MassMutual Macau Pension Scheme
Participating Scheme Application Form For Individual Membership
美國萬通澳門退休金計劃申請書 - 個人成員計劃

1. Details of Participant/Contributor 參與人/供款人資料

Name of Participant/Contributor*
參與人/供款人*名稱

*Mr./Ms. _____ (English)

*先生/女士 _____ （中文）

Correspondence Address
通訊地址

Residential Address
住址
(Please provide proof of the
residential address 請提供住址證明)

ID Card No./Passport No.*　　　　　　(*Please provide a　　　　　Tel. No.
身分證/護照號碼*　　　　　　　　photocopy 請附上影印本)　　電話

Email Address　　　　　　　　　　　　　　　　　　　　　　　Fax No.
電郵信箱　　　　　　　　　　　　　　　　　　　　　　　　　傳真

Date of Birth　　　_____MM 月_____DD 日_____YY 年　　Nationality
出生日期　　　　　　　　　　　　　　　　　　　　　　　　　國籍

2. Scheme Effective Date :　_____MM 月_____DD 日_____YY 年　Industry Type
計劃生效日期　　　　　　　　　　　　　　　　　　　　　　　行業類別

3. Retirement Age:　☐ 65 years old　　☐ Other than Age 65, please specify : _____ years old
退休年齡　　　　　　　65 歲　　　　　如非 65 歲，請列明: _____歲

Items 4 – 6 below are only applicable to Participants/Contributors making monthly contributions.
下列的第 4 – 6 項，只適用於每月供款的參與人/供款人。

4. Contribution by Cheque 以支票供款 :　_____% of my monthly salary 本人每月薪金的_____%

5. Monthly Salary (HKD/MOP)*
每月薪金（港幣/澳門幣)* :　　_____

6. Pension Funds and Contribution Allocation Percentage 退休基金及供款分配百分比

Please choose the following Pension Funds and tick"✓" where applicable.
請選擇下列退休基金並在適用的方格內加上"✓"號。

Contribution Allocation Percentage
供款分配百分比

☐　MassMutual Capital Conservation Fund 美國萬通保守基金　_____

☐　MassMutual Global Growth Fund 美國萬通環球增長基金　_____

☐　MassMutual Global Balanced Fund 美國萬通環球均衡基金　_____

☐　MassMutual Global Stable Fund 美國萬通環球穩定基金　_____

100%

*Please delete as appropriate *請刪去不適用項

(Please turn over 請看背頁)

7. Beneficiaries 受益人:

Name 姓名	ID Card No./Passport No.* 身分證/護照號碼*	Relationship 關係	Share % 所佔比例%

*Please delete as appropriate *請刪去不適用項*

8. Tax status 稅務資料

Are you a U.S. citizen, U.S. resident or Green Card holder or currently required to file a tax return in the U.S.?

閣下是否美國公民、美國居民、綠卡持有人或現時需要向美國報稅的人士?

(If yes, please submit relevant U.S. tax status form(s). For details and downloading of the required form(s), please visit U.S. IRS website: http://www.irs.gov/)

(如是,請遞交相關美國稅務表格,請參考美國報稅網頁http://www.irs.gov/ 以索取詳情及下載相關稅務表格。)

☐ Yes 是   ☐ No 否

DECLARATION 聲明:–

Duty of Disclosure 提供資料責任

I/We declare and agreed that (1) all information provided by me/us are full, complete and true to the best of my/ our knowledge and belief; (2) if there is any subsequent change to the information provided, I/we undertake to notify MassMutual Asia Ltd.("the Company") as soon as possible.

本人／我們謹此聲明及同意(1)本人／我們提供的所有資料均為完整、正確及真實;(2) 若本人／我們所提供的資料有任何更改時,本人／我們確保盡快通知美國萬通保險亞洲有限公司（「貴公司」）有關的更改。

Acknowledgement and Agreement relating to Reporting and Withholding Obligations under Applicable Requirements 適用的規定下之申報及預扣責任聲明及協議

I/We acknowledge that MassMutual Asia Ltd.("the Company") may be obliged to comply with comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and/or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements").

本人/我們確認美國萬通保險亞洲有限公司（「貴公司」）須遵從由（本地或海外）任何機構（包括監管機構、行業監管機構或其他,以下簡稱「監管機構」）不時頒布及修訂適用的任何性質的要求,或與任何監管機構(現在及將來)的承諾或協議（以下簡稱「適用的規定」）。

In this connection, notwithstanding anything contained in this form or any membership or agreements between me/us and the Company, I/we irrevocably agree to provide the Company with all assistance and/or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I/we irrevocably agree that:

因此,儘管本表格或任何成員計劃或任何其他由本人/我們和貴公司之間所訂協議有任何其他不同條款,本人/我們不可撤回地同意向貴公司提供一切協助及/或撤銷所有適用限制(無論是法律、法規或其他限制),以促成貴公司能達致遵從適用的規定。更重要的是(但不限於此)本人/我們不可撤回地同意:

(a) I/We will provide the Company with further information and/or prescribed documents within such time as may be required by the Company;

本人/我們於貴公司要求的時限內向貴公司提供進一步資料及/或指定文件;

(b) The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my/our membership(s) (whether the membership(s) is/are in force or otherwise); and/or (ii) me/us and any Consenting Person as defined hereinafter;

貴公司可向任何監管機構披露(此等披露可以透過貴公司的總公司進行)任何有關(i)本人/我們任何成員計劃資料(無論該等成員計劃是否生效);及/或(ii)本人/我們或任何同意人士(見下述定義)的資料;

(c) The Company may withhold any payments otherwise payable to me/us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required); and

貴公司可預扣任何應支付予本人/我們或任何同意人士(見下述定義)的款項(並在有必要的情況下向有關監管機構支付該等被預扣之款項);及

MassMutual Asia Ltd. 美國萬通保險亞洲有限公司
27/F MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong. 香港灣仔駱克道 33 號美國萬通大廈 27 樓
Tel 電話 : (852) 2533 5522 Fax 傳真 : (852) 2919 9233
Avenida da Praia Grande, No. 517, Edificio Commercial Nam Tung, 16-E2, Macau. 澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 座
Tel 電話 : (853) 2832 2622 Fax 傳真 : (853) 2832 2042

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(d) If I/we fail to comply with point (a) above or if any information or document provided is not up-to-date, accurate or complete, the Company may terminate any of my/our membership(s) and the amount that the Company will pay upon termination shall be calculated pursuant to the applicable terms and conditions of the membership(s) as if the membership(s) has/have been terminated by me/us on the date of the termination.

若本人/我們未能遵從上述(a)項或所提供的並非最新的、準確的或完整的資料或文件，貴公司可終止本人/我們之任何成員計劃，該等成員計劃將被當作於終止日當天被本人/我們終止，並根據成員計劃的條款計算所有因成員計劃終止貴公司所需支付之款項。

"Consenting Person" in relation to a retirement pension scheme means any person who is / will be entitled to receive a benefit under the membership(s). I/We confirm that I/we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

「同意人士」指就退休金計劃而言，任何人士（於現在或將來）可根據成員計劃收取款項。本人/我們確認本人/我們已取得每位同意人士事先的許可和協議，以使公司能遵從適用的規定，及以使公司能行使載於上文的權利及權力。

The Company shall not be liable for any costs, loss or damages that I/we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I/we have any doubt on the impact of the aforesaid on me/us or my/our legal or tax position, I/we should seek independent professional advice.

貴公司將不會向本人/我們或任何同意人士承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人/我們因上述所載而對本人/我們或本人/我們的法律或稅務狀況而產生的影響有任何疑問，本人/我們應尋求獨立專業意見。

This section shall survive the termination and cancellation any of my/our membership(s).
本部份所載之條款將於任何本人/我們的保單終止和取消後繼續適用。

Personal Information Collection Statement 收集個人資料聲明

The information provided by the Participant or Associate of the Scheme on this application form or other forms prescribed by MassMutual Asia Ltd. ("MMA") and details of transactions or dealings by such Participant or Associate may be held by MMA for the purposes of processing their participation in the Scheme and providing administrative, electronic or any other services as may be considered necessary in connection with the Scheme operation, and may also be used by MMA for observing any legal, governmental or regulatory requirements of any relevant jurisdiction (including any disclosure or notification requirements to which MMA is subject) and for marketing or promotion of other products or services of MMA or any connected person of MMA. The Participant and Associate have the right to require access to and correction of their company or personal data or to request that their company or personal data should not be used for direct marketing purposes by written notice to MMA.

參與人或參與法人在本申請表或在美國萬通保險亞洲有限公司（"美國萬通"）所指定的表格內提供的資料及該等人士的交易詳情可由美國萬通保留，以用作處理申請參加本計劃之用，和提供行政、電子或其他因計劃運作而需要的服務，並可被美國萬通用作遵行任何有關司法管轄區適用的法律、政府或監管規定（包括美國萬通被受制的資料披露及通知要求的規定）；及用作提供資料以推廣或宣傳美國萬通或其有關連人士的其他產品或服務。參與人和參與法人有權查閱及更正其公司或個人資料，或致函美國萬通要求不得使用其公司或個人資料作直接促銷用途。

I hereby agree to the terms of the Participating Agreement and the Management Regulations of the Funds and any amendments made thereto.
本人同意計劃的參與協議及基金管理規章內列明的條款及將來可能作出的修訂。

Upon receipt of this application form by MMA, the Participant/Contributor will then have the obligation to make contributions as required by the Participating Agreement.
在美國萬通接獲本申請書後，參與人或供款人須按參與協議要求履行供款責任。

I understand that fees and charges, including the Annual Fee and Management Fee specified in the Participating Agreement, may be imposed on the Individual Personal Account by MMA.
本人明白美國萬通可向個人參與人帳戶徵收在參與協議中訂明的有關費用和收費，包括年費及管理費。

Signature of Participant/Contributor 參與人/供款人簽署	Date (M/D/Y) 日期 (月/日/年)
Witness (Name & Signature) 見證人 (姓名及簽署)	Date (M/D/Y) 日期 (月/日/年)
Producer Name 營業員姓名	Producer Code 營業員編號