



INVESCO SELECT RETIREMENT FUND - ADMINISTRATION CLASS
景順特選退休基金 – 行政管理類別
ORSO SCHEME MEMBER'S CHANGE OF PARTICULARS FORM
職業退休計劃成員更改資料表格

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 at (852) 2842-7878. 如閣下於填寫表格時有任何疑問，請致電景順積金熱線 (852) 2842-7878 查詢。

Section 1 - Member Information 第1部份 - 成員資料

Name of Scheme 計劃名稱 (English 英文):	
Name of Employer 僱主名稱 (English 英文):	
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	
Member Account Number 成員帳戶號碼	or 或 HKID Card / Passport* Number 香港身份證 / 護照*號碼
Contact Phone Number 聯絡電話號碼	

Section 2 - New PIN Request 第2部份 - 索取新私人密碼 (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/mpf 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/mpf 按照網上步驟申請新網上私人密碼。

Section 3 - Change of Personal Particulars 第3部份 - 更改個人資料

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

<input type="checkbox"/> Change of Residential Address 更改住址		
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		H.K. 香港 / Kln. 九龍 / N.T. 新界*
<input type="checkbox"/> Change of Name of Member 更改成員姓名 (Please provide a copy of the new HKID card or the deed poll. 請附上新的香港身份證或改名契副本。)		
<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		

Bank Consortium Trust Company Limited
銀聯信託有限公司

<input type="checkbox"/> Change of Contact Information 更改聯絡資料		
Home Phone Number 住宅電話號碼	Office Phone Number 辦公室電話號碼	Fax Number 傳真號碼
Mobile Phone Number 手提電話號碼 [#]		E-mail Address 電郵地址 [#]
<p>[#] Mobile phone number and E-mail address must be provided to ensure that you can continue to access your account securely. 閣下必須提供手提電話號碼及電郵地址, 以便安全地登入閣下的帳戶。</p> <p>[#] Please provide Country Code together with your mobile number if it is a number outside of Hong Kong 如非香港手提電話號碼, 請同時提供國家編號。</p>		

Section 4 - Change of Beneficiary(ies) Information 第 4 部份 – 更改受益人資料

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

- ◆ Please return the completed Form to your employer first. 請把填妥之表格先交回僱主跟進。
- ◆ Upon receipt of the Form from the member, the employer should sign on Section 5 and forward the **original** completed form to the Trustee - "Pension Services (INV), Bank Consortium Trust Company Limited at 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong". 僱主收到表格後, 需於第 5 部份加簽並將填妥表格之**正本**交回信託人, "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"。

<input type="checkbox"/> Change of Beneficiary(ies) Information 更改受益人資料				
(Please refer to the Trust Deed for the definition of beneficiary(ies) 請參考信託契約內有關受益人的定義)				
Name 姓名	HKID Card / Passport No. 香港身份證 / 護照號碼	Relationship 關係	% 百分率	Address 地址

If you have more than 2 beneficiaries, please notify us on a separate sheet with signature. The percentage (%) of all beneficiaries should equal to 100%. 如超過兩名受益人, 請另填寫在白紙上並加以簽署。所有受益人的百分率之總和應為100%。

Section 5 - Authorization and Declaration 第 5 部份 – 授權及聲明

- 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 Fund. 本人已瞭解並同意遵守本基金之條款。
- 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。

6. 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 Fund may be held by the Trustee and/or the Manager and will be used for the purposes of processing and administering my participation in the Fund, 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 Fund (including, where applicable, the mailing of reports or notices and used by the employer (or a related company of the employer) for any 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 Manager intends to use my personal data (name, telephone number, fax number, email address, correspondence address, investment records) for direct marketing of retirement scheme related products or services but the Manager cannot so use my personal data without my consent¹. All such information may be retained after I have ceased to participate in the Fund. 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/或投資經理可保留本表格所載資料及其他有關申請參與本基金的資料, 以作為處理及管理本人申請參與本基金之用; 同時亦可用作執行本人的指示或答覆本人或以本人名義作出的查詢; 或其他有關參與本基金之事項(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)。投資經理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)用作直接推廣有關退休計劃產品或服務; 然而投資經理除非得到本人同意不能如此使用本人的個人資料¹。在本人停止參與本基金

後，信託人及/或投資經理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 Form, you expressly agree to the use of your personal data for direct marketing purposes as mentioned herein. The Manager will cease using the personal data upon your written or verbal request. 一經簽署本表格，閣下即明確表示同意投資經理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，投資經理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 retirement scheme related products or services to you from the Manager, please the box. 如閣下不欲將資料提供給投資經理，以用作向閣下發放有關退休計劃產品或服務資料，請在方格內加上 \checkmark 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 Manager may disclose and transfer such information to the auditors of the Fund and the Manager, including any of their employees, officers, directors and agents and/or to the ultimate holding company of the Manager 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 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/或投資經理可披露或轉交有關參與本基金的資料予本基金的核數師和投資經理，及其僱員、主任、董事及代理人；及/或投資經理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。

7. My legal personal representative(s) and any nominated beneficiary(ies) in my will or last testament other than the beneficiary(ies) nominated by me on this Form (if not superseded by a subsequent form signed by me) upon my death, shall not have any rights under the Contracts (Rights of Third Parties) Ordinance (Cap 623, Laws of Hong Kong) to enforce against my employer or the Trustee or enjoy the benefit of any terms of this Beneficiary Nomination Form. The consent of my legal personal representative(s) and/or my nominated beneficiary(ies), including beneficiary(ies) nominated on this Form from time to time, is not required for me to rescind or vary this Beneficiary Nomination Form. 本人的合法遺產代理人及任何於本人的最後遺囑被提名的受益人(除非該受益人亦於此表格被提名為受益人而此表格未被本人簽署的更後期表格代替)於本人離世時不可藉香港法例第 623 章《合約(第三者權利)條例》向僱主及信託人強制執行或享有本提名受益人表格中任何條款利益的權利。本人撤銷或更改本提名受益人表格無須獲得本人的合法遺產代理人及/或本人已提名的受益人(包括不時於此表格被提名的受益人)之同意。

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

If you make the change in Section 4 - Change of Beneficiary(ies) Information, please also complete the below part.

如閣下更改第 4 部份 - 更改受益人資料，請一並完成以下部份。

Signature of Witness 見證人簽署

Date 日期

Name of Witness 見證人姓名

For and on behalf of Employer

Authorized Signature of Employer 僱主授權簽署

Date 日期

With Company Chop 公司蓋章

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

Please send 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
傳真：(852) 2736 1966

**For the change on Section 4,
please return the form to the employer first
and send this Form in original to the above Trustee.**

**如更改第 4 部份，
請先將填妥的表格交回僱主跟進
及將此表格之正本寄回至上述信託人。**

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