

The applicant should note that a person who in any document given to the Authority makes a statement that the person knows to be false or misleading in a material respect, or recklessly makes a statement which is false or misleading in a material respect, commits an offence under Section 43E of the Mandatory Provident Fund Schemes Ordinance (“MPFSO”) and is liable to prosecution.

Standard Information / Document Request List

Application for Approval of Pro-forma Participation Agreement (“PA”) / Pro-forma Form of Amendment / Amendment to Executed PA

The Standard Information / Document Request List (“Standard Information List”) is a standard application form for:

- approval of pro-forma PA / revised pro-forma PA;
- approval of pro-forma Form of Amendment to executed PA (“FOA”) / revised pro-forma FOA; or
- approval of amendment to executed PA of Employer (“ER”)

pursuant to Section 63 of the Mandatory Provident Fund Schemes (General) Regulation (“Regulation”).

The list is divided into the following parts:

Part I : Application Documents to be submitted to the Authority by the Trustee ^{Note1}

Part II : Contents of the Application Documents

^{Note1} *The applicant shall be an approved trustee pursuant to Section 20 of the MPFSO.*



Important Notes:

- 1. The Authority reserves the right to return forthwith, without processing, an incomplete or non-compliant application to the extent that information and/or the accompanying documents are not properly or fully completed, and/or negative responses in the Standard Information List are not properly explained, and/or such application is accompanied by documents that do not meet the applicable requirements under the Regulation, are not in good order or otherwise not suitable for clearance.***
- 2. Applicants should note that the below list of documents / information is by no means exhaustive and the Authority may request further documents / information in relation to the application where necessary. All information that is deemed material and relevant to the application should also be submitted to the Authority in addition to the information and documents requested herein.***
- 3. Applicants should note that in reviewing the application documents, the Authority has not vetted the information therein related to accuracy issues such as grammar, spelling mistakes or typing error. It is the responsibility of the applicant to ensure the accuracy and consistency of all the information and documents submitted.***
- 4. This is a standard form document. Unless otherwise specified, when completing this Standard Information List please do not make any deletion, addition or amendment to the standard form document or headings.***
- 5. If there are any changes to the information provided in this Standard Information List, please notify the Authority as soon as practicable. The Authority reserves the right to request the applicant to submit updated and duly signed and completed documentation prior to approval of the application.***



Part I Application Documents to be submitted to the Authority by the Trustee

- (1) Reference checklist for application for approval of pro-forma PA / pro-forma FOA / amendment to executed PA to be completed by the Trustee
- (2) Trustee confirmations



Part II Contents of the Application Documents

(1) Reference checklist for application for approval of pro-forma PA / pro-forma FOA / amendment to executed PA (“Reference Checklist”) to be completed by the Trustee

Instructions:

Please complete the Reference Checklist with reference to the following:

Type of application	Sections of the Reference Checklist to be completed
Application for approval of pro-forma PA / revised pro-forma PA	A & B
Application for approval of pro-forma FOA / revised pro-forma FOA	A & B
Application for approval of amendment to executed PA of ER	A & C

No.	Information required:	Response / Information: ^{Note2}
Section A. General		
1.	Name of the trustee:	
2.	Name of the scheme:	
3.	Please indicate the type of application ^{Note3} : <input type="checkbox"/> * Pro-forma PA / revised pro-forma PA of * Employer (“ER”) / Employee (“EE”) / Self-Employed Person (“SEP”) / Personal Account Holder (“PAH”) / Person intends to make Special Voluntary Contribution (“SVC Person”) <input type="checkbox"/> * Pro-forma FOA / revised pro-forma FOA of * ER / SEP <input type="checkbox"/> Amendment to executed PA of ER * Please delete whichever is inappropriate	
4.	Proposed effective date:	

^{Note2} Please continue on a separate sheet if there is insufficient space and attach such continue sheet to the Reference Checklist.

^{Note3} Please provide the relevant document(s) for the application, including a clean version and a mark-up version (with changes shown in mark-ups against previously approved version).



No.	Information required:	Response / Information:
Section B. For application for approval of pro-forma PA / revised pro-forma PA / pro-forma FOA / revised pro-forma FOA		
5.	<p><u>For pro-forma PA / FOA only</u></p> <p>Please advise whether the submitted pro-forma PA / FOA is</p> <ul style="list-style-type: none">- an agreement / endorsement to an agreement between ER / SEP / potential PAH / SVC person and approved trustee for participation in the trustee's MPF scheme; and- contains rules or provisions governing the establishment and operation of the scheme; and- relates to mandatory contributions ("MC") or voluntary contributions ("VC"). <p><i>Note: If the document fails to satisfy any of the above conditions, it may not require approval from the Authority.</i></p>	
6.	<p><u>For revised pro-forma PA / FOA only</u></p> <p>Please advise whether the amendment relates to MC or VC.</p> <p><i>Note: Amendments such as correction of typographical errors, alteration of design and layout and minor changes in wording of the approved set of pro-forma PA / pro-forma FOA, which do not change the effect of its provisions, would not require further approval from the Authority.</i></p>	



No.	Information required:	Response / Information:
7.	<p><u>For (revised) pro-forma FOA of ER only</u></p> <p>(i) Please specify the applicable changes that are listed under or attached to the pro-forma FOA:</p> <ul style="list-style-type: none"> - Addition/Cessation of VC made by ER or member - Increase/Decrease of VC rate of ER or member - Change of basis of VC and/or change of VC formula - Changes of eligibility of (new) EE for VC - Addition or re-classification of member benefit class - Others (please specify) <p>(ii) Please advise whether the applicable changes under the pro-forma FOA will adversely affect any member's vested benefits or accrued rights under the scheme.</p> <p>(iii) Please advise whether that the applicable changes under the pro-forma FOA are changes that, when taking effect retrospectively, will adversely affect a member's vested benefits or accrued rights.</p> <p>(iv) Please confirm that a prominent note of reminder is included in the FOA advising "any changes relating to MC or VC that will alter to a member's detriment his/her <u>vested benefits or accrued rights</u> under a registered scheme would require approval from the Authority before the change can take effect".</p>	
8.	Please confirm whether the provisions and terms in the (revised) pro-forma PA / FOA are considered as necessary, reasonable and fair to the potential participants / members.	
9.	Other information or documents that the applicant wishes to provide in support of the application.	



No.	Information required:	Response / Information:
Section C. For application for approval of amendment to executed PA of ER		
10.	Please advise whether the amendment relates to MC or VC. <i>Note: Amendments, such as correction of typographical errors, alteration of design and layout and minor changes in wording of the executed PA, which do not change the effect of its provisions, may not require approval from the Authority.</i>	
11.	Name of participating employer:	
12.	Details of proposed amendments (including reasons for the amendments):	
13.	Please confirm: <ul style="list-style-type: none">- the employer has the right to initiate such amendment according to the governing rules of the schemes; and- the conditions (e.g. members' consent), if any, for implementing such amendment as stipulated under the scheme governing rules were satisfied.	
14.	Please advise, with justifications, whether the amendment will adversely affect a member's vested benefits or accrued rights under the scheme.	



No.	Information required:	Response / Information:
15.	<p>Total number of staff of the relevant employer that are employee members of the scheme.</p> <p>Number of members, whose benefits will be affected by the change upon the implementation of the amendment:</p> <ul style="list-style-type: none">- whose vested benefits and accrued rights will be <u>adversely</u> affected- whose vested benefits only will be <u>adversely</u> affected- whose accrued rights only will be <u>adversely</u> affected <p>Number of members, whose vested benefits and accrued rights will not be <u>adversely</u> affected.</p>	
16.	<p><u>Communication arrangement</u></p> <p>Please advise the communication arrangement (e.g. notices, briefing session, etc.) to members in relation to the proposed amendment to the executed PA of ER.</p> <p>Please also confirm the following with explanation:</p> <ul style="list-style-type: none">- such arrangement is in compliance with the offering document and governing rules of the scheme;- the relevant employees are fully aware of the proposed amendments; and- the proposed changes do not take effect until the Authority has given written notice to the trustee that the Authority has approved it.	



No.	Information required:	Response / Information:
17.	<u>Member consent requirement</u> ^{Note4} Please confirm the trustee is satisfied that all affected members have given written consent to the proposed amendments and are fully aware of the impact on their vested benefits and/or accrued rights.	
18.	Other information or documents that the applicant wishes to provide in support of the application.	

^{Note4} *Consents from the affected members are required for changes that will adversely affect their vested benefits.*



We hereby confirm that all information contained in this Standard Information List and such other information and documents submitted to the Authority herewith are true and accurate.

Name of the trustee:

Signed on behalf of the trustee by:

Name of authorized signatory:

Position of the person signing:

Date:

Signature:



(2) Trustee Confirmations

1. Please provide, in the form of a letter, a confirmation from the scheme's trustee that the provisions in the (revised) pro-forma PA / the provisions in the (revised) pro-forma FOA / the proposed amendment(s) to the executed PA of ER:
 - (i) is/are in compliance with the applicable provisions of governing rules of the scheme, the MPF legislation, Codes, Guidelines and the relevant Schedule of Approval Conditions imposed on the applicant; and
 - (ii) does/do not contravene the applicable provisions of governing rules of the scheme, the MPF legislation, Codes, Guidelines and the relevant Schedule of Approval Conditions imposed on the applicant.
2. ***When the Chinese version is finalized***, please provide, in the form of letter, a confirmation from the scheme's trustee regarding the truth and accuracy of the Chinese *version* of the English documents.