

強積金附屬計劃資料使用授權書

Authorization to Access MPF Sub-scheme Information

附屬計劃編號

Sub-scheme Number

僱主名稱

Name of Employer

經紀姓名

Name of Broker

經紀編號

Agent Code of Broker

SUN FLOWER INSURANCE BROKERS LIMITED

902825

I/We, being the employer of the captioned Sub-scheme, hereby confirm that I/we have duly authorized the above broker (the "Broker") to be the administrator of the MPF Sub-scheme effective now until further notices and to provide the following services in relation to the Sub-scheme (the "Services"):

本人/吾等為上述附屬計劃的僱主，謹此確認已正式授權上述經紀（「經紀」）為本人/吾等強積金附屬計劃的行政事務員，即時生效，直至另行通知。彼將提供以下有關附屬計劃的服務（「服務」）：

1. Coordinating with Manulife Provident Funds Trust Company Limited and Manulife (International) Limited (collectively referred to as "Manulife") and transferring to and receiving from Manulife all Sub-scheme information relating to contribution, surcharge, transfer, termination, bonus units (if any), and fees and charges;

與宏利公積金信託有限公司及宏利人壽保險（國際）有限公司（統稱為「宏利」）協調，並向宏利傳送及收取所有有關附屬計劃的資料，包括供款、附加費、轉移、終止、紅利單位（如有），以及費用及收費；

2. Updating all information relating to the Sub-scheme necessary for the regular maintenance of the employer's accounts established under the Sub-scheme; and
更新所有相關必要的附屬計劃資料，以處理附屬計劃下僱主帳戶的定期行政工作；及

3. Any other necessary services in relation or incidental to the administration of the Sub-scheme, including but not limited to termination or transfer of the Sub-scheme.

提供其他有關附屬計劃行政事宜的必要服務（包括但不限於終止或轉移附屬計劃）。

I/We further confirm that that the Broker is authorized by us to obtain a user identification number and a password from Manulife for the purpose of accessing to the information/data relating to the Sub-scheme via the online services provided by Manulife so as to provide the Services to us. I/We also hereby declare that I/we have obtained the consent from the employee members of the Sub-scheme to authorize the Broker to provide the Services and allow the Broker and Manulife to use and/or retain the information and/or personal data of the employee members for any purpose relating to the provision of the Services.

本人/吾等同時確認該經紀已獲授權從宏利取得用戶識別編號及密碼，以透過宏利的網上服務取得有關附屬計劃的資料／數據，為本人/吾等提供服務。本人/吾等並謹此聲明已獲附屬計劃的僱員成員同意，授權該經紀提供服務，及容許該經紀及宏利就提供服務而使用及／或保存僱員成員的資料及／或個人資料。

Authorized Signature and Company Chop

授權人簽署及公司印章

Date (DD/MM/YY)

日期（日／月／年）

