

**PRIVATE AND CONFIDENTIAL**  
**Authorisation Form**  
**Payment of Pension by Autopay**  
(For Sole Name Account Holder Only)

Pension Payment No. : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
(Hong Kong Identity Card No) (Official Use)

To : The Director of Accounting Services,  
The Treasury, Pensions Enquiry Office,  
2/F, Treasury Building,  
3 Tonkin Street West, Cheung Sha Wan,  
Kowloon, Hong Kong

I \_\_\_\_\_  
(full name both in English and Chinese, if any)

of \_\_\_\_\_  
(address)

hereby authorise you to make monthly payments of my pension benefits to my bank account with

\_\_\_\_\_ (hereinafter referred to "the bank"). My account number within the bank is :-  
(name of the bank)

	Bank Code	-	Branch Code	-	Account No.																					
Account No.(*):	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															

I have authorised the bank to inform you forthwith upon the latter's receipt of notification of my death.

2. I hereby declare that my account with the bank is in my sole name and I undertake to inform you immediately of any change in either the status or number of my account.

3. I further absolutely and irrevocably agree on behalf of myself and my personal representatives that any payment of pension benefits which may have been made to my account with the bank after the date of my death shall at any time be recoverable by you from my estate.

(\*) If your account number is in a different format from that stated in this form, please contact Pensions Enquiry Office of the Treasury for assistance.

Date : \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signature of the pensioner :**  
(Signature must be the same as that used in the above bank account) \_\_\_\_\_

**Signature of witness :** \_\_\_\_\_

**Name of witness :** \_\_\_\_\_  
(in BLOCK letters)

**Address of witness :** \_\_\_\_\_  
\_\_\_\_\_

**PRIVATE AND CONFIDENTIAL**  
**Authorisation Form**  
**Payment of Pension by Autopay**  
(For Sole Name Account Holder Only)

Pension Payment No. : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
(Hong Kong Identity Card No) (Official Use)

To : The Manager,

The \_\_\_\_\_ Bank

Name of Account Holder : \_\_\_\_\_

Account No.: 

<b>Bank Code</b>	-	<b>Branch Code</b>	-	<b>Account No.</b>

I \_\_\_\_\_  
(full name both in English and Chinese, if any)

of \_\_\_\_\_  
(address)

hereby authorise you on behalf of myself and my personal representative(s) on receipt of written notice of my death to notify the Treasury, The Government of the Hong Kong Special Administrative Region, accordingly and to refund to the Treasury any pension payment received by you after your receipt of such written notice of my death.

2. You are also hereby authorised to disclose to the Treasury, The Government of the Hong Kong Special Administrative Region, the full name or names of the account to which my pension payments are credited by the Treasury.

**Date :** the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Signature of the pensioner :**  
(Signature must be the same as that used in the above bank account) \_\_\_\_\_

**Signature of witness :** \_\_\_\_\_

**Name of witness :** \_\_\_\_\_  
(in BLOCK letters)

**Address of witness :** \_\_\_\_\_