

忠誠保險

中央公積金 - 投資分配指示表格

CENTRAL PROVIDENT FUND – INVESTMENT ALLOCATION FORM

(1) 基本資料 Basic Information						
帳戶擁有人		身份證號碼				
Name of Account Holder		ID No.				
計劃編號		指示生效日期				
Contribution Plan No.		Instruction Effective Date				
(2) 基金轉換 Fund Switching						
請將本人累積至今的投資作出下列調配 Please sw	vitch my investments acc	cumulated to	date as follows:			
賣出之基金名稱	賣出之基金名稱 賣出 %(*)		買人之基金名稱			
Switch From Fund Name	Switch		Switch To Fund Name			
1.						
2.						
3.						
4.						
(*) 請以每基金最少10%及整數填寫Please complete with a minimum of 10% and in integer per each fund						
(3) 投資分配 Investment Allocation						
□ 請將本人由政府子帳戶/其他基金管理實體轉入的款項按下列分配投資:						
Please invest my money transferred from Government Sub-Account / other fund management company as follows:						
□ 請將本人未來之每月供款按下列分配投資: Please invest all my future monthly contributions as follows:						
			I H who at we			
退休基金 Pension Fund	風險級別 Risk Level		投資分配 Investment Allocation			
忠誠保守 SmartSafe	低至中 Low to Medium			%		
環健 International Stable	低至中 Low to Mediun	n		%	總數 Total: 100%	
環發 International Opportunities	中至高 Medium to Hig	ţh		%		
創華 Greater China Opportunities	高 High			%		
創機 Emerging Markets Opportunities	高 High			%		
(4) 僱員/個人帳戶擁有人聲明及簽署 Dec	laration and Signatu	re of Empl	ovee or Account H	lolder of Indvid	lual Scheme	
本人同意就忠誠澳門人壽保險股份有限公司(以						
面確認否)而可能面對或蒙受或招致之任何訴訟、法律程序、索償、損失、損毀、費用或開支而向忠誠人壽作出免責保証,惟若因忠誠人壽						
故意失責或嚴重疏忽別論。儘管有上段之規定,忠誠人壽有權決定接受或不接受有關之表格或其他指示文件。本人亦聲明並同意此投資分配						
在忠誠人壽收回此表格後方可生效。如指示不清晰,忠誠人壽有權將指示視為無效而不須為其負上任何責任。 I hereby agree to indemnify FIDELIDADE MACAU LIFE - INSURANCE COMPANY LIMITED (hereafter refer as "Fidelidade Life") against any actions,						
proceedings, claims, losses, damages, costs or expenses which may be brought against Fidelidade Life or suffered or incurred by Fidelidade Life arising						
either directly out of or in connection with Fidelidade Life accepting instructions and acting thereon, whether or not the same are confirmed by me in writing, unless due to the wilful default or gross negligence of Fidelidade Life. Notwithstanding the previous paragraph, Fidelidade Life has the right to						
determine which forms or other documents of instructions may or may not be accepted. I also declare and agree that my investment allocation						
becomes effective only after the receipt of this form		elidade Life a	ssumes no responsib	ility in regard to u	inclear instructions and	
may at its discretion to deem such instructions as in	ıvaılu.					
			⊟ DD	月 MM	年 YYYY	
(請按身份證簽署 Please sign according to your ID)		簽署日期 S	igning Date	, -		