

**NOTES TO TRANSFER OF MPF  
ACCRUED BENEFITS (BENEFITS) BY SCHEME MEMBER  
(for self-employed person, personal account holder or  
employee ceasing employment)**

*Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

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*Please read the following **important notes** before completing this Form.*

**(1) Definition of terms:**

- (a) *“Contribution account” - an account in an MPF registered scheme (scheme) which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee or by a self-employed person.*
- (b) *“Personal account” - an account in a scheme which is mainly used to receive the benefits transferred from another contribution or personal account.*
- (c) *“Original trustee” (also known as “transferor trustee” in the Mandatory Provident Fund Schemes (General) Regulation (the Regulation)) - the trustee of a scheme from which your benefits are to be transferred.*
- (d) *“New trustee” (also known as “transferee trustee” in the Regulation) - the trustee of a scheme to which your benefits are to be transferred. If you elect to transfer your benefits to another account within the same scheme or to another scheme under the same trustee, the new trustee on Form MPF(S)-P(M) will be the same as the original trustee.*
- (e) *“Original scheme” - the scheme from which your benefits are to be transferred.*
- (f) *“New scheme” - the scheme to which your benefits are to be transferred. If you elect to transfer your benefits to another account within the same scheme, the new scheme on Form MPF(S)-P(M) will be the same as the original scheme.*

(2) *If you are currently investing in an MPF guaranteed fund, a transfer of the benefits out of that guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the original scheme or consult your original trustee for details.*

(3) *If you wish to transfer your benefits from one scheme to another, please be aware of how the transferred-in benefits will be invested. In general, the transferred-in benefits will be invested according to the default investment strategy (DIS) if you either (a) do not give or have not given any investment instructions for the account to your new trustee or (b) have given investment instructions for the account to invest benefits according to the DIS. Please approach your new trustee to seek clarification, where necessary. If you wish to change or specify an investment instruction for the account in the new scheme, please also approach the new trustee.*

(4) *If you have reached, or are approaching, the age of 50 and your benefits are currently invested according to the DIS of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investment in the DIS and your transfer request take place at around the same time, the trustee of*

*the scheme shall sequence the de-risking and the transfer request in accordance with its procedures and in compliance with the Mandatory Provident Fund Schemes Ordinance. Please consult the relevant trustee(s) if you wish to know the details of how the trustee(s) will handle these transactions.*

- (5) *Please ensure that you have a personal account or a contribution account in the new scheme. Otherwise, you have to enrol in that scheme before you submit Form MPF(S)-P(M) to the new trustee.*
- (6) *If you wish to transfer-out the benefits from more than one accounts, you should submit a separate Form MPF(S)-P(M) for each of those accounts.*
- (7) *If you wish to transfer-out the benefits from your contribution account during employment, you should complete Form MPF(S)-P(P).*
- (8) *For each account, a scheme member should transfer the entirety of his benefits therein in a lump sum except the part of the benefits derived from voluntary contributions which the scheme member may elect to withdraw in accordance with the governing rules of the original scheme.*
- (9) *In order to prevent a third party from filling in incorrect information, please **DO NOT sign on a blank form**. After the completed Form MPF(S)-P(M) has been received by the new trustee, the administration procedures taken by the trustees may not be reversible.*
- (10) *If any information provided on Form MPF(S)-P(M) (including the signature) is incorrect or incomplete, the trustees may not be able to process your benefit transfer request.*
- (11) *Please refer to the publication of the Mandatory Provident Fund Schemes Authority (MPFA) available from the MPFA website ([www.mpfa.org.hk](http://www.mpfa.org.hk)) for the factors to consider when choosing a scheme and the potential risks involved in MPF investment.*
- (12) *Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer of benefits to that scheme. Please contact the relevant trustee for enquiries about account details and information on specific schemes or funds.*
- (13) *If you wish to make enquiries or seek assistance in relation to your election to transfer benefit, please contact your original trustee or new trustee. For general enquiries regarding benefit transfer, you may contact the MPFA via e-mail: [mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk) or hotline: 2918 0102.*

**~END~**

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**[This page is blank. Please complete Form MPF(S)-P(M) at page 1 to page 3 and submit it to the new trustee after completion.]**

<b>FORM MPF(S) - P(M)</b>
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**SCHEME MEMBER'S REQUEST FOR FUND TRANSFER FORM**  
**(for self-employed person, personal account holder or**  
**employee ceasing employment)**

*Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

- (a) Please use **BLOCK LETTERS** to complete this Form.
- (b) \*means delete whichever is inappropriate. Please insert "N.A." if not applicable.
- (c) The personal data to be supplied in support of this election of transfer are to be used for processing your election of transfer. The personal data you supply may, for such purpose, be transferred to the trustee(s) concerned, the relevant service provider(s), and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority (MPFA).

**SECTION I – SCHEME MEMBER'S DETAILS**

- (1) Name: (as shown on your Hong Kong Identity (HKID) Card <sup>Note 1</sup>)
- (a) Surname: \_\_\_\_\_
- (b) Other Name: \_\_\_\_\_
- (2) Identification:
- (a) HKID Card number: \_\_\_\_\_
- (b) Passport number: \_\_\_\_\_  
 (*ONLY* for scheme member without HKID Card)
- (3) Contact details:
- (a) Daytime phone number: \_\_\_\_\_
- (b) Mobile phone number: \_\_\_\_\_
- (c) Email address (*if any*): \_\_\_\_\_
- (4) Correspondence address:
- |                                       |       |   |          |
|---------------------------------------|-------|---|----------|
| Flat/Room                             | Floor | Block                                   | Building |
| Estate                                |       | Street no.                              | Street   |
| District / country (if not Hong Kong) |       | * Hong Kong / Kowloon / New Territories |          |

**SECTION II – TRANSFER INFORMATION**

- (5) MPF account information in the original scheme:
- Name of original trustee <sup>Note 2</sup>: \_\_\_\_\_
- Name of original scheme <sup>Note 2</sup>: \_\_\_\_\_
- Type of MPF account (*please select ONE of the following accounts and ✓ as appropriate*):
- Personal account      OR       Contribution account
- Scheme member's account number <sup>Note 2</sup>: \_\_\_\_\_

(6) Details of former employment (*applicable for employee who wishes to transfer-out the benefits from a contribution account after cessation of employment*):

Name of former employer: \_\_\_\_\_

Employer's identification number<sup>Note 3</sup>: \_\_\_\_\_

(7) Details of self-employed status (*applicable for self-employed person only*):

Please indicate your reason of transfer and ✓ as appropriate.

Cessation of self-employment, with effect from: \_\_\_\_\_

DD                      MM                      YYYY

I will remain in self-employment and my benefits will be transferred to another scheme stated in section III(8). Contributions to the original scheme should be paid up to: \_\_\_\_\_

DD                      MM                      YYYY

### SECTION III – TRANSFER OPTIONS

- (8) MPF account information in the new scheme:

I elect to transfer the benefits derived from the mandatory contributions in my account stated in section II(5) to the following account (*Please select option (a),(b) OR (c) and ✓ as appropriate*):

(a) **To my contribution account with my new employer**

Name of new trustee<sup>Note 4</sup>: \_\_\_\_\_

Name of new scheme<sup>Note 4</sup>: \_\_\_\_\_

Scheme member's account number<sup>Note 4</sup>: \_\_\_\_\_

Name of new employer: \_\_\_\_\_

Employer's identification number<sup>Note 3</sup>: \_\_\_\_\_

(b) **To my designated account in the new scheme**

Name of new trustee<sup>Note 4</sup>: \_\_\_\_\_

Name of new scheme<sup>Note 4</sup>: \_\_\_\_\_

Scheme member's account number<sup>Note 4</sup>: \_\_\_\_\_

(c) **Retained in the original scheme as personal account** (where applicable)

- (9) Arrangement of my voluntary contributions <sup>Note 5</sup> (if any) in my account stated in section II(5).

Please select option (a) OR (b) and ✓ as appropriate.

***(Remarks: If you do not select any options but there are benefits derived from voluntary contributions, those benefits will be handled in the same way as those stated in section III(8). If there are no such benefits in your account and you have made an election in section III(9), the selected option will not be processed.)***

<input type="checkbox"/>	(a) Transferred together with the benefits derived from the mandatory contributions as in section III(8).
<input type="checkbox"/>	(b) Withdrawn in accordance with the governing rules of the original scheme.  Method of payment <i>(please ✓ as appropriate)</i> :  (i) <input type="checkbox"/> By cheque  (ii) <input type="checkbox"/> By depositing directly in a bank account under the name of scheme member only (a bank account under the name of a third party is not applicable). (This option is applicable only to trustees who provide such services and there may be bank charges involved. Please check with the original trustee for details.)  Name of bank account holder: _____  Name of bank: _____  Bank account number: _____

#### SECTION IV – TERMINATION OF MPF ACCOUNT WITH NO RESIDUAL BALANCE (IF APPLICABLE)

- (10) I hereby give the original trustee an instruction to terminate my relevant MPF member account as referred to in section II(5) upon transfer of the full benefits to the new trustee and there is no residual balance in the said account.

#### SECTION V – AUTHORIZATION AND DECLARATION

- (11) I hereby give consent to the new trustee and the MPFA to disclose information supplied by me in support of this election of transfer to the trustee(s) concerned and the relevant service provider(s), or to enable such party or parties to access or disclose relevant information for processing my election of transfer.
- (12) I declare that:
- (a) I have read and understood the Notes to Transfer of MPF Accrued Benefits (Benefits) by Scheme Member and the Explanatory Notes; and
  - (b) to the best of my knowledge and belief, the information given in this Form is correct and complete.

\_\_\_\_\_  
Signature of the scheme member <sup>Note 6</sup>

\_\_\_\_\_  
Date

### *Explanatory Notes*

- (1) If you do NOT possess a HKID Card, please fill in your name as shown on your passport.
- (2) The transfer request may not be processed if the name of the original trustee, the name of the original scheme, your scheme member's account number in the original scheme, type of MPF account, the name of your former employer or the employer's identification number is not provided or is incorrect. This information can be found:
- (a) in your membership certificate, notice of acceptance, or notice of participation; or
  - (b) in your annual benefit statement, or other statements provided by the trustee; or
  - (c) through the member enquiry facilities available from the trustee.

If you are in doubt, please contact your original trustee or your employer.

- (3) The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number). The number can be found in the statements issued by the trustees or through the member enquiry facilities available from the trustee. If you are in doubt, please contact your trustee or your employer.
- (4) The transfer request may not be processed if the name of the new trustee, the name of the new scheme or your scheme member's account number in the new scheme is not provided or is incorrect. The information can be found:
- (a) in your membership certificate, notice of acceptance, or notice of participation; or
  - (b) in your annual benefit statement, or other statements provided by the trustee; or
  - (c) through the member enquiry facilities available from the trustee.

You may, however, leave the scheme member's account number blank if you have recently enrolled in the scheme and have not been notified of the new account number. If you are in doubt, please contact your new trustee.

- (5) A scheme member can check whether his existing MPF account contains any benefits derived from voluntary contributions from his annual benefit statement issued by the original trustee to the scheme member. The scheme member can also check this information through the member enquiry facilities available from the trustee. If you are in doubt, please contact your original trustee.
- (6) The signature must be the same as your specimen signature previously given to your original trustee. Please note that the transfer may not be processed if the signature provided in this Form does not match your specimen signature previously given to your original trustee. If you are in doubt, please contact your original trustee.

**~END~**