

China Life Insurance (Overseas) Company Limited
Non-mandatory Central Provident Fund System
Contribution Adjustment Application Form

Part 1: Applicant Information

Scheme No.		Account Holder No. (only for Joint Scheme)	
Name (Chinese)		Name (English)	
Employer (applicable for Joint Scheme)			
Mobile No.		Macao ID No.(please attach copy)	

Part 2: Content of Adjustment (please choose the appropriate box and complete the relevant information)

Applicable for Individual Scheme Account Holder

- Monthly contribution after adjustment: _____(MOP)
- Suspension of regular contribution and bank autopay, expected resume time: _____.
- Resume bank autopay (please also consult the bank if relevant procedure is required.)

Note (i) The contributions amount for personal account is from MOP500 and up to MOP3,300* in each increment for MOP100.
(ii) The contribution adjustment of the Individual Scheme Account is effective from the 1st day of the following month after the fund management entity has been notified in writing by the account holder.
**Effective on September 2019 and subject to regulatory change over time. For the latest information, please visit www.fss.gov.mo.*

Applicable for Joint Scheme Account Holder (Employee)

- Adjustment of Employee's Rate:
 Original Set by Employer 5% Others (at least 5% and must be an integral percentage) _____
- Employee's Contribution Calculation Basis:
- No Income Limit Set Upper Income Limit Set Minimum Income Limit

Note (i) The contribution amount will be rounded up to MOP. If the calculated contribution amount is less than one MOP, it shall be counted as one MOP.
(ii) The employee can change the contribution rate and the Employee's Contribution Calculation Basis once a year.
(iii) Request for change of Employee's contribution must be submitted together with the change of employer's monthly contribution .

Part 3: Declaration

- 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 information above.
- 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.

_____ Signature of Account Holder _____ Date (YY/MM/DD)	_____ Signature of Employer's Legal Representative and Company Stamp (Applicable for Joint Scheme) _____ Date (YY/MM/DD)
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