

#### THE UNIVERSITY OF HONG KONG

# USER GUIDE FOR ONLINE SUBMISSION OF MPF ENROLMENT FORM

Human Resources Office

December 2023

## A. Account Registration

Go to the MPF e-enrolment platform: <u>https://hsbc.istaff.hk/Account/Guest;er=20487657</u>

1. Choose your preferred language



2. Select "New User"

#### NOTE:

For appointees re-joining the University after a break of service, please select "New User" and submit a new MPF enrolment form even if you have previously submitted an MPF enrolment form through the platform for your previous appointment(s).



3. Enter EITHER your **HKID no.** (e.g. Z123456(7)) (OR Passport no. (e.g. H9876543210) -only for those who have yet to obtain the HKID)

# $\Lambda$ $\Lambda$ $\Lambda$ the first letter has to be an uppercase

#### NOTE:

- Please use the HKID no. instead of the passport no. as the key identifier for your MPF account. In the event that you not yet have an HKID and have provided your passport no. in the form, please notify the Human Resources Office once you have obtained your HKID
- ER Code is the Employer ID for HKU and is already prefilled with the value of "20487657" in the form.

$\leftarrow$ $\rightarrow$ C $$ https://h	Isbcistaff.hk/Account/Guest/Verify/9upIN8v5W_1auygxGzBUx3n84vZaTr2rBMvtb0YigBSX8MC69A_NDe	* @ ☆ 🛛 😩
<		
Do you have an ER	Code?	
20487657		
Enter your Identific	Cation Number Passport	
Z123456	7	
	the first letter is not entered as an uppercase, a prompt message will appear king you to check the field and re-enter the information	

4. Enter your **mobile no.** to receive the verification code



5. Enter the **verification code** sent to you via SMS to complete the registration



- HKID: Please enter the first letter (in lowercase) and the first 6 digits of your HKID card number e.g. Enter z123456 for HKID no. Z123456(7);
- Passport: Please enter the first letter (in lowercase) and all the numbers of your passport no.

## B. Fill in MPF enrollment form (IN61)





Ξ				
			Please choose	a MPF scheme
IN61	HSBC Mandatory Provident Fund SuperTrust Plus			
	hister mandetory i romener and super mast has			
			Confirm Yo	ur MPF plan
			HSBC Mandator SuperTrust	y Provident Fund t Plus - IN61
			Are yo	u sure ?
			ОК	Cancel
		ŗ		

## 1. Read through all the documents before proceeding

≡	EMPLOYEE APPLICATION FORM		
HSBC MANDATORY PROVIDENT FUND – SUPERTRUST PLUS EMPLOYEE APPLICATION FORM			
0	3	4	6
Please read all instructions, declaration and authorisation carefully bef	ore completing this form.		
Tax Residency Self-Certification			
Participation			
Personal information collection statement			
Please tick if you do not wish your personal data to be used for purpose of conducti	ing direct marketing activities stated in paragraph 5 above.		
Others Document			
MPF Scheme Brochure for HSBC Mandatory Provident Fund - SuperTrust Plus			
On-going cost illustrations			
HSBC MPF Overview			
✓ I have read through all the above			Next

## 2. Fill in your personal information (Fields marked with \* are mandatory)

≡		EMPLOYEE APPLICATION FORM		
0	0	3	3	5
DETAILS OF APPLICANT				
1.Full name in English same as that shown on your H	★ KID card/Passport			
Surname				
Chan				*
Given name				
Tai Man				*
2. Chinese name (if an	y)			
陳大文				
3. Previous name (if legal name has been ch	anged within the past 5 years)			
Surname				
Given name				

EMPLOYEE APPLICATION FORM
4. Identification number ★ → HKID card no. Z123456 ★ 7 ★ Passport no. (ONLY applicable for person without HKID card, please provide the place of issue)
5. Date of birth * If your HKID card only contains the year and you have no other form of identity to prove the exact date of birth (e.g. birth certificate, passport), you should use 31 December as the day and month. Likewise, if your HKID card contains the year and month but not the day, you should use the last day of the month or 31 December.  2000-11-02 * YYYY-MM-DD
6.Sex * Male Female
7. Nationality 1 (Country/Region): Chinese * Multiple nationality (Country/Region) * Yes ✓ No

**<u>NOTE</u>**: For passport holder, please also input "**Place of issue**" of your passport (Please skip this part if you use your HKID no. as identification number)

	EMPLOYEE APPLICATION FORM
Identification number	
HKID card no.	
Passport no.     (ONLY applicable for person v	without HKID card, please provide the place of issue)
H9876543210	
Place of issue	
USA	
Date of birth * Fyour HKID card only contains the eave the day and/or month blank, 1983-06-18 * YYYY-MM-DD	year and you have no other form of identity to prove the exact date of birth (e.g. birth certificate, passport), you should use 31 December as the day and month. Likewise, if your HKID card contains the year and month but not the day, you should use the last day of the month shown. If your date of birth will be regarded as the last day of that month or 31 December.
ex	
🖌 Male	
Female	
Nationality 1 (Country/Re	gion):
Hong	

## Please provide your correspendence address

	EMPLOYEE APPLICATION FORM			
<ul> <li>8. Residential address</li> <li>(The main address the majority of the time is spent or resided) (in English)</li> <li>PO Box address is not accepted</li> <li>Correspondence will be sent to this address</li> </ul>				
Room/Flat	Floor	Block		
110	1			
Name of building				
Knowles Building				
Name of estate				
Number and name of street/road				
Pokfulam Road				
District/Postal code				
Southern	Southern *			
* HK KLN Others				
Effective date for residential address				
Year Mon	th			

-

Please provide your contact number(s)

	LICATION FORM
9. Day time contact no. <sup>1</sup>	
Country/Region code	Area code
Phone no.	*
10. Mobile phone no. <sup>1,2</sup>	
Country/Region code	Area code
Phone no.	
11.Facsimile no. <sup>1</sup>	
Country/Region code	Area code
Phone no	

Please select your preferred language for correspondence

≡	EMPLOYEE APPLICATION FORM	
	51203522	
11.	acsimile no. <sup>1</sup>	
	ountry/Region code Area code	
	hone no.	
12.	-mail address <sup>2</sup>	
	xxxxx@xxxxxx.xxx	
13. *	referred language for correspondence preferred language is not selected, English will be used for member correspondence.	
	Chinese	
<ul> <li>The information is required to be reported by the reporting financial institution to the Inland Revenue Department.</li> <li>If you are providing overseas contact details outside Hong Kong SAR, please also include the correct Country/Region Code and Area Code. However, for overseas mobile numbers, usually there is no need to add an Area Code and you may check with your telecommunications service provider for details.</li> </ul>		
2 Ple ac	se provide your personal mobile phone no. and e-mail address which are exclusively for your own use to ensure that your confidential account and transaction related information are delivered to the mobile phone no. and e-mail address which are only assible by you.	1
	Back	

# $\Lambda$ $\Lambda$ You cannot go to the next step if you have not filled in all required fields

EMPLOYEE APPLICATION FORM				
91205922				
11. Facsimile no. <sup>1</sup>				
Country/Region code	Area code			
Phone no.				
12.E-mail address <sup>2</sup>				
13. Preferred language for correspondence If preferred language is not selected. English will be used for member correspondence. ★ ✓ English Chinese				
<ul> <li>The information is required to be reported by the reporting financial institution to the Inland Revenue Department.</li> <li>If you are providing overseas contact details outside Hong Kong SAR, please also include the correct Country/Region Code and Area Code. However, for overseas mobile numbers, usually there is no need to add an Area Code and you may check with your telecommunications service provider for details.</li> <li>Please provide your personal mobile phone no. and e-mail address which are exclusively for your own use to ensure that your confidential account and transaction related information are delivered to the mobile phone no. and e-mail address which are ensure that your confidential account and transaction related information are delivered to the mobile phone no. and e-mail address which are exclusively for your own use to ensure that your confidential account and transaction related information are delivered to the mobile phone no. and e-mail address which are only accessible by you.</li> </ul>				

You cannot click the "Next" button if the mandatory fields have not been completed 3. Choose your investment option (choose EITHER Default Investment Strategy (DIS) OR Own Investment Option)

(i) If you select "DIS" – go to "Next"

LOYEE APPLICATION FORM		
────────────────────────────────────		
AL INVESTMENT OPTION		
our future contributions and accrued benefits transferred from another Registered Scheme <sup>3</sup> will be invested in accordance with the DIS. F	lease refer to the 'MPF Scheme Brochure' for details.	
Name of Constituent Fund	Type of fund	Fund Code
Name of Constituent Fund Core Accumulation Fund	Type of fund Mixed Assets Fund	Fund Code CAF
Name of Constituent Fund Core Accumulation Fund Age 65 Plus Fund	Type of fund Mixed Assets Fund Mixed Assets Fund	Fund Code CAF APF
Name of Constituent Fund       Core Accumulation Fund       Age 65 Plus Fund       Investment	Type of fund Mixed Assets Fund Mixed Assets Fund	Fund Code CAF APF

## (ii) If you select "Own investment option" – please input the Investment Allocation Percentages (in whole numbers)

EMPLOYEE APPLICATION FORM	
Ø Ø Ø	4
INITIAL INVESTMENT OPTION	
<ul> <li>(I) DIS         Your future contributions and accrued benefits transferred from another Registered Scheme<sup>3</sup> will be invested in accordance with the DIS. Please refer to the 'MPF Scheme II) Own investment option     </li> <li>Itiase indicate which of the following Constituent Fund(s) you would like your future contributions and accrued benefits transferred from another Registered Scheme<sup>3</sup> u and the total should be 100%. If the total allocation is not 100%, your contributions will be invested in accordance with the DIS.</li> </ul>	ie Brochure' for details. nder SuperTrust Plus be invested. The investment allocation percentages should be in whole numbers (e.g. 50% not 50.5%)
(II) Own investment option	
MPF Conservative Fund Money Market Fund CPF	%
Global Bond Fund Bond Fund GBF	%
Guaranteed Fund <sup>4</sup> Guaranteed Fund GTF	%
Age 65 Plus Fund <sup>5</sup> (without de-risking nature) Mixed Assets Fund FMF	%
Core Accumulation Fund <sup>5</sup> (without de-risking nature) Mixed Assets Fund SGF	%



- 4. Complete the "Tax Residency Self-Certification" section (<u>mandatory</u>)
  - (i) If you choose "Yes" (i.e. tax resident in Hong Kong only), go to "Next"

EMPLOYEE APPLICATION FORM
HSBC MANDATORY PROVIDENT FUND – SUPERTRUST PLUS EMPLOYEE APPLICATION FORM
TAX RESIDENCY SELF-CERTIFICATION (MANDATORY)
This section should be completed by account holder
The below tick box is only for if the account holder's Tax Residency Self-Certification is completed by employer, otherwise, please leave it blank <sup>+</sup>
(i) the employer is authorised by the account holder identified in Section A of Part I of this form; (ii) the account holder is unable to complete this form due to exceptional circumstance; (iii) the Tax Residency Self-Certification information is provided by the account holder.
(1) The Tax Residence of account holder is Hong Kong ONLY, with no tax residence in any other jurisdictions/countries/regions AND the HKID number is his/her TIN. Yes - you may skip (2) No - please complete (2)
<ul> <li>Please note that         <ul> <li>i. pre-approval is required before you complete this section on behalf of the account holder identified in Section A of Part I of this form. If you have any questions about this, please call our MPF hotline 2583 8033 (Employer).</li> <li>ii. the below information about the account holder's Tax Residency Self-Certification you completed must be provided by the account holder identified in Section A of Part I of this form.</li> <li>iii. the Trustee may request you to provide the original copy of documentary evidence with authorisation by the account holder identified in Section A of Part I of this form if necessary.</li> <li>iv. if there are changes in the information, please remind the account holder to update the Trustee within 30 days of such change in circumstances.</li> </ul> </li> </ul>
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(ii) If you choose "No", please continue to complete part (2)

#### NOTE:

- Please provide the TIN, which is a unique tax identifier, typically made up of letters and numbers, that is assigned to an account holder by their specific tax jurisdiction
- \* If a TIN is not available, please provide the appropriate reason

The Tax Residence of account holder is Hong Kong Of	ILY, with no tax residence in any other jurisdictions/countries/regions AND the HKID number is his/her TIN.	
Yes - you may skip (2)		
No - please complete (2)		
Complete the following table indicating (a) all jurisdictions where the account holder is a resident for to	ax purposes; and	
(b) the account holder's TIN for each jurisdiction indicated.		
f the account holder is a tax resident of Hong Kong, the TIN is th	e Hong Kong Identity Card Number (HKID).	
f a TIN is unavailable, provide the appropriate reason A, B or C $\!$		
Reason A - The jurisdiction where the account holder is a resident of the second se	Jent for tax purposes does not issue TINs to its residents.	
Reason B - The account holder is unable to obtain a TIN. Expla	in why the account holder is unable to obtain a TIN if you have selected this reason.	
Reason C - TIN is not required. Select this reason only if the au	thorities of the jurisdiction of tax residence do not require the TIN to be disclosed.	
urisdiction of Tax Residence *		
United States of America 美國		
TIN *		
1234567		
# Enter Reason A, B or C if no TIN is available		-
Add Jurisdiction of Tax Residence (Max 5)		
ase note that		
re-approval is required before you complete this section	n on behan of the account holder identified in section A of Art i of this form, if you have any duestions about this, please call our MPF notline 2583 8033 (Employer).	
he below information about the account holder's Tax Re	sidency self-certification you completed must be provided by the account holder identified in section A or Part I of this form.	
ne Trustee may request you to provide the original copy	/ of documentary evidence with authorisation by the account holder identified in Section A of Part I of this form if necessary.	

#### 5. Sign the form and click "Preview"



≡	EMPLOYEE APPLICATION FORM	
	CtM	
Х		
Full name		
	Chan Tai Man	
Date		
	2023-11-03	
Back		Preview

6. Preview the form – Ensure all fields are filled out correctly before pressing "Submit"





The Human Resources Office will receive the form once it has been submitted.



The above message will appear after successful submission of the form.

If you would like to consolidate your MPF accounts, please select "Yes" and a HSBC MPF Specialist will contact you directly for follow up.