

「永明彩虹強積金計劃」— 僱主申請

需給予客戶的文件			
■ 主要推銷刊物			
客戶需填寫的表格			
表格編號	表格名稱	新僱主	轉移僱主
ER	僱主申請表格 (註：需填寫強積金中介人／代理人相關資料以茲識別)		✓
PAC	參與協議 (註：一式兩份，必須相同譯本)		✓
DDA	直接付款授權書 (註：若以直接付款方式繳交供款)		如適用
RS	強積金供款通知書		如適用
EE	成員登記表格		如適用
PE	參與僱主資金轉移申請表 (註：請授權人簽署並蓋上公司印章以作確認)	x	✓
TL	終止強積金計劃信函副本 (註：正本請交予前強積金受託人)	x	✓
客戶需提供的文件			
有效商業登記證副本			✓

注意事項

1. 請申請人填寫申請表時，與銷售文件一併閱讀。
2. 請申請人留意在申請表上提供的資料必須在各方面均為真實準確、且並無缺漏。
3. 請申請人在申請表上填寫所有資料後才簽署作實。若申請表有任何修改，請加簽確認。
4. 若申請人欲授權強積金中介人向任何政府辦事處、或機構查詢申請人之強積金帳戶資料，請申請人在確切明白中介人解釋查詢資料的目的後，才簽署正式授權文件。
5. 請把所有已簽署的文件副本交給客戶保存作記錄。

“Sun Life Rainbow MPF Scheme” – Employer Application

Documents <u>to</u> client			
■ Principal Brochure			
Forms <u>to be completed</u> by client			
<u>Form Code</u>	<u>Name of Form</u>	<u>New Employer</u>	<u>Transfer Employer</u>
ER	Employer Application Form (Note: Relevant information of MPF Intermediary / agent should be filled for identification)		✓
PAC	Participation Agreement (Note: Two copies in same language)		✓
DDA	Direct Debit Authorisation Form (Note: If make contribution by Direct Debit)		If applicable
RS	MPF Remittance Statement		If applicable
EE	Membership Enrolment Form		If applicable
PE	Participating Employer’s Request for Fund Transfer Form (Note: Please sign by the authorized person with company chop for confirmation)	x	✓
TL	Copy of Termination Letter for MPF Scheme (Note: Please send the original letter to ex-trustee)	x	✓
Document <u>to be provided</u> by client			
Valid Business Registration Certificate Copy			✓

Points to Note

1. Please read together with the Principal Brochure when completing the application form.
2. Please be noted the information provided in the application form by the applicant should be true and accurate, correct and complete in all respects.
3. Please sign the application form after filling all information required. Please countersign if any change is made in the application form.
4. If the applicant would like to authorize the MPF intermediary for obtaining information of MPF account from any government office or organization, please have fully understanding the purpose of the consent explained by the MPF intermediary before signing the formal authorization form.
5. Please provide a copy of all documents signed to client for record.

如需遞交填妥表格 When submitting this form:
請緊記簽署作實 Please ensure that you have signed where necessary.

文件編號
Form Code
ER



本表格應該與永明彩虹強積金計劃（“本計劃”）最新版本的主要推銷刊物一併閱讀。
This form should be read in conjunction with the latest version of the Principal Brochure of Sun Life Rainbow MPF Scheme (“Scheme”).

永明彩虹強積金計劃 — 僱主申請表格 SUN LIFE RAINBOW MPF SCHEME – EMPLOYER APPLICATION FORM

下述僱主已就參加“永明彩虹強積金計劃”（“本計劃”）而簽署參與協議，本申請表格將構成參與協議的一部分。除非下文另有註明，否則有關的參與協議和構成本計劃的信託契據（“信託契據”）中的所有條款均適用。如果你對本表格、主要推銷刊物、參與協議或信託契據的內容有疑問，應該諮詢律師、會計師或其他財務顧問。
This application form constitutes part of the Participation Agreement executed by the Participating Employer named below for the purpose of joining “Sun Life Rainbow MPF Scheme” (the “Scheme”). Unless otherwise stated below, all the terms in the relevant Participation Agreement and the Trust Deed constituting the Scheme shall apply. If you are in doubt about the contents of this form, the Principal Brochure, the Participation Agreement or the Trust Deed, you should consult your solicitor, accountant or other financial advisors.

除了申請人士的中文姓名外，所有部分須以英文正楷填寫。All sections below should be completed in English and in Block letters except for the Chinese name of the Applicant.

第一部分 Section I 僱主資料 EMPLOYER'S INFORMATION

名稱 Name (英文 English) _____

中文名稱 Chinese Name (如有 if any) _____

註冊地址 Registered Address _____

通訊地址(如與以上不同)
Correspondence Address (if different from the above) _____

商業登記證號碼 Business Registration Certificate No. (如有 if any) ¹ _____

語言選擇 (用作將來聯絡通訊之用) Language Selection (For Future Communication Usage)

中文 Chinese 英文 English

行業類型 Industry Type [請在適當方格加上剔號 (✓)。Please check (✓) the appropriate box.]

- | | |
|---|---|
| 01 <input type="checkbox"/> 飲食 Catering | 06 <input type="checkbox"/> 批發 / 零售 / 進出口貿易 Wholesale / Retail / Import and Export Trades |
| 02 <input type="checkbox"/> 建造 Construction | 07 <input type="checkbox"/> 運輸 Transport |
| 03 <input type="checkbox"/> 製造 Manufacturing | 08 <input type="checkbox"/> 清潔 Cleaning |
| 04 <input type="checkbox"/> 金融 / 保險 / 地產 / 商用服務 Finance / Insurance / Real Estate / Business Services | 09 <input type="checkbox"/> 保安 Security Guard |
| 05 <input type="checkbox"/> 社區 / 社會 / 個人服務 Community / Social / Personal Services | 10 <input type="checkbox"/> 理髮及美容 Hairdressing and Beauty |
| 11 <input type="checkbox"/> 其他 Others (請註明 Please specify) _____ | |

參與本計劃的僱員數目 No. of employees joining the Scheme _____

同一集團已參加永明彩虹強積金計劃之其他公司名稱 (如有)
Name of other group company/companies already participated in Sun Life Rainbow MPF Scheme (if any) _____

僱主編號 Employer Code _____

聯絡人 Contact Person

姓名 Name _____ 職銜 Job Title _____
電話號碼 Telephone No. _____ 傳真號碼 Fax No. _____
電郵地址 Email Address _____

備註 Notes:

1 請附上商業登記證副本以便核對。Please attach a photocopy of your Business Registration Certificate for verification.



第二部分 Section II 強制性供款指示 INSTRUCTION FOR MANDATORY CONTRIBUTION

計劃生效日期 Scheme Effective Date (日/月/年 DD/MM/YYYY)

請在適當方格加上剔號(✓)。Please check (✓) the appropriate boxes.

支薪期 Payroll Frequency

每次支薪所包括之工作日期 Payroll Period

- 每個完整曆月 Every calendar month 即由每月的第一日至最後一日 From the first calendar day to the last calendar day
- 每月兩次 Twice a month
- 第一期 1st 自第 _____ 日 至 第 _____ 日
From _____ to _____
- 第二期 2nd 自第 _____ 日 至 第 _____ 日
From _____ to _____
- 每兩星期 Every two weeks 支薪期首日 (日/月/年 DD/MM/YYYY)
Starting day
- 每星期 Weekly 支薪期首日 星期一 星期二 星期三 星期四 星期五 星期六 星期日
Starting day Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- 每月 Monthly 自第 _____ 日 至 第 _____ 日
From _____ to _____
- 其他(請說明) Others (please specify) _____

如貴公司提供多於一個發放薪金形式給僱員，請根據下列項目附上有關資料。

If you have more than one type of payroll frequency, please specify the following details on separate sheet.

- 成員級別 Member class
- 支薪期 Payroll frequency
- 成員隸屬的部門 / 分公司 / 分行的名稱 (如有) Name of divisions / subsidiaries / branches which members belong to (if any)

第三部分 Section III 供款方法 CONTRIBUTION PAYMENT METHOD

- 直接付款 Direct debit
(請另行填寫直接付款授權書 Please complete Direct Debit Authorization Form)
- 支票付款 Payment by cheque
(支票抬頭人為「永明信託有限公司 — 永明彩虹強積金計劃」 Cheque should be made payable to "Sun Life Trustee Company Limited – Sun Life Rainbow MPF Scheme")

第四部分 Section IV 自願性供款指示 INSTRUCTION FOR VOLUNTARY CONTRIBUTION

閣下是否為僱員提供任何一筆過首次供款或自願性供款？

Do you want to make any one-off initial contribution or additional voluntary contribution for your employees?

- 是 Yes (請另行填寫「僱主自願性供款申請表格」 Please complete the 'Employer Voluntary Contribution Application Form')
- 否 No

第五部分 Section V 轉移計劃指示 INSTRUCTION FOR PLAN TRANSFER

閣下是否有資產轉移至本計劃內？ Do you have any asset transferred to the scheme?

- 是 Yes 強積金 MPF
(請另行填寫「參與僱主資金轉移申請表 — 表格 P(E)」
Please complete the 'Participating Employer's Request For Fund Transfer Form — Form(s) P(E)')
- 職業退休計劃 ORSO
(請另行填寫「僱主自願性供款申請表格」
Please complete the 'Employer Voluntary Contribution Application Form')
- 否 No

第六部分 Section VI 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

上述申請人同意，在本表格內向永明信託有限公司（“受託人”）提供的所有資料（無論此申請表所載或由其他途徑所獲取）由受託人持有、使用、披露及轉移予與受託人有關之個人、公司或機構或任何受託人認為必須或合適之指定第三者，包括金融服務、公積金及保險或相關業務的經營者（不論在本港或海外，包括專業顧問、中介人、同業協會或聯會及有關受託人業務之服務供應商）被用於：
(i) 申請參與本計劃；(ii) 本計劃之下的申請人的供款和累算權益的行政事宜和管理；(iii) 遵守適用法律和規例；及 (iv) 與上述有關的任何其他用途。申請人以自願性質向受託人提供本表格的資料。如申請人未能提供資料，可能導致受託人不能處理本申請。申請人有權查閱並且要求更正受託人所持有的申請人個人資料。如要求查閱，可通過書面方式提出，地址為香港九龍紅磡德輔道中18號海濱廣場一座10樓卓譽金融服務有限公司退休金管理部經理。

The Applicant named above hereby consents that all information provided herein to Sun Life Trustee Company Limited (the "Trustee") (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Trustee to individuals, companies or organizations associated with the Trustee or any selected third parties that the Trustee may consider necessary or advisable, including those carrying on financial services, provident fund and insurance or related businesses (within or outside of Hong Kong, including, professional advisors, intermediaries, industry association/federations and other services providers relevant to the Trustee's business) for (i) the application for participation in the Scheme; (ii) the administration and management of the contributions and accrued benefits in respect of the Applicant under the Scheme; (iii) compliance with the applicable laws and regulations; and (iv) any other purposes related to the above. The information which the Applicant provides to the Trustee herein is on a voluntary basis. However, failure to supply information may result in the Trustee being unable to process this application. The Applicant has the right to obtain access to and to request correction of any of his or her personal information held by the Trustee. Request for such access can be made in writing and addressed to the **Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong**

第七部分 Section VII 聲明及獲授權簽署人 DECLARATION AND AUTHORISED SIGNATORIES

本公司僅此聲明，以上提供的資料全屬真實無訛。現確認已收到本計劃的主要推銷刊物，並充分瞭解有關本計劃的特點、權益和收費。本公司同意將僱主自願性供款（如有）之未歸屬權益，用作抵銷僱主日後之供款。本公司確認已完全明白參與本計劃的權利和義務，並獲得有關查詢電話號碼，方便日後作出查詢。
本公司特此承認，此申請表格一經填妥並簽署後，表格所載資料和條款將構成參與協議的一部分，我們並同意受信託契據的條款、其管限規則以及參與協議的約束。

We declare that all the information provided above is true and accurate. We confirm that we have received the Principal Brochure of the Scheme and we thoroughly understand the features, benefits and charges of the Scheme. We agree that the foregone benefits arising from the Employer's voluntary contribution (if any) will be used to offset against the Employer's future contribution to the Scheme. We confirm that we fully understand our rights and obligations in regard to the Scheme and have received an inquiry telephone number for any future enquires.

Upon completion and signing of this application form, we hereby acknowledge that the information and provisions contained in this application form shall form part of the Participation Agreement and we agree to be bound by the terms of the Trust Deed, the governing rules thereof and the Participation Agreement.

請參照附頁的授權簽署人名單（請將名單附加於此申請表格） Please refer to the attached authorised signatories list (Please attach your own list to this application)

授權簽署人名單如下 Please see the following authorised signatories list

以下簽署人獲授權獨自 / 共同* 代表僱主進行通訊（包括透過電郵）、給予指示、提供資料及授權權益付款。（* 請刪除不適用者）

The following signatories are authorised to enter into correspondence (including via e-mail), give instructions, provide information and authorise benefit payments singly/jointly* on behalf of the Employer. (*Please delete as inappropriate)

如以下資料有任何更改，請立即通知行政管理人。 Should there be any changes in the following information, please inform the administrator immediately.

授權人姓名及職銜 Name and Job Title of Authorised Person(s)

簽署式樣 Specimen Signature(s)

1. _____
姓名 Name _____ 職銜 Job Title _____

簽署式樣 Specimen X

2. _____
姓名 Name _____ 職銜 Job Title _____

簽署式樣 Specimen X

第八部分 Section VIII 佣金透露聲明及同意書 COMMISSION DISCLOSURE STATEMENT AND CONSENT

本人明白、確知及同意，香港永明金融有限公司（「永明金融」）會就本人參與永明彩虹強積金計劃期間所收的（定期及/或一次性或任何其後之增加）供款及/或轉入的累算權益，向負責安排的獲授權保險經紀/代理支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員則向永明金融及永明信託有限公司確認他/她已獲法人團體授權簽署。

I understand, acknowledge and agree that, as a result of my participation in the Sun Life Rainbow MPF Scheme ("Scheme"), Sun Life Hong Kong Limited ("SLHK") will pay the MPF intermediary a commission in respect of contributions (including regular and / or lump sum or any increase thereof) and / or accrued benefits transfer-in received by the Scheme during the course of the said participation. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to SLHK and Sun Life Trustee Company Limited that he or she is authorized to do so.

由僱主正式授權簽署人簽署：
Signed by the Employer by its duly authorised signatory(ies) :
(請附加公司蓋章 Please affix company chop)

姓名 Name(s) _____
職銜 Title(s) _____

請簽署及蓋章 Please sign & chop here

日期 Date : _____

只供本公司使用 FOR OFFICE USE ONLY - 強積金中介人資料 MPF Intermediary Details

只供永明保險顧問 For Sun Life Agent

姓名 Name 1) _____ 2) _____
編號 Code 1) _____ 2) _____
強積金註冊編號 MPF Card Registration No. 1) _____ 2) _____

只供經紀 For Broker

經紀名稱 Name of Broker	顧問姓名 Name of Consultant
經紀編號 Broker Code	顧問電郵地址 Email address of Consultant
經紀強積金註冊編號 Broker MPF Card Registration No.	顧問聯絡電話號碼 Contact no. of Consultant
	顧問強積金註冊編號 Consultant MPF Card Registration No.

來源 Source 直接 Direct 共享 Shared 轉介 Referral

類別 Category A B

現有永明彩虹公積金計劃客戶? Existing Sun Life Rainbow ORSO Scheme Client? 是 Yes 保單編號 Policy No. _____ 否 No

現有永明彩虹強積金計劃客戶? Existing Sun Life Rainbow MPF Scheme Client? 是 Yes 僱主編號 ER Code _____ 否 No

請附上以下文件 Checklist of Supporting Document :

商業登記證副本 Copy of Business Registration Certificate

授權簽署人名單正本（如適用） Original Authorised Signatory List with Specimen Signature(s) (if applicable)

已簽署之參與協議書 (Signed Participation Agreement)

請將填妥表格交予：

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司

地址：香港九龍紅磡德輔道中 18 號海濱廣場一座 10 樓 電話：3183 1888 (或) 傳真：3183 1889

Please send the completed form to : Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

Address : 10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong Tel : 3183 1888 (OR) Fax : 3183 1889

參與協議

本參與協議於 _____ (日期) 由下列雙方訂立：

(1) 永明信託有限公司，其註冊辦事處於香港九龍廣東道 15 號港威大廈永明金融大樓 10 樓(“受託人”)；

(2) 僱主，其辦事處於 _____

敘文：

- (A) 受託人是永明彩虹強積金計劃 (“該計劃”) 的受託人，該計劃根據受託人於二零零零 年一月三十一日所訂立的信託契據 (“信託契據”) 而成立。
- (B) 僱主意欲參與該計劃，以為其僱員的利益成立一個退休利益計劃 (“參與計劃”)。
- (C) 參與計劃須受信託契據及本參與協議的規限。
5. 根據信託契據及本參與協議的規定，僱主承諾並同意就該計劃或參與計劃因下列其中任何一種情況而引起的任何及一切訴訟、申索、要求或法律程序所引致的任何及一切程序、費用、收費、責任和開支，對受託人作出補償：
- (a) 因僱主違反本協議之條文第 4 條所提述的保證；或
- (b) 由於僱主的任何不履行或不作為而沒有受妥當和準時地根據信託契據、該等規則和本參與協議等履行或遵守與僱主和參與計劃的僱員成員有關的任何義務 (不論其僅與僱主和該等僱員成員有關，或與僱主和該等僱員成員連同其他參與計劃的另一僱主和僱員成員有關)。

條文

1. 除非另有列明，否則本參與協議所用的名詞和詞語須具有信託契據規定該等名詞和詞語的涵義。
2. 僱主特此成立一個參與計劃，自 _____ 起生效，並受信託契據及本參與計劃的條款所規限。僱主確認，就申請參與該計劃而由僱主填寫的任何申請表格以及由僱主之僱員填寫的加入表格均構成本參與協議的一部份，而該等表格所規定的詳情須就參與計劃而適用。
3. 僱主特此向受託人作出契諾，其將遵從並受信託契據和本參與協議以及一切適用的法律和規例的約束。
4. 僱主保證，僱主將在申請表格中不時提供的資料以及關於每名僱員成員的供款及年齡、薪金、服務年期、利益、投資委託書、轉換指示表格等的任何其他資料在各方面均正確無誤。
6. 僱主承諾並同意支付其在信託契據和本參與協議條款下應付的一切費用和開支。
7. 僱主承諾並同意根據信託契據的條文以及僱主所填寫的申請表格所載明的條款，就其僱員成員作出自願性供款。僱主所作出的一切上述自願性供款須按申請表格所列明的歸屬時間表屬於各個僱員成員。如信託契據的條文與申請表格所列載的條款有抵觸之處，則在該相抵觸的範圍內以申請表所載明的條款為準。
8. 本參與協議須按信託契據的第 19.4 條規則終止。
9. 本參與協議須受香港法例管限。

本參與協議於以上首頁所述日期訂立，以資證明。

由 (_____)
代表
永明信託有限公司簽署

由 (_____)
代表
(僱主) 簽署

此乃本協議之中文譯本，一切條款及條件均以英文文本為準

PARTICIPATION AGREEMENT

THIS PARTICIPATION AGREEMENT is made on _____ (date)

BETWEEN:

- (1) **SUN LIFE TRUSTEE COMPANY LIMITED**, whose registered office is at 10th Floor, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong (the "Trustee");
- (2) the **EMPLOYER**, whose registered office is at _____

RECITALS:

- (A) The Trustee is the Trustee of the SUN LIFE RAINBOW MPF SCHEME (the "Scheme"), which was established by a deed (the "Deed") dated 31st January 2000 made by the Trustee.
- (B) The Employer wishes to join the Scheme in order to establish a retirement benefits scheme (the "Participating Plan") for the benefit of its employees.
- (C) The Participating Plan shall be governed by the Deed and this Participation Agreement.
5. Subject to the provisions of the Deed and this Participation Agreement, the Employer undertakes and agrees to hold the Trustee indemnified against any and all proceeding, cost, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Scheme or the Participating Plan either:
- (a) arising out of the breach by the Employer of the warranty referred in paragraph 4 of this Participation Agreement: or
- (b) as a result of any failure or omission on the part of the Employer to duly and punctually perform or observe any obligations pursuant to the Deed, the Rules and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Participating Plan (whether they relate to the Employer and such Employee Members alone or together with another Employer and Employee Members of other Participating Plans)

PROVISIONS

1. Unless otherwise stated, words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.
2. The Employer hereby establishes a Participating Plan with effect from _____, to be governed by the terms of the Deed and this Participation Agreement. The Employer acknowledges that any Application Form completed by the Employer and enrolment form completed by the employees of the Employer in respect of application for participation in the Scheme shall form part of this Participation Agreement and the details provided therein shall apply for the purposes of the Participating Plan.
3. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed and this Participation Agreement and all applicable laws and regulations.
4. The Employer warrants that the information from time to time to be provided by the Employer in the Application Form and any other information regarding contributions and as to the age, salary, length of service, benefits, Investment Mandates, Switching Instruction Forms and otherwise in relation to each Employee Member will be correct in all respects.
6. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Deed and this Participation Agreement.
7. The Employer undertakes and agrees to make Voluntary Contributions in respect of its Employee Members in accordance with the provisions of the Deed and the terms as specified in the Application Form completed by the Employer. All such Voluntary Contributions made by the Employer shall vest in the respective Employee Members in accordance with the vesting scale(s) as set out in the Application Form. If there is any inconsistency between the provisions of the Deed and the terms specified in the Application Form, the terms specified in the Application Form shall prevail to the extent of such inconsistency.
8. This Participation Agreement shall be terminated in accordance with Rule 19.4 of the Deed.
9. This Participation Agreement shall be governed by the laws of Hong Kong.

IN WITNESS whereof this Participation Agreement has been entered into the day and year first above written.

SIGNED BY
for and on behalf of
SUN LIFE TRUSTEE COMPANY LIMITED

SIGNED BY
for and on behalf of

參與協議

本參與協議於 _____ (日期) 由下列雙方訂立：

(1) 永明信託有限公司，其註冊辦事處於香港九龍廣東道 15 號港威大廈永明金融大樓 10 樓(“受託人”)；

(2) 僱主，其辦事處於 _____

敘文：

- (A) 受託人是永明彩虹強積金計劃 (“該計劃”) 的受託人，該計劃根據受託人於二零零零 年一月三十一日所訂立的信託契據 (“信託契據”) 而成立。
- (B) 僱主意欲參與該計劃，以為其僱員的利益成立一個退休利益計劃 (“參與計劃”)。
- (C) 參與計劃須受信託契據及本參與協議的規限。
5. 根據信託契據及本參與協議的規定，僱主承諾並同意就該計劃或參與計劃因下列其中任何一種情況而引起的任何及一切訴訟、申索、要求或法律程序所引致的任何及一切程序、費用、收費、責任和開支，對受託人作出補償：
- (a) 因僱主違反本協議之條文第 4 條所提述的保證；或
- (b) 由於僱主的任何不履行或不作為而沒有受妥當和準時地根據信託契據、該等規則和本參與協議等履行或遵守與僱主和參與計劃的僱員成員有關的任何義務 (不論其僅與僱主和該等僱員成員有關，或與僱主和該等僱員成員連同其他參與計劃的另一僱主和僱員成員有關)。

條文

- 除非另有列明，否則本參與協議所用的名詞和詞語須具有信託契據規定該等名詞和詞語的涵義。
- 僱主特此成立一個參與計劃，自 _____ 起生效，並受信託契據及本參與計劃的條款所規限。僱主確認，就申請參與該計劃而由僱主填寫的任何申請表格以及由僱主之僱員填寫的加入表格均構成本參與協議的一部份，而該等表格所規定的詳情須就參與計劃而適用。
- 僱主特此向受託人作出契諾，其將遵從並受信託契據和本參與協議以及一切適用的法律和規例的約束。
- 僱主保證，僱主將在申請表格中不時提供的資料以及關於每名僱員成員的供款及年齡、薪金、服務年期、利益、投資委託書、轉換指示表格等的任何其他資料在各方面均正確無誤。
- 僱主承諾並同意支付其在信託契據和本參與協議條款下應付的一切費用和開支。
- 僱主承諾並同意根據信託契據的條文以及僱主所填寫的申請表格所載明的條款，就其僱員成員作出自願性供款。僱主所作出的一切上述自願性供款須按申請表格所列明的歸屬時間表屬於各個僱員成員。如信託契據的條文與申請表格所列載的條款有抵觸之處，則在該相抵觸的範圍內以申請表所載明的條款為準。
- 本參與協議須按信託契據的第 19.4 條規則終止。
- 本參與協議須受香港法例管限。

本參與協議於以上首頁所述日期訂立，以資證明。

由 (_____)
代表
永明信託有限公司簽署

由 (_____)
代表
(僱主) 簽署

此乃本協議之中文譯本，一切條款及條件均以英文文本為準

PARTICIPATION AGREEMENT

THIS PARTICIPATION AGREEMENT is made on _____ (date)

BETWEEN:

- (1) **SUN LIFE TRUSTEE COMPANY LIMITED**, whose registered office is at 10th Floor, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong (the "Trustee");
- (2) the **EMPLOYER**, whose registered office is at _____

RECITALS:

- (A) The Trustee is the Trustee of the SUN LIFE RAINBOW MPF SCHEME (the "Scheme"), which was established by a deed (the "Deed") dated 31st January 2000 made by the Trustee.
- (B) The Employer wishes to join the Scheme in order to establish a retirement benefits scheme (the "Participating Plan") for the benefit of its employees.
- (C) The Participating Plan shall be governed by the Deed and this Participation Agreement.
5. Subject to the provisions of the Deed and this Participation Agreement, the Employer undertakes and agrees to hold the Trustee indemnified against any and all proceeding, cost, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Scheme or the Participating Plan either:
- (a) arising out of the breach by the Employer of the warranty referred in paragraph 4 of this Participation Agreement: or
- (b) as a result of any failure or omission on the part of the Employer to duly and punctually perform or observe any obligations pursuant to the Deed, the Rules and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Participating Plan (whether they relate to the Employer and such Employee Members alone or together with another Employer and Employee Members of other Participating Plans)

PROVISIONS

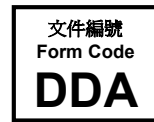
1. Unless otherwise stated, words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.
2. The Employer hereby establishes a Participating Plan with effect from _____, to be governed by the terms of the Deed and this Participation Agreement. The Employer acknowledges that any Application Form completed by the Employer and enrolment form completed by the employees of the Employer in respect of application for participation in the Scheme shall form part of this Participation Agreement and the details provided therein shall apply for the purposes of the Participating Plan.
3. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed and this Participation Agreement and all applicable laws and regulations.
4. The Employer warrants that the information from time to time to be provided by the Employer in the Application Form and any other information regarding contributions and as to the age, salary, length of service, benefits, Investment Mandates, Switching Instruction Forms and otherwise in relation to each Employee Member will be correct in all respects.
6. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Deed and this Participation Agreement.
7. The Employer undertakes and agrees to make Voluntary Contributions in respect of its Employee Members in accordance with the provisions of the Deed and the terms as specified in the Application Form completed by the Employer. All such Voluntary Contributions made by the Employer shall vest in the respective Employee Members in accordance with the vesting scale(s) as set out in the Application Form. If there is any inconsistency between the provisions of the Deed and the terms specified in the Application Form, the terms specified in the Application Form shall prevail to the extent of such inconsistency.
8. This Participation Agreement shall be terminated in accordance with Rule 19.4 of the Deed.
9. This Participation Agreement shall be governed by the laws of Hong Kong.

IN WITNESS whereof this Participation Agreement has been entered into the day and year first above written.

SIGNED BY
for and on behalf of
SUN LIFE TRUSTEE COMPANY LIMITED

SIGNED BY
for and on behalf of

如需遞交填妥表格 When submitting this form:
請緊記簽署作實 Please ensure that you have signed where necessary.
請勿遞交相同表格 Please do NOT send duplicate copies.



永明彩虹強積金計劃 – 直接付款授權書 SUN LIFE RAINBOW MPF SCHEME – DIRECT DEBIT AUTHORISATION

申請人士填寫。請以正楷填寫本表格。 To be completed by Applicant. Please complete this form in Block Letter.

日期 Date	<input type="text"/>	(日/月/年 DD/MM/YYYY)	
收款之一方 (受益人) Name of Party to be Credited (The Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	帳戶編號 Account No.
Sun Life Trustee Company Limited	<input type="text"/>	<input type="text"/>	<input type="text"/>
僱主名稱 / 自僱人士 / 成員姓名 (英文)* Name of Employer / Self-employed Person / Name of Member (English)*	<input type="text"/>		
僱主 / 計劃編號* Employer / Scheme No.*	<input type="text"/>		
<p>本人/吾等現授權本人/吾等之下述銀行，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之帳戶內轉帳予上述受益人。惟每次轉帳金額不得超過以下指定之限額。 本人/吾等同意本人/吾等之銀行毋須證實該等轉帳通知是否已交予本人/吾等。 如因該等轉帳而令本人/吾等之帳戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。 本人/吾等同意如本人/吾等之帳戶並無足夠款項支付該等授權轉帳，本人/吾等之銀行有權不予轉帳，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。 本授權書將繼續生效直至另行通知為止。 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。 I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We jointly and severally accept full responsibility for my overdraft (or increase in existing overdraft) on my/our account, which may arise as a result of any such transfer(s). I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. This authorisation shall have effect until further notice. I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.</p>			
本人/吾等之銀行及分行之名稱 My/Our Bank Name and Branch	<input type="text"/>		
銀行編號 Bank No.	分行編號 Branch No.	帳戶編號 Account No.	<input type="text"/>
本人/吾等在結單/存摺上所記錄的名稱(正楷英文) My/Our Name(s) as recorded on Statement/Passbook (In BLOCK letters)	<input type="text"/>		
本人/吾等在結單/存摺上所記錄之地址 My/Our Address as recorded on Statement/Passbook	<input type="text"/>		
電話號碼 Telephone No.	每次/月付款限額 ¹ Limit for Each Payment/Month ¹	<input type="text"/>	
債務人編號 ² Debtor's Reference ²	本人/吾等之簽署 ³ My/Our Signature(s) ³ : <div style="border: 1px solid black; height: 100px; width: 100%; display: flex; align-items: center; justify-content: center;"> 請簽署 Please sign here</div>		
日期 Date :	<input type="text"/>		
銀行專用 For Bank Use Only	Remarks	Signature Verified	<input type="text"/>
公司專用 For Office Use Only	Processed by	Date	Checked by Date
* 請刪除不適用者。Please delete as inappropriate.			
備註 Notes: 1 如：台端付款之數額每次可能不相同，則請將最高額定為每次付款之最高限額。 If the amount of your payments are likely to vary each time, please set the Limit for Each Payment at the maximum amount you would expect to pay at any one time. 2 在債務人編號之欄內，不須填上任何資料。此欄須由本公司填寫。In the box marked "Debtor's Reference", please leave BLANK for official use. 3 請確保 貴戶在此欄內之簽名，與銀行帳戶所簽的完全相同。Please ensure that you sign the form in the usual way that you would sign on your Bank Account.			

請將填妥表格之正本交予：
永明彩虹強積金計劃行政管理人 – 卓譽金融服務有限公司
地址：香港九龍紅磡德輔街 18 號海濱廣場一座十樓
電話：3183 1888 (或) 傳真：3183 1889

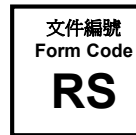
Please send the completed original form to :
Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
Address : 10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong
Tel : 3183 1888 (OR) Fax : 3183 1889



如需遞交填妥表格 When submitting this form:

請緊記簽署作實 Please ensure that you have signed where necessary.

請勿遞交相同表格 Please do NOT send duplicate copies.



永明彩虹強積金計劃 — 強積金供款通知書 (計劃註冊編號: MT00067)

SUN LIFE RAINBOW MPF SCHEME – MPF REMITTANCE STATEMENT (SCHEME REGISTRATION NUMBER: MT00067)

僱主名稱 Name of Employer	僱主編號 Employer Code	隸屬中心編號 Reporting Center No.
由 From	至 To	
(日/月/年 DD/MM/YYYY)		(日/月/年 DD/MM/YYYY)

重要提示 Important Notes:

- 請以正楷填寫本表格。
 - 此供款通知書共五部份，填妥後請於第三及第五部份簽署核實，並須在供款到期日五個工作天前連同劃線支票(如適用)，寄回永明彩虹強積金計劃行政管理人—卓譽金融服務有限公司尖沙咀郵箱 95868 號。支票抬頭人為「永明信託有限公司—永明彩虹強積金計劃」。如有任何查詢，請致電永明退休金服務熱線: 31831888 傳真: 31831889。
 - 所有供款額均以小數點後二位調進。
 - 僱主必須填報所有成員(包括現有及新增)之有關入息及供款欄。如成員在職期間未獲支付任何有關入息(例如無薪例假)仍須填寫'0'於有關入息及供款欄。
 - 成員足 18 歲後，才需作出強積金供款。
 - 根據指引 IV.11，凡於二零零四年十月一日或之後滿 65 歲之成員，僱主及成員亦須就其於 65 歲前所賺取的有關入息(不論該段期間的有關入息何時支付)作出強制性供款。請提供該成員達 65 歲時整個供款期的有關入息，有關之強制性供款及自願性供款(如適用)。
 - 由 2011 年 12 月份供款期開始，如僱主未能準時為僱員參加強積金計劃(即未於 60 天特准限期內申請參加強積金計劃之成員)，不論拖欠之供款是否已經於其後繳付妥當，受託人須向強制性公積金計劃管理局(「積金局」)匯報僱主之拖欠記錄。積金局可能向有關僱主發出支付通知書以徵收供款附加費。為免延誤處理供款而引致拖欠記錄被呈報予積金局，僱主應於特准限期屆滿後之有關供款日前為新僱員完成參加計劃手續，遞交供款資料及繳付供款。
 - 本通知書內所提及的「供款到期日」與強制性公積金計劃條例內「供款日」一詞具相同涵義。一般而言，「供款日」指該供款期結束所在月份的最後一日之後的第十日。若某一供款到期日為星期六或公眾假期，則該日將順延至下一個工作天。
- Please complete this form in Block Letter.
 - This Remittance Statement includes FIVE sections, please sign on SECTION III and V and return together with a cheque (if any) 5 working days before the contribution due date to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited (P.O. Box 95868, Tsim Sha Tsui Post Office). The cheque should be made payable to **Sun Life Trustee Co. Ltd - Sun Life Rainbow MPF Scheme**. For enquiry, please contact Sun Life Pension Services Hotline: 31831888 Fax: 31831889
 - All contribution amounts are rounded up to 2 decimal places.
 - Employer must report relevant income and contribution amount for all members (including existing and new members). Member who does not have any relevant income (e.g. on no-paid leave) should also be reported with zero relevant income and contribution amount.
 - Under age 18 – Mandatory contribution is only required after a member attained age 18.
 - According to Guidelines IV.11, for member reaches age 65 on or after 1st October 2004, both employer and member are required to make mandatory contributions for all relevant income earned before the member attains age 65 regardless of when the income is paid. Please provide the relevant income for the whole contribution period during which the member reaches age 65, the mandatory contributions and voluntary contributions (if applicable) accordingly.
 - Effective from the contribution month of December 2011, if an employer does not enroll its new employees on time (i.e. to enroll employees to a MPF scheme within the 60 days permitted period), disregard if the related outstanding contributions have already been settled thereafter, trustees are required to report the employer's default record(s) to the Mandatory Provident Fund Schemes Authority ("MPFA"). MPFA may impose surcharges on those employers by issuing a payment notice. To avoid delay in settlement of contribution and reported as defaulted to MPFA, please be reminded to enroll your new employees and submit their contribution data and payment by the relevant contribution day after the permitted period.
 - "Contribution Due Date" mentioned in this statement carries the same definition of "Contribution Day" specified under the MPF Ordinance. In general, "Contribution Day" refers to the tenth day after the last day of the month in which the contribution period ends. If a particular contribution due date falls on a Saturday or public holiday, the day shall be the next business day.



第三部份 Section III 繳交供款總結 CONTRIBUTION PAYMENT SUMMARY

第一部份供款總數 Total Contribution in SECTION I	港幣 HKD	(A)	+	第二部份供款總數 Total Contribution in SECTION II	港幣 HKD	(B)	-	從“僱主沒收權益帳戶”中抵銷之金額 Amount to be offset from Employer Forfeiture Account	港幣 HKD	=	繳交供款總計 Total Contribution Payment	港幣 HKD
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支票資料 Cheque Details

支票號碼
Cheque No. _____ 銀行名稱
Name of the Bank _____ 支票金額
Cheque Amount _____ 港幣
HKD

付款方法分自動轉帳及支票付款兩種。

自動轉帳：

請郵寄此填妥之供款通知書至本公司，當收到閣下的供款資料，本公司會於閣下的指定銀行帳戶支取供款，請確保閣下的指定銀行戶口有足夠款項及轉帳限額以支付有關供款。

支票付款：

閣下須在供款到期日¹五個工作天前將此填妥之供款通知書連同劃線支票(如適用)，寄回永明彩虹強積金計劃行政管理人—卓譽金融服務有限公司尖沙咀郵箱 95868 號。支票抬頭人為「永明信託有限公司—永明彩虹強積金計劃」，請於支票背面寫上僱主名稱，僱主編號、隸屬中心編號及有關供款期。期票或現金恕不接受。

當繳付供款時，請不要：

- 於支票抬頭上填上中人或簽發空白支票予中行人
- 發出期票
- 支付現金予永明彩虹強積金計劃中行人

Payment Methods: By Autopay or By Cheque.

By Autopay:

Please mail this completed Remittance Statement to our Company, we will direct debit from your designated bank account upon receiving your contribution data, please ensure your bank account have sufficient fund and transaction limit for contribution settlement.

By Cheque:

It is required to mail this completed Remittance Statement together with a cheque (if any) 5 working days before the contribution due date¹ to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited (P.O. Box 95868, Tsim Sha Tsui Post Office). The cheque should be made payable to **Sun Life Trustee Co. Ltd – Sun Life Rainbow MPF Scheme**. Please mark the employer name, employer code, reporting centre number and contribution period at the back of the cheque. Post-dated cheque or cash payment will not be accepted.

When making contribution payment, please **DON'T**:

- Making your cheque payable to the intermediary or issue blank cheque to the intermediary.
- Send post-dated cheque.
- Send in cash to Sun Life Rainbow MPF Scheme or the intermediary.

獲授權人簽署及公司蓋章:

謹代表僱主

Authorized Signature(s) with Company Chop :
For and on behalf of the Employer

X

請簽署及蓋章 Please sign & chop here

日期 Date :

備註 Notes:

¹ 本通知書內所提及的「供款到期日」與強制性公積金計劃條例內「供款日」一詞具有相同涵義。一般而言，「供款日」指該供款期結束所在月份的最後一日之後的第十日。若某一供款到期日為星期六或公眾假期，則該日將順延至下一個工作天。
“Contribution Due Date” mentioned in this statement carries the same definition of “Contribution Day” specified under the MPF Ordinance. In general, “Contribution Day” refers to the tenth day after the last day of the month in which the contribution period ends. If a particular contribution due date falls on a Saturday or public holiday, the day shall be the next business day.

如需遞交填妥表格 When submitting this form:

請緊記簽署作實 Please ensure that you have signed where necessary.

請勿遞交相同表格 Please do NOT send duplicate copies.

第四部份 Section IV 離職成員資料 LEAVING MEMBER INFORMATION

重要事項 IMPORTANT NOTES:

如貴公司有已支付予有關成員之長期服務金/遣散費扣減退款申請, 閣下必須: (1) 於下方欄位填上長期服務金/遣散費金額; 及(2) 遞交有關成員簽署確認已收妥長期服務金/遣散費之收據, 成員簽名必須與計劃行政管理人之記錄相符。

如有關申請未有附上有關成員之有效簽署(長期服務金/遣散費收據上之簽署應與計劃行政管理人之記錄相符)以確認已收妥該等金額之收據、或未能於該成員之累算權益轉移前提出申索、或資料不全以及逾期者, 有關申請恕不接受。

If your company would like to apply for the refund of Long Service Payment (LSP)/Severance Payment (SP) paid to the relevant member, you MUST (1) Mark the LSP/SP amount in the box below; and (2) Submit the LSP/SP RECEIPT WITH MEMBER'S VALID SIGNATURE (which has to be same as The Administrator's record).

Please note that all applications for refund without LSP/SP receipt or without member's valid signature (the signature should be same as the record being kept by The Administrator) or submitted after the transfer/ withdrawal of the member's accrued benefit will not be accepted.

僱主名稱

Name of Employer _____

僱主編號

Employer Code _____

隸屬中心編號

Reporting Center No. _____

成員編號 Member No.	成員姓名 Member Name (以香港身份證上的姓名為準 As printed on HKID Card)	香港身份證號碼/護照號碼 HKID Card No./Passport No.	最後受僱日期 Last Date of Employment (日/月/年 DD/MM/YYYY)	離職原因* Reason for Termination*	已支付予有關成員之長期服務金/遣散費金額(如有) [必須附上有關成員簽署確認已收妥該等金額之收據] Long Service/ Severance Payment Amount paid to the relevant member (if any) [MUST submit LSP/SP receipt with member's valid signature.] 港幣 HKD
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

※離職原因 Reason for Termination	1 正常退休 Normal Retirement	2 提早退休 Early Retirement	3 身故 Death	4 完全失去行為能力 Total Incapacity
	5 離職 Leaving Service (辭職/終止受僱/解僱 Resignation/ Termination/ Dismissal)	6 遣散 Lay off	7 即時解僱 Summary Dismissal	8 聯營機構間轉調 Intragroup Member Transfer

第五部份 Section V 聲明和授權 DECLARATION AND AUTHORISATION

我們謹此確定以上資料皆真實正確及同意我們要負責所有因更改或取消以上資料所衍生之投資損失。我們亦明白需要支付成員的供款直至最後受僱日期。

We hereby confirm that the above details are true and correct and agree that we shall be liable to any investment loss resulting from any subsequent change or withdrawal made to the above instruction. We also understand that it is our responsibility to make contributions up to the members' last day of employment.

公司蓋章及僱主簽署(或由授權人代行):

謹代表僱主

Company Chop and Signature of the Employer
(or signed by a duly authorised signatory):
For and on behalf of the Employer

請簽署及蓋章 Please sign & chop here **X**

日期 Date: _____

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司
地址: 香港九龍紅磡德輔道中18號海濱廣場一座十樓 電話: 3183 1888 (或) 傳真: 3183 1889
請勿遞交相同表格; 如透過傳真遞交表格, 請保留正本以作記錄。

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
Address: 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel: 3183 1888 (OR) Fax: 3183 1889
Please do NOT submit duplicate forms and keep the original copy for your own record if you are submitting via fax.

如需遞交填妥表格 When submitting this form:
請緊記簽署作實 Please ensure that you have signed where necessary.
請勿遞交相同表格 Please do NOT send duplicate copies.

文件編號
Form Code
EE



本表格應該與永明彩虹強積金計劃(“本計劃”)最新版本的主要推銷刊物一併閱讀。
This form should be read in conjunction with the latest version of the Principal Brochure of Sun Life Rainbow MPF Scheme (“Scheme”).

永明彩虹強積金計劃 – 成員登記表格 SUN LIFE RAINBOW MPF SCHEME – MEMBER ENROLMENT FORM

第一部分 Section I 須由僱主填寫 TO BE COMPLETED BY THE EMPLOYER

參與僱主名稱 Name of Participating Employer _____ “僱主 The Employer”

僱主編號(如已提供) Employer No. (if provided) _____ 隸屬中心編號 Reporting Centre No. _____

職員編號(如有) Staff No. (if any) _____ 成員級別(如有) Member Class (if any) _____

受僱日期 Date of Employment _____ (日/月/年 DD/MM/YYYY)

僱員類別 Employee Type [請在適當方格加上剔號(✓)。Please check (✓) the appropriate box.]

新僱員 New Employee 現職僱員(新參加永明彩虹強積金計劃) Existing Employee (Newly joined the Sun Life Rainbow MPF Scheme)

重新受聘僱員 Rejoined Employee 內部調職¹ Intra-group Transfer¹

海外僱員 Expatriate Employee 受僱於飲食業或建造業的臨時僱員² Casual Employee² in catering or construction industries

(如選擇“海外僱員”，請同時填寫以下灰色部分。

If “Expatriate Employee” is checked, please complete the shaded section below.)

只適用於海外僱員 For Expatriate Employees Only

參與強積金日期 MPF Participation Date _____ (日/月/年 DD/MM/YYYY)

工作簽證生效日期 Employment Visa Effective Date _____ (日/月/年 DD/MM/YYYY)

第二部分 Section II 須由僱員填寫 TO BE COMPLETED BY THE EMPLOYEE

姓(英文 English) Surname _____ 名 Given Name _____ 稱謂 先生/女士/小姐/其他* Title Mr/Ms/Miss/Other* _____

(須與香港身份證 / 護照上相同 same as HKID/Passport)

姓(中文 Chinese) Surname _____ 名 Given Name _____ 香港身份證 / 護照號碼* HKID/Passport No. * _____

(須與香港身份證 / 護照上相同 same as HKID/Passport)

出生日期³ Date of Birth³ _____ (日/月/年 DD/MM/YYYY) 電郵地址 Email Address _____

電話號碼 Telephone Nos. 住宅 Home _____ 公司 Office _____ 手提電話 Mobile _____

住址(郵政信箱恕不受理) Residential Address (P.O. Box will NOT be accepted) _____

通訊地址(如與以上不同) Correspondence Address (if different from the above) _____

語言選擇(用作將來與成員聯絡通訊之用) Language Selection (For Future Member Communication Usage)[#]

中文 Chinese 英文 English

* 請刪除不適用者。Please delete as inappropriate.

[#] 如你沒有在提供之語言選項中作出選擇，則你之語言選擇將被設定為「中文」。Your language selection will be defaulted as “Chinese” if neither one of the provided option is chosen.

備註 Notes:

1 請另行填寫聯繫公司或更改業務擁有權之成員累算權益轉移及僱主資金轉移表格。

Please complete a separate Transfer Of Accrued Benefits Upon Intra-Group Transfer/Change Of Business Ownership and Employer’s Request for Fund Transfer Form.

2 「臨時僱員」是指受僱於飲食業或建造業，並由僱主按日僱用或僱用期少於六十日的短期僱員。

“Casual Employee” refers to any person employed in the catering or construction industries or by an employer on a day-to-day basis or for a fixed period of less than 60 days.

3 如你的香港身份證上只有出生年份，而你沒有其他證件可證明你的實際出生日期(例如出生證明書或護照)，便應以12月31日作為出生日期。同樣，如你的香港身份證上只有出生年份和月份而沒有註明有關日子，便應以有關月份的最後一天作為你的出生日期。請注意，若沒有填寫日子及/或月份，你的出生日期則視為該月的最後一天或12月31日。

If your HKID Card only contains the year of birth and you have no other form of identity to prove your exact date of birth (e.g. Birth Certificate or 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 of birth, you should use the last day of the month shown. If you leave the day and/or month blank, your date of birth will be regarded as being on either the last day of that month or 31 December.



你有沒有累算權益從另一計劃轉移至本計劃？ Do you have any accrued benefits transferred from other schemes?

- 有 Yes (只適用於經由你本人安排的累算權益轉移。 Only applicable to the transfer of accrued benefits arranged by yourself.)
- 由另一強積金計劃轉移至本計劃 (請遞交「計劃成員資金轉移表格」)
Transferred from another Mandatory Provident Fund Scheme (Please submit Scheme Member's Request For Fund Transfer Form)
- 由職業退休計劃轉移至本計劃 (請遞交「計劃成員資金轉移申請表 — 最低強積金利益」)
Transferred from an existing Occupational Retirement Scheme (Please submit Scheme Member's Request For Fund Transfer Form — Minimum MPF Benefits)
- 沒有 No

自願性供款 (可選擇項目) Voluntary Contribution (Optional) : [請在適當方格加上剔號 (✓) Please check (✓) the appropriate box]

自願性供款開始日期 Commencement Date of Voluntary Contribution / / (日/月/年 DD/MM/YYYY)

除強制性供款外，本人(僱員)選擇額外支付自願性供款如下 In addition to the mandatory contribution, I elect to contribute voluntary contribution as below:
(所有供款必須以整數計算 All contributions must be rounded up/down to the nearest integer.)

- 本人每月有關入息的: % of my relevant income.
- 本人每月有關入息減去強制性供款額後的: % of my relevant income minus my mandatory contribution of the respective contribution period.
- 指定供款額 A fixed amount: 港幣 HKD

投資選擇 INVESTMENT CHOICE

就本人及參與僱主作出的強制性供款和自願性供款 (如有)，包括由其他計劃轉入的款項，本人作出的投資選擇如下⁴：

My investment choice in respect of the mandatory and voluntary contribution (if any) made by me and the Participating Employer, including transferred-in monies from other schemes, is specified as follows:⁴

請選一項 Please choose ONE only 請在適當方格加上剔號 (✓)。 Please check (✓) the appropriate box.

選擇 1 – 基金自動導航系統⁵ Option 1 – Fund Cruiser⁵

基金自動導航系統 — 本人及參與僱主作出的強制性供款和自願性供款 (如有)，包括由其他計劃轉入的款項，將依照本人的年齡及預設基金選擇而作出投資，其後亦會隨本人年齡遞增而於本人生日當天或生日後之下一個工作天(如生日當天不是工作天)，根據預設基金選擇自動更改未來供款(包括由其他計劃轉入的款項)的投資授權和自動轉換現有結餘的投資組合。詳情已刊登於有關的《主要推銷刊物》。

Fund Cruiser — All mandatory and voluntary contribution (if any) made by myself and the Participating Employer, including monies transferred-in from other schemes will be invested in accordance with the pre-determined fund choices based on my age. The investment mandate for future contribution (including monies transferred-in from other schemes) will be automatically changed and existing balance be automatically switched on my birthday or the first business day following my birthday (if my birthday falls on a non-business day). Details have been stated in the relevant "Principal Brochure".

(請跳至第三頁第三部分「個人資料收集聲明」 Please go to Section III "Personal Information Collection Statement" on page 3)

選擇 2 – 自選基金組合⁵ Option 2 – Own Investment Choice Program⁵

請按照本人的意願作供款分配。 I shall make up my own contribution allocation.

(請填寫以下「供款分配」部分 Please complete the "Contribution Allocation" section below)

成份基金 Constituent Fund	基金編號 Fund Code	供款分配 (5%的倍數) Contribution Allocation (in multiples of 5%)		
		強制性供款 Mandatory Contribution	自願性供款 Voluntary Contributions	
			僱主部分 Employer's Portion	僱員部分 Employee's Portion
風險程度：保守 Risk Level: Conservative				
永明首域強積金保守基金 Sun Life First State MPF Conservative Fund	CRCPF	%	%	%
風險程度：平穩 Risk Level: Stable				
永明首域強積金環球債券基金 Sun Life First State MPF Global Bond Fund	SLFGB	%	%	%
永明強積金人民幣及港元基金 (本成分基金僅以港元計價，而不是以人民幣計價) Sun Life MPF RMB and HKD Fund (The constituent fund is denominated in HKD only and not in RMB)	SLRMB	%	%	%
永明首域強積金定息基金 Sun Life First State MPF Fixed Income Fund	CRFIG	%	%	%
風險程度：均衡 Risk Level: Moderate				
永明 RCM 強積金穩定資本基金 Sun Life RCM MPF Capital Stable Fund	SLRCS	%	%	%
永明首域強積金平穩基金 Sun Life First State MPF Stable Income Fund	CRSIF	%	%	%
風險程度：增長 Risk Level: Growth				
永明 RCM 強積金穩定增長基金 Sun Life RCM MPF Stable Growth Fund	SLRSG	%	%	%
永明首域強積金均衡基金 Sun Life First State MPF Balanced Portfolio Fund	CRBPF	%	%	%
永明 RCM 強積金均衡基金 Sun Life RCM MPF Balanced Fund	SLRBF	%	%	%
永明首域強積金增長基金 Sun Life First State MPF Progressive Growth Fund	CRPGF	%	%	%
風險程度：進取 Risk Level: Aggressive				
永明景順強積金環球股票基金 Sun Life Invesco MPF Global Equities Fund	SLIGE	%	%	%
永明 RCM 強積金亞洲股票基金 Sun Life RCM MPF Asian Equity Fund	SLRAE	%	%	%
永明首域強積金香港股票基金 Sun Life First State MPF Hong Kong Equity Fund	CRHKE	%	%	%
永明景順強積金香港及中國股票基金 Sun Life Invesco MPF Hong Kong and China Equity Fund	SLIHC	%	%	%
總數 Total :		100 %	100 %	100 %

備註 Notes:

4 如果你並未提供投資選擇或投資選擇不完整，受託人將把有關供款投資於設定基金 — 永明首域強積金平穩基金。 If your investment choice is not specified or incomplete, the Trustee will invest the relevant contribution in the default fund — Sun Life First State MPF Stable Income Fund.

5 如果你因其參與本計劃之僱主聯繫公司轉移或更改業務擁有權而轉移至本計劃內的其他同類基金單位成員帳戶而填寫此表格，上述之投資選擇只將適用於閣下參與新僱主計劃日期後所作出之僱主及你的供款。否則，上述之投資選擇將適用於未來供款及轉入本計劃的資產。 If you are filling this form due to an Intra-group transfer/change of business ownership of the Employer for transferring to another member account within the same class of units in the Scheme, the above investment choice will only apply to the Employer's and your contribution made starting from your date of joining the Scheme by the Member under the new employment with the Employer. Otherwise, the above investment choice will apply to future contribution made and accrued benefits transferred in the Scheme.

第三部分 Section III 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

上述申請人同意，在本表格內向永明信託有限公司（“受託人”）提供的所有資料（無論此申請表所載或由其他途徑所獲取）由受託人持有、使用、披露及轉移予與受託人有關之個人、公司或機構或任何受託人認為必須或合適之指定第三者，包括金融服務、公積金及保險或相關業務的經營者（不論在本港或海外，包括專業顧問、中介人、同業協會或聯會及有關受託人業務之服務供應商）被用於：(i) 申請參與本計劃；(ii) 本計劃之下的申請人的供款和累算權益的行政事宜和管理；(iii) 遵守適用法律和規例；及 (iv) 與上述有關的任何其他用途。申請人以自願性質向受託人提供本表格的資料。如申請人未能提供資料，可能導致受託人不能處理本申請。申請人有權查閱並且要求更正受託人所持有的申請人個人資料。如要求查閱，可通過書面方式提出，地址為香港九龍紅磡德輔道中18號海濱廣場一座十樓卓譽金融服務有限公司退休金管理部經理。

The Applicant named above hereby consents that all information provided herein to Sun Life Trustee Company Limited (the "Trustee") (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Trustee to individuals, companies or organizations associated with the Trustee or any selected third parties that the Trustee may consider necessary or advisable, including those carrying on financial services, provident fund and insurance or related businesses (within or outside of Hong Kong, including, professional advisors, intermediaries, industry association/federations and other services providers relevant to the Trustee's business) for (i) the application for participation in the Scheme; (ii) the administration and management of the contributions and accrued benefits in respect of the Applicant under the Scheme; (iii) compliance with the applicable laws and regulations; and (iv) any other purposes related to the above. The information which the Applicant provides to the Trustee herein is on a voluntary basis. However, failure to supply information may result in the Trustee being unable to process this application. The Applicant has the right to obtain access to and to request correction of any of his or her personal information held by the Trustee. Request for such access can be made in writing and addressed to the **Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong.**

第四部分 Section IV 聲明和授權 DECLARATION AND AUTHORISATION

本人特此申請加入受託人成立的本計劃，並且確認本人已收到、閱讀和明白以上個人資料收集聲明中的條款及最近期的主要推銷刊物。

本人特此與受託人契諾遵守信託契據的規定以及一切適用法律和規例，並受該等規定、法律和規例所約束。

本人保證，在本登記表格提供的所有資料在各方面均為真實無訛。本人進一步承諾，如果所提供的資料有任何改變，本人會在合理而切實可行範圍內盡快通知受託人。

本人特此契諾和同意，若本人與本登記表中指明的僱主的僱用關係終止後，如果在受託人已被通知本人的僱用終止後三個月內，本人未能就如何轉移於該計劃下的累算權益一事通知受託人，則本人將自動成為本計劃下的個人帳戶成員。在這種情形下，本人的所有累算權益應轉移至本計劃下的一個個人帳戶內。

本人授權僱主從本人的基本薪金／有關入息中扣除本人根據本計劃規則作出的自願性供款。此外，本人理解，對於本人所作的或代表本人所作的供款，本人將負責作出投資選擇，如果本人未能作出該等投資選擇，則所有供款將按信託契據的條款投資。本人理解，如本人死亡，本人在計劃下的所有累算權益將支付給本人的遺產代理人。

本人特此同意，僱主可在受託人要求時將本人的身分證或護照副本交給受託人。

本人明白，如果本人未能向受託人提供本登記表內所需的所有資料，受託人可能無法建立本人的成員記錄。在這種情形下，本人作出的任何供款將不能按照本人在本表格列明的投資選擇進行投資，但可由受託人按其完全酌情決定隨時投資於永明首域強積金平穩基金，直至受託人收到有關資料並且建立本人的成員記錄為止。

本人特此授權持有本人任何記錄、資料或消息的任何政府辦事處、團體或個人，在受託人或其代表要求下，可向該受託人或其代表透露、發放或轉移與本申請有關的該等記錄或資料。

I hereby apply to join the Scheme established by the Trustee and confirm that I have received, read and understood the terms in the above Personal Information Collection Statement and the latest Principal Brochure.

I hereby covenant with the Trustee to comply with and be bound by the provisions of the Trust Deed and all applicable laws and regulations.

I warrant that all the information provided in this enrolment form is true and accurate in all respects. I further undertake that if there is any change in the information so provided, I shall notify the Trustee of such change as soon as reasonably practicable.

I hereby covenant and agree that upon termination of my employment with the Participating Employer specified in this enrolment form, if I fail to notify the trustee, within 3 months after the Trustee has been notified of the termination of my employment, an election as to where my accrued benefits under the Scheme should be transferred. I shall automatically become an unsupported member under the Scheme. In this event, all my accrued benefits shall be transferred to a Personal Member Account of the Scheme.

I authorise the Employer to deduct from my basic salary or relevant income* any voluntary contributions made by me under the Rules of the Scheme. In addition, I understand that I will be responsible for making the investment choice for the contributions made by me or on my behalf and if I fail to make such investment choice, all the contributions will be invested in accordance with the terms of the Trust Deed. In the event of my death, I understand that all my accrued benefits under the Scheme will be paid to my personal representative(s).

I hereby consent to allow the Employer to release my HKID or Passport copy to the Trustee on request.

I understand that if I fail to supply complete information as required in this enrolment form, the Trustee may not be able to establish my member record. In which case, any contribution monies made by me will not be invested in accordance with my investment choice as specified in this Form, but may be invested by the Trustee at any time in its sole discretion into the Sun Life First State MPF Stable Income Fund until the Trustee receives such information and establishes my member record.

I hereby authorise any government office or any organisation or persons who has any records, knowledge, information of me to disclose, release or transfer to the Trustee or its representatives such record, knowledge or information pertinent to this application upon request by the Trustee or its representatives.

* 有關入息指任何工資、薪金、休假酬金、費用、佣金、花紅、酬金、額外賞賜或津貼，但不包括遣散費或長期服務金

* Relevant income means any wages, salary, leave pay, fee, commission, bonus, gratuity, perquisite or allowance, except severance or long service payments.

僱員簽署：
Signature of the Employee :

請簽署 Please sign here X

日期 Date :

我們特此同意將上述僱員登記於本計劃之內，並且確認，盡我們所知，在本表格所提供的資料乃真實無訛。我們並同意受信託契據及我們的參與協議中關於僱員參與本計劃的條款所約束。

We hereby agree to enroll the Employee named above to the Scheme and confirm that all the information provided herein is to the best of our knowledge true and accurate. We further agree to be bound by the terms of the Trust Deed and our Participation Agreement in respect of the participation of the Employee in the Scheme.

僱主簽署 (請附加公司蓋章)：
For and on behalf of the Employer (Please affix company chop) :

請簽署及蓋章 Please sign & chop here X

日期 Date :

請將填妥表格交予：

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司

地址：香港九龍紅磡德輔道中18號一座十樓 電話：3183 1888 (或) 傳真：3183 1889

Please send the completed form to :

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

Address : 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon Hong Kong Tel : 3183 1888 (OR) Fax : 3183 1889

請勿遞交相同表格；如透過傳真遞交表格，請保留正本以作記錄。

Please do NOT submit duplicate forms and keep the original copy for your own record if you are submitting via fax.

文件編號
Form Code
PE

第 MPF(S) - P(E)號表格

僱主資金轉移申請表

《強制性公積金計劃（一般）規例》（簡稱《規例》）第 150 及 150A 條

- (a) *請刪去不適用者。請在不適用處填上「不適用」。
- (b) 在本表格提供的個人資料，將被用作處理你在本表格內要求的轉移選擇。
- (c) 你所提供的個人資料可能會為達致上述目的，或直接與上述目的有關的目的而轉交有關受託人、相關服務提供者、強制性公積金計劃管理局（簡稱「積金局」），及其他相關機構。

第 I 部 — 轉移類別

(1) 請說明轉移的原因，並於適當方格內填上✓號。

- 第 1 類：轉移至同一僱主的另一個強積金計劃
- 第 2 類：轉移至新僱主參與的另一／同一個強積金計劃（請就每名擬轉移權益的僱員填寫一份由受託人提供有關在業務擁有權變更／集團內轉調的情況下轉移累算權益的表格）

第 II 部 — 現任僱主資料（適用於第 1 類轉移）或新僱主資料（適用於第 2 類轉移）

(2) 僱主名稱^{註 1}： _____

(3) 通訊地址：

* 香港／九龍／新界／其他（請註明）		地區	
街道		街道號碼	
大廈	座	樓層	室

(4) 聯絡人姓名： _____

(5) (a) 電話號碼： _____

(b) 手提電話號碼： _____

(6) 傳真號碼： _____

(7) 電郵地址： _____

白頁：請交回永明處理；黃頁：請強積金中介人存檔記錄；藍頁：請交予客戶作存檔記錄。

第 III 部 — 資金轉移資料

(8) 轉出累算權益^{註 2}的計劃的資料原計劃的僱主名稱^{註 3}： _____

原受託人名稱： _____

原計劃名稱： _____

僱主識別號碼^{註 4}： _____向原計劃供款的最後日期：

日	月	年

(9) 你是否擬轉移所有參與原計劃的僱員的累算權益^{註 2}？（請於適當的方格內填上✓號） 是 否(10) 擬轉移累算權益^{註 2}的僱員的詳細資料：

編號	僱員姓名	僱員的香港身份證號碼 ^{註 5}
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

(僱主可另紙提供僱員的詳細資料，並請加上授權簽署及公司印章。)

(11) 轉入累算權益的計劃的資料

新受託人名稱： _____

新計劃名稱： _____

僱主識別號碼^{註 4}： _____

轉移開始生效日期：

日	月	年

第 IV 部—授權及聲明

(12) 本人／我們*聲明：

- (a) 本表格所提供的原計劃僱員及參與僱主的全部個人資料，乃為達致本表格內所述的目的而收集；或
- (b) 本表格內所述的目的直接與在收集該等個人資料時擬將其使用於的目的有關；或
- (c) 本人／我們*已獲得原計劃的僱員及參與僱主的同意，同意為達致本表格內的目的而使用他/她/他們於本表格內披露的個人資料。

(13) 此外，本人／我們*聲明：

- (a) 本人／我們*已閱讀《僱主轉移權益須知》的內容；
- (b) 本人／我們*，作為原計劃的參與僱主(只適用於第 1 類轉移)，特此作出通知本人／我們有意就第 III 部的僱員終止參與原計劃；及
- (c) 盡本人／我們*所知所信，本表格所提供的資料正確及詳盡。

[僱主簽署及公司印章（如適用）^{註 6}]

日期

填報須知

- (1) 如屬將僱員的累算權益轉移至新僱主參加的新計劃，這指新僱主。
- (2) 所指的累算權益僅限於現任僱主的僱員在原計劃的供款帳戶內的累算權益。
- (3) 如這個名稱與第II(2)部的僱主名稱相同，則無須填寫此項。
- (4) 僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼（例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號）。如不清楚識別號碼，請聯絡有關受託人。
- (5) 如僱員沒有香港身份證，請填上他們的護照號碼，並註明其為護照號碼。
- (6) (a) 如屬將僱員的累算權益轉移至新僱主的強積金計劃，則這份表格須由新僱主簽署。
(b) 假如僱主並不是自然人，本表格可由行政總監、行政總裁或任何獲授權人士代表僱主簽署。

~完~

僱主轉移權益須知

填寫第 MPF(S)-P(E) 號表格前，請先閱讀下列重要資料：

(1) 用詞定義：

- (a) 「供款帳戶」一指強積金計劃下主要用以接收僱主為僱員所作出以及代表僱員所作出的強積金供款（包括僱主及僱員部分）的帳戶。
 - (b) 「原受託人」（在《強制性公積金計劃（一般）規例》（簡稱《規例》）中亦稱「轉移受託人」）一指轉出僱員的累算權益的強積金計劃的受託人。
 - (c) 「新受託人」（在《規例》中亦稱「承轉受託人」）一指轉入僱員的累算權益的強積金計劃的受託人。如你選擇將累算權益轉移至同一強積金計劃的另一個帳戶或轉移至同一受託人的另一個強積金計劃，在第 MPF(S)-P(E) 號表格所述的新受託人將與原受託人相同。
 - (d) 「原計劃」一指轉出僱員的累算權益的強積金計劃。
 - (e) 「新計劃」一指轉入僱員的累算權益的強積金計劃。如你選擇將累算權益轉移至同一強積金計劃的另一個帳戶，在第 MPF(S)-P(E) 號表格所述的新計劃將與原計劃相同。
- (2) 第 MPF(S)-P(E) 號表格供擬把僱員的累算權益轉移至另一個強積金註冊計劃的僱主使用，或供擬把另一名僱主的僱員的累算權益轉移至新僱主所參與的計劃的新僱主使用。後者的情況或會在業務擁有權有所變更或僱員在有聯繫公司之間轉調時出現。在該情況下，新僱主應填寫第 MPF(S)-P(E) 號表格。
- (3) 如僱員成員現時投資於強積金保證基金，則根據第 MPF(S)-P(E) 號表格的要求從該保證基金轉出累算權益可能導致他們不符合部分或所有保證條件，從而影響他們享有保證的資格。有關詳情請查閱原計劃的要約文件或向原受託人查詢。
- (4) 請確保你已參加並安排你的僱員登記參加新計劃。否則你在向新受託人提交第 MPF(S)-P(E) 號表格之前，便須參加並安排你的僱員登記參加該計劃。

- (5) 請小心填寫第 MPF(S)-P(E)號表格，因為受託人未必能夠撤銷已採取的行政步驟。
- (6) 若你在第 MPF(S)-P(E)號表格上所提供的任何資料（包括簽署）不正確或不完整，受託人可能無法處理你的權益轉移要求。
- (7) 新計劃的資料載於該計劃的要約文件，此等資料將有助你決定是否把累算權益轉移至該計劃。你可向新受託人索閱該要約文件。
- (8) 如欲就轉移選擇作出查詢或尋求協助，請聯絡你的原受託人或新受託人。你亦可與強制性公積金計劃管理局（簡稱「積金局」）聯絡，查詢有關資金轉移的一般事項。積金局電郵地址：mpfa@mpfa.org.hk 或熱線電話：2918 0102。

~完~

FORM MPF(S) - P(E)

EMPLOYER'S REQUEST FOR FUND TRANSFER FORM

Sections 150 and 150A of the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")

- (a) Please use **BLOCK LETTERS** to complete this Form.
- (b) *means delete whichever is inappropriate. Please insert "N.A." if not applicable.
- (c) The personal data to be supplied in this Form are to be used for the purpose(s) of processing your election(s) of transfer as requested in this Form.
- (d) The personal data you supply may, for the purpose(s) mentioned above or for a purpose directly related to such purpose(s), be transferred to the trustee(s) concerned, the relevant service provider(s), the Mandatory Provident Fund Schemes Authority ("MPFA") and other appropriate parties.

SECTION I - TYPE OF TRANSFER

(1) Please indicate your reason of transfer and ✓ as appropriate.

- Type 1: Transfer to another MPF scheme under the same employer
- Type 2: Transfer to another/same MPF scheme participated by the new employer (Please complete the form provided by the trustee on transfer of accrued benefits upon change of business ownership / intra-group transfer for each employee involved)

SECTION II - DETAILS OF EXISTING EMPLOYER (FOR TYPE 1 TRANSFER) OR NEW EMPLOYER (FOR TYPE 2 TRANSFER)

(2) Name of employer^{Note 1}: _____

(3) Correspondence address

Flat/Room	Floor	Block	Building
Street no.		Street	
		* Hong Kong/Kowloon/N.T. /Others (please specify)	
District			

(4) Name of contact person: _____

(5) (a) Telephone number: _____

(b) Mobile phone number: _____

(6) Facsimile number: _____

(7) Email address: _____

SECTION III - FUND TRANSFER INFORMATION

- (8) Details of the scheme from which accrued benefits
- ^{Note 2}
- are to be transferred:

Name of employer^{Note 3} in the original scheme: _____

Name of original trustee: _____

Name of original scheme: _____

Employer's identification number^{Note 4}: _____Contributions to original scheme should be paid up to: |_____| |_____| |_____|
DD MM YYYY

- (9) Do you wish to transfer the accrued benefits
- ^{Note 2}
- of
- all*
- employees participating in the original scheme? (please ✓as appropriate)

 Yes No

- (10) Details of the employee(s) whose accrued benefits
- ^{Note 2}
- are to be transferred:

No.	Name of employee	HKID Card number ^{Note 5} of employee
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

(Employer may provide details of employees, together with authorized signature and company chop, on separate sheets of paper.)

(11) Details of the scheme to which accrued benefits are to be transferred:

Name of new trustee: _____

Name of new scheme : _____

Employer's identification number^{Note 4}: _____

Effective date of transfer:

<i>DD</i>	<i>MM</i>	<i>YYYY</i>

SECTION IV – AUTHORIZATION AND DECLARATION

(12) I/We* declare that:

- (a) all personal data of the employee(s) and of the participating employer of the original scheme provided in this Form were collected for the purpose(s) mentioned in this Form; or
- (b) the purpose(s) mentioned in this Form is/are purpose(s) directly related to the purpose(s) for which the personal data were to be used at the time of collection of the data; or
- (c) I/We* have obtained consent(s) from the employee(s) and from the participating employer of the original scheme for using his/her/their personal data disclosed in this Form for the purpose(s) mentioned in this Form.

(13) I/We* further declare that:

- (a) I/We* have read the Notes to Transfer Benefits by Employer;
- (b) I/We*, as the participating employer in the original scheme (applicable to Type 1 transfer ONLY), hereby provide notice of my/our* intention to cease participating in the original scheme in respect of the employee(s) identified in Section III; and
- (c) to the best of my/our* knowledge and belief, the information given in this Form is correct and complete.

[Signature of employer and company chop (if applicable)^{Note 6}]

Date

Explanatory Notes

- (1) In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.
- (2) The accrued benefits are confined to the accrued benefits held in the contribution account(s) in the original scheme in respect of the employees of the existing employer.
- (3) Leave it blank if it is the same as the name of the employer in section II(2).
- (4) The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number) If you are in doubt of the number, please contact the relevant trustee.
- (5) If any of the employees do NOT possess a HKID Card, please fill in their passport number and also indicate that it is a passport number.
- (6)
 - (a) For transfer of accrued benefits of employee(s) to the MPF scheme of a new employer, this Form must be signed by the new employer.
 - (b) If the employer is not a natural person, this Form may be signed by the Managing Director, Chief Executive Officer or any person authorized to sign on behalf of the employer.

~END~

NOTES TO TRANSFER BENEFITS BY EMPLOYER

Please read the following important information before you complete Form MPF(S)-P(E).

(1) Definition of terms:

- (a) *“Contribution account” - an account in an MPF scheme which is mainly used to receive MPF contributions (both employer and employee portions) made by an employer for an employee and on behalf of the employee.*
 - (b) *“Original trustee” (also known as “transferor trustee” in the Mandatory Provident Fund Schemes (General) Regulation (“the Regulation”)) - the trustee of an MPF scheme from which the accrued benefits of the employees are to be transferred.*
 - (c) *“New trustee” (also known as “transferee trustee” in the Regulation) - the trustee of an MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme or to another MPF scheme under the same trustee, the new trustee on Form MPF(S)-P(E) will be the same as the original trustee.*
 - (d) *“Original scheme”- the MPF scheme from which the accrued benefits of the employees are to be transferred.*
 - (e) *“New scheme” – the MPF scheme to which the accrued benefits of the employees are to be transferred. If you elect to transfer the accrued benefits to another account within the same MPF scheme, the new scheme on Form MPF(S)-P(E) will be the same as the original scheme.*
- (2) *Form MPF(S)-P(E) should be used when an employer wishes to transfer the accrued benefits of its employees to another MPF registered scheme or when a new employer wishes to transfer the accrued benefits of the employees of another employer to the new employer’s scheme. The latter case may occur when there is a change of ownership of the business or when the employees are transferred among associated companies. In such case, Form MPF(S)-P(E) should be completed by the new employer.*
- (3) *If the employee members are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund as requested in Form MPF(S)-P(E) may result in some or all of the guarantee conditions not being satisfied; thus affecting their entitlements to the guarantee. Please check the offering document of the original scheme or consult the original trustee for details.*
- (4) *Please ensure that you have participated and enrolled your employees in the new scheme. Otherwise, you have to participate in and enrol your employees in that scheme before you submit Form MPF(S)-P(E) to the new trustee.*
- (5) *Please complete Form MPF(S)-P(E) carefully as the administration procedures taken by the trustees may not be reversible.*

- (6) *If any information provided on Form MPF(S)-P(E) (including the signature) is incorrect or incomplete, the trustees may not be able to process the benefit transfer request.*
- (7) *Information about the new scheme is set out in the offering document of that scheme. This information will assist you in making a decision about whether to make a transfer to that scheme. Copies of that offering document can be obtained from the new trustee upon request.*
- (8) *If you wish to make enquiries or seek assistance in making your election to transfer, please contact your original trustee or new trustee. For general enquiries regarding fund transfer, you may contact the Mandatory Provident Fund Schemes Authority (“MPFA”) via e-mail: mpfa@mpfa.org.hk or hotline: 2918 0102.*

~END~

終止強積金計劃信函

郵件

致： _____ [現有強積金受託人]

日期： _____ [簽署本信函日期]

敬啟者：

主旨：

[現有強積金計劃名稱] (「本計劃」) 及 [計劃編號]

現僅以此信函通知閣下本公司的強積金計劃將轉移至新強積金受託人，永明信託有限公司 — 永明彩虹強積計劃，負責為本公司提供強積金信託服務。

請接納本公司以本信函通知閣下本計劃將於 _____
[永明彩虹強積計劃之計劃生效日期] 起終止參加閣下公司的信託服務。本公司的最後供款期應
為 _____ [最後供款期由(日期)至(日期)]。

在計劃轉移期間，本公司的強積金計劃將繼續維持有效，敬請留意。

本公司相信本指示已十分清晰，並將獲得閣下公司的即時處理。如本計劃的服務條款中涉及任何第三者或行政管理人，請向該等機構發出終止通知，以確保強積金計劃轉移得以順利進行。

如有任何疑問，歡迎與我們聯絡。

獲授權人簽署及公司蓋章

獲授權人姓名：

公司名稱：

副本：永明信託有限公司

Termination Letter for MPF Scheme

By Post

To: _____ [Name of Existing Trustee]

Date: _____ [Current Date]

Dear Sir / Madam

Re :

[Name of Existing MPF scheme] (“the Scheme”) and [Scheme Number]

Please be informed that our MPF scheme will be transferred to a new trustee, Sun Life Trustee Company Limited – Sun Life Rainbow MPF Scheme, who will take over our MPF scheme.

Please take this as a written notice from our company to terminate the participation in your trust effective from _____ [Effective Date in Sun Life Rainbow MPF Scheme]. Our last contribution period paid to you should be _____ [Last Contribution Period, from (date) to (date)].

It is important to note that the retirement scheme of our company will continue in full force during the transfer.

We trust that our instructions are very clear and will be carried out by your organization promptly. If there are any other parties or administrators involved in the provision of services for the Scheme, please give all necessary termination notices to them so as to enable a smooth transfer of our MPF scheme.

Should you have any query, please feel free to contact us.

Yours faithfully

Authorized Signature with Company Chop

Name of Authorized Person:

Name of Company:

c.c. Sun Life Trustee Company Limited

Broker Commission Consent Declaration - Employer
佣金披露聲明書 - 僱主

Applicant Information 申請人資料			
Name of employer (English) 僱主名稱(英文)		Name of employer (Chinese) 僱主名稱(中文)	

Declaration 聲明	
<p>I understand, acknowledge and agree that, as a result of my participation in the Sun Life Rainbow MPF Scheme ("Scheme"), Sun Life Hong Kong Limited ("SLHK") will pay the MPF intermediary a commission in respect of contributions (including regular and / or lump sum or any increase thereof) and / or accrued benefits transfer-in received by the Scheme during the course of the said participation. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to SLHK and Sun Life Trustee Company Limited that he or she is authorized to do so.</p> <p>本人明白、確知及同意，香港永明金融有限公司(「永明金融」)會就本人參與永明彩虹強積金計劃期間所收的(定期及/或一次性或任何其後之增加)供款及/或轉入的累算權益，向負責安排的獲授權保險經紀/代理支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員則向永明金融及永明信託有限公司確認他/她已獲法人團體授權簽署。</p>	
Signature 簽署	
<p>I /We have read and fully understand the above declaration. 本人/吾等已閱讀並完全明白以上聲明。</p>	
<p>X _____ Authorized Signature & Company Chop 授權人簽署及公司蓋章</p>	<p>X _____ Sign Date (DD/MM/YYYY) 簽署日期(日/月/年)</p>
<p>Name 姓名: _____</p>	
<p>Title 職銜: _____</p>	



請將填妥表格交予：

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司

地址：香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓 電話：3183 1888 (或) 傳真：3183 1889

Please send the completed form to : Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

Address : 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel : 3183 1888 (OR) Fax : 3183 1889

To 致: Sun Flower Insurance Brokers Limited (“SFIB”) 新華保險顧問有限公司(「新華顧問」)

MPF Client Declaration Form 強積金客戶聲明書

Note 注意:

1. This declaration form is applicable for conducting regulated activities under the Guidelines on Conduct Requirements for Registered Intermediaries issued by the MPFA (“MPFA Guidelines”). 本聲明書適用於從事積金局《註冊中介人操守要求指引》(「積金局指引」)所規定之受規管活動。
2. Customer to complete in BLOCK LETTERS and tick ✓ the appropriate boxes. 請客戶用正楷填寫，並於適當的方格內加上「✓」號。
3. Where regulated activities are conducted, this Declaration Form must also be completed and returned to SFIB. 如進行受規管活動，則必須填寫本聲明書並交回給新華顧問。

A. Client information 客戶資料		
1. Name of customer (surname first, where applicable) 客戶姓名(姓氏在前(如適用))	2. Chinese name 中文姓名	3. Salutation 稱謂 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Employer 僱主
4. HKID no. /Passport no. 身份證號碼/護照號碼 (If applicable 如適用)	5. Employer ID/Scheme ID 僱主編號/計劃編號 (If applicable 如適用)	6. Level of Education 教育程度 <input type="checkbox"/> Primary or below 小學或以下學歷 <input type="checkbox"/> Above primary 小學以上學歷

B. Clients with special needs 需要特別照顧的客戶

B.1

According to MPFA Guidelines, a client with special need (who is person who is not, or may not be, able to fully understand the type of information to be provided/discussed or make a key decision) may include a client who is illiterate, with low level (primary level or below) of education, visually or otherwise impaired in a manner that affects his/her ability to make the relevant key decision independently.

根據積金局指引，需要特別照顧的客戶（即不能完全明白或也許不能完全明白所提供及討論的及不能作出重要決定的人士）可包括，有語文困難、低學歷（小學程度或以下）、有視力或其他肢體受損的客戶，而該等情況影響其獨立地作出強積金相關的重要決定的能力。

- Not applicable. I am not a client with special needs.
不適用。本人並不是需要特別照顧的客戶。
- As a customer with special needs, I prefer the following option to witness the relevant sales process and constituent fund selection process (referred as the “Sales Process”):
作為需要特別照顧的客戶，本人於下列兩項中選擇其一以見證是次銷售及選擇成分基金過程（下稱「銷售過程」）：

- to be accompanied by a companion to witness the Sales Process.
本人攜同同伴見證銷售過程。

Full name of witness
見證人姓名

HKID/Passport no. of witness
見證人身份證/護照號碼

Signature of witness
見證人簽署

Date
日期

- to have an additional member of staff to witness the Sales Process.
本人要求提供多一名員工見證銷售過程。

Full name of staff
員工姓名

Staff number
員工號碼

Signature of staff
員工簽署

Date
日期

- I do not want any one else to accompany me or witness the sale process and, therefore, do not choose either of the above option.
本人不要任何其他人士陪同或見證銷售過程，故不選擇上述任何一項。

B.2

A registered intermediary should provide extra care of, and support for, clients (including representatives of employers) with special needs during the sales and marketing process relating to the making of a key decision. A key decision for this purpose refers to one of the following decisions:

- (a) choosing a particular constituent fund;
- (b) making a transfer that would involve a transfer out of a guaranteed fund;
- (c) making an early withdrawal of accrued benefits from the MPF System; or
- (d) making how much voluntary contributions into a particular registered scheme or a particular constituent fund.

註冊中介人如遇到需要特別照顧的客戶(包括僱主代表)，在進行與作出重要決定有關的銷售或推銷程序時，需給予額外的照顧及支援。重要決定是指以下任何一項決定：

- (a) 選擇某一特定的成分基金；
- (b) 因轉移而涉及從現有強積金賬戶轉出保證基金；
- (c) 從強積金制度提早提出累算權益；或
- (d) 向某一特定的註冊計劃或某一特定的成分基金作出多少自願性供款。

- Not applicable, activities do not involve any key decision as described above.
不適用，活動不涉及上述的重要決定。

C. Transferring out of guaranteed funds 從現有強積金賬戶轉出保證基金

- I have been warned against and I understand the risk that transfer-out from the guaranteed fund may result in the loss of the guarantee (either a loss which I may incur or, where I am a representative of an employer, the loss which employees of the employer may incur as the result of the transfer). I have also been advised to either check the offering document or consult the relevant trustee for details for the terms of the guarantee and take into account the said risk before transferring out of that fund.
本人已獲警告且本人理解從現有強積金賬戶轉出保證基金涉及風險，可能會導致損失保證（有關轉出可導致是本人自己遭受損失，或如本人是僱主代表，則是該僱主旗下僱員遭受損失）。本人亦已獲得建議，於從該基金中轉出保證基金之前，要查閱發售文件或諮詢有關受託人以瞭解保證條款之詳情並且考慮到上述風險。

D. Suitability Assessment 適合性評估

According to The MPFA Guidelines, suitability assessment is required if the sales and marketing process involves one or more of the following circumstances:

- (a) extending an invitation or inducement to a specific client that involves the choice of a particular constituent fund;
(b) giving regulated advice to a specific client that involves the choice of a particular constituent fund;
(c) giving detailed advice to the client in relation to a decision on early withdrawal of accrued benefits from the MPF System; or
(d) giving detailed advice to the client in relation to a decision as to the amount of any voluntary contributions to be paid into the MPF System.

根據積金局指引，如銷售或推銷程序涉及下列各項之其中一項或多於一項，需進行適合性評估：

- (a) 發出邀請或誘使特定客戶作出關乎某一特定成分基金的選擇；
(b) 向指定客戶提供作出關乎某一特定成分基金的選擇的受規管建議；
(c) 向客戶提供有關從強積金制度提早提取累算權益的決定之詳盡建議；或
(d) 向客戶提供有關向強積金制度注入多少自願性供款的決定之詳盡建議。

- Not Applicable. None of the above circumstances is involved or the customer does not agree to provide the information required for suitability assessment.

不適用，不涉及任何上述情況或客戶不同意提供進行適合性評估所需的資料。

(Proceed to Section E and sign where appropriate. 下往E部並於適當位置簽署。)

- I understand the result of Suitability Assessment Questionnaire is for my reference only. The information provided should not be relied upon when making any investment choices for MPF account(s). The final decision of any investment choices is mine.

本人明白適合性風險評估問卷之結果只供本人參考用途。本人不應該依靠該等資訊作出強積金賬戶之投資選擇。而所有投資選擇的最終決定均由本人作出。

(Attach a completed Suitability Assessment Questionnaire. 連同已完成的風險適合性評估問卷一併遞交。)

E. Personal Information Collection Statement 收集個人資料聲明

I/We hereby authorize Sun Flower Insurance Brokers Limited (SFIB) to collect, store, analyze, administer and utilize all the data and information in regard and related to my/our insurance policies/MPF schemes.

本人/本公司現特授權“新華保險顧問有限公司”(新華保險)收集、儲存、分析、管理和使用所有關於本人/本公司保險/強積金計劃及相關的資料和信息。

SFIB must handle my/our data and information with strict confidence guided under HKSAR's legislation in respect of privacy. SFIB can only use my/our data and information for their internal purpose and such usage must be restricted to their related departments and/or divisions.

“新華保險”必須以極為謹慎的態度和方法去儲存和處理本人/本公司的資料和信息，並要遵守香港特別行政區一切有關私隱的法例和指引。“新華保險”只能把有關本人/本公司的資料和信息作內部用途，並只能供其相關的部門使用。

SFIB must set up specific guidelines and security measures, including but not limited to firewall-type software, in order to safeguard my/our privacy and to prevent any possible leakage of my/our data and information to any other “unrelated third parties” including individuals and/or companies.

“新華保險”必須設立和制定相關的指引和安全措施(包括但不限於像電腦防火牆之類的軟件)，以確保本人/本公司的私隱、資料和信息不會外泄給任何“不相關的第三者”(包括個人或/及公司)。

Whenever necessary, SFIB must help me/us to access to my/our own data and information collected and stored in SFIB. We reserve the right to ask SFIB to amend, correct or delete my/our data and information from their data bank whenever we want and for whatever reasons.

無論任何時間，“新華保險”均須協助本人/本公司查閱由“新華保險”收集和儲存有關本人/本公司的資料和信息。本人/本公司有權要求“新華保險”條改、更正或刪除該等資料和信息而毋須作出任何解釋。

This authorization will be effective immediately upon my/our signature and will continue until we will terminate it by written notification.

此授權書由正式簽署之日起開始生效，並會繼續維持有效，直至本人/本公司以書面正式通知取消為止。

