

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	
1. Monthly contribution after adjustment:(MOP)	
2. □ Resume bank autopay, contribution amount: □ MOP 500 □ MOP 1,500 □ MOP 3,500 □ MOP 3,500 □ MOP (please also consult the bank if relevant procedure is require	ed.)
 Note (i) The contributions amount for personal account is from MOP500 and up to MOP3,500* in each increment for MOP100. (ii) The contribution adjustment of the Individual Scheme Account is effective from the 1st day of t 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 late information, please visit www.fss.gov.mo. 	
□ Applicable for Joint Scheme Account Holder (Employee)	
1. Adjustment of Employee's Rate:	
□ Original Set by Employer □ 5% □ Others (at least 5% and must be an integral percentage)	
2. Employee's Contribution Calculation Basis:	
3. 🗆 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 that	in one
MOP, it shall be counted as one MOP.	
(ii) The employee can change the contribution rate and the Employee's Contribution Calculation Basis of	nce a
 (iii) Request for change of Employee's contribution must be submitted together with the change of employ monthly contribution. 	yer's
Part 3: Declaration	
 The information contained in this form and other documents that I have signed about my participation in the S complete and correct. I have noticed that China Life Insurance (Overseas) Co., Ltd. will handle the application acc the information above. I am willing to accept all responsibility for all my choices in this form (if applicable) and confirm that "C Insurance (Overseas) Co., Ltd." is not responsible for any loss resulting from inappropriate choices made by me. 	cording to
Signature of Account Holder / / Legal Representative and Company Stamp (Applicable for Joint Scheme) / / / / / / / / / / / / / / / / / / /	
Date (YY/MM/DD) Date (YY/MM/DD)	
CPF-04-2024(1.0)-A Intermediary Code: Name of Handler	

Intermediary Code: _

Name of Handler:

Name of Intermediary: _