



FORM MPF(S) - P(C)

**SCHEME MEMBER'S REQUEST
FOR ACCOUNT CONSOLIDATION FORM**
(for consolidating multiple personal accounts into one account)

Section 149 of the Mandatory Provident Fund Schemes (General) Regulation (Cap. 485A)

Please read the following **important notes** before completing this Form:

Filling In This Form

- (a) This Form is to be used for consolidating multiple personal accounts into one account of your election.
- (b) You must fill in both this Form (one page) and the Appendix (one page) and submit them (two pages in total) to your elected trustee and keep a copy for your future reference. If any information provided, including your signature, is incorrect or incomplete, the trustees may not be able to process your request promptly.
- (c) The personal data to be supplied in support of this election of transfer are to be used for processing your request for account consolidation. The personal data you supply may, for such purpose, be transferred to the trustee(s) concerned, the relevant service provider(s), and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority (MPFA).
- (d) "Consolidation" and "consolidating" of multiple personal accounts refers to transferring all MPF accrued benefits (benefits) from several MPF personal accounts to an account under your elected MPF registered scheme (scheme).
- (e) "Contribution account" - an account in a scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for or on behalf of the employee or MPF contributions made by a self-employed person.
- (f) "Personal account" - an account in a scheme which is mainly used to receive the benefits transferred from other contribution or personal account(s).

Reminders Before Consolidating

- (g) Please ensure that you have a personal account or a contribution account in your elected scheme to which the benefits in your personal accounts indicated in the Appendix are to be transferred and consolidated. Otherwise, you have to submit a membership enrollment form before or at the same time you submit this Form and the Appendix to your elected trustee. Please consult your elected trustee for the procedures and required documents for setting up an account.
- (h) For each of your personal accounts to be consolidated using this Form, the entirety of your benefits in the account, including voluntary contributions (if any and subject to the governing rules of the scheme), will be transferred to your elected scheme in a lump sum.
- (i) In order to prevent a third party from filling in incorrect information, please **DO NOT sign on a blank form**. After the completed Form and Appendix have been received by your elected trustee, the administration procedures taken by the trustees may not be reversible.
- (j) If you are currently investing in an MPF guaranteed fund, a transfer of the benefits out of that guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the scheme(s) or consult your trustee(s) for details.
- (k) If you wish to transfer your benefits from one MPF scheme to another, please be aware of how the transferred-in benefits will be invested. In general, the transferred-in benefits will be invested according to the default investment strategy (DIS) if you either (i) do not give or have not given any investment instructions for the account to the trustee of your elected scheme or (ii) have given investment instructions for the account to invest benefits according to the DIS. Please approach the trustee of the elected scheme to seek clarification, where necessary. If you wish to change or specify an investment instruction for the account in the elected scheme, please also approach the trustee of the elected scheme.
- (l) If you have reached, or are approaching, the age of 50 and your benefits are currently invested according to the DIS of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investment in the DIS and your transfer request take place at around the same time, the trustee of the scheme shall sequence the de-risking and the transfer request in accordance with its procedures and in compliance with the Mandatory Provident Fund Schemes Ordinance. Please consult the relevant trustee(s) if you wish to know the details of how the trustee(s) will handle these transactions.

- (m) Please refer to the MPFA's publications available from the MPFA website (www.mpfa.org.hk) for the factors to consider when choosing a scheme and the potential risks involved in MPF investment.

Enquiries

- (n) Information about a scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer of benefits to that scheme. Please contact the relevant trustees for enquiries about account details and information on specific schemes or funds.
- (o) For general enquiries regarding account consolidation, you may contact the relevant trustees or the MPFA (email: mpfa@mpfa.org.hk or hotline: **2918 0102**).

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Please use BLOCK LETTERS to complete this Form.

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SECTION I		SCHEME MEMBER DETAILS				
Name ¹ (as shown on your Hong Kong Identity (HKID) Card)	Surname _____		Other Name _____			
	Identification HKID Card No. _____ Passport No. (ONLY for scheme member without HKID Card) _____					
Contact Details	Daytime Phone No. _____		Mobile Phone No. _____			
	Email Address (if any) _____					
Correspondence Address	Flat/Room	Floor	Block	Building		
	Estate			Street No.	Street	
	District / Country (if not Hong Kong)			Hong Kong / Kowloon / New Territories (delete whichever is inappropriate)		

SECTION II		MY ELECTED SCHEME	
I elect to transfer all MPF accrued benefits (benefits) from my personal accounts indicated in the Appendix to my elected scheme ² :			
Name of My Elected Scheme	_____		
Account Type (Select one only and ✓ as appropriate)	<input type="checkbox"/> Personal account	OR	<input type="checkbox"/> Contribution account (Employer Identification No. ³ : _____)
Scheme Member Account No. ⁴	_____		

SECTION III		AUTHORIZATION AND DECLARATION	
(a) I hereby give consent to the trustee of my elected scheme and the MPFA to disclose information supplied by me in support of this election of transfer to the trustee(s) concerned and the relevant service provider(s), or to enable such party or parties to access or disclose relevant information for processing my election of transfer. (b) I hereby give the trustee(s) indicated in the Appendix an instruction to terminate my relevant personal accounts as referred to in the Appendix upon transfer of the full accrued benefits to my elected scheme and there is no residual balance in the said accounts. (c) I declare that I have read and understood the Notes on pages 1 to 2 of this Form and the Explanatory Notes and to the best of my knowledge and belief, the information given in this Form and the Appendix is correct and complete.			
Signature ⁵ Don't sign on incomplete form		Date (DD/MM/YYYY)	

For MPF Intermediary only		
For Agent / Company Agent only		
<input type="checkbox"/> I confirm that regulated activity is involved / conducted in this benefits transfer. If I have not : (i) ticked the box above; and (ii) submitted any "MPF Customer Declaration Form", it shall be regarded as no regulated activity is conducted in this benefits transfer. NOTE : If regulated activity is involved / conducted, then this request form must be accompanied by a duly signed "MPF Customer Declaration Form".		
For Agent 1	For Agent 2	For Broker / Company Agent
Name _____	Name _____	Name of Broker/ Company Agent _____
MPF Card Registration No. _____	MPF Card Registration No. _____	Code of Broker/ Company Agent _____
Code _____	Code _____	MPF Card Registration No. of Broker/Company Agent _____
		Name of Consultant _____ MPF Card Registration No. of Consultant _____



Explanatory Notes

1. If you do NOT possess a HKID Card, please fill in your name as shown on your passport.
2. Your request for consolidating personal accounts may not be processed if the name of your elected scheme or your scheme member account number of that scheme is not provided or is incorrect. The information can be found in your notice of participation or, as the case may be, membership certificate, notice of acceptance, or annual benefit statement. If you are in doubt, please contact the relevant trustee.

Please note that only the personal accounts you have elected in the Appendix will be consolidated. Those that you have not elected in the Appendix will not be consolidated.

3. The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number). The number can be found in the statements issued by the trustees or through the member enquiry facilities available from trustees. If you are in doubt, please contact your trustee or your employer.
4. You may leave the scheme member account number blank if you have recently enrolled in the scheme and have not been notified of the scheme member account number. If you are in doubt, please contact the relevant trustee.
5. Your request for consolidating a particular personal account listed in the Appendix may not be processed if:
 - a. your scheme member account number of that personal account is not provided or is incorrect; or
 - b. the signature in this Form does not match the specimen signature previously given to that particular trustee.

However, consolidation will proceed for other personal accounts where the scheme member account number and signature are correct.

Your scheme member account number can be found in your notice of participation or, as the case may be, membership certificate, notice of acceptance, or annual benefit statement. If you are in doubt, please contact the relevant trustee(s).