

「永明彩虹強積金計劃」— 個人帳戶申請及資金轉移

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	可轉入個人帳戶之資金種類				
		(1) PM	(2) EEMC	(3) FRMC	(4) EEMC + FRMC	(5) PM+ EEMC + FRMC
		[PM] 將獨立個人帳戶轉移至永明 [EEMC] 將現職僱員強制性供款轉移至永明 [FRMC] 將已整合至現職僱員戶口的個人帳戶資金轉移至永明				
PMPA	個人帳戶成員登記表格*			✓		
PM	計劃成員資金轉移表格*	✓	x	x	x	✓
PP	「僱員自選安排」- 轉移選擇表格*	x	✓	✓	✓	✓
OPI	申請發放成員資料予強積金中介人以提供強積金服務*			✓		
SPA	特選私人帳戶申請表格*			如適用		
DDA	直接付款授權書			若申請特選私人帳戶，並按月供款		
客戶需提供的文件						
香港身份證／護照副本		若申請特選私人帳戶				

* 強積金中介人／代理人注意事宜：強積金中介人／代理人需填寫其相關資料以茲識別。

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"

- Personal Account Application and Fund Transfer

Documents <u>to</u> client						
■ Principal Brochure						
Forms <u>to be completed</u> by client						
Form Code	Name of Form	Asset can be transferred into Personal Account				
		(1) PM	(2) EEMC	(3) FRMC	(4) EEMC + FRMC	(5) PM+ EEMC + FRMC
		[PM] Transfer <u>independent Personal Account</u> to Sun Life [EEMC] Transfer <u>employee mandatory contribution from current employer</u> to Sun Life [FRMC] Transfer <u>consolidated asset of Personal Account in current employer account</u> to Sun Life				
PMPA	Personal Account Member Enrolment Form*	✓				
PM	Scheme Member's Request for Fund Transfer Form*	✓	x	x	x	✓
PP	Employee Choice Arrangement ("ECA") Transfer Election Form*	x	✓	✓	✓	✓
OPI	Application for Releasing Member Information to MPF Intermediaries for MPF Servicing Purpose*	✓				
SPA	Special Private Account Application Form*	If applicable				
DDA	Direct Debit Authorisation Form	If apply Special Private Account, and make monthly contribution				
Document <u>to be provided</u> by client						
HKID / Passport Copy		If apply Special Private Account				

* **Note to MPF Intermediary / Agent:** Relevant information of MPF Intermediary / agent should be filled for identification.

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
PMPA



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 — 個人帳戶成員登記表格 SUN LIFE RAINBOW MPF SCHEME – PERSONAL ACCOUNT MEMBER ENROLMENT FORM

本申請表格需由申請參加“永明彩虹強積金計劃”（“本計劃”）之個別人士填寫。除非下文另有註明，否則構成本計劃的信託契據（“信託契據”）中的所有條款均適用。如你對本表格、主要推銷刊物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 should be completed by the person who applies for “Sun Life Rainbow MPF Scheme” (the “Scheme”). Unless otherwise stated below, all the terms in the Trust Deed (“Trust Deed”) constituting the Scheme shall apply. If you are in doubt about the contents of this form, the Principal Brochure or the Trust Deed, you should consult your solicitor, accountant or other financial advisors.

第一部分 Section I 申請人資料 DETAILS OF APPLICANT

姓 (英文 English) 名 稱謂 先生/女士/小姐/其他*
Surname Given Name Title Mr/Ms/Miss/Other*
(須與香港身份證 / 護照上相同 same as HKID Card/Passport)

姓 (中文 Chinese) 名 香港身份證/護照號碼^{1*}
Surname Given Name HKID Card /Passport No.^{1*}
(須與香港身份證 / 護照上相同 same as HKID Card/Passport)

出生日期² (日/月/年) 電郵地址
Date of Birth² (DD/MM/YYYY) Email Address

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

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 英文
Chinese English

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)

累算權益轉移詳情 Details of transfer of accrued benefits [請在適當方格加上剔號(✓)。 Please check (✓) the appropriate box.]

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)

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

[#] 如果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 請附上你的香港身份證/護照副本以便核對。 Please attach a photocopy of your HKID Card/passport for verification.

2 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.



第二部分 Section II 投資選擇 INVESTMENT CHOICE

就本人作出的投資選擇列明如下 My investment choice is specified as follows:

1. 以下的投資選擇，將適用於現有及將來所有由其他計劃提供者轉入本人帳戶的累算權益。
The following investment choice will apply to all current and future transferred-in accrued benefits from other scheme providers for my account.
2. 如本人並未於下方提供投資選擇或投資選擇不完整，受託人將把有關的累算權益投資於設定基金 — 永明首域強積金平穩基金。
If my investment choice is not specified below or incomplete, the Trustee will invest the relevant accrued benefits in the default fund — Sun Life First State MPF Stable Income Fund.

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 Option 1 – Fund Cruiser

基金自動導航系統 — 就本人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，將依照本人年齡及預設基金選擇而作出投資，其後亦會隨本人的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, 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 Option 2 – Own Investment Choice Program

請按照我的意願作供款分配。 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 Contributions	自願性供款 Voluntary Contributions
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 %

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10樓卓譽金融服務有限公司退休基金管理部經理。

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, Hunghom, 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遺產代理人。

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.

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 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.

第五部分 Section V 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.

申請人簽署 Signature of Applicant :

申請人姓名 Name of Applicant : _____

請簽署 Please sign 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 _____

編號 Code _____

強積金註冊編號 MPF Card Registration No. _____

Endorsed by BDT _____ (Name of BDT) _____

日期 Date

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 (日/月/年 DD/MM/YYYY)

只供經紀 For Broker

經紀名稱 _____ 顧問姓名 _____

Name of Broker _____ Name of Consultant _____

經紀編號 _____ 顧問電郵地址 _____

Broker Code _____ Email address of Consultant _____

經紀強積金註冊編號 _____ 顧問聯絡電話號碼 _____

Broker MPF Card Registration No. _____ Contact no. of Consultant _____

_____ 顧問強積金註冊編號 _____

_____ Consultant MPF Card Registration No. _____

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

填寫此表格前，請先細讀填報須知及計劃成員轉移權益須知。
Please read the Explanatory Notes and Notes to Transfer Benefits by Scheme Member carefully before completing this Form.



永明彩虹強積金計劃 — 計劃成員資金轉移申請表 [第 MPF(S)-P(M)號表格] SUN LIFE RAINBOW MPF SCHEME – SCHEME MEMBER'S REQUEST FOR FUND TRANSFER FORM [FORM MPF(S)-P(M)]

(for self-employed person, personal account holder or employee ceasing employment)

(適用於自僱人士、個人帳戶持有人或終止受僱的僱員)

Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")

(《強制性公積金計劃(一般)規例》(簡稱《規例》)第145、146、147、148及149條)

- (a) 請以正楷填寫本表格。 Please use BLOCK LETTERS to complete this Form.
- (b) 在本表格提供的個人資料，將被用作處理您在本表格內要求的轉移選擇。 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.
- (c) 您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。 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.
- (d) 請就本表格以外之要求，分別向原/新受託人另行提交通知。 Please submit another notice to original/new trustee for any request(s) other than the purpose of this Form separately.

第 I 部 Section I

計劃成員資料 DETAILS OF SCHEME MEMBER

- (1) 姓(英文 English) _____ 名 _____ 稱謂 先生/女士/小姐/其他* _____
Surname _____ Given Name _____ Title Mr/Ms/Miss/Other* _____
(須與香港身份證^{#1} / 護照上相同 same as that shown on your Hong Kong Identity Card^{Note1} / Passport) *請刪除不適用者 *Please delete as inappropriate
- 姓(中文 Chinese) _____ 名 _____
Surname _____ Given Name _____
(須與香港身份證^{#1} / 護照上相同 same as that shown on your Hong Kong Identity Card^{Note1} / Passport)
- (2) 香港身份證號碼 _____
HKID Card No. _____
護照號碼** _____ ** (護照號碼僅供沒有香港身份證的成員填寫)
Passport No. ** _____ (Passport No. is applicable ONLY for member without HKID Card)
- (3) 聯絡資料 _____ 住宅電話號碼 _____ 手提電話號碼 _____
Contact details Home Tel. No. _____ Mobile Phone No. _____
電郵地址 _____
Email Address _____
- (4) 通訊地址 _____
Correspondence Address _____

第 II 部 Section II

資金轉移資料 FUND TRANSFER INFORMATION

- (5) 原計劃的強積金帳戶資料：MPF account information in the original scheme：
原受託人名稱^{#2}：Name of original trustee^{Note 2}：
 永明信託有限公司 Sun Life Trustee Company Limited 其他，請註明 Others, please specify _____
原計劃名稱^{#2}：Name of original scheme^{Note 2}：
 永明彩虹強積金計劃 Sun Life Rainbow MPF Scheme 其他，請註明 Others, please specify _____
強積金帳戶類別(請選擇以下其中一個帳戶並於適當方格內填上√號)：Type of MPF account (Please select ONE of the following accounts and ✓ as appropriate)：
 個人帳戶 Personal account 或 QR 供款帳戶 Contribution account
計劃成員帳戶號碼^{#2} Scheme member's account number^{Note 2} _____
- (6) 以往受僱詳情(適用於僱員在終止受僱後欲把供款帳戶內的累算權益轉出。): Details of former employment (applicable for employee who wishes to transfer-out the accrued benefits from a contribution account after cessation of employment):
前任僱主名稱 Name of former employer _____
僱主識別號碼^{#3} Employer's identification number^{Note 3} _____
- (7) 自僱人士身份詳情(只適用於自僱人士)：Details of self-employed status (applicable for self-employed person only)：
請說明您轉移的原因，並於適當方格內填上√號：Please indicate your reason of transfer and ✓ as appropriate:
 終止自僱，生效日期是：Ceasation of self-employment, with effect from: _____ (日/月/年 DD/MM/YYYY)
 本人將會維持自僱，並把本人的累算權益轉移至第 III 部第(8)項所述的另一個強積金計劃。本人向原計劃供款的最後日期是： _____ (日/月/年 DD/MM/YYYY)
I will remain in self-employment and my accrued benefits will be transferred to another MPF scheme stated in Section III(8). Contributions to the original scheme should be paid up to:



第 III 部 Section III

轉移資金的選擇 FUND TRANSFER OPTIONS

(8) 新計劃的強積金帳戶資料：MPF account information in the new scheme:

本人選擇把以上第 II 部第(5)項所註明的本人帳戶內由強制性供款衍生的累算權益作出下列的轉移 (請選擇(a) , (b)或(c) , 並於適當方格內填上✓號) :

I elect to transfer the accrued benefits derived from the mandatory contributions in my account stated in Section II(5) to the following account (please select option (a), (b) OR (c) and ✓ as appropriate) :

- (a) 轉移至本人在新僱主就本人所開立的供款帳戶，此供款帳戶詳情如下：
To my contribution account with my **new employer**. Details of the account are :

新受託人名稱^{註4} : Name of new trustee^{Note 4} :

- 永明信託有限公司
Sun Life Trustee Company Limited
- 其他，請註明
Others, please specify :

新計劃名稱^{註4} : Name of new scheme^{Note 4} :

- 永明彩虹強積金計劃
Sun Life Rainbow MPF Scheme
- 其他，請註明
Others, please specify :

計劃成員帳戶號碼^{註4} Scheme member's account number^{Note 4} :

新僱主名稱 Name of new employer :

僱主識別號碼^{註3} Employer's identification number^{Note 3} :

如欲轉移至閣下於永明彩虹強積金計劃之供款帳戶，請把此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，香港九龍紅磡德輔道中 18 號海濱廣場一座十樓 (電話 3183 1888 傳真 3183 1889)。否則，請把此表格交予以上填寫之新計劃受託人。For transferring to your contribution account with Sun Life Rainbow MPF Scheme, please forward this Form to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited, 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong (Tel 3183 1888 Fax 3183 1889). Otherwise, please forward this Form to the trustee of the new scheme as completed above.

- (b) 轉移至本人新計劃內的指定帳戶，資料如下：
To my designated account in the new scheme. Details as follows:

新受託人名稱^{註4} : Name of new trustee^{Note 4} :

- 永明信託有限公司
Sun Life Trustee Company Limited
- 其他，請註明
Others, please specify :

新計劃名稱^{註4} Name of new scheme^{Note 4} :

- 永明彩虹強積金計劃
Sun Life Rainbow MPF Scheme
- 其他，請註明
Others, please specify :

計劃成員帳戶號碼^{註4} Scheme member's account number^{Note 4} :

如欲轉移至閣下於永明彩虹強積金計劃之指定帳戶，請把此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，香港九龍紅磡德輔道中 18 號海濱廣場一座十樓 (電話 3183 1888 傳真 3183 1889)。否則，請把此表格交予以上填寫之新計劃受託人。For transferring to your designated account with Sun Life Rainbow MPF Scheme, please forward this Form to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited, 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong (Tel 3183 1888 Fax 3183 1889). Otherwise, please forward this Form to the trustee of the new scheme as completed above.

- (c) 以個人帳戶形式保留在原計劃 (如適用)。
Retained in the original scheme as personal account (where applicable).

如閣下欲將累算權益保留於永明彩虹強積金計劃內，請把此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，香港九龍紅磡德輔道中 18 號海濱廣場一座十樓 (電話 3183 1888 傳真 3183 1889)。If you want to retain your accrued benefits with Sun Life Rainbow MPF Scheme, please forward this Form to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited, 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong (Tel 3183 1888 Fax 3183 1889).

(9) 有關本人在第 II 部第(5)項所述帳戶內的自願性供款^{註5} (如有) 的安排。Arrangement of my voluntary contributions^{Note 5} (if any) in my account stated in Section II(5).

請選擇(a)或(b), 並於適當方格內填上✓號: Please select option (a) OR (b) and ✓ as appropriate:

(備註: 如您沒有作出任何選擇, 而帳戶內有由自願性供款產生的累算權益, 則該等權益將以處理第 III 部第(8)項的權益的同樣方式處理。如您已在第 III 部第(9)項作出選擇, 而帳戶內並沒有該等權益, 則有關選擇將不會獲處理。)(Remarks: If you do not select any options but there are accrued benefits derived from voluntary contributions, those benefits will be handled in the same way as those stated in Section III(8). If there are no such benefits in your account and you have made an election in Section III(9), the selected option will not be processed.)

- (a) 與在第 III 部第(8)項所述由強制性供款所產生的累算權益一併轉移。Transferred together with the accrued benefits derived from the mandatory contributions as in Section III(8).
- (b) 按照原計劃的管限規則提取權益。Withdrawn in accordance with the governing rules of the original scheme.

付款方式 (請在適當方格內填上✓號): Method of payment (please ✓ as appropriate):

- (i) 支票付款 By cheque
- (ii) 直接存入只以計劃成員名義開立的銀行帳戶 (不適用於以第三者名義開立的銀行帳戶)。(這項選擇只適用於有提供此項服務的受託人, 並且銀行可能會因此而收取費用。詳情請向原受託人查詢。)(This option is applicable only to trustees who provide such services and there may be bank charges involved. Please check with the original trustee for details.)

銀行名稱 Name of bank :

銀行帳戶持有人姓名 Name of bank account holder :

銀行帳戶號碼 Bank account number :

第 IV 部 Section IV**終止沒有剩餘款項的強積金帳戶（如適用）****TERMINATION OF MPF ACCOUNT WITH NO RESIDUAL BALANCE (IF APPLICABLE)**

(10) 本人謹此指示原受託人在把本人於第 II 部第(5)項所述的強積金成員帳戶內的所有累算權益轉移至新受託人後，以及在該帳戶內並無剩餘款項的情況下，終止該強積金成員帳戶。I hereby give the original trustee an instruction to terminate my relevant MPF member account as referred to in Section II(5) upon transfer of the full accrued benefits to the new trustee and there is no residual balance in the said account.

第 V 部 Section V**授權及聲明 AUTHORIZATION AND DECLARATION**

(11) 本人同意積金局可為處理本人的累算權益轉移，向有關受託人、相關服務提供者，及其他相關機構披露本表格所收集的資料，或使該等人士或機構能夠接觸該等資料。I hereby give consent to the MPFA to disclose information collected in this Form to the trustee(s) concerned, the relevant service provider(s) and other appropriate parties, or to enable such party or parties to access the information for the purposes of processing the transfer of my accrued benefits.

(12) 本人聲明 I declare that:

(a) 本人已閱讀《計劃成員轉移權益須知》的內容；及
I have read the Notes to Transfer Benefits by Scheme Member; and

(b) 盡本人所知所信，本表格所提供的資料正確及詳盡。

to the best of my knowledge and belief, the information given in this Form is correct and complete.

計劃成員簽署 ^{註6} Signature of the scheme member ^{Note 6}

請簽署 Please sign here **X**

(日/月/年 DD/MM/YYYY) _____

只供香港永明金融有限公司填寫 FOR SUN LIFE FINANCIAL HONG KONG LIMITED USE ONLY

強積金中介人 / 代理人資料 MPF Intermediary / Agent Details

姓名 Name _____

編號 Code _____

註冊編號 MPF Card Registration No. _____

請填妥本表格第 1 至 3 頁，並將填妥表格遞交（填報須知及計劃成員轉移權益須知無須提交）予新受託人。如閣下欲將累算權益轉移至永明彩虹強積金計劃，請將此表格交予：

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 號海濱廣場一座十樓

電話：3183 1888 (或) 傳真：3183 1889

Please complete this Form at page 1 to 3 and submit it (excluding the Explanatory Notes and Notes to Transfer Benefits by Scheme Member) to new trustee. If you want to transfer your accrued benefit with Sun Life Rainbow MPF Scheme, please submit this 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 No. : 3183 1888 (OR) Fax : 3183 1889

[This page is blank. Please complete Form MPF(S)-P(M) at page 1 to page 3 and submit it (excluding the Explanatory Notes and Notes to Transfer Benefits by Scheme Member) to the new trustee after completion]

【此乃空白頁。請填妥載於第1頁至第3頁的第MPF(S)-P(M)號表格，並提交該表格（「填報須知」及「計劃成員轉移權益須知」無須提交）予新受託人。】

- (1) 如您**沒有**香港身份證，請填上您在護照上的姓名。If you do NOT possess a HKID Card, please fill in your name as shown on your passport.
- (2) 請注意，如您沒有提供原受託人名稱、原計劃名稱、原計劃成員帳戶號碼、強積金帳戶類別、前任僱主名稱或僱主識別號碼，或所提供的資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：Please note that the transfer request may not be processed if the name of the original trustee, the name of the original scheme, your scheme member's account number in the original scheme, type of MPF account, the name of your former employer or the employer's identification number is not provided or is incorrect. This information can be found:
- (a) 成員證明書；in your membership certificate;
 - (b) 周年權益報表；或 in your annual benefit statement; or
 - (c) 受託人提供的成員查詢服務。through the member enquiry facilities available from trustees.
- 如有疑問，請聯絡您的原受託人或僱主。If you are in doubt, please contact your original trustee or your employer.**
- (3) 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）。您可在受託人發出的報表上或透過受託人為成員提供的諮詢服務獲取該號碼。如有疑問，請聯絡您的受託人或僱主。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). The number can be found in the statements issued by the trustees or through the member enquiry facilities available from trustees. If you are in doubt, please contact your trustee or your employer.
- (4) 請注意，如您沒有提供新受託人名稱、新計劃名稱或新計劃成員帳戶號碼，或所提供資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：Please note that the transfer request may not be processed if the name of the new trustee, the name of the new scheme or your scheme member's account number in the new scheme is not provided or is incorrect. The information can be found:
- (a) 成員證明書；in your membership certificate;
 - (b) 周年權益報表；或 in your annual benefit statement; or
 - (c) 受託人提供的成員查詢服務。through the member enquiry facilities available from trustees.
- 不過，如您最近才參加計劃，並未獲悉新的成員帳戶號碼，則可留空此項。如有疑問，請聯絡您的新受託人。You may, however, leave the scheme member's account number blank if you have recently enrolled in the scheme and have not been notified of the new account number. If you are in doubt, please contact your new trustee.
- (5) 計劃成員可在原受託人向成員發出的周年權益報表上，獲知其現有強積金帳戶內是否有從自願性供款產生的累算權益。成員亦可利用受託人提供的查詢服務查核這項資料。如有疑問，請聯絡您的原受託人。A scheme member can check whether his existing MPF account contains any accrued benefits derived from voluntary contributions from his annual benefit statement issued by the original trustee to the member. The member can also check this information through the member enquiry facilities available from trustee. If you are in doubt, please contact your original trustee.
- (6) 您的簽署必須與您之前提交予原受託人的簽名式樣相同。請注意，若本表格上的簽署與您的簽名式樣不符，有關轉移或不獲處理。如有疑問，請聯絡您的原受託人。The signature must be the same as your specimen signature previously submitted to your original trustee. Please note that the transfer may not be processed if the signature provided in this Form does not match your specimen signature. If you are in doubt, please contact your original trustee.

計劃成員轉移權益須知（適用於自僱人士、個人帳戶持有人或終止受僱的僱員）
NOTES TO TRANSFER BENEFITS BY SCHEME MEMBER (For self-employed person, personal account holder or employee ceasing employment)

《強制性公積金計劃（一般）規例》（簡稱《規例》）第 145、146、147、148 及 149 條

Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation ("the Regulation")

填寫第 MPF(S)-P(M)號表格前，請先閱讀下列重要資料。Please read the following important information before you complete Form MPF(S)-P(M).

- (1) 用詞定義：Definition of Terms:
- (a) 「供款帳戶」— 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）或自僱人士所作出的強積金供款的帳戶。“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 or by a self-employed person.
 - (b) 「個人帳戶」— 指強積金計劃下主要用以接收由另一帳戶轉入的累算權益的帳戶。“Personal account” - an account in an MPF scheme which is mainly used to receive the accrued benefits transferred from another account(s).
 - (c) 「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」）— 指轉出您的累算權益的強積金計劃的受託人。“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 your accrued benefits are to be transferred.
 - (d) 「新受託人」（在《規例》中亦稱「承轉受託人」）— 指轉入您的累算權益的強積金計劃的受託人。如您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(M)號表格所述的新受託人將與原受託人相同。“New trustee” (also known as “transferee trustee” in the Regulation) - the trustee of an MPF scheme to which your accrued benefits are to be transferred. If you elect to transfer your 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(M) will be the same as the original trustee.
 - (e) 「原計劃」— 指轉出您的累算權益的強積金計劃。“Original scheme” - the MPF scheme from which your accrued benefits are to be transferred.
 - (f) 「新計劃」— 指轉入您的累算權益的強積金計劃。如您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(M)號表格所述的新計劃將與原計劃相同。“New scheme” - the MPF scheme to which your accrued benefits are to be transferred. If you elect to transfer your accrued benefits to another account within the same MPF scheme, the new scheme on Form MPF(S)-P(M) will be the same as the original scheme.
- (2) 如您現時投資於強積金保證基金，則從該保證基金轉出累算權益可能導致您不符合部分或所有保證條件，從而影響您享有保證的資格。有關詳情請查閱原計劃的要約文件或向原受託人查詢。If you are currently investing in an MPF guaranteed fund, a transfer of the accrued benefits out of that guaranteed fund may result in some or all of the guarantee conditions not being satisfied; thus affecting your entitlement to the guarantee. Please check the offering document of the original scheme or consult your original trustee for details.
 - (3) 請確保您在新計劃已開立個人帳戶或供款帳戶。否則，您在向新受託人提交第 MPF(S)-P(M)號表格之前，便須登記參加該新計劃。Please ensure that you have a personal account or a contribution account in the new scheme. Otherwise, you have to enrol in that scheme before you submit Form MPF(S)-P(M) to the new trustee.
 - (4) 如欲從多於一個帳戶轉出累算權益，請就每個帳戶分別提交一份第 MPF(S)-P(M)號表格。If you wish to transfer-out the accrued benefits from more than one accounts, you should submit a separate Form MPF(S)-P(M) for each of those accounts.
 - (5) 如欲在現職期間從您的供款帳戶轉出累算權益，請填寫第 MPF(S)-P(P)號表格。If you wish to transfer-out the accrued benefits from your contribution account during employment, you should complete Form MPF(S)-P(P).
 - (6) 就每一個帳戶，除了由自願性供款所產生的累算權益或可根據原計劃管理規則選擇提取外，計劃成員應把帳戶內的所有累算權益整筆轉移。For each account, a scheme member should transfer the entirety of his accrued benefits therein in a lump sum except the part of the accrued benefits derived from voluntary contributions which the scheme member may elect to withdraw in accordance with the governing rules of the original scheme.
 - (7) 請小心填寫第 MPF(S)-P(M)號表格，因為受託人未必能夠撤銷已採取的行政步驟。Please complete Form MPF(S)-P(M) carefully as the administration procedures taken by the trustees may not be reversible.
 - (8) 若您第 MPF(S)-P(M)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您的權益轉移要求。If any information provided on Form MPF(S)-P(M) (including the signature) is incorrect or incomplete, the trustees may not be able to process your benefit transfer request.
 - (9) 新計劃的資料載於該計劃的要約文件，此等資料將有助您決定是否把累算權益轉移至該計劃。您可向新受託人索閱該要約文件。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.
 - (10) 如欲就轉移選擇作出查詢或尋求協助，請聯絡您的原受託人或新受託人。您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。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 完 ~

如需遞交填妥表格：(1) 請緊記簽署作實。(2) 請勿遞交相同表格

When submitting this form: (1) Please ensure that you have signed where necessary. (2) Please do NOT send duplicate copies.

文件編號
Form Code
OPI



永明彩虹強積金計劃 – 申請發放成員資料予強積金中介人以提供強積金服務

SUN LIFE RAINBOW MPF SCHEME – APPLICATION FOR RELEASING MEMBER INFORMATION TO MPF INTERMEDIARIES FOR MPF SERVICING PURPOSE [OPT-IN FORM]

注意事項：

- 請提供成員編號以確定可將哪個帳戶在第三部份列出的成員資料發放予強積金中介人。否則，本公司將無法處理閣下之申請。不過，若閣下因帳戶未成立而未能獲悉新的成員帳戶號碼，則可留空此項。
- 若成員有多於一個現有成員帳戶，而提供強積金服務的強積金中介人並非相同，請按各提供強積金服務的強積金中介人分別遞交申請。

Important Notes:

- Please provide member number of the account which you have consented to release the member information as stated in Section III below to your servicing MPF Intermediary(ies). Otherwise, your application cannot be processed. You may, however, leave it blank if the member account which you want the information to be released has not yet established.
- Please provide separate application for each servicing MPF Intermediary(ies) if you have more than one member account served by different MPF Intermediaries.

第一部份 Section I 成員資料 MEMBER INFORMATION

成員姓名
Name of Member _____

成員編號
Member No. 1) _____ 2) _____
3) _____ 4) _____

香港身份證/護照號碼*
HKID Card /Passport No.* _____

聯絡電話號碼^
Contact Telephone No.^ _____

* 請刪除不適用者。 Please delete as appropriate. ^ 提供之聯絡電話號碼只作是次申請使用，若需要更新聯絡資料，請填寫相關的資料更改表格。 The contact telephone no. provided is applicable for this application only. Please complete relevant information change form if any contact is required to update.

第二部份 Section II 提供服務之強積金中介人資料 DETAILS OF SERVICING MPF INTERMEDIARY(IES)

強積金中介人姓名
Name of MPF Intermediary 1) _____ 2) # _____

編號
Code 1) _____ 2) # _____

強積金註冊編號
MPF Registration No. 1) _____ 2) # _____

只適用於一個成員帳戶內有兩名強積金中介人使用。 Only applicable to a member account with two serving MPF Intermediaries.

第三部份 Section III 成員授權 MEMBER AUTHORISATION

除非另有其他指示，否則本人現以書面授權永明信託有限公司，即時向永明金融香港有限公司發放本人於永明彩虹強積金計劃成員帳戶內之下列成員資料("成員資料")。此外，本人亦同時授權永明金融香港有限公司披露本人的成員資料予本人之強積金中介人，用以為本人：

- 提供定期強積金帳戶之檢討，以協助本人了解本人的基本退休需要，及
- 跟進日常運作及待解決的事宜。

本人同意發放予強積金中介人的資料如下：

- 計劃資料：包括計劃申請 / 終止受僱日期 (如有)、及受僱日期 (如有) 等
- 成員資料：包括出生日期、地址、聯絡電話、及電郵地址等
- 帳戶資料：包括供款記錄、累積權益轉入詳情及金額、投資選擇 / 資產分佈、資產結餘、及百分比等

Unless instruct otherwise, I am writing to authorize Sun Life Trustee Company Limited to release my member details as specified below retained in my member account under Sun Life Rainbow MPF Scheme (the "Member Details") to Sun Life Hong Kong Limited with immediate effect. I further authorize Sun Life Hong Kong Limited to disclose my Member Details to my MPF Intermediary(ies) for the following purpose with immediate effect.

- to perform regular review on my MPF account with the view of helping me to understand my basic retirement needs, and
- to follow up the daily operation and outstanding issues.

The details that I wish to be released to my servicing MPF Intermediary(ies) stated above are:

- Scheme Information: including date of application / termination (if any), and date of employment (if any), etc
- Member Information: including date of birth, address, contact information, and e-mail address, etc
- Account Information: including contribution history, transfer-in details and amount, investment choice / asset allocation, asset balance, and percentage of investment gain / loss, etc.

第四部份 Section IV 成員聲明 MEMBER DECLARATION

本人清楚明白及同意，本人於本表格所述的成員資料只會用作所定明的用途。

本人同意，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) 本表格第三部份所定明的用途；(ii) 遵守適用法律和規例；及 (iii) 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。

I understand and agree that my member information specified in this form will only be used for the stated purposes.

I hereby consents that all information provided herein to Sun Life Trustee Company Limited (the "Trustee") 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 purposes stated in SECTION III of this form; (ii) compliance with the applicable laws and regulations; and (iii) any other purposes related to the above. The information which the Member 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 Member 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.**

成員簽署
Signature of Member

請簽署 Please sign 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 號海濱廣場一座十樓
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



Notes on Making Enquiry about Personal Account Information (Form PA-AP)

- (1) This “Form PA-AP” is to be completed by any person who wishes to make enquiry about his/her personal accounts information via an authorized person. The authorized person will also be required to complete part of the Form.
- (2) If you wish to make enquiry about personal account information for yourself, please use “Form PA-SM”. If you are a personal representative of a deceased scheme member, please use “Form PA-PR”.
- (3) You may submit your enquiry to the Authority by:
- a. **Visiting the Authority in person:** Please bring (1) the completed Form, (2) copy of ID document of the scheme member (e.g. HKID Card) and (3) original HKID Card of the authorized person.

Office	Address	Office Hours	
Head Office	Units 1501A and 1508, Level 15, International Commerce Centre, 1 Austin Road West, Kowloon	Weekdays: 8:45 am to 5:45 pm	Closed on Saturdays, Sundays and Public Holidays
Central Office	23/F, Nexus Building, 41 Connaught Road Central, Central, Hong Kong		
Kwai Fong Office	Level 36, Tower 1, Metroplaza, 223 Hing Fong Road, Kwai Fong, New Territories		
Kwun Tong Office	25/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon	Weekdays: 9:00 am to 1:00 pm 2:00 pm to 5:00 pm	
Enquiry Counter	Room G01, Labour Tribunal, 36 Gascoigne Road, Yaumatei, Kowloon		

- b. **Mail/Fax:** Please post or fax the completed Form and copies of ID supporting documents of both the scheme member and the authorized person to the Authority. Search result will be sent to the authorized person by mail.

Address: Member Services Section, 25/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon
 Fax: 3146 7367

- (4) To ensure proper authorization has been given by the scheme member and to protect members’ personal data, the Authority may contact and confirm with the scheme member as and when necessary before processing a request. Request will not be processed if confirmation from the scheme member concerned cannot be obtained.
- (5) Notes on using this Form PA-AP:
- a. Only one authorized person is allowed for each form. Multiple authorized persons in one form will not be accepted.
 - b. For any alteration of information on the Form, full signature of the scheme member must be present.
 - c. For submission in person, Form PA-AP must be submitted by the authorized person himself/herself. Submission by any other third party will not be accepted.
 - d. For submission in person, original ID document of the authorized person must be presented for inspection.
 - e. ID document of the scheme member must be submitted in printed form.
 - f. Corresponding and valid ID documents of both the scheme member and the authorized person must be presented. For example, if HKID No. is listed in the Form, a copy of HKID Card must be presented. Non-corresponding and expired ID documents will not be accepted.
 - g. This form is **valid for one month** from the date on which the scheme members signs the form. Expired forms will not be accepted.
- (6) Please note that the Authority does not have detailed information of individual personal accounts, such as account number, funds invested and account balance. To check such details of the personal account(s), the account holder may approach his/her scheme trustee(s) directly for assistance.
- (7) Please note that only personal account information is available. For information on contribution accounts, please check with the relevant employer(s) for details.
- (8) The Form and copies of ID document submitted will not be returned.
- (9) The Authority reserves the right to change the above requirements without prior notice.

查詢個人帳戶資料須知（表格PA-AP）

- (1) 本「表格 PA-AP」供擬授權他人，代辦查詢其個人帳戶的人士填寫。獲授權人亦須填寫本表格的部份內容。
- (2) 如閣下擬自行查詢你的個人帳戶資料，請填寫「表格 PA-SM」。如閣下為已故計劃成員的遺產代理人，請填寫「表格 PA-PR」。
- (3) 閣下可選擇以下列方法向本局提交查詢：
 - a. **親臨本局**：請閣下攜同（1）已填妥的表格、（2）計劃成員的身分證明文件副本（如身分證）及（3）獲授權人士的身分證正本親臨本局辦事處查詢。

辦事處	地址	辦公時間	
總辦事處	九龍柯士甸道西1號環球貿易廣場15樓 1501A及1508室	星期一至五： 上午8時45分至 下午5時45分	星期六、 日及公眾 假期休息
中環辦事處	香港中環干諾道中41號盈置大廈23樓		
葵芳辦事處	新界葵芳興芳路223號新都會廣場1座36樓		
觀塘辦事處	九龍觀塘觀塘道388號創紀之城1期1座25樓		
諮詢處	九龍油麻地加士居道36號勞資審裁處G01室	星期一至五： 上午9時至下午1時 下午2時至下午5時	

- b. **郵遞/傳真**：請閣下將已填妥的表格連同計劃成員及獲授權人士的身分證明文件副本郵遞或傳真至本局。本局將以信函回覆閣下。

地址：九龍觀塘觀塘道388號創紀之城1期1座25樓 成員服務組
傳真：31467367

- (4) 為確保查詢已獲得適當授權及保障計劃成員的個人資料，本局在處理查詢時或會與計劃成員聯絡，以核實表格上的資料。如未能核實資料，本局有權不處理有關查詢。
- (5) 使用本表格須知：
 - a. 每一張表格上只可填寫一名獲授權人。如表格上有多於一名獲授權人，查詢將不獲處理。
 - b. 表格上的資料如被刪改，計劃成員必須在旁簽署作實，否則查詢將不獲處理。
 - c. 如親臨遞交查詢，「表格PA-AP」必須由表格上的獲授權人本人遞交。由非獲授權人士遞交的查詢將不獲處理。
 - d. 如親臨遞交查詢，獲授權人必須出示其身分證明文件正本。
 - e. 計劃成員的身分證明文件副本必須以書面形式提交。
 - f. 計劃成員及獲授權人必須提交相符及有效的身分證證明文件予本局核對（例：如表格上填上香港身分證號碼，提交的證明文件須為香港身分證）。不相符或逾期的身分證證明文件將不獲接納。
 - g. 本表格的有效期為一個月（由計劃成員簽署表格當日起計算），逾期遞交的查詢將不獲處理。
- (6) 請注意，本局紀錄並無個人帳戶的詳細資料，如帳戶號碼、所選擇之基金組合或戶口結餘等。帳戶持有人可直接向有關強積金受託人查詢。
- (7) 請注意，本局只能提供有關成員的個人帳戶資料。如欲查詢其他的強積金供款帳戶資料，請向有關僱主查詢。
- (8) 已遞交之表格及身分證證明文件副本將不予退還。
- (9) 本局保留權利更改以上條文而不作另行通知。

Mandatory Provident Fund Schemes Authority
Personal Information Collection Statement
(Form PA-SM, Form PA-AP and Form PA-PR)

The personal data to be supplied in this Form are for the purposes of processing your request for personal account details. The personal data will be used, disclosed or transferred only for purposes related to the request or where permitted by law. Failure to supply the requisite personal data may result in the Authority being unable to process the request if it affects the Authority's ability to retrieve the requested information or contact the scheme member / authorized person / personal representative.

If you wish to request access to and/or correction of your personal data held by the Authority, you may do so in writing addressed to the Personal Data Privacy Officer, Mandatory Provident Fund Schemes Authority, Level 16, International Commerce Centre, 1 Austin Road West, Kowloon, Hong Kong.

強制性公積金計劃管理局
個人資料收集聲明
(表格 PA-SM、表格 PA-AP 及表格 PA-PR)

藉本表格提供的個人資料，乃為處理閣下查閱個人帳戶資料的申請之用。有關資料只會因應與該項申請有關的用途或在法律允許的情況下加以使用、披露或轉移。如未能提供所需個人資料，以致本局難以抽取所要求查閱的資料或聯絡計劃成員／獲授權人／遺產代理人，則本局可能無法處理閣下的申請。

如欲查閱及／或更正閣下存於本局的個人資料，可致函香港九龍柯士甸道西一號環球貿易廣場 16 樓強制性公積金計劃管理局個人資料私隱主任，提出有關要求。

Request For Personal Account Information
Authorization Form
查閱個人帳戶資料
授權書

Particulars of the Scheme Member 計劃成員資料		
Name In English 英文姓名		
Name In Chinese 中文姓名		
HKID / Passport No.* 香港身分證/護照號碼*	* Please provide copy of HKID / Passport 請附上香港身分證/護照副本	
Day-time Telephone No. 日間聯絡電話		
Authorization & Declaration 授權及聲明	<p>I hereby authorize the person listed below to enquire and receive details of my personal account(s) including my name, HKID/Passport number, and name, business address and telephone number of the related MPF trustee(s).</p> <p>I declare that to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete.</p> <p>本人現授權下列人士，查閱及獲取本人於強積金計劃下有關個人帳戶資料，包括本人姓名、香港身分證/護照號碼、有關強積金受託人的名稱，營業地址及電話。</p> <p>本人聲明，本人並深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。</p>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature 簽署</td> <td>Date (DD/MM/YY) 日期 (日/月/年)</td> </tr> </table>	Signature 簽署
Signature 簽署	Date (DD/MM/YY) 日期 (日/月/年)	

Particulars of the Authorized Person 獲授權人資料		
Name In English 英文姓名		
Name In Chinese 中文姓名		
HKID / Passport No.* 香港身分證/護照號碼*	* Please provide copy of HKID / Passport for mail/fax enquiry 如郵遞/傳真遞交，請附上香港身分證/護照副本	
Day-time Telephone No. 日間聯絡電話		
Mail results to this address 請將結果寄往此地址		
Declaration 聲明	<p>I declare that I have duly obtained authorization from the scheme member listed above to check his/her personal account information, and to the best of my knowledge and belief, the information given in this Form and the submitted documents is correct and complete.</p> <p>本人聲明，本人已獲上述成員正式授權，代其查詢個人帳戶資料；本人並深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。</p>	
	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">Signature 簽署</td> <td>Date (DD/MM/YY) 日期 (日/月/年)</td> </tr> </table>	Signature 簽署
Signature 簽署	Date (DD/MM/YY) 日期 (日/月/年)	

Note: It is an offence under Section 43E of the Mandatory Provident Fund Schemes Ordinance if a person makes a false or misleading statement in a material respect to the Authority and the approved trustees. Convicted offenders are liable to a fine of HK\$100,000 and imprisonment for 12 months.
附註：強制性公積金計劃條例第 43E 條訂明，任何人士如在要項上向積金局或核准受託人作出虛假或具誤導性的陳述，即屬犯罪。一經定罪，可被罰款 10 萬港元及監禁 12 個月。

Official Use Only:	Ck:	Rv:	Ap:	1211
	<input type="checkbox"/> ICC <input type="checkbox"/> NB <input type="checkbox"/> MP1 <input type="checkbox"/> MC1 <input type="checkbox"/> LT	Dt:	Tm:	

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」）：

<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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。

F. Signature 簽署

By signing this form, I confirm that the information, answers and/or declaration given in this form and its attachment are correct and complete and I understand and agree to the terms of the Personal Information Collection Statement set out under F above.

簽署本確認書即表明本人確認本確認書及其附件所提供之資料，回答及/或聲明正確且完整，本人理解並同意載於上文F部之收集個人資料聲明的條款。

I have received the Information Leaflet and accept the contents there when giving the above mentioned instruction(s) or submitting the relevant application(s).

本人已接獲資料單張並於作出上述指示或提交相關申請表時已接受其中所載之內容。

I have received a copy of the latest version of the offering document, and was advised to read carefully and understand the information contained therein prior to making the transfer and any other key MPF decision.

本人已收到發售文件之最新版本，且獲得建議，於作出轉移及任何其他重要強積金決定之前應仔細閱讀並理解其中所載之資料。

I have been advised that I will, as soon as practical, receive a copy of all signed application forms and that, generally speaking, the forms will be passed on to the relevant trustee for processing within 3 working days].

本人亦得知本人會，在可行的情況下，盡快收到]所有已簽署的申請表之副本，已被通知有關申請表一般來說將於三個工作天內提交給有關受託人處理。

The registered intermediary has explained the details on the Information Sheet and the Guideline on Transfer under ECA (a copy of which has also been provided to me) and I fully understand the explanation.

註冊中介人已向本人解釋資料單張及僱員自選安排下之轉移指引（已向本人提供其副本）之詳情，且本人完全理解其解釋。

X
Signature of customer
客戶簽署

Date
日期

X
Signature of sales staff
銷售員工簽署

Date
日期