

## Macau Pension Account Information Disclosure Authorization Form 澳門退休金帳戶資料披露授權表格

A. Applicant Details 申請人資料	
Existing Scheme Number 現有計劃編號	
Name of Applicant (English)	申請人姓名 (中文)
(as shown on your Macau ID Card / Passport)	(與你的澳門身份證/護照上的姓名相同)
Massi ID Coud No / Descript No * 10 PH 6 1/2 20 / 25 PH 17 Pb 75 *	Contact Dhana Ni mahay 116 /2 55 24 Uh 11
Macau ID Card No. / Passport No.* 澳門身份證/護照號碼*	Contact Phone Number 聯絡電話號碼
* Please delete whichever inapplicable 請刪去不適用項目	
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B. Authorization 授權	
I hereby authorize and agree that YF Life Insurance International Limited may disclose and transfer my personal information from my existing pension fund account(s) and/or any future pension fund account(s) to the Insurance	
Intermediary(ies) which may be designated, assigned or appointed to manage the said accounts from time to time	
for the purposes of providing me pension fund related services.	
本人謹此授權及同意萬通保險國際有限公司將本人的個人資料從現有的帳戶資料及/或日後開立新帳戶的	
資料披露及轉移至本人不時獲指派或委任的保險中介人,為本人提供退休金相關服務。	
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Signature of the Applicant 申請人簽署

Date 日期