

**FORM MPF(S) - P(E)**

**MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP. 485)  
("the Ordinance")**

**PARTICIPATING EMPLOYER'S  
REQUEST FOR FUND TRANSFER FORM <sup>Note 1</sup>**

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**NOTES:**

- (1) *Please use BLOCK LETTERS for completion of this Form.*
  - (2) *Please read the explanatory notes carefully before completing this Form.*
  - (3) *\* means delete whichever is inappropriate.*
  - (4) *Please insert "N.A." if not applicable.*
  - (5) *The information and data provided in this Form can be used by the approved trustees concerned and the Mandatory Provident Fund Schemes Authority in activities relating to the processing of the transfer and may be disclosed to other parties for such purposes.*
  - (6) *If necessary, you may seek assistance from the approved trustee of your scheme or the MPFA.*
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**SECTION I - DETAILS OF THE PARTICIPATING EMPLOYER**

- (1) Name of the participating employer: \_\_\_\_\_
- (2) Participation number <sup>Note 2</sup>: \_\_\_\_\_
- (3) Correspondence address
- |                  |       |                                 |                  |
|------------------|-------|---------------------------------|------------------|
|                  |       |                                 |                  |
| Flat/Room        | Floor | Block                           | Name of building |
|                  |       |                                 |                  |
| Street no.       |       | Name of street                  |                  |
|                  |       | * <i>Hong Kong/Kowloon/N.T.</i> |                  |
| Name of district |       |                                 |                  |
- (4) Contact person: \_\_\_\_\_
- (5) (a) Telephone no.: \_\_\_\_\_
- (b) Mobile/Pager no.: \_\_\_\_\_
- (6) Facsimile no.: \_\_\_\_\_

**SECTION II - FUND TRANSFER INFORMATION**

- (1) Details of the scheme from which accrued benefits <sup>Note 3</sup> are to be transferred
- Name of the trustee: \_\_\_\_\_
- Name of the scheme: \_\_\_\_\_

(2) Do you wish to transfer the accrued benefits <sup>Note 3</sup> of *all* employees participating in the scheme? (please ✓ the appropriate box)

Yes (please skip item (3) below)

No

(3) Details of the employee(s) whose accrued benefits <sup>Note 3</sup> are to be transferred:

Name of the employee: \_\_\_\_\_

Hong Kong Identity (HKID) card/  
Passport number \* <sup>Note 4</sup> of the employee: \_\_\_\_\_

*(Please provide details of each employee on separate sheets of paper.)*

(4) I/My company\* elect(s) to have the accrued benefits of my employees transferred to the following registered scheme:

Name of the trustee: \_\_\_\_\_

Name of the scheme: \_\_\_\_\_

### SECTION III - DECLARATION

I/We\* declare that to the best of my/our\* knowledge and belief, the information given in this Form is correct and complete. ✦

\_\_\_\_\_  
[Signature of the participating employer <sup>Note 5</sup>]

\_\_\_\_\_  
Date

✦ **Warning:** Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year's imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material respect.

***Explanatory Notes on Participating Employer's  
Request For Fund Transfer Form (Form MPF(S) - P(E))***

- (1) (a) This Form should be used when a participating employer wishes to transfer the accrued benefits in respect of its employees to another MPF registered scheme. Upon completion of this Form, a participating employer should give this Form to the transferee trustee.
- (b) A transferee trustee means the trustee of a scheme to which the accrued benefits of a scheme member are to be transferred.
- (2) The participation number is the number printed on the participation certificate issued by the MPFA to the participating employer.
- (3) The accrued benefits confine to the accrued benefits held in the contribution account(s) in the scheme in respect of your employee's/employees' employment with you.
- (4) Passport numbers of the employees may be given ONLY when they do NOT possess HKID cards.
- (5) If the participating 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.