

MANDATORY PROVIDENT FUND SCHEMES AUTHORITY

IV.4 Guidelines on Payment of Accrued Benefits - Documents to be Submitted to Approved Trustees

INTRODUCTION

In accordance with section 15 of the Mandatory Provident Fund Schemes Ordinance (“the Ordinance”), the accrued benefits of a scheme member may be withdrawn under the circumstances prescribed therein. Part XIII of the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”) further specifies the requirements and procedures regarding claims for payment of accrued benefits.

2. Section 6H of the Ordinance provides that the Mandatory Provident Fund Schemes Authority (“the Authority”) shall issue guidelines for the guidance of approved trustees, service providers and other persons concerned with the Ordinance.

3. Section 47A of the Ordinance empowers the Authority to specify or approve the form and contents of documents required for the purposes of this Ordinance.

4. The Authority hereby issues guidelines to:

- (a) approve forms for the purposes of Division 1 of Part XIII of the Regulation; and
- (b) provide guidance in relation to the processing of claims for payment of accrued benefits.

CLAIM FORM

5. For the purposes of Division 1 of Part XIII of the Regulation, the Authority hereby approves:

- (a) at Annex A, the *Claim Form for Payment of Accrued Benefits* (“*the Claim Form*”) (*Form MPF(S)-W*);
- (b) at Annex B, the Medical Certificate (*Form MPF(S)-W(M)*); and
- (c) at Annexes C to G, the Statutory Declaration Forms (*Form MPF(S)-W(SD1)*, *Form MPF(S)-W(SD2)*, *Form MPF(S)-W(SD3)*, *Form MPF(S)-W(SD4)* and *Form MPF(S)-W(SD5)*) to be used for the circumstances specified in the Regulation.

6. Lodgement of a claim for payment of accrued benefits must be made in these approved forms. Those forms requiring a signature of the claimant must be signed either by the relevant member of a registered scheme, the personal representative of a deceased scheme member, or a committee of estate (“committee”)/guardian appointed under the Mental Health Ordinance (Cap. 136) to lodge claim on behalf of a mentally incapacitated member.

7. A claimant is only required to fill in one Claim Form if the claim is in respect of one or more accounts in one single registered scheme. However, if the claim is in respect of accounts in more than one registered scheme, the claimant is required to fill in one Claim Form for each registered scheme.

EVIDENCE FOR CLAIMS

8. Under Part XIII of the Regulation, a claim for payment of accrued benefits must be accompanied by evidence satisfactory to the trustee that the claimant is eligible for the claim, or a relevant statutory declaration.

9. To facilitate trustees in processing claims for payment, Section III of the Claim Form sets out the documents that a claimant is required to submit in lodging the claim. In vetting those documents, trustees should take note of the following:

- (a) *Date of birth in Hong Kong Identity (HKID) Card*: If the HKID card of a scheme member does not contain the exact date of birth of the scheme member, the trustee may determine the age of the scheme member by reference to the last day of the month or the last day of the year as shown on the HKID card in processing claims on grounds of retirement or early retirement. For instance, if the scheme member is recorded as born in 1945, he/she will be entitled to be paid his/her accrued benefits starting from 31 December 2010, which is the 65th year after his/her birth.
- (b) *Documents to show the status of a personal representative of a deceased scheme member*: The name of the personal representative of a deceased person is printed on the Letter of Probate or Letter of Administration issued by the Probate Registry. The trustee of the scheme can verify the status of a personal representative by requesting a copy of the Letter of Probate or Letter of Administration from the personal representative.
- (c) *Medical certificate certifying total incapacity*: If the claimant also claims long service payment on grounds of permanent unfitness for his/her present job under the Employment Ordinance (Cap. 57), he/she may use the form “Certificate of an employee’s permanent unfitness for a particular type of work” used for the purpose to substitute for the approved form for medical certificate, MPF(S) - W(M), at Annex B to claim for payment of MPF accrued benefits

on grounds of total incapacity.

- (d) Documents to show the status of a committee/guardian: The trustees may verify the status of a committee/guardian by requesting a copy of the evidence of the appointment, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136). For example, the trustees should pay attention to the guardian's name printed on the Guardianship Order issued by the Guardianship Board and the validity period under the Guardianship Order.
- (e) Forms of statutory declarations: To facilitate compliance by scheme members and trustees, forms are approved for making statutory declaration by claimants under different circumstances in claiming for payment of accrued benefits (Annexes C to G). The statutory declarations must be a valid statutory declaration in the place where the declaration is made, whether in Hong Kong or a place other than Hong Kong.

10. In some special circumstances, when the above requirements do not seem appropriate, the trustees may alter the requirements to satisfy themselves that the claimant is eligible for the claim.

AVAILABILITY OF THE FORMS

11. The Claim Form, Form MPF(S) - W(M) and the Statutory Declaration Forms can be downloaded by any user from the internet at the Authority's web site at [<http://www.mpfahk.org>]. Hard copies of the forms are also available at the office of the Authority. Approved trustees may consider allowing any user to download the forms from their web sites by putting the forms online or providing hard copies of the forms upon request. To facilitate

smooth processing of the payment of accrued benefits, approved trustees may provide supplementary notes in addition to those in the explanatory notes of the Claim Form.

FORM MPF(S) - W

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

CLAIM FORM FOR PAYMENT OF ACCRUED BENEFITS

NOTES :

- (1) *This Form is to be completed by any person who wishes to claim for payment of accrued benefits.*
 - (2) *Please use BLOCK LETTERS for completion of this Form.*
 - (3) *Please read the explanatory notes carefully before completing this Form.*
 - (4) ** means delete whichever is inappropriate.*
 - (5) *Please insert "N.A." if not applicable.*
 - (6) *The information and data given in this Form can be used by the approved trustee concerned and the Mandatory Provident Fund Schemes Authority in activities relating to the processing of the claim and may be disclosed to other parties for such purposes.*
 - (7) *All the forms related to claims for payment of accrued benefits (i.e. Form MPF(S) - W(M), MPF(S) - W(SD1), MPF(S) - W(SD2), MPF(S) - W(SD3), MPF(S) - W(SD4) and MPF(S) - W(SD5)) can be downloaded from the internet at MPFA's web site at [<http://www.mpfahk.org>]. Hard copies of the forms are also available at the office of the MPFA. If necessary, you may seek assistance from the approved trustee of your scheme or the MPFA.*
 - (8) *Upon completion of this Form, claimant/scheme member should give this Form to the approved trustee of the scheme concerned.*
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SECTION I - DETAILS OF THE CLAIMANT ^{Note 1} / SCHEME MEMBER**(1) Claimant**

(i) Name : _____

(ii) Hong Kong Identity (HKID)
Card/Passport* number ^{Note 2} : _____

(iii) Correspondence address

_____	_____	_____	_____
Flat/Room	Floor	Block	Name of building

_____	_____
Street no.	Name of street

_____	_____
Name of district	* Hong Kong/Kowloon/N.T.

(iv) (a) Telephone no. : _____

(b) Mobile/Pager no. : _____

(v) Facsimile no. : _____

(2) Scheme member (if different from claimant)

(i) Name : _____

(ii) Hong Kong Identity (HKID)
Card/Passport* number ^{Note 2} : _____

SECTION II - DETAILS OF THE CLAIM

(1) Name of the scheme and account number(s) against which payment(s) are claimed ^{Note 3}

Name of the scheme : _____

Name of the trustee : _____

Account number(s) : (1) _____

(2) _____

(3) _____

(2) Grounds for claiming accrued benefits : *(please ✓ one box)*

- Retirement (i.e. scheme member reaches the retirement age of 65)
- Early retirement (i.e. scheme member reaches the age of 60 and has permanently ceased all employments/self-employment)
- Total incapacity
- Death
- Permanent departure from Hong Kong
- Small balance account

(3) Method of payment *(please ✓ the appropriate box)* :

(i) by cheque

(ii) by depositing directly in my bank account*

or
by depositing directly into the bank account of the scheme member (if the claim is lodged by a committee/guardian on behalf of the scheme member)*

(applicable only to trustees who provide such services and charges may be imposed for the transaction)

Name of bank : _____

Account number : _____

SECTION III - DOCUMENTS ENCLOSED

The following documents are enclosed by the claimant(s) in respect of the claim for payment on grounds of *(Please ✓ the appropriate box)* ^{Note 4} :

(A) Retirement

- a copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification ^{Note 8}

(B) Early Retirement

- a copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification ^{Note 8}
- the original copy of the statutory declaration form on early retirement (Form MPF(S) - W(SD1)) ^{Note 5}

(C) Total Incapacity

- a copy of your HKID card (if the claim is made by the scheme member), or a copy each of the scheme member's and the committee/guardian's HKID cards (if the claim is made by the committee/guardian on behalf of the scheme member) for verification of identity card number(s) if you do not wish to present the card in person for verification ^{Note 8}
- a copy of the medical certificate certifying total incapacity (Form MPF(S) - W(M)) ^{Note 6}
- a copy of the letter from the employer (if employed as an employee immediately before total incapacity) or the last employer (if employment as an employee has been terminated before total incapacitation) certifying that the contract of employment for that particular kind of work has been or will be terminated ^{Note 7}
- the original copy of the statutory declaration form on total incapacity (Form MPF(S) - W(SD4) if the claim is made by the scheme member, or Form MPF(S) - W(SD5) if the claim is made by a committee/guardian on behalf of the scheme member) ^{Notes 5 & 9}
- a copy of the evidence of the status of the committee/guardian, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136) (if the claim is made by a committee/guardian on behalf of the scheme member)

(D) Death

- a copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification ^{Note 8}
- a copy of the death certificate of the deceased scheme member
- a copy of the Letter of Probate or Letter of Administration granted by the Probate Registry

(E) Permanent Departure from Hong Kong

- a copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification ^{Note 8}
- a copy of the immigration visa/foreign passport/Home Visit Permit/Entry Permit for Hong Kong and Macau Residents ^{Note 10}/others *, etc. _____ (please specify type of other documents) giving the member the permission to reside permanently or for an indefinite period in a place outside Hong Kong
- the original copy of the statutory declaration form on permanent departure (Form MPF(S) – W(SD2)) ^{Note 5}
- a copy of the Letter of Release issued by the Inland Revenue Department, if applicable
- your overseas contact details:

Address: _____

Telephone no.: _____

Fax no.: _____

E-mail address: _____

(F) Small Balance Account

- a copy of your HKID card for verification of your identity card number if you do not wish to present the card in person for verification ^{Note 8}
- the original copy of the statutory declaration form on small balance account (Form MPF(S) – W(SD3)) ^{Note 5}

SECTION IV – DECLARATION

I / We* ^{Note 1} declare that to the best of my / our * knowledge and belief, the information given in this Form and its attachments is correct and complete. ✦

[Signature of the claimant(s)]_____
Date

✦ **Warning** : Section 43E of the Ordinance makes it an offence punishable with a maximum of 1 year 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
Claim Form For Payment of Accrued Benefits (Form MPF(S) – W)***

- (1) For claims of payment on grounds of death, only the personal representative within the meaning of the Probate and Administration Ordinance (Cap.10) may act on behalf of the deceased scheme member to claim for payment of the member's accrued benefits. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives. For claims of payment on grounds of total incapacity, either the member or a committee of estate/guardian appointed under the Mental Health Ordinance (Cap. 136) to act on behalf of the member may lodge the claim for payment of accrued benefits.
- (2) Claimants/scheme members should give their passport numbers ONLY when they do NOT possess HKID cards.
- (3) If a claimant/scheme member has more than one account in a registered scheme, the claimant should fill in one form for payment of accrued benefits in respect of all accounts within one scheme. If a claimant/scheme member has accounts in more than one scheme, the claimant should fill in one form for each scheme.
- (4) In processing a claim of payment, the approved trustee of the scheme may request the claimant to produce the original copies of the documents for checking purpose, if necessary.
- (5) A claimant who is required to make a statutory declaration for a claim shall complete the relevant statutory declaration form and make a statutory declaration. The signed statutory declaration form shall be attached to Form MPF(S) – W. The statutory declaration must be a valid statutory declaration in Hong Kong (e.g. made before and signed by a Commissioner for Oaths/Notary Public/Justice of Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration.
- (6) Except for a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job under the Employment Ordinance (Cap. 57), a claimant shall ask his/her medical practitioner to fill in Form MPF(S) – W(M) and attach it to Form MPF(S) – W. A medical practitioner who signs Form MPF(S) – W(M) must be *either*
 - (I) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap. 161), i.e.,
 - (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
 - (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (i.e. persons who are exempted from registration);

or

(II) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2 of the Chinese Medicine Ordinance (Cap. 549).

For a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job, he/she may use the form “Certificate of an employee’s permanent unfitness for a particular type of work” under the Employment Ordinance used for the purpose to substitute for the Form MPF(S) – W(M) for the purpose of claiming payment of MPF accrued benefits on grounds of total incapacity.

- (7) For a self-employed person or a former self-employed person who claims payment on grounds of total incapacity, there is no need to produce an employer letter.
- (8) For a claimant/scheme member who does NOT possess a HKID card, a copy of the passport (only pages with personal particulars and passport number) should be given to the trustee concerned for verification of the passport number if the claimant/scheme member does not wish to present the passport in person for verification.
- (9) For a former employee whose last employment has been terminated before total incapacity and who is unable to obtain a letter from the last employer certifying that the contract of employment for that particular kind of work has been terminated or has been unemployed for more than 7 years, the claimant must provide the trustee with a statutory declaration stating that that contract of employment for the particular kind of work as specified in the medical certificate has been terminated.
- (10) The “Entry Permit for Hong Kong and Macau Residents (港澳居民來往內地通行證)” is issued at the China Travel Service (Hong Kong) Limited on behalf of the Public Security Bureau of Guangdong, PRC.

FORM MPF(S) - W(M)

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

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS
FOR A PARTICULAR KIND OF WORK**

Name of the patient: _____ Sex: _____ Age: _____

Hong Kong Identity Card/Passport* No.: _____

The above patient has been under the medical care of the undersigned since
_____ [dd/mm/yyyy]

Based on the findings as revealed in today's consultation, I certify that he/she* is
permanently unfit for his/her* present/last* job as a _____ [job title]
for the following reason(s): _____

Signature of registered medical practitioner/registered Chinese medicine practitioner*: _____

Name in block letters: _____

Address and telephone number: _____

Date: _____

Official seal (if any): _____

* Delete whichever is inappropriate

FORM MPF(S) - W(SD1)

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

**STATUTORY DECLARATION FOR CLAIMS FOR PAYMENT
OF ACCRUED BENEFITS ON GROUNDS OF EARLY RETIREMENT**

I, _____ [name of the claimant], Hong Kong Identity Card/Passport*
No.: _____ of _____

[address of the claimant], solemnly and sincerely declare that:

- (a) I have reached 60 years old on _____ [dd/mm/yyyy]; and
- (b) I have permanently ceased my employment and/or self-employment* with effect from _____ [dd/mm/yyyy].

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

[Signature of the claimant]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

* *Delete whichever is inappropriate*

FORM MPF(S) - W(SD2)

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

**STATUTORY DECLARATION FOR CLAIMS FOR PAYMENT
OF ACCRUED BENEFITS ON GROUNDS
OF PERMANENT DEPARTURE FROM HONG KONG**

I, _____ [name of the claimant], Hong Kong Identity Card/Passport*
No.: _____ of _____ [address
of the claimant], solemnly and sincerely declare that:

- (a) I departed/will depart* from Hong Kong permanently
on _____ [dd/mm/yyyy]; and
- (b) No mandatory contributions were paid or required to be paid by or in respect
of me to any registered scheme under the Mandatory Provident Fund Schemes
Ordinance since the date specified in (a) above; and
- (c) I have not previously claimed payment for any accrued benefit in any
registered scheme on grounds of permanent departure from Hong Kong on an
earlier departure date.

And I make this solemn declaration conscientiously believing the same to be true and by
virtue of the Oaths and Declarations Ordinance.

[Signature of the claimant]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

* *Delete whichever is inappropriate*

FORM MPF(S) - W(SD3)

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

**STATUTORY DECLARATION FOR CLAIMS FOR PAYMENT
OF ACCRUED BENEFITS FROM SMALL BALANCE ACCOUNTS**

I, _____ [name of the claimant], Hong Kong Identity Card/Passport*
No.: _____ of _____ [address
of the claimant], solemnly and sincerely declare that:

- (a) I do not intend to become employed or self-employed within the foreseeable future; and
- (b) during the 12 months immediately preceding the lodgment of this claim, no mandatory contributions were paid or required to be paid by or in respect of me to any registered scheme under the Mandatory Provident Fund Schemes Ordinance; and
- (c) I do not have accrued benefits kept in any other registered scheme.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

[Signature of the claimant]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

** Delete whichever is inappropriate*

FORM MPF(S) - W(SD4)

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

**STATUTORY DECLARATION FOR CLAIMS FOR PAYMENT
OF ACCRUED BENEFITS ON GROUNDS OF TOTAL INCAPACITY**

I, _____ [name of the claimant], Hong Kong Identity Card/Passport*
No.: _____ of _____ [address
of the claimant], solemnly and sincerely declare that:

- (a) I was last engaged as a _____[job title] before becoming totally incapacitated and that contract of employment has been terminated with effect from _____[dd/mm/yyyy]; and
- (b) I am unable to obtain a letter from my last employer certifying the termination of that contract of employment/I have been unemployed for more than 7 years*.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

[Signature of the claimant]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

* *Delete whichever is inappropriate*

FORM MPF(S) - W(SD5)

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

**STATUTORY DECLARATION MADE BY COMMITTEE OF
ESTATE/GUARDIAN* OF MEMBER
FOR CLAIMS FOR PAYMENT OF ACCRUED BENEFITS
ON GROUNDS OF TOTAL INCAPACITY**

I, _____ [name of the committee of estate/guardian*], Hong Kong Identity Card/Passport* No.: _____ of _____ [address of the committee of estate/ guardian*], solemnly and sincerely declare that:

- (a) I was appointed to act on behalf of the member _____ [name of member], Hong Kong Identity Card/Passport* No: _____ pursuant to the court order/guardianship order* dated _____ [dd/mm/yyyy] made under the Mental Health Ordinance (Cap. 136);
- (b) To the best of my knowledge and belief, the member was last engaged as a _____ [job title] before becoming totally incapacitated and that contract of employment has been terminated with effect from _____ [dd/mm/yyyy]; and
- (c) I am unable to obtain a letter from the member's last employer certifying the termination of the contract of employment/to the best of my knowledge and belief, the member has been unemployed for more than 7 years*.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance.

[Signature of the committee of estate/guardian*]

Declared at _____, Hong Kong this _____ day of _____.

Before me,

Signature and company chop (if applicable) of
the person administering the statutory declaration: _____

Name in block letters: _____

Designation: _____

* *Delete whichever is inappropriate*