regulation (whether statutory or not) and/or to the Employer or to a related company of the Employer, which persons may be persons outside Hong Kong. 信託人及/或營辦人可披露或轉交有關參與本計劃的資料予本計劃的核數師和營辦人，及其僱員、主任、董事及代理人；及/或營辦人及信託人的最終控股公司；及/或附屬公司及/或聯營機構；或其僱用之第三者以提供跟強積金有關之行政、電腦或其他服務或設備；及/或受法律或監管規定授權之任何監管機構(無論是否法定機構)及/或僱主或其有關聯公司，而此等人士可以是非居港人士。

Signature of Member 成員簽署

(Must be identical to the Trustee's record 必須與信託人的記錄相符)

Date 日期

Please return the completed Form by mail or by fax to:

Pension Services (INV)
Bank Consortium Trust Company Limited
18/F, Cosco Tower, 183 Queen's Road Central, Hong Kong

Fax: (852) 2736 1966

請將填妥的申請表格郵寄或傳真至:

香港皇后大道中 183 號 中遠大廈 18 樓
銀聯信託有限公司
退休金服務 (INV)

傳真: (852) 2736 1966

BCT use only 銀聯信託專用:	Document Received Date:	Inputted By:	Checked By:	Remarks:
		Date Inputted:	Date Checked:	