Manulife 宏利

Change of Employee Benefit (for Manulife (Macau) Pension Fund Scheme)
更改僱員權益（適用於宏利（澳門）退休金計劃）

Notes :

(1) Please complete this Form in BLOCK LETTERS and tick the appropriate boxes.

(2) Please initial any corrections you make on this Form.

(3) This Form is not applicable to report scheme contribution formula amendment. For plan amendment, please write to Manulife (International) Limited (the "Management Company").

(4) Only if the change of position/title affects the employee's current contributions should this Form be filled in.

(5) In order for these changes to be included on the Debit Note and Accounting Statement, this Form must reach the office of the Management Company at least 5 business days before the billing date. "Business days" means any day(s) (other than Saturday or Sunday) on which the banks are open for business in Hong Kong and Macau.

注意事項：

(1) 請用正楷填寫本表格，並在適當空格內加 ✔ 號。

(2) 如須作出任何刪改，請於刪改之位置旁簽署。

(3) 此表格不適用於更改計劃之供款程式。如要更改計劃，請以書面通知宏利人壽保險（國際）有限公司（「管理公司」）。

(4) 若僱員因職位或職銜有變以致現時的供款額受影響，才須填寫此表格。

(5) 若管理公司在帳單發出的五個工作天或以前收到本表格，有關更改將會包括在下一期的付款通知書及會計報表。「工作天」範指香港及澳門銀行營業日（星期六或日除外）。

1. Group Policy No.: 團體保單號碼 _____

2. Sub-Group No.: 分組編號 _____

3. Employer (Company) Name : 僱主（公司）名稱 _____

A. Change of Salary / Benefits 更改薪金 / 權益

Certificate No. 證書編號	Name of Employee 僱員姓名	Effective Date 生效日期 (mm / yyyy) （月 / 年）	New Optional % or Amount 自選供款百分比或金額	New Monthly Salary 每月新薪金 ☐HK $ 港元 ☐MOP $ 澳門幣 (Please ✔ one only 請 ✔ 其中一項)	Position / Title 職位及職銜 (Class of Employee) （僱員類別）

B. Employee Return From No Pay Leave 僱員取消無薪假期

Certificate No. 證書編號	Name of Employee 僱員姓名	New Monthly Salary 每月新薪金 ☐HK $ 港元 ☐MOP $ 澳門幣 (Please ✔ one only 請 ✔ 其中一項)	Effective Date 生效日期 (mm 月 / yyyy 年)

Authorized Signature and Company Chop
獲授權人士簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜（正楷）

Date
日期

Completed form should be sent to the Management Company,
"Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Manulife Plaza,14 andar A, Macau".
請將填妥的表格寄交管理公司「澳門新馬路61號宏利廣場14樓A澳門分行行政部」。