

China Life Insurance (Overseas) Company Limited

Non-Mandatory Central Provident Fund System – Individual Provident Fund Scheme

Service Agreement (“The Agreement”)

This agreement applies to the participation of the following funds at the same time (all known as “pension fund”)

1. China Life Macau Branch Guarantee Open Fund
2. China Life Macau Branch Balanced Open Fund
3. China Life Macau Branch Growth Open Fund

To be completed by the individual participant

Scheme No: _____

(To be assigned by China Life Insurance (Overseas) Co., Ltd Macao Branch)

I. Personal Information

Name of the Participant (English): _____ (Chinese): _____

(As shown on ID card, English names in BLOCK letters)

Residential Address (Post Office Box not accepted) : _____

Permanent Address (Please complete if different from the residential Address) : _____

(Participant shall provide proof of residential address within 3 months of application submission date and with Participant's signature.)

Tel No. (Fixed line): _____ (Mobile): _____

Macao ID card no. (Please attach copy): _____

Date of birth (dd/mm/yyyy): _____ Sex: M F

Are you a U.S. Citizen or a U.S. tax resident (See Notes) Yes, Tax TIN NO : _____ (Obligatory)

No

If (Yes), please fill and submit Form (W-9) or equivalent document.

Notes:

1. The 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.
2. If the applicant answered (No), not 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).
3. If the applicant's country of birth is U.S. and declared non U.S. tax resident, please submit loss U.S. nationality proof along with Form (W-8BEN).

II. Terms of Individual Provident Fund Scheme

1. The Opening and Management of a Contribution Sub-account and a Preserved Sub-account

- (1) Before the payment of the initial contribution, the fund management entity shall open a contribution sub-account for the Participant for the purpose of recording the contribution of individual provident fund scheme.
- (2) In the cancellation of the contribution sub-account, the fund management entity shall open a preserved sub-account for the recording of balances transferred from cancelling from the contribution sub-account.
- (3) The Participant is the owner of the contribution sub-account and the preserved sub-account, i.e. the account owner.
- (4) In the following circumstances, the fund management entity has the right to cancel the sub-accounts:
 - i. Upon the Participant's notification of termination of his/her contribution, the fund management entity has the right to cancel his/her contribution sub-account.
 - ii. If there are no balances in the preserved sub-account, the fund management entity has the right to cancel the sub-account.
- (5) Each fund management entity can only open one preserved sub-account for each Participant.
- (6) After five years from the date on which the Social Security Fund is aware of the Participant's death, if the heir does not receive the final balance of the relevant personal account, the Social Security Fund must notify the fund management entity to cancel the Participant's contribution sub-account and preserved sub-account. And the relevant money is transferred to the relevant government managed sub account.

2. Contribution Details

- (1) Contributions Effective Date: Contributions are effective from the month following the date when the Social Security Fund approved the Application, and the relevant amount of the previous month's contribution must be paid before the last day of each month.
- (2) Contributions amount: _____ MOP per month.
- (3) The contributions will be calculated in full months. The minimum monthly contribution shall be MOP 500.00. The amount of the contribution can also be increased at will, but it must be a multiple of MOP 100.00. The maximum monthly contribution is 10% of the amount calculated in accordance with Article 26(4) of Law No. 7/2017, and it is automatically adjusted as the amount of Article 3, paragraph 1 (c), of Law 7/2015 is changed. And if the maximum monthly contribution is not an integral multiple of 100 patacas, it must be rounded down to the nearest integral multiple of 100 patacas.

3. Payment Method

Participants are required to complete the auto pay service at the bank designated by the fund management entity. The bank automatically deducts the payment before the last business day of the month.

Note: If the contribution payment fails for three consecutive months, the fund management entity will suspend the auto pay service until the Participant re-submits the contribution application to the fund management entity. The contributions during the failed payment and suspension period will not be supplemented..

4. Withdrawal and Transfer of the Balance in the Sub-account

- (1) An application must be submitted to the Social Security Fund. After the fund management entity has obtained the permission from the Social Security Fund, it will process the payment to the Participant's balance in the contribution sub-accounts and the persevered sub-accounts.
- (2) In accordance with Supplementary Provisions relating to the Non-Mandatory Central Provident Fund System, the balance in the contribution sub-accounts and preserved sub-accounts and preserved sub-accounts can be transferred to one another, or be transferred to government managed

sub-accounts.

III. Investment Choice

<u>Name of Pension Fund</u>	<u>*Allocation percentage of contributions</u>
1. China Life Macau Branch Guarantee Open Fund	_____ %
2. China Life Macau Branch Balanced Open Fund	_____ %
3. China Life Macau Branch Growth Open Fund	_____ %
Total percentage	= <u>100%</u>

*i. The allocation percentage of contributions to the selected pension fund should be at least 5% or an integral multiple, and the total percentage must also be 100%

*ii. In each year, Participants may change the percentage of the contribution allocation to the pension funds free of charge and unlimitedly under this agreement.

IV. Change of Investment Allocation Items

Any change of investment choice or rebalancing of existing units holdings of pension funds must be executed on the valuation date. Participants must complete the relevant forms or through the relevant websites of China Life Insurance (Overseas) Co., Ltd., to notify the fund management entity the change of percentage of contribution allocation and switching of part or all units of the pension funds to other pension funds under this agreement.

The request must be submitted to the fund management entity before 12:00 noon on the valuation day (including 12:00 noon). If the fund management entity has not received any form at that time, the request will be processed on the next valuation day

* Notice: When the participant switches the guarantee open fund to other open funds, the switching out amount will only be traded on the market price and no any guarantee will be entitled.

V. Fund Operating Costs and Expenses

1. There may be payable out of the pension fund assets the costs, provisions, fees and expenses relating to the administration and management of the Fund before calculation of the net asset value of the pension fund.

2. The Fund Management Entity shall be entitled to

(1) A maximum Management Fee of 2% per annum of the net asset value of the pension fund. The Management Fee shall be inclusive of the expense charged by the Custodian of the pension fund. The current charge of Guarantee Open Fund is 2% while the current charge of Balanced Open Fund and Growth Open Fund is 1.25%.

(2) A maximum Initial Charge of 5% (current Charge is 0%) of new contribution made to the pension fund. Initial Charge will be deducted before the contribution is invested in the pension fund. Contribution after deduction of the Initial Charge will be invested to the pension fund only.

3. The Management Fee shall be calculated on each Valuation Day and is on daily basis. The aggregate sum of such fees shall be paid out of the asset of the pension fund on the last business day of each calendar month.

VI. Amendments of The Agreement

Any amendments to this agreement must receive written consent of both parties, i.e. the Participant and the fund management entity. But the relevant amendments cannot lead to:

1. Decrease in the amount of money payable on the day of change; or
2. Reduction of accrued benefits; or
3. Damage to the objective of the pension funds under this agreement.

VII. Termination of The Agreement

If the Participant terminates this Agreement under any circumstance, it will be equivalent to terminating all open pension funds participating in the Plan.

VIII. Notice

The terms and conditions of the aforementioned items of IV-Change of Investment Allocation Items, V- Fund Operating Costs and Expenses and VII- Termination of The Agreement will be changed simultaneous with the revision of fund management regulations of the pension funds from time to time. Participants should pay attention to our latest notice and updated version of the fund management regulations.

IX. Personal Information Collection Statement

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "**Company**") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

Purpose :From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, other companies of the China Life Insurance (Overseas) Group ("**our affiliates**") or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued e.g. additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;

9. meeting requirements imposed by any applicable law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this Personal Information Collection Statement ("PICS");
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable law, rules, regulations, codes of practice or guidelines to make disclosures; and
8. any financial services provider industry association or federation.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes : The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - a. [insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit

cards, securities and related products and services]; and

b. [health, wellness and medical, food and beverage, sporting activities, memberships and related products and services];

3. The above products and services may be provided by the Company and/or:

- a. any of our affiliates;
- b. third party financial institutions;
- c. the co-branding partners of the Company and/or affiliates providing the products and services set out in 2;
- d. third party reward, loyalty or privileges programme providers;
- e. external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2;

4. [In addition to marketing the above products and services, the Company also intends to transfer provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services.]

5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

Access and correction of personal data : Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: 3999 5519
Fax:2892 0520

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your access requests.

In this statement, the following terms shall have these following meanings:-

"The China Life Insurance (Overseas) Group" means the Company, any subsidiary undertaking of the Company, any related company of the Company, any associated company of the Company, and direct and/or indirect parent undertaking of the Company, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company (and "Group member" shall be construed accordingly); and

The expressions "subsidiary undertaking", "parent undertaking" and undertaking" bear the meanings under the Companies

Ordinance (Cap.622)

Declaration and authorization: I acknowledge and confirm that I have read and understood the Personal Information Collection Statement (“The PICS”. The latest version of the PICS can be downloaded from the websites: www.chinalife.com.hk or obtained it from China Life Insurance (Overseas) Co., Ltd. directly.

By signing this Service Agreement, I consent that the personal information provided by me (whether contained herein or otherwise obtained) and held by the China Life Insurance (Overseas) Company Limited Macau Branch (the “Company”), (whether contained herein or otherwise obtained) may be held, stored, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the PICS.

Important:

If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of data in direct marketing” of the PICS, please tick the box below.

I do not agree with the use and provision of my personal data for direct marketing purposes as set out in the PICS and do not wish to receive any promotional and direct marketing materials.

X. Participants Confirmation and Declaration

1. I hereby agree and confirm that the establishment of this individual provident fund scheme will be governed by the provisions of the Non-mandatory Central Provident Fund System (the main terms set out in the Law No. 7/2017 and the Administrative Regulation No. 33/2017) and I fully understand that the content of the provisions of the Non-mandatory Central Provident Fund System.
2. I understand that the establishment and amendment of this individual provident fund scheme must be approved by the Social Security Fund and take effect on the first day of the month after the approval is granted.
3. I hereby agree and confirm that I have read the fund management regulations of each of the pension funds which China Life Insurance (Overseas) Company Limited Macau Branch published on Group 2 of the 《Macao Special Administrative Region Gazette》, and the Law No. 7/2017 (Gazette No. 25/2017) and the Administrative Regulation No. 33/2017 (Gazette No. 49/2017) and fully understand the contents of the aforementioned fund management regulations, laws and regulations.
4. I hereby confirm that the information contained in this agreement and other documents I have signed about myself is complete and correct. I have noticed and agree that, on my application, China Life Insurance (Overseas) Co., Ltd. will handle with the above information.
5. I agree to be bound by the fund management regulations of selected pension funds and the Non-mandatory Central Provident Fund System, together with all relevant amendments (including fees) that are in force at any time, and I hereby promise to comply with all the provisions set out in the aforementioned fund management regulations.
6. I am willing to accept all responsibility for all my choices in this agreement and confirm that China Life Insurance (Overseas) Co., Ltd. Is not responsible for any loss caused by any my improper choices
7. 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 Participant

(must be consistent with the ID, if not able to / cannot sign,
please confirm with right thumb print.)

Date (dd/mm/yyyy)

XI. Notification of Acception

The China Life Insurance (Overseas) Company Limited, hereby confirmed that :

This agreement made to China Life Insurance (Overseas) Company Limited Macau Branch for the participating into pension funds of China Life Macau Branch has been accepted upon the terms and conditions as specified in the Agreement.

China Life Insurance (Overseas) Co., Ltd

Date of Acceptation (dd/mm/yyyy)

Name of Intermediary: _____ Intermediary Code: _____ Name of Handler: _____

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
	出生日期 Date of Birth (日 dd / 月 mm / 年 yyyy)		出生地點 Place of Birth 城市 City
			中間名 Middle Name
			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.

簽署 Signature _____ 日期 Date _____ / _____ / _____ (日 dd / 月 mm / 年 yyyy)	注意 Note : 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. 姓名 Name _____ 身份 Capacity _____ 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.
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Fundo de Segurança Social

RESERVADO AO FSS

Registo de Entrada

Regime de previdência central não obrigatório
 Requerimento de constituição de plano
 individual de previdência

1 DADOS PESSOAIS

Nome: _____

BIRM n.º: _____

2 DADOS DE PLANO INDIVIDUAL DE PREVIDÊNCIANome da entidade gestora de fundos: China Life Insurance (Overseas) Company Limited

O montante mensal de contribuições é de _____ patacas.

3 RECEBIMENTO DE NOTIFICAÇÃO

Concordo apenas em receber a notificação através de mensagem de telemóvel, por telemóvel de Macau
 n.º _____

Língua a utilizar : Chinês / Português

*A notificação será também efectuada através de mensagem de telemóvel e ofício se o requerimento for
 indeferido.

**Tomei conhecimento e concordo que o Fundo de Segurança Social pode enviar as respectivas
 informações para os outros serviços governamentais, instituições públicas e privadas ou os
 respectivos indivíduos para efeitos de verificação e confirmação.**

 Assinatura (Conforme o BIR do requerente. Caso não saiba/possa assinar, coloque a impressão
 digital do polegar direito)

_____ ano _____ mês _____ dia

Informações importantes:

1. O requerente deve entregar a fotocópia do Bilhete de Identidade de Residente de Macau;
2. O modelo de requerimento e documentos são entregues pela entidade gestora de fundos.

《Regime de Previdência Central não Obrigatório》
Plano individual de previdência
Contrato de constituição

Primeiro outorgante: [Designação da entidade gestora de fundos] _____

o presente contrato é assinado pelo representante, _____ ,
cargo: _____

Segundo outorgante: [Designação do titular da conta] _____

n.º do BIR da RAEM: _____,

O contrato de constituição do plano individual de previdência, elaborado por ambos os outorgantes, é o seguinte:

Cláusula Primeira (Contribuições)

O montante de contribuições mensais do presente plano é de _____ patacas, sendo arredondado para o múltiplo de 100 patacas. O valor mínimo de contribuições mensais é de 500 patacas, o valor máximo é de 10% do valor calculado nos termos do n.º 4 do artigo 26.º da Lei n.º 7/2017, sendo ajustado automaticamente logo que se verifique a mudança no valor indicado na alínea 3) do n.º 1 do artigo 3.º da Lei n.º 7/2015.

Cláusula Segunda (Instrumentos de aplicação)

O segundo outorgante tem direito a escolher entre todos os fundos de pensões do primeiro outorgante como instrumentos de aplicação nos termos do artigo 30.º da Lei n.º 7/2017, declarando ainda que fica sujeito ao regulamento de gestão do respectivo fundo de pensões para efectuar a afectação de aplicação das contribuições.

Cláusula Terceira (Taxas)

O primeiro outorgante tem direito a cobrar as taxas de gestão e administração de acordo com o regulamento de gestão do fundo de pensões cujo registo foi autorizado.

Cláusula Quarta (Levantamento de verbas)

O segundo outorgante pode levantar a verba da sua conta quando preencher o disposto no artigo 19.º da Lei n.º 7/2017.

Cláusula Quinta (Extensão de aplicabilidade)

Se o primeiro outorgante adicionar mais fundos de pensões nos termos do artigo 30.º da Lei n.º 7/2017, e o segundo outorgante aplique as contribuições nestes fundos de pensões, assim, os dispostos nas cláusulas 2.ª (Instrumentos de aplicação) e 3.ª (Taxas) aplicam-se extensivamente aos respectivos fundos de pensões.

Cláusula Sexta (Foro e aplicação subsidiária)

O presente contrato está sujeito à legislação da RAEM e aos tribunais da RAEM. Qualquer matéria não regulamentada pelo presente contrato será complementada por prioridade com as disposições da Lei n.º 7/2017, do Regulamento Administrativo n.º 33/2017 e as orientações de execução.

Assinatura do representante do primeiro
outorgante

Macau, aos ___ de ___ de _____

Assinatura do segundo outorgante que
concordou e confirmou o conteúdo do
presente contrato

Macau, aos ___ de ___ de _____



登記編號
Registo de Entrada

由社會保障基金填寫 RESERVADO AO FSS

非強制性中央公積金制度
政府管理子帳戶款項轉出申請表
Regime de previdência central não obrigatório
Requerimento de transferência de verbas da subconta de gestão do Governo

1 個人資料 DADOS PESSOAIS

姓名： _____
Nome

澳門居民身份證編號： _____
BIRMN.º

2 本人申請將政府管理子帳戶的全部結餘轉出至：
VENHO REQUERER A TRANSFERÊNCIA DE SALDO TOTAL DE SUBCONTA DE GESTÃO DO GOVERNO PARA:

基金管理實體名稱
Nome da entidade gestora de fundos

供款計劃編號^{備註}
N.º do plano contributivo^{nota}

China Life Insurance (Overseas) Company Limited

備註：即基金管理實體為非強制中央積金帳戶擁有人的供款/保留子帳戶所編配的號碼。基金管理實體或會使用不同名稱來代替供款計劃編號（如帳戶編號、合約編號、計劃編號等）。

Nota: Isto é o número atribuído às subcontas de contribuições / conservação do titular da conta do regime de previdência central não obrigatório pela entidade gestora de fundos que pode usar outro nome para substituir o número de plano contributivo (como por exemplo, número de conta, número de contrato, número de plano, etc.)

本人知悉並同意社會保障基金可將相關資料交予其他政府部門、公共或私人機構或有關人士查證及核對有關資料。

Tomei conhecimento e concordo que o Fundo de Segurança Social pode enviar as respectivas informações para os outros serviços governamentais, instituições públicas e privadas ou os respectivos indivíduos para efeitos de verificação e confirmação.

接收審批結果方式

RECEBIMENTO DE NOTIFICAÇÃO SOBRE O RESULTADO

本人同意僅以短訊接收通知。使用： 中文 葡文

Concordo apenas em receber a notificação através de mensagem de telemóvel. Língua a utilizar: Chinês / Português

申請人簽名（須與身份證一致，倘不會/不能簽署，請印右手拇指指模）

Assinatura (Conforme o BIR do requerente. Caso não saiba/possa assinar, coloque a impressão digital do polegar direito)

*倘申請不獲批准，則同時以短訊及公函通知。

*A notificação será também efectuada através de mensagem de telemóvel e ofício se o requerimento for indeferido.

_____年____月____日

須遞交文件 Documentos necessários

申請人的澳門居民身份證影印本。

Fotocópia do Bilhete de Identidade de Residente de Macau do requerente.

注意事項：Informações importantes:

1. 政府管理子帳戶的結餘只可轉出至一個供款子帳戶或保留子帳戶，且每年只能轉出一次。
2. 因市場價格浮動，基金管理實體購入基金單位時的價格可能與申請人提出申請時的價格有別。
3. 如選擇款項轉出至公積金共同計劃，僅在僱主通知勞動關係已終止後，申請人方可將供款計劃的款項再轉移。
4. 如選擇款項轉出至公積金個人計劃，僅在申請人通知基金管理實體終止個人計劃後，方可將供款計劃的款項再轉移。
5. 如地址或電話有更新，請填寫“個人資料更改表”。
1. O saldo da subconta de gestão do Governo só pode ser transferido para uma subconta de contribuições ou subconta de conservação, e a transferência de verba pode ser feita apenas uma vez por ano.
2. Devido às flutuações dos preços de mercado, o preço pelo que a entidade gestora de fundos subscreveu as unidades de participação em fundos de pensões pode ser diferente do preço na altura de apresentação do requerimento pelo requerente.
3. Em caso de optar por transferir a verba para o plano conjunto de previdência, o requerente só pode efectuar a transferência de verbas do plano contributivo quando for notificado pelo empregador da cessação da relação de trabalho.
4. Em caso de optar por transferir a verba para o plano individual de previdência, só pode ser efectuada a transferência de verbas do plano contributivo quando a entidade gestora de fundos for notificada pelo requerente da cessação do plano individual.
5. Quando houver qualquer mudança de endereço e número de telefone, é favor preencher o “Boletim de Alteração de Dados Pessoais”.