



INVESCO STRATEGIC MPF SCHEME 景順強積金策略計劃
CHANGE OF VOLUNTARY CONTRIBUTIONS FOR MEMBER FORM
更改成員自願性供款表格

Please note 請注意：

- ◆ Read the MPF Scheme Brochure of Invesco Strategic MPF Scheme ("the Plan") carefully before completing this form. 填寫此表格前，請先細閱景順強積金策略計劃(「本計劃」)的強積金計劃說明書。
- ◆ 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 processing your instruction(s) of change as requested in this Form. 在本表格提供的個人資料，將被用作處理閣下在本表格內要求的更改指示。
- ◆ Should you have any questions when completing this Form, please contact INVESCall Member Hotline at (852) 2842-7878. 如閣下於填寫表格時有任何疑問，請致電景順強積金熱線 (852) 2842-7878 查詢。

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

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 _____	Chinese 中文
First Name 名 _____	
HKID Card / Passport* Number 香港身份證 / 護照*號碼	Contact Phone Number 聯絡電話號碼
Member Account Number 成員帳戶號碼 _____	

Section 2 – Change Of Voluntary Contributions Detail 第 2 部份 – 更改自願性供款細則
(Please ✓ the appropriate box 請在適當空格填上 ✓ 號)

For Employee Member 僱員成員

- New Voluntary Contributions equal to _____% of my monthly **relevant income / basic salary***.
新的自願性供款，是本人每月有關入息 / 基本底薪*的 _____%。
- New monthly fixed Voluntary Contributions are HK\$_____.
新的自願性定額供款為每月港幣_____。
- New Voluntary Contributions are in the same manner as Employer's Voluntary Contributions.
新的自願性供款與僱主自願性供款部份相同。
- New Voluntary Contributions equal to _____% of my monthly **relevant income / basic salary***, less Mandatory Contributions.
新的自願性供款，是本人每月有關入息 / 基本底薪*的 _____% 扣除強制性供款。
- Stop my Voluntary Contributions. Effective Month: _____ (MM/YYYY)
停止本人的自願性供款。生效月份：_____ (月/年)

Remarks 備註: The effective month may vary per your Employer's timeframe. Please forward this Form to your employer to sign to confirm the effective month and ensure the new contributions will be deducted from your payroll. 生效日期須配合僱主安排。請將此表格給予僱主簽署以確定生效日期並確保新供款能在支薪時扣除。

For Self-Employed Person 自僱人士

- New Voluntary Contributions equal to _____% of my **monthly / yearly*** relevant income.
新的自願性供款為本人每月/每年* 有關入息的 _____%。
- New **monthly / yearly*** fixed Voluntary Contributions are HK\$_____.
新的自願性定額供款為每月/每年* 港幣_____。
- Stop making Voluntary Contributions.
停止自願性供款。

Effective Date 生效日期:

- For Monthly Contribution 按月供款: _____ (MM/YYYY 月/年)
- For Yearly Contribution 按年供款: _____ (YYYY 年)

Section 3 – Investment Mandate 第 3 部份 – 投資指示

If you want to know the latest Investment Allocation Percentage of your Voluntary Portion, please logon our website at www.invesco.com.hk/mpf or the IVRS, or call INVESCALL Member Hotline at 2842 7878 for information. 如閣下想了解自願性供款部份的投資配置百分比, 請登入我們的網站: www.invesco.com.hk/mpf 或互動話音系統, 或致電景順積金熱線 2842 7878 查詢。

If you want to change your Investment Mandate of your Voluntary Portion, please perform it through our website or IVRS, or by filling in and submitting the “Asset Switch/Change of Investment Mandate Form”. 如閣下要更改自願性供款部份的投資指示, 請透過我們的網站或互動話音系統辦理, 或填寫及遞交「資產轉換/更改投資指示表格」。

If you have never provided the Investment Mandate of your Voluntary Portion since your enrolment to the MPF Account and setting up a Voluntary Portion on or after 1 April 2017, all future contributions or transfer-in asset (excluded if transferred within the same Scheme) to the Voluntary Portion will be 100% invested into the Default Investment Strategy [“DIS”]. Please note that the DIS is not a fund, it is a ready-made investment arrangement that invests in two Constituent Funds, namely Core Accumulation Fund (“CAF”) and Age 65 Plus Fund (“A65F”), to automatically manage investment risk exposure by reducing the exposure to higher risk assets, as the CAF, and correspondingly increasing the exposure to lower risk assets, as the A65F, when members approach their retirement age. In general, the de-risking adjustment of asset allocation between two Constituent Funds will be carried out annually on a member’s birthday between the ages from 50 to 64 years old. For your investment choice combination, you are free to choose to invest into the DIS and/or one or more constituent funds (including Core Accumulation Fund and Age 65 Plus Fund as standalone investments). For details, you may refer to the information on DIS at www.invesco.com.hk/mpf. 如閣下自 2017 年 4 月 1 日起成員登記及成立自願性供款部份後, 從沒有在自願性供款部份提供投資指示, 該供款部份日後的所有自願性供款或自願性轉入資產(在同一計劃內的強積金資產轉移除外), 將 100%投資於預設投資策略(「預設投資」)。請注意, 預設投資並非一項基金, 它是一項預先制定的投資安排, 它投資於兩項成份基金, 即核心累積基金(“CAF”)及 65 歲後基金(“A65F”), 隨成員接近退休年齡而自動減持較高風險資產(即“CAF”), 同時相應增持較低風險資產(即“A65F”)的比例, 藉以降低投資風險。此降低風險的調整安排將一般在成員 50 至 64 歲期間每年的生日當天執行。於閣下的投資選擇組合內, 閣下可自由選擇投資於預設投資及/或一個或多個成份基金(包括作為單獨投資的核心累積基金及 65 歲後基金)。詳情可參照於 www.invesco.com.hk/mpf 的預設投資資訊。

Section 4 – Authorization and Declaration 第 4 部份 – 授權及聲明

I declare that 本人聲明

- All information in this Form is accurate. 本表格所載資料均屬正確無訛。
- 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. 本人承諾如本表格內所載之資料有任何更改, 將盡早通知信託人。
- I understand that I will be required to provide evidence required by applicable laws and regulations relating to anti-money laundering checks to provide my identity and source of funds. If Invesco / the Trustee does not receive satisfactory evidence, further documentation may be requested, and the relevant transaction shall not be processed until such documentation is received. 本人明白須就現行打擊清洗黑錢的有關法例及規則的要求而提供資料, 以證明本人的身份及資金的來源。倘若景順或信託人未能收到滿意之證明, 則可要求提供進一步資料, 而有關交易謹在接獲有關資料後方可進行。

Signature of Member or Self-Employed Person

成員或自僱人士簽署

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

Date 日期

Authorized Signature of Employer with Company Chop

僱主授權簽署及公司蓋章

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

Date 日期

If you are an employee member, please return the completed Form to your employer for further arrangement.

僱員成員請將填妥的表格交回僱主跟進。

If you are a self-employed person, 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

自僱人士請將填妥的表格

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

Fax: (852) 2736 1966

傳真: (852) 2736 1966

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