



FOR FSS USE ONLY

Registration No.

Sample

APPLICATION FOR FUND WITHDRAWAL
FROM NON-MANDATORY CENTRAL
PROVIDENT FUND SYSTEM

1	PERSONAL INFORMATION		
Full name: <u>Chan Tai Man</u> Macao SAR Resident ID Card no.: <u>1234567(8)</u>			
2	REASON FOR MAKING WITHDRAWAL (choose ONLY one option)	Please use a "v" to select the desired option (choose ONLY one option)	
<input type="checkbox"/> I have reached age 65 I am under age 65 but in the following situation Remarks(1): (Please see the reverse side for the list of documents to be submitted) <input type="checkbox"/> I reach age 60 and am not engaged in any paid activities Remarks(2) <input type="checkbox"/> There is a need to bear huge medical expenses due to serious injury or illness of my own <input type="checkbox"/> Based on humanitarian or other properly explained reasons In either of the following cases, the maximum amount to be withdrawn is the sum of the incentive basic funds and the special allocation from budget surplus for the account owner: <input type="checkbox"/> There is a need to bear huge medical expenses due to serious injury or illness of my spouse, any degree of lineal consanguinity or affinity <input type="checkbox"/> I have been receiving disability pension from the Social Security Fund (abbreviated to FSS in Macao) for more than one year <input type="checkbox"/> I am currently receiving special disability subsidy from the Social Welfare Bureau (and I was rated as severely disabled or extremely severely disabled)			
3	AMOUNT TO BE WITHDRAWN (choose ONLY one option)	Please use a "v" to select the sub-account(s) from which the funds are withdrawn. If it involves the funds of a contribution/preserved sub-account, please complete Form L1 – Annexed table.	
<input type="checkbox"/> All the balance in the specified account <input type="checkbox"/> The specified amount is MOP _____			
4	SETTLEMENT ACCOUNT (can select more than one option)	5	Payment
<input type="checkbox"/> Government-managed sub-account <input type="checkbox"/> Contribution sub-account / preserved sub-account Remarks (3) (required to complete "Form L1 – Annexed table")		The funds will be transferred to the applicant's bank account in the following order, without having to submit a photocopy of the bank account: 1. Bank account for receiving old-age or disability pension from the FSS; 2. Bank account for receiving subsidy for senior citizens from the SWB; 3. Bank account for receiving special disability subsidy from the SWB. NOTE: If the applicant is not a beneficiary of the above benefits or allowances, he/she is required to submit a photocopy of the MOP bank account. The funds of the contribution sub-account and preserved sub-account are managed and paid by the fund management entity.	
Please use a "v" to select whether to receive notification of the outcome by mobile text message (SMS).			
The way of receiving notification about the outcome of application <input type="checkbox"/> I agree to receive notification about the outcome of application for fund withdrawal ONLY by mobile text message (SMS) from now on. *You will be notified by mobile text message (SMS) and by mail if the application is not granted. NOTE: If your address or phone number has changed, please complete the "Change of Personal Particulars Form".		<p style="color: green; font-size: 1.2em; font-weight: bold;">Chan Dai Man</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature of applicant (Must match the signature on ID card. If you cannot/are unable to sign, please leave your right thumbprint here) _____ year _____ month _____ day	
Remarks (1) The amount withdrawn early by account owners under age 65 will be determined by the FSS based on the account owner's specific circumstances and the documents submitted. (2) Once the application has been granted, the account owner cannot withdraw funds for the same reason again in the future. (3) Due to fluctuations in market prices, the amount received from the fund units settled from the contribution sub-account or preserved sub-account may differ from the specified withdrawal amount.			

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DOCUMENTS TO BE SUBMITTED

1. A photocopy of the account owner's Macao SAR Resident ID Card (Beneficiaries who are currently receiving old-age or disability pension from the FSS must present the original or photocopy of a valid Macao SAR Resident ID Card for identity verification, but they are not required to submit the photocopy);
2. A photocopy of the applicant's MOP bank account (If the account owner applies to deposit the money into the bank account that he/she is currently using to receive old-age/disability pension from the FSS or subsidy for senior citizens or special disability subsidy from the SWB, he/she is not required to submit a photocopy of the bank account).
*For the list of banks that accept fund transfer, please refer to the "Application for Withdrawal of Funds from the Non-Mandatory Central Provident Fund System" under the Administrative Procedures Guide on the Social Security Fund's website.

Account owners under age 65 are also required to provide the following documents:

- **I reach age 60 and am not engaged in any paid activities:** Declaration Form C/10.
- **There is a need to bear huge medical expenses due to serious injury or illness of my own, my spouse, any degree of lineal consanguinity or affinity**
 1. The patient's proof of illness issued by a locally recognized medical unit (the document must indicate the patient's illness during the 12 months prior to the date of application, including the name and severity of the patient's illness, the period of treatment and the patient's condition. If the patient has the following illnesses, the proof of illness must indicate the relevant information as well.)
 - 1.1. Malignant tumor: the proof of illness must indicate whether the patient has received anti-cancer treatment during the 12 months prior to the date of application, or the patient is expected to receive one later, or whether the illness has metastasized or spread to other sites, or whether the illness is an advanced tumour.
 - 1.2. Stroke: The proof of illness must indicate the date of the patient's last stroke, and whether the patient is permanently incapacitated for work due to the stroke.
 2. The patient's proof of huge medical expenses due to serious injury or illness:
 - 2.1. Declaration Form C/11 (To be completed and signed by the patient. If the applicant is a relative of the patient, he/she must sign on the declaration form at the same time.)
 - 2.2. Documents, e.g. receipts or quotations, that can prove the medical expenses paid during the 12 months prior to the date of application, or the estimated medical expenses.
 3. If the patient is my spouse, any degree of lineal consanguinity or affinity, the following documents must be submitted as well:
 - 3.1 Proof of valid relationship between the account owner and the patient;
 - 3.2 A photocopy of the patient's ID card.
- **Based on humanitarian or other properly explained reasons:** Write in detail the reason for fund withdrawal, and submit relevant supporting documentation.

POINTS TO NOTE

1. Account owners can make withdrawal or early withdrawal of funds only once a year, and they must have documents to support the reason for early withdrawal of funds.
2. Applicants may get a ticket number in advance or make an appointment for the service through "Macao One Account" mobile application or the website.
3. The application form can be submitted by others to a service point ^{NOTE} of the Social Security Fund (including St. Lazarus Parish Field Office, Macao Government Services Centre, Macao Government Services Centre in Islands, and Public Services Centres under the Municipal Affairs Bureau).
4. The following eligible account owners can apply for withdrawal of funds through self-service machines ^{NOTE}:
 - 1) Account owners who reach age 65 and are currently receiving old-age/disability pension from the FSS, or subsidy for senior citizens from the SWB;
 - 2) Account owners under age 65 who have been receiving disability pension from the FSS for more than one year;
 - 3) Account owners who are currently receiving special disability subsidy from the SWB.
5. If the account owner is an "incapacitated person", besides completing this application form, the person acting on his/her behalf is also required to complete Declaration Form C/4 and submit relevant documentation. (For details, please visit the website of the FSS at www.fss.gov.mo)
*An incapacitated person is a person who under the Civil Code lacks the ability to engage in legal activities personally and according to one's own will. (Articles 111 to 139 of the Civil Code)

NOTE: For the detailed addresses of Social Security Fund's service points and self-service machines, please refer to the leaflet or the Social Security Fund's website at www.fss.gov.mo, or call 2853 2850 for enquiries.