

Unclaimed Benefits Information Enquiry

Authorization Form

Notes on Making an Enquiry

- (1) Under the following special circumstances, the accrued benefits of an MPF scheme member may be classified as “unclaimed benefits”:
- i. A member who reaches the age of 65 but has not withdrawn his accrued benefits from the trustee and remains unreachable despite attempts by trustee to locate him through different means.
 - ii. A member requests his trustee to withdraw accrued benefits. The cheque sent to the member by the trustee however remains unpresented after 6 months from the issuance date and the member remains unreachable despite attempts by trustee to locate him through different means.

The MPFA maintains a register of unclaimed benefits for members of the public to check for free.

- (2) This “**Form UB-AP**” is to be completed by any person who wishes to make enquiry about his/her unclaimed benefits information via an authorized person. The authorized person will also be required to complete part of the Form.
- (3) If you wish to make enquiry about unclaimed benefits information for yourself, please use “**Form UB-SM**”. To make enquiry about unclaimed benefits information of a deceased scheme member, please use “**Form UB-PR**”.
- (4) You may submit your enquiry to the Authority by:
- a. **Visiting the Authority in person:** Please bring (1) the completed Form, (2) copy of ID document of the scheme member (e.g. HKID Card) and (3) original ID document of the authorized person.

Office	Address	Office Hours	
Head Office	Level 8, Tower 1, Kowloon Commerce Centre, 51 Kwai Cheong Road, Kwai Chung	Weekdays: 8:45 am to 5:45 pm	Saturdays, Sundays and Public Holidays: Closed
Hong Kong Island Office	Room 1201-1207, Nan Fung Tower, 88 Connaught Road Central, Sheung Wan		
Kowloon Office	25/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon		

- b. **Mail/Fax:** Please post or fax the completed Form and copies of ID supporting documents of both the scheme member and the authorized person to the Authority. (The MPFA will not accept underpaid mail which will be returned to the sender or disposed of by the Hongkong Post. Please affix sufficient postage.) Search result will be sent to the authorized person by mail.
- Address: Customer Services Department, MPFA, Room 1201-1207, Nan Fung Tower, 88 Connaught Road Central, Sheung Wan
Fax: 3146 7367
- (5) To ensure proper authorization has been given by the scheme member and to protect members’ personal data, the Authority may contact and confirm with the scheme member as and when necessary before processing an enquiry. An enquiry will not be processed if confirmation from the scheme member concerned cannot be obtained.
- (6) Notes on using this Form UB-AP:
- a. Only one authorized person is allowed for each form. Multiple authorized persons in one form will not be accepted.
 - b. **For any alteration of information on the Form, full signature of the scheme member must be present.**
 - c. For submission in person, Form UB-AP must be submitted by the authorized person himself/herself. Submission by any other third party will not be accepted.
 - d. For submission in person, original ID document of the authorized person must be presented for inspection.
 - e. ID document of the scheme member must be submitted in printed form.
 - f. Corresponding and valid ID documents of both the scheme member and the authorized person must be presented. For example, if HKID No. is listed in the Form, a copy of HKID Card must be presented. Non-corresponding and expired ID documents will not be accepted.
 - g. This form is **valid for one month** from the date on which the scheme members signs the form. Expired forms will not be accepted.
- (7) To check the details of unclaimed benefits, please approach the relevant scheme trustee(s) directly for assistance.
- (8) Please note that the Form is only for person who wishes to make enquiry about unclaimed benefits information. For information relating to personal accounts, please submit your request using the relevant “Personal Account Information Enquiry Form” (Form PA-SM, PA-PR & PA-AP). For information on contribution accounts, please check with the relevant employer(s) and/or trustee(s) for details.
- (9) The Form and copies of ID document submitted will not be returned.
- (10) The Authority reserves the right to change the above requirements without prior notice.

**查閱無人申索的權益資料
授權書
查詢須知**

- (1) 強積金計劃成員的累算權益，可於下列特殊情況下被界定為「無人申索權益」：
- i. 成員已年滿 65 歲，但並無向受託人申請取回累算權益，而受託人透過不同途徑亦未能成功聯絡成員；
 - ii. 受託人接獲成員提取累算權益的申請，並向成員發出支票，惟支票在發出日起計 6 個月內仍未過戶，而受託人透過不同途徑亦未能成功聯絡成員。
- 積金局設有「無人申索權益」紀錄冊，供市民免費查閱。
- (2) 本「表格 UB-AP」供擬授權他人，代辦查詢其無人申索的權益的人士填寫。獲授權人亦須填寫本表格的部份內容。
- (3) 如閣下擬自行查詢你的無人申索的權益資料，請填寫「表格 UB-SM」。如擬查詢已故計劃成員的無人申索的權益資料，請填寫「表格 UB-PR」。
- (4) 閣下可選擇以下列方法向本局提交查詢：
- a. **親臨本局**：請閣下攜同（1）已填妥的表格、（2）計劃成員的身分證明文件副本（如身分證）及（3）獲授權人士的身分證明文件正本親臨本局辦事處查詢。

辦事處	地址	辦公時間	
總辦事處	葵涌葵昌路51號九龍貿易中心1座8樓	星期一至五： 上午8時45分 至 下午5時45分	星期六、日 及公眾假期： 休息
港島辦事處	上環干諾道中88號南豐大廈1201-1207室		
九龍辦事處	觀塘觀塘道388號創紀之城1期1座25樓		

- b. **郵遞/傳真**：請閣下將已填妥的表格連同計劃成員及獲授權人士的身分證明文件副本郵遞或傳真至本局。（積金局不會接收郵資不足的郵件，有關郵件將由香港郵政退回寄件人或予以銷毀。請支付足額郵資。）本局將以信函回覆閣下。

地址：上環干諾道中88號南豐大廈1201-1207室 積金局客戶服務處
傳真：3146 7367

- (5) 為確保查詢已獲得適當授權及保障計劃成員的個人資料，本局在處理查詢時或會與計劃成員聯絡，以核實表格上的資料。如未能核實資料，本局有權不處理有關查詢。
- (6) 使用本表格須知：
- a. 每一張表格上只可填寫一名獲授權人。如表格上有多於一名獲授權人，查詢將不獲處理。
 - b. **表格上的資料如被刪改，計劃成員必須在旁簽署作實，否則查詢將不獲處理。**
 - c. 如親臨遞交查詢，「表格 UB-AP」必須由表格上的獲授權人本人遞交。由非獲授權人士遞交的查詢將不獲處理。
 - d. 如親臨遞交查詢，獲授權人必須出示其身分證明文件正本。
 - e. 計劃成員的身分證明文件副本必須以書面形式提交。
 - f. 計劃成員及獲授權人必須提交相符及有效的身分證證明文件予本局核對（例：如表格上填上香港身分證號碼，提交的證明文件須為香港身分證）。不相符或逾期的身分證證明文件將不獲接納。
 - g. 本表格的有效期為一個月（由計劃成員簽署表格當日起計算），逾期遞交的查詢將不獲處理。
- (7) 有關無人申索權益的詳細資料，請直接向有關強積金受託人查詢。
- (8) 請注意，本表格只供查詢無人申索的權益資料之用。如欲查詢個人帳戶資料，請參閱「個人帳戶資料查詢表格」（表格編號：PA-SM, PA-PR 及 PA-AP）。如欲查詢其他強積金供款帳戶資料，請向有關僱主或受託人查詢。
- (9) 已遞交之表格及身分證證明文件副本將不予退還。
- (10) 本局保留權利更改以上條文而不作另行通知。

Mandatory Provident Fund Schemes Authority

Personal Information Collection Statement

(Form UB-SM, Form UB-AP and Form UB-PR)

The personal data to be supplied in this Form are for the purposes of processing your enquiry about unclaimed benefits details. The personal data will be used, disclosed or transferred only for purposes related to the enquiry or where permitted by law. Failure to supply the requisite personal data may result in the Authority being unable to process the enquiry if it affects the Authority's ability to retrieve the requested information or contact the scheme member / authorized person / personal representative or person entitled in priority to the administration of the estate of a deceased scheme member.

If you wish to request access to and/or correction of your personal data held by the Authority, you may do so in writing addressed to the Personal Data Privacy Officer, Mandatory Provident Fund Schemes Authority.

強制性公積金計劃管理局

個人資料收集聲明

(表格 UB-SM、表格 UB-AP 及表格 UB-PR)

藉本表格提供的個人資料，乃為處理閣下要求查閱無人申索的權益的申請之用。有關資料只會因應與該項查詢有關的用途或在法律允許的情況下加以使用、披露或轉移。如未能提供所需個人資料，以致本局難以抽取所要求查閱的資料或聯絡計劃成員／獲授權人／遺產代理人或具有優先權利管理計劃成員遺產的人士，則本局可能無法處理閣下的查詢。

如欲查閱及／或更正閣下存於本局的個人資料，可致函強制性公積金計劃管理局個人資料私隱主任，提出有關要求。

**Unclaimed Benefits Information Enquiry
Authorization Form**
**查閱無人申索的權益資料
授權書**

Particulars of the Scheme Member 計劃成員資料	
Name In English 英文姓名	
Name In Chinese 中文姓名	
HKID / Passport No. ¹ 香港身分證/護照號碼 ¹	¹ Please fill in and provide copy of identification document used for MPF enrolment 請填寫用作開立強積金帳戶的身分證明文件及提供副本
Day-time Telephone No. 日間聯絡電話	
Authorization & Declaration 授權及聲明	I hereby authorize the person listed below to enquire and receive details of my unclaimed benefits including my name, HKID/Passport number, and name, business address and telephone number of the related MPF trustee(s). I declare that to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete. 本人現授權下列人士，查閱及獲取本人於強積金計劃下有關無人申索的權益資料，包括本人姓名、香港身分證號碼/護照號碼、有關強積金受託人的名稱，營業地址及電話。 本人聲明，本人並深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。
	Signature 簽署

Particulars of the Authorized Person 獲授權人資料	
Name In English 英文姓名	
Name In Chinese 中文姓名	
HKID / Passport No. ² 香港身分證/護照號碼 ²	² Please provide copy of HKID / Passport for mail/fax enquiry 如郵遞/傳真遞交，請附上香港身分證/護照副本
Day-time Telephone No. 日間聯絡電話	
Mail results to this address 請將結果寄往此地址	
Declaration 聲明	I declare that I have duly obtained authorization from the scheme member listed above to check his/her unclaimed benefits information, and to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete. 本人聲明，本人已獲上述成員正式授權，代其查詢無人申索的權益資料；本人並深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。
	Signature 簽署

Note A: It is an offence under Section 43E of the Mandatory Provident Fund Schemes Ordinance if a person makes a false or misleading statement in a material respect to the Authority and the approved trustees. Convicted offenders are liable to a fine of HK\$100,000 and imprisonment for 12 months.

附註甲：強制性公積金計劃條例第 43E 條訂明，任何人士如在要項上向積金局或核准受託人作出虛假或具誤導性的陳述，即屬犯罪。一經定罪，可被罰款 10 萬港元及監禁 12 個月。

Note B: Copies of ID documents provided to the Authority should be clear and legible.

附註乙：(Please enlarge the image to 150% with a light colour tone. For submission by fax, please use photo mode.)

如提供身分證明文件副本至本局，請確保影像清晰可讀。
(請將文件放大 1.5 倍，並將顏色調至較為淺色。如傳真，請使用影像模式)

Note C: Please complete the form in BLOCK letters.

附註丙：請以正楷填寫表格。