

## NOTES TO TRANSFER OF MPF ACCRUED BENEFITS (BENEFITS) BY EMPLOYER

*Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

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

(1) **Definition of terms:**

- (a) “Contribution account” - an account in an MPF registered scheme (scheme) which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.
  - (b) “Original trustee” (also known as “transferor trustee” in the Mandatory Provident Fund Schemes (General) Regulation (the Regulation)) - the trustee of a scheme from which the benefits of the employees are to be transferred.
  - (c) “New trustee” (also known as “transferee trustee” in the Regulation) - the trustee of a scheme to which the benefits of the employees are to be transferred. If you elect to transfer the benefits to another account within the same scheme or to another scheme under the same trustee, the new trustee on Form MPF(S)-P(E) will be the same as the original trustee.
  - (d) “Original scheme” - the scheme from which the benefits of the employees are to be transferred.
  - (e) “New scheme” – the scheme to which the benefits of the employees are to be transferred. If you elect to transfer the benefits to another account within the same scheme, the new scheme on Form MPF(S)-P(E) will be the same as the original scheme.
- (2) Form MPF(S)-P(E) should be used when an employer wishes to transfer the benefits of its employees to another scheme or when a new employer wishes to transfer the benefits of the employees of another employer to the new employer’s scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, Form MPF(S)-P(E) should be completed by the new employer.
- (3) If the employee members are currently investing in an MPF guaranteed fund, a transfer of the benefits out of that guaranteed fund as requested in Form MPF(S)-P(E) may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.
- (4) Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit Form MPF(S)-P(E) to the new trustee.
- (5) In order to prevent a third party from filling in incorrect information, please **DO NOT sign on a blank form**. After the completed Form MPF(S)-P(E) has been received by the new trustee, the administration procedures taken by the trustees may not be reversible.

- (6) *If any information provided on Form MPF(S)-P(E) (including the signature) is incorrect or incomplete, the trustees may not be able to process the benefit transfer request.*
- (7) *Information about the new 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. Copies of that offering document can be obtained from the new trustee upon request.*
- (8) *If you wish to make enquiries or seek assistance in relation to your election to transfer benefit, please contact your original trustee or new trustee. For general enquiries regarding benefit transfer, you may contact the Mandatory Provident Fund Schemes Authority via e-mail: [mpfa@mpfa.org.hk](mailto:mpfa@mpfa.org.hk) or hotline: 2918 0102.*

**~END~**

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**[This page is blank. Please complete Form MPF(S)-P(E) at page 1 to page 3 and submit it to the new trustee after completion.]**

<b>FORM MPF(S) - P(E)</b>
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**EMPLOYER'S REQUEST FOR FUND TRANSFER FORM**

*Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)*

- (a) Please use **BLOCK LETTERS** to complete this Form.
- (b) \*means delete whichever is inappropriate. Please insert "N.A." if not applicable.
- (c) The personal data to be supplied in support of this election of transfer are to be used for processing your election of transfer. 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.

**SECTION I – TYPE OF TRANSFER**

(1) Please indicate your reason of transfer and ✓ as appropriate.

- Type 1: Transfer to another scheme under the same employer
- Type 2: Transfer to another/same scheme participated by the new employer  
(Please complete the form provided by the trustee on transfer of benefits upon change of business ownership / intra-group transfer for each employee involved)

**SECTION II – DETAILS OF EXISTING EMPLOYER (FOR TYPE 1 TRANSFER) OR NEW EMPLOYER (FOR TYPE 2 TRANSFER)**

(2) Name of employer<sup>Note 1</sup>: \_\_\_\_\_

(3) Correspondence address

Flat/Room	Floor	Block	Building

Street no.	Street

	<i>* Hong Kong/Kowloon/New Territories</i>
District	

(4) Name of contact person: \_\_\_\_\_

(5) (a) Telephone number: \_\_\_\_\_

(b) Mobile phone number: \_\_\_\_\_

(6) Facsimile number: \_\_\_\_\_

(7) Email address: \_\_\_\_\_

**SECTION III – TRANSFER INFORMATION**

(8) Details of the scheme from which benefits <sup>Note 2</sup> are to be transferred:

Name of employer <sup>Note 3</sup> in the original scheme: \_\_\_\_\_

Name of original trustee: \_\_\_\_\_

Name of original scheme: \_\_\_\_\_

Employer's identification number <sup>Note 4</sup>: \_\_\_\_\_

Contributions to original scheme should be paid up to: 

<i>DD</i>	<i>MM</i>	<i>YYYY</i>

(9) Do you wish to transfer the benefits <sup>Note 2</sup> of *all* employees participating in the original scheme? (please ✓as appropriate)

Yes

No

(10) Details of the employee(s) whose benefits <sup>Note 2</sup> are to be transferred:

No.	Name of employee	HKID Card number <sup>Note 5</sup> of employee
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

*(Employer may provide details of employees, together with authorized signature and company chop, on separate sheets of paper.)*

(11) Details of the scheme to which benefits are to be transferred:

Name of new trustee: \_\_\_\_\_

Name of new scheme: \_\_\_\_\_

Employer's identification number<sup>Note 4</sup>: \_\_\_\_\_

Effective date of transfer: 

<i>DD</i>	<i>MM</i>	<i>YYYY</i>

#### SECTION IV – AUTHORIZATION AND DECLARATION

(12) I/We\* declare that:

- (a) all personal data of the employee(s) and of the participating employer of the original scheme provided in this Form were collected for the purpose(s) mentioned in this Form; or
- (b) the purpose(s) mentioned in this Form is/are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data; or
- (c) I/we\* have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his/her/their personal data disclosed in this Form for the purpose(s) mentioned in this Form.

(13) I/We\* further declare that:

- (a) I/we\* have read and understood the Notes to Transfer of MPF Accrued Benefits (Benefits) by Employer and the Explanatory Notes;
- (b) I/we\*, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my/our\* intention to cease participating in the original scheme in respect of the employee(s) identified in Section III; and
- (c) to the best of my/our\* knowledge and belief, the information given in this Form is correct and complete.

\_\_\_\_\_  
[Signature of employer and company chop (if applicable)<sup>Note 6</sup>]

\_\_\_\_\_  
Date

***Explanatory Notes***

- (1) In case of transfer of benefits of employees to the new scheme under a new employer, this refers to the new employer.
- (2) The benefits are confined to the benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
- (3) Leave it blank if it is the same as the name of the employer in section II(2).
- (4) 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). If you are in doubt of the number, please contact the relevant trustee.
- (5) If any of the employees do NOT possess a HKID Card, please fill in their passport number and also indicate that it is a passport number.
- (6)
  - (a) For transfer of benefits of employee(s) to the scheme of a new employer, this Form must be signed by the new employer.
  - (b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorized to sign on behalf of the employer.

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