



INVESCO STRATEGIC MPF SCHEME 景順強積金策略計劃
CHANGE OF FLEXIBLE VOLUNTARY CONTRIBUTIONS DETAILS
更改靈活自願性供款詳情表格

Please Note 請注意：

- ◆ Read the Prospectus of Invesco Strategic MPF Scheme carefully before completing this form. 填寫此表格前，請先細閱景順強積金策略計劃的認購章程。
- ◆ 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 question when completing this Form, please contact INVESCall Member Hotline on (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 – 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	Chinese 中文
Surname 姓 _____	
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 - Change of Flexible Voluntary Contributions Details 第 2 部份 – 更改靈活自願性供款詳情
 (Please ✓ the appropriate box 請在適當空格填上 ✓ 號)

- I would like to change my Regular Monthly Flexible Voluntary Contributions amount to _____ HK\$ 港幣 _____ ^
 本人希望把本人的定期每月靈活自願性供款款額改為 _____

The source of funds for captioned application is from 上述申請的資金來源是從：

<input type="checkbox"/> Salary 薪酬 <input type="checkbox"/> Personal savings 個人存款 <input type="checkbox"/> Inheritance 遺產 <input type="checkbox"/> Sale of property 出售物業	<input type="checkbox"/> Investment return 投資回報 <input type="checkbox"/> Investment matured 已到期的投資產品 <input type="checkbox"/> Others 其他 (please specify 請說明): _____
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^ Please note that if the new contribution amount exceeds the contribution limit specified in your Direct Debit Authorization Form ("DDA Form"), if applicable, please complete and attach a new DDA Form. A bank charge may be imposed on new DDA Form. 請注意如閣下的新供款額高於閣下於直接付款授權書上定明的付款額上限(如適用)，請填寫並附上新的直接付款授權書。新的直接付款授權書將可能被收取銀行費用。

- I would like to stop the Regular Monthly Flexible Voluntary Contributions
 本人希望停止定期每月靈活自願性供款

**Change of the Investment Mandate for future Regular Monthly Flexible Voluntary Contributions:
更改日後定期每月靈活自願性供款投資指示：**

If you want to know the latest Investment Allocation Percentage of your Flexible 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. 如閣下想了解靈活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 Flexible Voluntary Portion, please perform it through our website or IVRS, or by filling in and submitting the "Asset Switch/Change of Investment Mandate Form". 如閣下要更改靈活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」。

Section 3 - Authorization and Declaration 第 3 部份 – 授權及聲明

I declare that 本人聲明

1. All information in this Form is accurate. 本表格所載資料均屬正確無訛。
2. 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。
3. 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。
4. 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。
5. 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 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

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