

## China Life Macau Branch Defined Contribution Retirement Scheme

### Cessation of Participation Form

Type of Member :  Employee (Please complete Part I only)  Individual Participant (Please complete Part II only)

#### **Part I**

Employer Name: _____	Scheme No.: _____
Member Name: _____	Member No.: _____
Income Tax Contribution No: _____	(Please attach ID copy)
<input type="checkbox"/> Resignation <input type="checkbox"/> Normal Retirement <input type="checkbox"/> Early Retirement	
Event : _____	
(Indicate by a tick in the box)	<input type="checkbox"/> Late-Retirement <input type="checkbox"/> Death (Please enclose a copy of his/her death certificate, and, if the death benefits be payable to beneficiary, please also enclose a copy of I.D. Card of the beneficiary and the Letters of Administration / Probate) <input type="checkbox"/> Dismissal
Last Day of Employment (DD/MM/YYYY): _____	
Final Contribution Month (MM/YYYY): _____	
Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Other: _____	

As agreed by the Member and the Employer, we hereby request China Life Insurance Co., Ltd. Macau Branch (hereinafter called "the Company") to pay the benefits in respect of the Member in accordance with the terms of the Participation Agreement. Upon receipt of the benefits, all claim and demands whatever against the Company have been fully satisfied and that the contribution in respect of the Member shall cease.

#### **Part II**

Member Name: _____	Member No.: _____
Date of Participation (DD/MM/YYYY): _____	
Date of Termination (DD/MM/YYYY): _____	
Method of Payment: <input type="checkbox"/> Cheque <input type="checkbox"/> Other _____	

I /We hereby request China Life Insurance Co., Ltd. Macau Branch (hereinafter called "the Company") to pay the benefits to me in accordance with the terms of the Participation Agreement. Upon receipt of the benefits, all claim and demands whatever against the Company have been fully satisfied.

#### **Declaration**

- I acknowledge and confirm that I have read and understood the statement of "Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws" herein. I hereby give my acknowledgement and agree to provide updating of applicant information about nationality, tax status and others to the Company and to disclose my information to third parties by the company in accordance with this statement.
- I agree the Company, when I fulfill FATCA reporting requirements, shall be obliged to disclose my particulars to the IRS of U.S for FATCA reporting and applicable requirements.

Member Signature

Date

Authorized Signature of Employer  
(with Company Chop)

Name of Signer, Title or Position

Date

**客戶確認符合《海外帳戶稅收合規法案》和其他適用法律**

**Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws**

閣下認知中國人壽保險(海外)股份有限公司澳門分公司(下稱“本公司”)須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國國稅局(以下簡稱「監管機構」)在不同的司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that China Life Insurance (Overseas) CO.LTD. Macau Branch (hereinafter called “the Company”) shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) in various jurisdictions as promulgated and amended from time to time (the “Applicable Requirements”). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company’s compliance or adherence with the Applicable Requirements.

**客戶同意向第三方披露資料**

**Customer consent to disclose information to third parties**

閣下同意 本公司可能將根據適用規定的要求，向任何監管機構披露 閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要 閣下向本公司提供進一步資料，以便向任何監管機構透露，而 閣下必須在合理要求的時間(由提出申請或知會變更資料的 90 日期天)內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

**更新客戶有關國籍，稅務狀況的資料及其他資料**

**Updating of customer information about nationality, tax status and others**

儘管載於本表格或我們之間任何其他協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就 閣下或 閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就 閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時(30 日期天之內)向本公司提供更新資料。尤其重要的是 閣下立即通知本公司下列的更新：若 閣下是個人，閣下的個人身份號碼，地址，電話，國籍，稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若 閣下是法團法人或任何其他類型的實體，閣下的註冊地址，業務營運地址，主要股東，法定及實際受益人或管理人(擁有或控制 10%或以上股份或所有權或管理權的人士)，稅務狀況，稅籍所在地的變動，或若 閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求 閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署(並且如有需要，由公證人作出公證)的稅務申報或表格。

如果 閣下未能及時向本公司提供資料或文件，或 閣下所提供所需的資料或文件並非最新，準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company’s obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.