

China Life Insurance (Overseas) Company Limited
Non-Mandatory Central Provident Fund System—Joint Provident Fund Scheme
Employee Participation Application Form

Part 1-Employee Information					
Scheme No.		Employee No.		Type of Employee	
Employer Name		Bridge Type	<input type="checkbox"/> New Employee <input type="checkbox"/> Bridging Employee		
Employee Name (Chinese)		Employee Name (English)			
As shown on ID Card			As shown on ID Card, use BLOCK letters		
Residential Address (P. O. Box is not accepted)					
Correspondence Address (Please complete if different from the residential address)					
Please provide the address proof (certified true copy) issued within 3 months.					
Telephone No.	Mobile Phone No.		Residential Phone No.		
Email Address					
Macao ID (Please attach copy)		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a U.S. citizen or a U.S. tax resident (See Remarks) If yes, please fill and submit Form W-9 or equivalent document		<input type="checkbox"/> Yes TIN No.: _____ (Mandatory) <input type="checkbox"/> No			
Date of Birth	____/____/____ (YYYY/MM/DD)	Date of Employment	____/____/____ (YYYY/MM/DD)		
Date of Admission to the Scheme	____/____/____01 (YYYY/MM/DD)	Original Date of Admission to the Private Pension Plans (for Bridging Employees only)	____/____/____01 (YYYY/MM/DD)		
Part 2: Detail of Contribution					
Employee Contribution Rate	<input type="checkbox"/> Set by employer <input type="checkbox"/> 5% <input type="checkbox"/> Other (at least 5% or its multiple) ____%				
Employer's Contribution Calculation Basis	<input type="checkbox"/> Not setting up <input type="checkbox"/> Maximum <input type="checkbox"/> Minimum				
Note	i. The contributions will be rounded up to the nearest dollar. If the calculated contribution is less than one MOP, it shall be rounded up to one MOP. ii. The employee can adjust the minimum and maximum of the calculation basis of their contribution once a year.				
Part 3: Investment Choice of Vested Portion (Please consult your employer before completing this part)					
	Name of Constituent Fund	Employer Portion	Employee Portion		
	China Life Macau Branch Guarantee Open Fund	_____ %	_____ %		
	China Life Macau Branch Balanced Open Fund	_____ %	_____ %		
	China Life Macau Branch Growth Open Fund	_____ %	_____ %		
		≡ 100%	align="center"> ≡ 100%		
Note	i. The investment allocation percentage should be at least 5% or its multiple and equal to 100% in total under the column. ii. Employee is entitled to change investment choice unlimitedly without charge. iii. When the employer portion is fully vested to the employee, the employee is eligible to change the investment choice of the employer portion.				

Remarks

- i. U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)). If the Applicant answered "Yes", please complete Form W-9.
--Equivalent days during a three year period= Actual days in the U.S. in the current year +1/3 of his days in the U.S. in the immediately preceding year + 1/6 of his days in the U.S. in the second preceding year.
- ii. If the Applicant answered "No", but carrying U.S. indicia e.g. U.S. addresser or U.S. contact no. or standing instructions to make payments to accounts maintained in the U.S., please submit supporting document(s) along with Form W-8BEN.
- iii. If the Applicant's country of birth is U.S and declared non U.S. Citizen or U.S tax resident, please submit loss U.S nationality proof along with Form W-8BEN.

Personal Information Collection Statement

This insurance company collects the information provided by you for the purpose of participating in the Scheme and its daily operations. It is not used for any other purpose without permission.

Part 5: Declaration

- i. I confirm that I have read and understand the statement of "The U.S. Foreign Account Tax Compliance Act (the "FATCA") and other applicable laws". I hereby confirm and agree to provide my updated information and other information concerning my nationality, tax status and the Company may disclose information to third parties in accordance with this statement.
- ii. I agree that in order to comply with the FATCA. The company will provide any personal data that I/we provide and retain on the company to the United States in accordance with regulations to U.S. Internal Revenue Service (the "IRS"), when complying with the FATCA reporting requirements. The IRS can carry out FATCA related reporting operations.
- iii. I hereby apply to become a member of the Scheme and authorize my employer to deduct my contributions from my monthly salary in accordance with the rules of the Scheme or any amendment thereof.
- iv. The information contained in this form and other documents that I have signed about my participation in the Scheme is complete and correct. I have noticed that China Life Insurance (Overseas) Co., Ltd. will handle the application according to the above information.
- v. I agree to be bound by this Scheme and all related fund management regulations and Law No. 7/2017 and Administrative Regulation No. 33/2017 and I undertake to abide by all relevant provisions.
- vi. I am willing to accept all responsibility for all my choices in this form (if applicable) and confirm that "China Life Insurance (Overseas) Co., Ltd." is not responsible for any loss resulting from inappropriate choices made by me.
- vii. The English translate is for reference only, If there is any inconsistency or ambiguity between the English version and the Chinese version, the Chinese version shall prevail.

Signature of Employee

Signature and Seal of Employer's
Legal Representative

/ /
Date (YY/MM/DD)

/ /
Date (YY/MM/DD)

自證證明表格 – 個人
 Self-certification Form – Individual

重要提示Important Notes:

- 這是由帳戶持有人向中國人壽保險(海外)股份有限公司(本公司)提供的自我證明表格,以作自動交換財務帳戶資料用途。本公司可把收集所得的資料交給財政局,財政局會將資料轉交到另一稅務管轄區的稅務當局。
- 如帳戶持有人的稅務居民身份有所改變,應盡快將所有變更通知本公司。
- 除不適用或特別註明外,必須填寫這份表格所有部份。如這份表格上的空位不夠應用,可另紙填寫。在欄/部標有星號(*)的項目為本公司須向財政局申報的資料。
- This is a self-certification form provided by the account holder to China Life Insurance (Overseas) Company Limited (the Company) for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to the Finance Services Bureau for transfer to the tax authority of another jurisdiction.
- The account holder should report all changes in his/her tax residency status to the Company. All parts of the form must be completed (unless not applicable or otherwise specified). If space provided is insufficient, continue on additional sheet(s). Information in fields/parts marked with an asterisk (*) are required to be reported by the Company to the Finance Services Bureau.

1 個人帳戶持有人的身份識別資料 (對於聯名帳戶或多人聯名帳戶,每名帳戶持有人須分別填寫一份表格)
 Identification of Individual Account Holder (for joint or multiple account holders, please complete a separate form for each account holder)

先生 Mr. <input type="checkbox"/> 女士 Ms. / Mrs <input type="checkbox"/>	姓氏 Surname		名字 Given Name	中間名 Middle Name
出生日期 Date of Birth	/ / (日 dd / 月 mm / 年 yyyy)	出生地點 Place of Birth	城市 City	國家 Country

2 個人帳戶持有人的地址資料
 Information on Address of Individual Account Holder

2.1 現時住址
 Current Residence Address

第1行(街道、門牌、大廈、樓層、室)
 Line1: (Street, Number, Building, Floor, Room)

第2行(城市)
 Line2: (City)

第3行(省、州)
 Line3: (Province, State)

國家 Country

郵政編碼/郵遞區號碼
 Postal / Zip Code

2.2 通訊地址 (如通訊地址與現時住址不同,填寫此欄)
 Mailing Address (please only complete if mailing address is different to the current residence address)

第1行(街道、門牌、大廈、樓層、室)
 Line1: (Street, Number, Building, Floor, Room)

第2行(城市)
 Line2: (City)

第3行(省、州)
 Line3: (Province, State)

國家 Country

郵政編碼/郵遞區號碼
 Postal / Zip Code

3 常居地的司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」)
Jurisdiction of Residence and Taxpayer Identification Number or functional equivalent number (hereinafter referred as "TIN")

提供以下資料·列明(a)帳戶持有人的常居地的司法管轄區(澳門特別行政區包括在內)及(b)該常居地的司法管轄區發給帳戶持有人的稅務編號。Please complete the following table, indicating (a) the jurisdiction of residence (including Macao SAR) of the Account Holder and (b) the Account Holder's TIN for each jurisdiction indicated.

如帳戶持有人的常居地的司法管轄區多於3個·可另紙填寫。

If the Account Holder has more than three jurisdictions of residence, please use a separate sheet.

如帳戶持有人在澳門特別行政區有納稅義務·稅務編號是其納稅人編號或澳門特別行政區居民身份證編號。

If the Account Holder has tax obligation in the Macao SAR, the TIN is the taxpayer number or the Macao SAR resident identity card number.

如沒有提供稅務編號·必須填寫合適的理由:

If a TIN is unavailable, please provide the appropriate reason:

理由 A – 帳戶持有人的常居地的司法管轄區並沒有向其居民發出稅務編號。

Reason A – The jurisdiction of residence of the Account Holder does not issue TINs to its residents.

理由 B – 帳戶持有人不能取得稅務編號·如選取這一理由·解釋帳戶持有人不能取得稅務編號的原因。

Reason B – The Account Holder is otherwise unable to obtain a TIN. (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

理由 C – 帳戶持有人毋須提供稅務編號·常居地的司法管轄區的主管機關不需要帳戶持有人披露稅務編號。

Reason C – No TIN is required. (The authorities of the jurisdiction of residence do not require the TIN to be disclosed)

常居地的司法管轄區 Jurisdiction of residence	稅務編號 TIN	如沒有提供稅務編號·填寫理由A、B或C If no TIN available, enter Reason A, B or C	如選取理由B·解釋不能取得稅務編號的原因 If Reason B is chosen, please explain why you are unable to obtain a TIN
(1)			
(2)			
(3)			

4 聲明及簽署
Declarations and Signature

本人明白·本人提供的資料適用於帳戶持有人與中國人壽保險(海外)股份有限公司關係的所有條款及細則的規範·當中列明中國人壽保險(海外)股份有限公司可如何使用及分享由本人所提供的資料。

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with China Life Insurance (Overseas) Company Limited, setting out how China Life Insurance (Overseas) Company Limited may use and share the information supplied by me.

本人知悉本表格所載資料和關於帳戶持有人及任何須申報帳戶的資料將向澳門特別行政區政府財政局申報·而有關資料將按照金融帳戶信息交換協定·被轉交到帳戶持有人所屬的常居地的司法管轄區的稅務當局。

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the Macao SAR Financial Services Bureau and exchanged with tax authorities of such jurisdictions of residence of the Account Holder, pursuant to agreements for exchange financial account information.

本人證明·就與本表格所有相關的帳戶·本人是帳戶持有人 / 本人獲帳戶持有人授權簽署本表格^{#1}。

I certify that I am the Account Holder / I am authorized to sign for the Account Holder of all the account(s) to which this form relates^{#1}.

本人承諾·如情況有所改變·以致影響本表格所述的個人稅務居民身份·或引致本表格所載的資料不正確·本人會通知中國人壽保險(海外)股份有限公司並會在情況發生改變後的 xx^{#2} 日內·向中國人壽保險(海外)股份有限公司提交一份已適當更新的自證證明表格。

I undertake to advise China Life Insurance (Overseas) Company Limited of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide China Life Insurance (Overseas) Company Limited with a suitably updated self-certification within xx^{#2} days of such change in circumstances.

本人聲明就本人所知所信·本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

<p>簽署 Signature _____</p> <p>日期 Date _____ / _____ / _____ (日 dd / 月 mm / 年 yyyy)</p>	<p>注意 Note :</p> <p>如你不是帳戶持有人·請說明你的身份。 If you are not the Account Holder please indicate the capacity in which you are signing the form.</p> <p>姓名 Name _____</p> <p>身份 Capacity _____</p> <p>如果你是以被授權人身份簽署本表格·須附同該授權書的認證副本。 If signing under a power of attorney please also attach a certified copy of the power of attorney.</p>
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