



**To 致: HSBC Provident Fund Trustee (Hong Kong) Limited**  
 c/o The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司  
 PO Box 73770 Kowloon Central Post Office 九龍中央郵政信箱73770號  
 or place to the MPF drop-in box at designated HSBC branches  
 或投放於指定滙豐分行的強積金寄存辦理箱  
 HSBC MPF Employer Hotline 滙豐強積金僱主熱線: 2583 8033  
 HSBC MPF Member Hotline 滙豐強積金成員熱線: 3128 0128

**IN55**

**HSBC MANDATORY PROVIDENT FUND  
 CHANGE OF ADDITIONAL VOLUNTARY CONTRIBUTION  
 ARRANGEMENT FORM (EMPLOYEE)  
 滙豐強積金：更改自願性供款安排指示表格(僱員)**

**Note 注意：**

1. Please complete in CAPITAL and BLOCK LETTERS and tick ✓ the appropriate box(es). 請用大楷及正楷填寫，並於適當的方格內加上「✓」號。
2. The information provided will be used in accordance with the relevant MPF Ordinance and/or its Regulations and the same manner as mentioned in the "Personal Information Collection Statement for HSBC Mandatory Provident Fund" ("PICS"). The PICS can be obtained through HSBC MPF website www.hsbc.com.hk/mpf or MPF hotline 2583 8033 (Employer) or 3128 0128 (Member). By signing this form, your present choice of receiving direct marketing information will remain unchanged. If you wish to update the use of your personal data for direct marketing purpose as stated in the PICS from the HSBC MPF scheme, you may exercise your right by notifying us. 所有已提供的資料將按照有關強積金條例及／或其規例及《滙豐強積金的收集個人資料聲明》(「聲明」)處理。該聲明可透過以下滙豐強積金網站www.hsbc.com.hk/mpf或強積金熱線2583 8033(僱主)或3128 0128(成員)索取。在簽署本表格後，你現時關於接收直接促銷資訊的選擇將維持不變。如你希望更新在滙豐強積金計劃聲明中使用你的個人資料作直接促銷的用途，你可通知我們行使你的選擇權。

**A. Personal information 個人資料**

1. Full name 全名 (same as that shown on your HKID card/Passport 與香港身分證／護照上的姓名相同)		2. HKID / Passport no. 香港身分證／護照號碼	
3. Company name of participating employer 參與僱主公司名稱			
4. Pay Centre ID 付款中心編號	5. Employer ID 僱主編號	6. Change effective date 更改生效日期 <div style="text-align: center;">           _____            Year 年      Month 月      Day 日         </div>	

**B. New additional voluntary contribution arrangement details 新自願性供款安排詳情**

I would like to make additional voluntary contributions based on 本人希望以下列形式作出自願性供款

A fixed amount per payroll 每次發薪之固定金額      Employee contribution 僱員供款 HKD 港元 \_\_\_\_\_ per payroll 每次發薪

A percentage of relevant income 有關入息的百分比

The percentage should be in whole numbers (e.g. 50% not 50.5%) 百分比必須為整數(例如：須為50%而非50.5%)

	Income Level 入息水平	Employee contribution 僱員供款
Percentage of relevant income 有關入息的百分比	Up to the maximum level of relevant income* per month 每月最高有關入息水平* 或以下	_____ %
	Above the maximum level of relevant income* per month 每月最高有關入息水平* 以上	_____ %

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

\* For details on the maximum and minimum levels of relevant income, please refer to the latest announcements of the Mandatory Provident Fund Schemes Authority. 有關最高及最低有關入息水平詳情，請參閱強制性公積金計劃管理局最新公布。

### C. Declaration and authorisation 聲明及授權書

**Employee** — by signing this form, I  
**僱員** — 在簽署本表格後，本人

- a) understand that my investment mandate for mandatory contributions will also be applied to my additional voluntary contributions, and  
 明白本人於強制性供款的投資授權亦適用於自願性供款，及
- b) authorise the participating employer to deduct additional voluntary contributions from my relevant income and transfer them to the Trustee, and  
 授權參與僱主於本人的有關入息內扣除自願性供款並轉賬至信託人，及
- c) understand that details as specified in Section B of this form will override any arrangement on additional voluntary contributions by employee, and  
 明白於本表格 B 部所填寫的資料將取代僱員於自願性供款的所有安排，及
- d) have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein.  
 已細閱及明白此表格內的所有內容(包括此表格上的注意部分)，並同意遵守此述的規則。

**X**

Signature of employee 僱員簽署

Full name 全名

Date 日期

(This signature must be the same as your previous specimen submitted to us. Otherwise, this form may not be processed. 此簽名須與你之前遞交予我們的式樣相同，否則本表格可能不獲處理。)

**Employer** — by signing this form, the participating employer understands that the details as specified in Section B of this form will override any arrangement on additional voluntary contributions by the employee.

**僱主** — 在簽署本表格後，參與僱主明白於本表格 B 部所填寫的資料將取代僱員於自願性供款的所有安排。

Authorised signature of employer 僱主授權簽署  <b>X</b>	Authorised signature of employer 僱主授權簽署  <b>X</b>
Full name 全名	Full name 全名
Date 日期	Date 日期