

Application for Participation in Manulife Global Select (MPF) Scheme (Employer)
宏利環球精選 (強積金) 計劃申請表格 (僱主)


NOTES:

- (1) THIS FORM MUST BE ISSUED IN CONJUNCTION WITH THE OFFERING DOCUMENT. PLEASE READ IT CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE ASK YOUR MANULIFE MPF INTERMEDIARY FOR THE OFFERING DOCUMENT IF YOU DO NOT HAVE ONE.
- (2) Please complete this form in BLOCK LETTERS and tick the boxes where appropriate.
- (3) Please initial next to any corrections you make on this form.
- (4) By writing to the customer service department of your scheme administrator, you can correct and have access to your personal data. You can also choose not to receive any marketing materials and request for destructions of any optional information supplied.

注意:

- (1) 本表格須連同銷售文件一併發出。填寫本表格前，請細閱該文件。如閣下沒有該文件，請向本公司之強積金中介人索取。
- (2) 請用正楷填寫本表格，並在適當空格內加✓號。
- (3) 如須作出任何刪改，請於刪改之位置旁簽署。
- (4) 閣下可以書面向計劃管理人之客戶服務部更改及查閱閣下之個人資料，閣下亦有權拒絕接收任何宣傳推廣資料，及要求銷毀任何已提供之非必要資料。

1. Employer (Company) Name : 僱主 (公司) 名稱	
2. Sub-Scheme Commencement Date : 附屬計劃生效日期	(dd/mm/yyyy) (日/月/年)

A. Employer's Information
僱主資料

(1) Correspondence Address: 通訊地址

Flat/Rm 室	Floor 樓	Block 座
Name of Building 大廈名稱		
Name of Estate 屋村名稱		
Number and Name of the Street 街道名稱及號碼		
Town / District 市鎮 / 區域		
<input type="checkbox"/> H.K. 香港 <input type="checkbox"/> KLN. 九龍 <input type="checkbox"/> N.T. 新界 <input type="checkbox"/> Others 其他 _____		
Attention 收件人		

(2) a. Government Registration Type 政府登記類別 :

<input type="checkbox"/> (BR) Business Registration 商業登記	<input type="checkbox"/> (TU) Registry of Trade Unions 職工會登記局
<input type="checkbox"/> (SO) Society Office of HK Police (Societies) 香港警務處社團事務處 (社團)	<input type="checkbox"/> (ED) Education Department 教育署
<input type="checkbox"/> (IR) Inland Revenue Department (Charitable Organizations) 稅務局 (慈善團體)	<input type="checkbox"/> (OT) Others 其他 _____

b. Registration No. : 登記編號 _____

(3) Organization Type 機構類別 :

<input type="checkbox"/> 01 Incorporated Company 有限公司	<input type="checkbox"/> 04 Government Agency 政府代理	<input type="checkbox"/> 07 Non-Profit Organization 非牟利機構
<input type="checkbox"/> 02 Sole Proprietorship 獨資經營	<input type="checkbox"/> 05 Trade Union 工會	<input type="checkbox"/> 08 Educational Institution 教育機構
<input type="checkbox"/> 03 Partnership 合伙經營	<input type="checkbox"/> 06 Charitable Organization 慈善團體	

(4) Nature of Business 業務性質 :

<input type="checkbox"/> E01 Banking & Finance 銀行及金融業	<input type="checkbox"/> A02 Construction 建造業	<input type="checkbox"/> G00 Manufacturing 製造業
<input type="checkbox"/> C00 Social Services 社會服務業	<input type="checkbox"/> F02 Telecommunication 電訊業	<input type="checkbox"/> F01 Transport Services 運輸業
<input type="checkbox"/> E04 Insurance / Real Estate 保險 / 地產業	<input type="checkbox"/> D02 Restaurants / Hotels 飲食 / 酒店業	
<input type="checkbox"/> D00 Wholesale / Retail / Import & Export 批發 / 零售業 / 出入口業	<input type="checkbox"/> Z00 Others 其他 _____	

(5) Contact person for daily administration 聯絡人資料 :

Name : 姓名	Title : 職銜
Tel. No. : 電話號碼	Fax No. : 傳真號碼
Email Address (if any) : 電郵地址 (如有)	

For office use only 職員專用 : Branch Code: _____ Admin. Unit: _____



- (6) Payroll Frequency 支薪期
 Monthly 每月
 Twice a month 每月兩次
 Every two weeks 每兩星期
 Weekly 每星期
 Others (Please contact your MPF intermediary) 其他 (請聯絡您的強積金中介人)
- Payroll Period 每次支薪所包括之工作日期
 From 自第 _____ 日 to 至 第 _____ 日
 1st : From 自第 _____ 日 to 至 第 _____ 日
 2nd : From 自第 _____ 日 to 至 第 _____ 日
 Starting day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 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
- (7) Number of Employees in the Company: 僱員數目 _____

B. Sub-Scheme Particulars 附屬計劃詳情

- (1) Contributions will be remitted by (Please select one only) 供款方法 (請只選擇一項)
 (AP) Autopay (please attach the "Direct Debit Authorization") 自動轉帳 (請附「直接付款授權書」)
 (LB) Cheque 支票
- (2) Member Account Number will be (Please select one only) 成員帳戶號碼 (請只選擇一項)
 automatically assigned by Manulife 將由宏利分配
 specified by the Employer on the Employee Enrolment Form 將依據僱主於僱員參加表格所註明
- (3) MPF Contribution Calculation and Remittance Method (Please select one only) 計算強積金供款及匯報方法 (請只選擇一項):
 Hard copy of Remittance Statement ("RS") 「付款結算書」列印本
 Other method (Contribution Express, Direct File Interface or by the use of AlphaHRMS); please also complete and return the "Employer Services Form for MPF Contribution Calculation and Remittance Method Selection" 其他方法 (供款捷算系統、供款檔案介面銜接或透過使用創嶺人力資源管理系統); 請同時填妥及遞交「僱主服務表格—供選擇計算強積金供款及匯報方法」

Employer shall be deemed to have selected and informed Manulife that hard copy of RS will be used for submission of MPF contribution data if the employer does not select any of the boxes above or does not complete and return the "Employer Services Form for MPF Contribution Calculation and Remittance Method Selection" if other method is being chosen.

若僱主未有在以上選項提供任何選擇或僱主選擇其他供款方法但未有填妥並交回「僱主服務表格—供選擇計算強積金供款及匯報方法」予宏利，僱主將被視為選擇並通知宏利以列印本的「付款結算書」為其匯報強積金供款之方法。

C. For Sub-Scheme with Voluntary Contributions Only 自願性供款附屬計劃專用

- (1) Our company shall make voluntary contributions for members as specified by the Employer.
 本公司將為成員作自願性供款，請屆時按僱主有關指示處理。
 Please note that the Employer should deduct the respective member voluntary contribution amounts from their salaries and submit on behalf of the members if the sub-scheme is set up with member voluntary contribution.
 請注意如本附屬計劃設有成員自願性供款，僱主應為僱員在入息中扣除並向受託人支付有關之自願性供款款額。
- (2) Vesting scale for termination of employment 就離職僱員所作出之歸屬比例 (must be filled in 必須填寫此欄):

Member Category 成員類別	Base of Vesting Scale 歸屬比例計算方法	Vesting Scale 歸屬比例	Vesting on Early Retirement 提前退休歸屬百分比
1:	<input type="checkbox"/> Year of Service 服務年期 <input type="checkbox"/> Year of Participation to this Sub-Scheme 參與此附屬計劃年期	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Anytime 100% 任何年期100%	<input type="checkbox"/> 100% <input type="checkbox"/> Same percentage as termination of employment 與離職百分比相同
2:	<input type="checkbox"/> Year of Service 服務年期 <input type="checkbox"/> Year of Participation to this Sub-Scheme 參與此附屬計劃年期	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Anytime 100% 任何年期100%	<input type="checkbox"/> 100% <input type="checkbox"/> Same percentage as termination of employment 與離職百分比相同

A: Year 年期	% 百分比	B: Year 年期	% 百分比	C: Year 年期	% 百分比
Less than 3 少於三年	0	Less than 1 少於一年	0	_____	_____
3 but less than 4 滿三年但少於四年	30	1 but less than 2 滿一年但少於二年	10	_____	_____
4 but less than 5 滿四年但少於五年	40	2 but less than 3 滿二年但少於三年	20	_____	_____
5 but less than 6 滿五年但少於六年	50	3 but less than 4 滿三年但少於四年	30	_____	_____
6 but less than 7 滿六年但少於七年	60	4 but less than 5 滿四年但少於五年	40	_____	_____
7 but less than 8 滿七年但少於八年	70	5 but less than 6 滿五年但少於六年	50	_____	_____
8 but less than 9 滿八年但少於九年	80	6 but less than 7 滿六年但少於七年	60	_____	_____
9 but less than 10 滿九年但少於十年	90	7 but less than 8 滿七年但少於八年	70	_____	_____
10 or more 十年或以上	100	8 but less than 9 滿八年但少於九年	80	_____	_____
		9 but less than 10 滿九年但少於十年	90	_____	_____
		10 or more 十年或以上	100	_____	_____

D. For Plan Transfer Only 轉換計劃專用

1. Accrued benefits of members will be transferred from the below provident fund scheme to this MPF sub-scheme.
成員的累算權益將從下述公積金計劃一併轉入此強積金附屬計劃。

Please submit the following documents together with the required documents for processing 請提交以下文件及所須文件以便辦理：

- A copy of termination notice to ex-trustee 致前受託人的終止計劃通知副本
- An Employer Declaration Form 僱主聲明表格
- A member list for transfer 轉移成員名單

	Scheme Type 計劃類別	Required Documents 所須文件
a. <input type="checkbox"/>	MPF scheme 強制性公積金計劃	iv. Participating Employer's Request for Fund Transfer Form (Form MPF(S)-P(E)) 參與僱主資金轉移申請表 (第MPF(S)-P(E)號表格) v. A copy of the Participation Certificate 參與證明書副本 vi. Employer voluntary contribution vesting scale (if any) 僱主自願性供款歸屬比例(如有)
b. <input type="checkbox"/>	MPF exempted ORSO scheme 獲強積金豁免之職業退休計劃	iv. A copy of the Certificate of Registration 職業退休計劃註冊證明書副本 v. A transfer asset's breakdown 將轉入之資產的分配明細 vi. Employer voluntary contribution vesting scale 僱主自願性供款歸屬比例 Attention : You should also apply to the Mandatory Provident Fund Schemes Authority for the withdrawal of MPF exemption, and ensure thorough communications to all respective employees. 注 意：閣下須向強制性公積金計劃管理局申請取消強積金豁免，及確保向所有有關僱員作出通知。
c. <input type="checkbox"/>	ORSO scheme (non-MPF exempted) 非獲強積金豁免之職業退休計劃	iv. A copy of the Certificate of Registration 職業退休計劃註冊證明書副本 v. A transfer asset's breakdown 將轉入之資產的分配明細 vi. Employer voluntary contribution vesting scale 僱主自願性供款歸屬比例

2. Name of the Previous Trustee / Service Provider :
前計劃受託人 / 服務提供者名稱

Sub-Scheme No. / Policy No. :
附屬計劃編號 / 保單編號

E. Adding of Authorized Officer 附加獲授權人士

In addition to the person signing this Application, the following person is authorized to sign (with company chop) any scheme documents, letters, notification or other correspondences related to this sub-scheme on behalf of the Employer and this authorization shall remain valid unless further written notification is given.

除簽署本申請表格之人士外，下列人士獲授權代表本公司（並加上公司印章）簽署任何有關本附屬計劃之文件或書信，直至本公司另行發出書面通知為止。

Name 姓名：	Specimen Signature * : 簽署樣式 * :
Title 職銜：	

F. Declaration 聲明

It is DECLARED, UNDERSTOOD AND AGREED that:

We are obliged to supply the information under this form which is a condition precedent for us to participate in the master trust scheme.

All information supplied hereunder together with any subsequent alterations thereof ("Information") will be accurate and can be used by your Company for the purpose of approving our application and administering the scheme/policy and can be transferred to any of your delegates, service providers or designated MPF intermediaries (whether they are located within or outside the Hong Kong Special Administrative Region) to assist your Company in the administration services. The scheme administrator will further be authorized to collect any information update from us.

The Mandatory Provident Fund Schemes Authority and other regulatory bodies in any jurisdictions shall be authorized to inspect any information under the scheme.

Relevant parts of the Information may be shared with other data users for the purpose of data verification and can be used by your Company/associated companies to supply the information of their services/products to us, through intermediaries, direct marketing or otherwise, subject to the applicable law and regulation, including the Mandatory Provident Fund Schemes Ordinance.

We undertake that if there is any change in the information provided, we shall notify your Company as soon as reasonably practicable.

We shall ensure that all contributions under this Sub-Scheme will only be made pursuant to statutory and/or employment requirements and not from any unidentified source of fund.

吾等明白，同意並謹此聲明：

吾等有責任提供本表格內指定資料，作為參與集成信託計劃之先決條件。吾等於本表格內提供之資料與任何日後作出之修訂（“有關資料”）為正確無誤，並將被貴公司用作批核本申請及管理計劃/保單，並可供轉移予任何位於香港特別行政區及以外地區的受委託者、服務提供者或受委任之強積金中介人，以協助貴公司提供行政服務。計劃管理人亦將獲授權向吾等收集任何更新資料。

強制性公積金計劃管理局及任何司法管轄區的其他監管團體將獲授權查看計劃內的任何資料。

其他資料使用者可採用有關資料之相關部分，作為資料核實之用。貴公司/聯營公司亦可採用有關資料之相關部分，以便透過中介人、直接推廣或以其他方式向吾等提供其服務/產品資訊。有關資料部分的使用將受適用法律及條例所規範，包括強制性公積金計劃條例。

吾等承諾假使所提供的資料有任何更改，吾等將於合理的切實可行範圍內盡快通知貴公司有關之改動。

吾等須確保此附屬計劃內的全部供款乃根據法定及/或受聘的條款所規定而作出，而非不明來源的資金。

Signed at Hong Kong this _____ day of _____, _____.
簽於香港於 _____ (day 日) _____ (month 月) _____ (year 年)

Signature of Witness 見證人簽署

Signature of Authorized Officer with Company Chop *
獲授權人士簽署及印章 *

(same as the signature in Participation Agreement 須與參與協議上的簽署相同)

Name in Block Letters 見證人姓名 (正楷)

Name and Title in Block Letters 姓名及職銜 (正楷)

* Any subsequent addition / deletion / change of authorized signature should be effected by submitting the completed "Change of Employer Particulars" form or formal written instruction with authorized signature and company chop as provided on this application form / Participation Agreement.

* 如欲於其後新增/刪減/更改獲授權人士的簽署，請遞交由本表格/參與協議上的獲授權人士簽署並附有公司印章的「更改僱主資料表格」或正式書面指示。

Completed form should be sent to the scheme administrator,

"Provident Funds Services, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".

請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險（國際）有限公司公積金服務部」。

THIS PARTICIPATION AGREEMENT is made on _____ (date)

BETWEEN :

- (1) Manulife Provident Funds Trust Company Limited, whose registered office is at 22/F., Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong (the "Trustee"); and
- (2) the applicant, whose name and address are given in the application form attached hereto (the "Employer").

RECITALS :

- (A) The Trustee is the Trustee of the **MANULIFE GLOBAL SELECT (MPF) SCHEME** (the "Master Trust Scheme"), which was established by a deed made by the Trustee (as may be amended from time to time, the "Deed").
- (B) The Employer wishes to join the Master Trust Scheme in order to establish a retirement benefits scheme (the "Sub-Scheme") for the benefit of its employees.
- (C) The Sub-Scheme shall be governed by the Deed and the rules attached thereto (the "Rules") and this Participation Agreement.
- (D) Unless otherwise stated words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.

PROVISIONS :

1. The Employer hereby establishes the Sub-Scheme with effect from the commencement date as specified in the Application Form attached hereto. The Sub-Scheme shall be governed by the terms of the Deed, the Rules and this Participation Agreement.
2. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed, the Rules and this Participation Agreement and all applicable law and regulations.
3. The Employer warrants that the information contained in the Application Form and any other information from time to time to be provided by the Employer in relation to contributions and as to the age, salary, length of service, benefits, Contribution Investment Instruction, Fund Switching Instruction and otherwise in relation to each Employee Member will be correct in all respects.
4. Subject to the provisions of the Master Trust Deed, the Rules and this Participation Agreement, the Employer undertakes and agrees, to hold the Trustee (and any Investment Manager who may be appointed under the Deed by the Trustee) indemnified against any and all proceedings, costs, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Trust or the Sub-Scheme arising :
 - (i) out of the breach by the Employer of the warranty referred to in paragraph 3; or
 - (ii) 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 Master Trust Deed, the Rules and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Sub-Scheme (whether they relate to the Employer and such Employee Members alone or together with another Employer and Employee Members of other Sub-Schemes).
5. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Master Trust Deed, the Rules and this Participation Agreement.
6. The Trustee and the Employer hereby confirm and acknowledge that the Application Form shall form part of this Participation Agreement and the details specified in the Application Form shall apply for the purposes of the Sub-Scheme.
7. The Employer hereby agrees that the Trustee may, in its sole discretion, deduct the fees and expenses as specified in Clause 19.5.1 of the Deed from the Forfeitures Account of the Employer under the Sub-Scheme.
8. The amount of Employer's Regular Voluntary Contribution and Employee's Regular Voluntary Contribution are to be specified by the Employer to the Trustee in such form / manner as prescribed by the Trustee from time to time.
9. The vesting scale(s) referred to in Rule 7.3 of the Deed are specified in the Application Form attached.
10. This Participation Agreement shall be terminated in accordance with Rule 19.5 of the Deed.
11. 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 before written.

Agreed by the Employer

Signature of Authorized Officer with Company Chop
獲授權人士簽署及印章

Name and Title in Block Letters
姓名及職銜 (正楷)



THIS PARTICIPATION AGREEMENT is made on _____ (date)

BETWEEN :

- (1) Manulife Provident Funds Trust Company Limited, whose registered office is at 22/F., Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong (the "Trustee"); and
- (2) the applicant, whose name and address are given in the application form attached hereto (the "Employer").

RECITALS :

- (A) The Trustee is the Trustee of the **MANULIFE GLOBAL SELECT (MPF) SCHEME** (the "Master Trust Scheme"), which was established by a deed made by the Trustee (as may be amended from time to time, the "Deed").
- (B) The Employer wishes to join the Master Trust Scheme in order to establish a retirement benefits scheme (the "Sub-Scheme") for the benefit of its employees.
- (C) The Sub-Scheme shall be governed by the Deed and the rules attached thereto (the "Rules") and this Participation Agreement.
- (D) Unless otherwise stated words and expressions used in this Participation Agreement shall have the meanings given to them in the Deed.

PROVISIONS :

1. The Employer hereby establishes the Sub-Scheme with effect from the commencement date as specified in the Application Form attached hereto. The Sub-Scheme shall be governed by the terms of the Deed, the Rules and this Participation Agreement.
2. The Employer hereby covenants with the Trustee to comply with and be bound by the provisions of the Deed, the Rules and this Participation Agreement and all applicable law and regulations.
3. The Employer warrants that the information contained in the Application Form and any other information from time to time to be provided by the Employer in relation to contributions and as to the age, salary, length of service, benefits, Contribution Investment Instruction, Fund Switching Instruction and otherwise in relation to each Employee Member will be correct in all respects.
4. Subject to the provisions of the Master Trust Deed, the Rules and this Participation Agreement, the Employer undertakes and agrees, to hold the Trustee (and any Investment Manager who may be appointed under the Deed by the Trustee) indemnified against any and all proceedings, costs, charges, liabilities and expenses occasioned by any and all actions, claims, demands or proceedings in connection with the Trust or the Sub-Scheme arising :
 - (i) out of the breach by the Employer of the warranty referred to in paragraph 3; or
 - (ii) 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 Master Trust Deed, the Rules and this Participation Agreement or otherwise so far as they relate to the Employer and Employee Members of the Sub-Scheme (whether they relate to the Employer and such Employee Members alone or together with another Employer and Employee Members of other Sub-Schemes).
5. The Employer undertakes and agrees to pay all fees and expenses which are payable by it under the terms of the Master Trust Deed, the Rules and this Participation Agreement.
6. The Trustee and the Employer hereby confirm and acknowledge that the Application Form shall form part of this Participation Agreement and the details specified in the Application Form shall apply for the purposes of the Sub-Scheme.
7. The Employer hereby agrees that the Trustee may, in its sole discretion, deduct the fees and expenses as specified in Clause 19.5.1 of the Deed from the Forfeitures Account of the Employer under the Sub-Scheme.
8. The amount of Employer's Regular Voluntary Contribution and Employee's Regular Voluntary Contribution are to be specified by the Employer to the Trustee in such form / manner as prescribed by the Trustee from time to time.
9. The vesting scale(s) referred to in Rule 7.3 of the Deed are specified in the Application Form attached.
10. This Participation Agreement shall be terminated in accordance with Rule 19.5 of the Deed.
11. 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 before written.

Agreed by the Employer

Signature of Authorized Officer with Company Chop
獲授權人士簽署及印章

Name and Title in Block Letters
姓名及職銜 (正楷)



本協議於（日期），

《請於背頁之英文本簽署》

由下列雙方訂立：

- (1) 宏利公積金信託有限公司登記地址為香港九龍觀塘偉業街223 - 231號宏利金融中心22樓（下稱「受託人」）；
及
- (2) 申請人，其名稱及地址列於隨附的申請表格上（下稱「僱主」）。

敘文：

- (甲) 受託人指宏利環球精選（強積金）計劃（下稱「集成信託計劃」）之受託人，該計劃由受託人契據（下稱「契據」）形式成立（「契據」可不時被修正）。
- (乙) 僱主欲藉加入集成信託計劃設立退休福利計劃（下稱「附屬計劃」）造福僱員。
- (丙) 附屬計劃受契據及隨附之規則（下稱「規則」）與本參與協議管限。
- (丁) 除非另有所指，否則本參與協議採用之字眼及詞彙應具有契約所賦予的含義。

條款：

1. 僱主謹從隨附的申請表格上所示之生效日期起設立附屬計劃。附屬計劃受契據、規則及本參與協議管限。
2. 僱主謹與受託人契諾遵守契據、規則、本參與協議及所有適用法例與法規內之條款並受其約束。
3. 僱主保證申請表格所載資料及僱主就涉及供款與僱員年齡、薪酬、年資、福利、供款投資指示及基金調配指示等事項不時提供之資料正確無誤。
4. 僱主根據集成信託契據、規則及本參與協議，承諾並同意就因下列情況引起且涉及信託及附屬計劃的任何行動、索償、要求或訴訟所招致的一切程序、費用、責任及開支，向受託人（及受託人根據契據委任的任何投資經理）作出彌償：
 - (i) 因僱主違反上文第三段所述的保證；或
 - (ii) 由於僱主因疏忽或遺漏而未能適當與及時履行或遵守集成信託契據、規則及本參與協議內所有有關附屬計劃僱主及僱員的責任（不論僅涉及個別僱主及僱員或有其他附屬計劃的僱主及僱員）。
5. 僱主承諾並同意支付按集成信託契據、規則及本參與協議須要支付之一切費用及開支。
6. 受託人及僱主謹確認及聲明申請表格為本參與協議之一部份，而申請表格內之資料同樣適用於附屬計劃。
7. 僱主同意受託人可全權酌情決定是否從僱主於附屬計劃中的沒收帳戶內扣除列於契據第19.5.1條的費用及開支。
8. 僱主定期自願性供款及僱員定期自願性供款的款額，由僱主以受託人不時指定的形式/方式向受託人註明。
9. 契據條款第7.3條論及之歸屬比例，已於隨附之申請表格內註明。
10. 本參與協議可按契據規則第19.5條終止。
11. 本參與協議受香港法例管限。

茲證明本參與協議於前述年份及日期訂立。



本協議於（日期），

《請於背頁之英文本簽署》

由下列雙方訂立：

- (1) 宏利公積金信託有限公司登記地址為香港九龍觀塘偉業街223 - 231號宏利金融中心22樓（下稱「受託人」）；
及
- (2) 申請人，其名稱及地址列於隨附的申請表格上（下稱「僱主」）。

敘文：

- (甲) 受託人指宏利環球精選（強積金）計劃（下稱「集成信託計劃」）之受託人，該計劃由受託人契據（下稱「契據」）形式成立（「契據」可不時被修正）。
- (乙) 僱主欲藉加入集成信託計劃設立退休福利計劃（下稱「附屬計劃」）造福僱員。
- (丙) 附屬計劃受契據及隨附之規則（下稱「規則」）與本參與協議管限。
- (丁) 除非另有所指，否則本參與協議採用之字眼及詞彙應具有契約所賦予的含義。

條款：

1. 僱主謹從隨附的申請表格上所示之生效日期起設立附屬計劃。附屬計劃受契據、規則及本參與協議管限。
2. 僱主謹與受託人契諾遵守契據、規則、本參與協議及所有適用法例與法規內之條款並受其約束。
3. 僱主保證申請表格所載資料及僱主就涉及供款與僱員年齡、薪酬、年資、福利、供款投資指示及基金調配指示等事項不時提供之資料正確無誤。
4. 僱主根據集成信託契據、規則及本參與協議，承諾並同意就因下列情況引起且涉及信託及附屬計劃的任何行動、索償、要求或訴訟所招致的一切程序、費用、責任及開支，向受託人（及受託人根據契據委任的任何投資經理）作出彌償：
 - (i) 因僱主違反上文第三段所述的保證；或
 - (ii) 由於僱主因疏忽或遺漏而未能適當與及時履行或遵守集成信託契據、規則及本參與協議內所有有關附屬計劃僱主及僱員的責任（不論僅涉及個別僱主及僱員或有關其他附屬計劃的僱主及僱員）。
5. 僱主承諾並同意支付按集成信託契據、規則及本參與協議須要支付之一切費用及開支。
6. 受託人及僱主謹確認及聲明申請表格為本參與協議之一部份，而申請表格內之資料同樣適用於附屬計劃。
7. 僱主同意受託人可全權酌情決定是否從僱主於附屬計劃中的沒收帳戶內扣除列於契據第19.5.1條的費用及開支。
8. 僱主定期自願性供款及僱員定期自願性供款的款額，由僱主以受託人不時指定的形式/方式向受託人註明。
9. 契據條款第7.3條論及之歸屬比例，已於隨附之申請表格內註明。
10. 本參與協議可按契據規則第19.5條終止。
11. 本參與協議受香港法例管限。

茲證明本參與協議於前述年份及日期訂立。



強積金附屬計劃資料使用授權書

Authorization to Access MPF Sub-scheme Information

附屬計劃編號

Sub-scheme Number _____

僱主名稱

Name of Employer _____

經紀姓名

Name of Broker _____

經紀編號

Agent Code of Broker _____

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

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

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

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

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

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

提供其他有關附屬計劃行政事宜的必要服務（包括但不限於終止或轉移附屬計劃）。

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

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

Authorized Signature and Company Chop

授權人簽署及公司印章

Date (DD/MM/YY)

日期（日／月／年）



DIRECT DEBIT AUTHORIZATION 直接付款授權書

Important Note: Completed form should be sent to "Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".

重要事項: 請將填妥的表格寄交「香港九龍觀塘偉業街223-231號宏利金融中心A座21樓宏利人壽保險(國際)有限公司」。

Name of Party to be Credited (<i>The Beneficiary</i>) 收款的一方(收款人) Manulife Provident Funds Trust Co. Ltd.		Bank No. 銀行號碼 0 0 4	Branch No. 分行號碼 5 0 0	Account No. 戶口號碼 5 3 9 2 9 1 0 0 1
Sub-Scheme No. 附屬計劃編號 -		Debtor Reference (For Manulife Use Only) 付款人編號(宏利專用)		
My/Our Bank Name and Branch 本人(等)的銀行及分行名稱		Bank No. 銀行號碼	Branch No. 分行號碼	My/Our Account No. 本人(等)的戶口號碼
My/Our Name(s) as recorded on Statement/Passbook 本人(等)在結單/存摺上所紀錄的名稱 (Please write in Block letters. 請以英文正楷填寫。)				Contact Telephone No. 聯絡電話號碼
I/We agree the Limit ^{Note 1} is HKD _____ per payment/month. * 本人(等)同意設定限額 ^{Note 1} 為港幣每次/月* _____。				
I/We agree the Expiry Date ^{Note 2} is (dd) _____ / (mm) _____ / (yyyy) _____. 本人(等)同意設定到期日 ^{Note 2} 為(年) _____ (月) _____ (日) _____。				
* Please delete the inappropriate one 請刪去不適用者				
Declaration 聲明: 1. I/We hereby authorize my/our above 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 and/or its banker and/or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated above. 本人(等)現授權本人(等)的上述銀行, (根據收款人或其往來銀行及/或代理行不時給予本人(等)銀行的指示)自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以上指定的限額。 2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。 3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加), 本人(等)願共同及個別承擔全部責任。 4. I/We understand that I/we must maintain sufficient funds in the account one business day (before the close of branch banking hours) before the transfer date (as specified in the instructions received by my/our Bank from the beneficiary and/or its banker and/or its banker's correspondent from time to time) for the transfer authorised herein. I/We agree that should there be insufficient funds in my/our account to meet any transfer authorised herein, my/our Bank will be entitled, at its absolute discretion, not to effect such a transfer in which event the Bank may levy its usual charges and may cancel this authorisation at any time without notification to me/us. For the avoidance of doubt, the Bank may cancel this authorisation at its sole discretion at any time without prior notice. 本人(等)明白本人(等)須在指定的轉賬日期【即根據本人(等)的銀行從收款人或其往來銀行及/或代理行不時收到的指示】前一個營業日(分行辦公時間內), 在戶口內備有足夠款項以便支付該等授權轉賬。本人(等)並同意如本人(等)的戶口並無足夠款項支付該等授權轉賬, 本人(等)的銀行有絕對酌情權不予轉賬, 且本人(等)的銀行可收取慣常的收費, 並可隨時取消該等授權轉賬且毋須通知本人(等)。為避免疑問, 本人(等)的銀行可隨時自行決定取消該等授權轉賬且毋須通知本人(等)。 5. This direct debit authorization shall have effect until further notice or the expiry date written above (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of time, my/our bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization. I/We understand and agree that the said continuous period of time is determined solely by my/our bank stated above which may vary from one bank to another and is subject to such changes as shall be made by the said bank unilaterally from time to time with or without notice to me/us. 本直接付款授權書將繼續生效直至另行通知為止或直至上列到期日為止(以兩者中最早的日期為準)。本人(等)同意如本人(等)已設立的直接付款授權的戶口於一個連續時段內未有根據本授權而作出過賬的紀錄, 本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等), 即使本授權書並未到期或未有註明授權到期日。本人(等)明白此連續時段是按本人(等)的銀行而設定及本人(等)的銀行可持續作出更改而毋須另行通知本人(等)。 6. 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. 本人(等)同意, 本人(等)取消或更改本授權書的任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。 7. I/We understand that the instructions above are not submitted or given during or pursuant to any regulated activity being carried on by any registered intermediary under the Mandatory Provident Fund Schemes Ordinance. 本人(等)明白以上指示並非於註冊中介人進行強制性公積金計劃條例(「該條例」)下的受規管活動期間而遞交或提出, 或於註冊中介人依據該條例進行受規管活動而遞交或提出。				
My/Our Bank Account Signature(s) 本人(等)銀行戶口的簽署				Signature Verified 簽署核實
				Bank Use Only 銀行專用

Notes 附註:

- Limit - Limit can be set for each payment or each month. As the amount and timing of each debit may vary each month, you are not recommended to set the limit to avoid any autopay reject that leads to delay in contribution settlement. If limit is not specified, "unlimited" will be set by the debtor's bank. 限額 - 閣下可設定每次或每月的轉賬限額, 因閣下每月須付款的數額及時間可能不同, 為避免轉賬被銀行撤回而延誤供款, 我們建議閣下毋須設定限額。如未有說明限額, 付款銀行會將限額設定為“不設上限”。
- Expiry Date - If expiry date is specified, the direct debit authorization will be cancelled automatically on the specified date. You are not recommended to set the date to have the direct debit authorization effect indefinitely or until cancelled by you to avoid autopay reject that leads to delay in contribution settlement. 到期日 - 如設定到期日, 本直接付款授權將於此日期自動撤銷。為避免轉賬被銀行撤回而延誤供款, 我們建議閣下毋須設定到期日, 使直接付款授權無限期有效或直至閣下予以撤銷為止。

Employer Services Form
for MPF Contribution Calculation and Remittance Method Selection
僱主服務表格—供選擇計算強積金供款及匯報方法

Name of Employer (Company) :
僱主 (公司) 名稱 _____

Sub-Scheme Number :
附屬計劃編號 _____

Full Name of Contact Person & Tel No. :
聯絡人全名及電話號碼 _____ (For "Direct File Interface" users only 只適用於「供款檔案介面銜接」用戶)

Please indicate your MPF Contribution Calculation and Remittance Method by putting a "✓" into the box provided (Select ONE option only)* :
請選擇您的計算強積金供款及匯報方法，並在該項格內加上「✓」號 (只可選擇一項)* :

- Contribution Express** (on Manulife Web Site www.manulife.com.hk)
供款捷算系統 (於宏利網址 www.manulife.com.hk)
- Direct File Interface** (Please select Text file format / Excel file format)
供款檔案介面銜接 (請選擇 文字檔案格式 Excel檔案格式)
- by the use of AlphaHRMS**
透過使用創嶺人力資源管理系統

* Employer may choose any one of the stated methods for MPF contribution calculation and remittance. The Contribution Express and Direct File Interface are preferable options due to their simplicity. 僱主可選擇其中一項計算強積金供款及匯報方法，而供款捷算系統及供款檔案介面銜接乃較簡易之首選方案。

If this form is not completed and returned to Manulife, the Employer shall be deemed to have selected and informed Manulife that hard copy of Remittance Statement will be used for submission of MPF contribution data for the aforementioned sub-scheme.
如僱主未能填妥並交回此表格予宏利，其上述附屬計劃的匯報強積金供款方法將被設定為以列印本的「付款結算書」匯報。

If you select Contribution Express, please refer to and abide by No. 13-18 of the terms and conditions listed below.
凡選擇供款捷算系統，請閱讀及遵守下列的協議第13條至第18條條款。

If you select Direct File Interface, please refer to and abide by No. 12-17 of the terms and conditions listed below.
凡選擇供款檔案介面銜接，請閱讀及遵守下列的協議第12條至第17條條款。

If you select AlphaHRMS, please refer to and abide by No. 1-17 of the terms and conditions listed below.
凡選擇創嶺人力資源管理系統，請閱讀及遵守下列的協議第1條至第17條條款。

The Employer DECLARED, UNDERSTOOD AND AGREED with the terms and conditions listed below 僱主謹此聲明，明白並同意以下條款及條件：

- "AlphaHRMS" is a software application developed and owned by Asia Pacific Soft Limited which is a third party provider that the Employer may engage to provide the software functions of AlphaHRMS. Any third party software applications attached to the use of AlphaHRMS are developed or owned by third party providers ("Third Party Providers"). Asia Pacific Soft Limited or any of these Third Party Providers are neither a member nor an agent of Manulife or the Manulife Financial Group of companies.
- Manulife shall not be liable for any act, omission or negligence performed by Asia Pacific Soft Limited or any of these Third Party Providers and it is always the duty of the Employer to verify the software functions of AlphaHRMS and to assess the suitability of Asia Pacific Soft Limited in providing the software.
- Nothing in this form or any other Manulife materials will constitute a recommendation to the Employer that AlphaHRMS is the suitable option.
- There is no guarantee that Asia Pacific Soft Limited or the Third Party Providers will provide AlphaHRMS and the required third party software applications or grant their licences to the Employer.
- Manulife shall have the right to reject the Employer's use of AlphaHRMS as one of the contribution methods from time to time.
- To enable Manulife to have the ability to accept the Employer's use of AlphaHRMS, the Employer should keep its version of "AlphaHRMS" upgraded from time to time and follow the instructions of Asia Pacific Soft Limited to maintain the software but there is no guarantee that any upgrade or maintenance work involving third party software licences/upgrades would be provided free of charge by Asia Pacific Soft Limited or the respective Third Party Providers.
- Manulife shall have the right to disclose and confirm to Asia Pacific Soft Limited whether the Employer is still participating in Manulife's MPF scheme(s).
- In no event shall Manulife be liable for any damages or losses caused by any technical problems or the use of "AlphaHRMS", including without limitation any direct, indirect or consequential damages suffered by the Employer, its employees, or any other party who claims against the Employer. Such damages shall include but not limited to any loss of profits, loss of anticipated income, investment losses or loss of investment opportunity.
- Support services of "AlphaHRMS" are not offered by Manulife.
- Subject to six months' prior written notice to the Employer, Manulife may charge the Employer a service fee for allowing the Employer's use of AlphaHRMS as the contribution method.
- The use of AlphaHRMS or the use of contribution data/files produced by using AlphaHRMS shall not absolve the Employer from its duty to verify all relevant information in respect of its required contributions under its MPF scheme(s).
- The Employer shall either remit the contribution data via the Manulife Web Site (accompanied by the Employer's Manulife Customer Number (MCN) and Personal Identification Number (PIN)) or in compact disc (or any other storage media as specified by Manulife from time to time), and hereby authorizes Manulife to accept it without any further verification. Manulife shall have the right to reject the remittance of the said contribution data which are submitted other than these two media.
- The Employer should follow all guidelines/procedures of Manulife in contribution data remittance and contribution payment.
- The Employer should ensure any such contribution data will be properly submitted to Manulife and is free from virus or malware and shall indemnify Manulife for any system failure or miscalculation caused by the Employer's contribution data/files.
- Manulife shall be entitled to revise and/or add to these terms and conditions at any time and from time to time. Any revised and/or additional terms and conditions shall become effective subject to Manulife posting these terms and conditions in the Manulife Web Site, and shall be binding on the Employer if the Employer continues to use AlphaHRMS or remit contribution data via Manulife Web Site.
- The Employer authorizes Manulife to accept without any further verification, and agrees to be responsible for, all information and instructions received via Manulife Web Site, when accompanied by the Employer's MCN and PIN.
- Manulife shall have the right to terminate the above services at any time.
- The Employer is required to enter unique Manulife Customer Number (MCN) and Personal Identification Number (PIN) when remitting the contribution data via Manulife Web Site. Manulife shall have the right to reject the remittance of the said contribution data which are submitted other than this method.
- "創嶺人力資源管理系統"是由亞太軟件有限公司開發及擁有的應用軟件。亞太軟件有限公司乃僱主可聘用之第三方供應商以提供「創嶺人力資源管理系統」的軟件功能。任何其他於使用「創嶺人力資源管理系統」時須聯繫之第三方應用軟件是由第三方供應商(「第三方供應商」)開發及擁有。亞太軟件有限公司或任何該等第三方供應商既非宏利代理人亦非宏利金融集團之成員。
- 宏利不會為亞太軟件有限公司或任何該等第三方供應商的行為、遺漏或疏忽而承擔任何責任，而核實「創嶺人力資源管理系統」的軟件功能和評估亞太軟件有限公司作為服務供應商的合適度均屬僱主的責任。
- 此表格或其他任何宏利的推廣資料並不構成宏利向僱主建議「創嶺人力資源管理系統」為合適的選擇。
- 宏利並不保證亞太軟件有限公司或第三方供應商會向僱主提供「創嶺人力資源管理系統」及所需之第三方應用軟件或批出使用此等軟件之許可證。
- 宏利有權拒絕僱主使用「創嶺人力資源管理系統」作為其中一項供款匯報方法。
- 為確保宏利可以接受僱主所使用的「創嶺人力資源管理系統」，僱主須不時為「創嶺人力資源管理系統」作出軟件升級並按照亞太軟件有限公司的指示進行軟件之保養；然而亞太軟件有限公司或相關之第三方供應商並不保證不會就任何軟件升級或涉及第三方軟件許可證/升級之保養工作而收取費用。
- 宏利有權向亞太軟件有限公司披露及確認有關僱主是否仍然參與宏利之強積金計劃。
- 在任何情況之下，宏利均無須就「創嶺人力資源管理系統」之任何技術問題或因使用該系統而引致的損失或損毀負上任何責任，包括但不限於任何直接、間接或相應而生的損失而導致僱主或其僱員蒙受損失，或任何其他人士蒙受損失而要求僱主賠償。有關損失包括但不限於利潤損失、預期收入損失、投資損失或錯失投資機會之損失。
- 有關「創嶺人力資源管理系統」的支援服務並不是由宏利提供。
- 在給予僱主六個月預先書面通知下，宏利有權就僱主使用「創嶺人力資源管理系統」作為供款匯報方法而向僱主收取服務費用。
- 使用「創嶺人力資源管理系統」或由此軟件所生產的供款資料/檔案，將不會免除僱主須為其強積金計劃供款的所有有關資料作出核實的責任。
- 僱主將會經由宏利網頁(須與宏利客戶號碼及企業密碼並用)或以光碟方式(或以宏利不時指定的任何其他儲存媒體)遞交供款資料，並在此授權宏利接受此等供款資料而毋需再作核實。宏利有權不接受上述兩種方式以外的其它遞交供款資料方式。
- 僱主必須遵守宏利訂定有關遞交供款資料和付款方法的全部指引及程序。
- 僱主必須確保任何供款資料均會妥善遞交予宏利而當中並沒有附帶任何電腦病毒或惡意軟件，並就僱主所遞交之供款資料/檔案而引致的任何系統失靈或誤算而向宏利作出賠償。
- 宏利保留權利隨時修訂及/或增加本協議之條件及條款，任何經修訂及/或新增之協議條件及條款將於宏利經由宏利網頁張貼後正式生效。僱主如繼續使用「創嶺人力資源管理系統」或經由宏利網頁遞交供款資料，須受有關條件及條款約束。
- 僱主授權宏利接受以宏利客戶號碼及企業密碼經由宏利網頁遞交的所有資料及指示，而毋需另行核實該等資料。僱主同意對所有上述資料及指示負上責任。
- 宏利將有權於任何時候終止提供上述服務。
- 僱主在經由宏利網頁遞交供款資料時，必須輸入獨有的宏利客戶號碼及企業密碼。宏利有權不接受以宏利網頁以外的其它方式遞交之供款資料。

Authorized Signature and Company Chop
獲授權人士簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜 (正楷)

Date
日期

Completed form should be sent to the scheme administrator,

"Provident Funds Services, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".

請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險(國際)有限公司公積金服務部」。

Remittance Statement

付款結算書

Please sign and return by fax to 2104-3504 or by mail to PO Box 12246, General Post Office, Hong Kong. If you choose to fax the report, please secure the transmission journal for reference and DO NOT post it again to avoid duplication.

請填妥及簽署，並傳真至2104-3504或郵寄香港郵政總局郵箱12246號。已傳真之文件，毋須再寄回宏利，以免重複；請保留傳真記錄以作日後參考。

Please ensure you read the "Important Notes" at the back page before completing this Remittance Statement. 填寫本付款結算書前，請細閱背頁之「重要事項」。

- (1) Employer (Company) Name : 僱主(公司)名稱 _____
- (2) Sub-Scheme No. : 附屬計劃編號 _____
- (3) Payroll Period (dd / mm / yyyy): From 支薪期(日/月/年) 由 _____ To 至 _____
- (Please use this Remittance Statement to report contribution data for one payroll period only. If you need to report data for more than one payroll period, please use a separate Remittance Statement. 本付款結算書僅供匯報一個支薪期的供款資料。如閣下需要匯報多於一個支薪期的資料，請使用另一張付款結算書。)
- (4) Total Number of Pages 總頁數 : _____ (5) Current Page 本頁數 : (Page _____ of _____)
 (Total number of pages does not include the "Important Notes" at the back. 總頁數不包括背頁之「重要事項」。)
- (6) Contribution Details as follows 供款資料如下 : _____
- For Office Use Only BP = Y**

Member Number 成員編號	Member's English Name 成員英文姓名		Relevant Income 有關入息	Member Mandatory Contribution 成員強制性供款	Employer Mandatory Contribution 僱主強制性供款	Member Voluntary Contribution* 成員自願性供款*	Employer Voluntary Contribution* 僱主自願性供款*	Last Date of Employment* (dd/mm/yy) 最後受僱日期* (日/月/年)	LSP/SP Entitlement* Yes - (Y) No - (N) 獲長期服務金/ 遣散費* 是 - (Y) 否 - (N)
	Surname 姓	Other Name 名							
Total no. of member 成員總數 :									No. of terminated member : 離職僱員總數 :
Total 合共 :									
Total contributions for this Remittance Statement 此付款結算書的供款總額 :				HK\$ 港元 :					

* Complete only if your sub-scheme has voluntary contribution provisions. * 只適用於有自願性供款條款的附屬計劃。

* Please select "Y" or "N" to indicate LSP/SP entitlement if the Last Date of Employment is reported.

* 如填報僱員的最後受僱日期，請選擇"Y"或"N"以表示是否涉及獲發長期服務金或遣散費。

Employers can pay by autopay if the direct debit authorisation has been successfully set up. If you choose pay by cheque, please provide the following information.
 僱主可在成功設立直接付款授權後，以自動轉賬繳付供款。如選擇以支票付款，請提供以下資料。

Name of bank 銀行名稱 :	Cheque No. 支票號碼 :	Cheque Amount 支票金額 :
_____	_____	_____ HK\$ 港元

I/We confirm that 本人 / 吾等確認

- I/We have read and understood the full details provided on this remittance statement (including the "Important Notes" at the back of this Remittance Statement) and agree to abide by the rules stated herein.
 本人 / 吾等已細讀及明白本付款結算書之所有資料及內容 (包括本付款結算書背頁附載之「重要事項」)，並同意遵守所述的規則。
- If the last date of employment for the employee is reported on this Remittance Statement, I/we understand and agree the following:
 - If employee termination with LSP/SP arrangement has been reported in this Remittance Statement, such instruction for employee termination will be on hold. An original "Notice of Employee Termination" has to be completed and duly signed by both the terminated employee and the authorized person of the employer (with company chop), and to be submitted to Manulife for processing the termination instruction and LSP/SP offsetting;
 - If employee termination with no LSP/SP has been reported or no choice of LSP/SP entitlement specified in this Remittance Statement, the termination instruction will be processed as if there is no LSP/SP entitlement for the concerned employee upon termination of employment. Manulife will not accept any subsequent LSP/SP offsetting instruction(s) in relation to the concerned employee given in a "Notice of Employee Termination" or any other written formats; and
 - Manulife shall not be held liable for any claims or loss suffered by me/us as a result of any omission or error in this Remittance Statement or delay in submission of the "Notice of Employee Termination".
 如在本付款結算書填報僱員的最後受僱日期，本人 / 吾等明白及同意下列各項：
 - 如於本付款結算書內申報之僱員終止受僱指示涉及長期服務金或遣散費安排，有關辦理終止受僱手續尚未完成。本人 / 吾等必須提交由終止受僱僱員及僱主獲授權人士雙方填妥及簽署 (連公司印章) 的「僱員終止受僱通知書」正本予宏利，以辦理終止受僱指示及長期服務金或遣散費抵銷安排；
 - 如於本付款結算書申報之僱員終止受僱指示不涉及長期服務金或遣散費安排，或沒有註明任何有關選擇，有關辦理終止受僱手續將視為不涉及長期服務金或遣散費的安排而獲得處理，任何其後遞交予宏利有關該僱員之長期服務金或遣散費抵銷安排指示之「僱員終止受僱通知書」或其他書面指示亦將不會被執行；及
 - 就本人 / 吾等因提交本付款結算書時的任何遺漏或錯誤，或延遲提交「僱員終止受僱通知書」而引致的申索或損失，宏利將概不負責。
- In respect of all the Calculation Discrepancy Reports issued by Manulife relating to the terminated employee(s) reported in this Remittance Statement, the contribution amounts allocated by Manulife have been agreed upon and confirmed as correct by your company, and the relevant income should be calculated accordingly. In the event of a disagreement on the allocated amount, I/we have submitted the revised figures previously.
 有關宏利就本付款結算書上所申報的離職僱員所發出的計算差異報告，本人 / 吾等同意並確認宏利就該終止受僱僱員之供款款項的分配及就此所計算的有關入息均正確無誤。若本人 / 吾等不同有關分配款額，本人 / 吾等已於較早前向宏利報告需修訂數目。

Authorized Signature with Company Stamp :
 獲授權人士簽署及印章

Name & Title (in Block Letters) :
 姓名及職銜 (正楷)

Date :
 日期



付款結算書 - 重要事項

聯絡資料 - 如未有收訖僱主每月資料報表 / 付款結算書，請致電下列之客戶服務熱線。

1. 客戶服務熱線：(852) 2108 1234
2. 傳真熱線：(852) 2104 3504
3. 宏利網站：<http://www.manulife.com.hk>，請利用印在帳戶報表上方的宏利客戶號碼，立刻登入我們為您而設的僱主網上服務，查詢有關強積金的最新資料及貴公司之帳戶狀況。

郵寄地址

1. 香港郵政總局郵箱12246號

付款方法

自動轉帳

1. 每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金額。如需登記，請即致電客戶服務熱線 (852) 2108 1234。

支票

1. 請將註明支付「宏利公積金信託有限公司」之劃線支票及付款回條直接寄交宏利之中央收集處 - 香港郵政總局郵箱12246號。
2. 請於支票背面填寫閣下之附屬計劃編號。
3. 宏利之服務中介人並未獲授權代宏利收取強積金支票及付款結算書。如閣下選擇要求服務中介人代為向宏利遞交上述文件，敬希留意此等安排乃閣下與該中介人之間之私下協議，宏利並不牽涉其中。

付款結算書注意事項

1. 請為所有僱員填報正確供款金額。如該僱員於支薪期內並無「有關入息」，請於該欄填上「0」。
2. 如任何填報之「合共」總數與所有成員之有關供款數額之總和不符，則各自成員之個別供款數據將被視作僱主之最後指示。
3. 如在「付款結算書」上所註明之支薪期內有僱員離職，請於該付款結算書內填報其最後供款。為符合僱傭條例(第57章)及強制性公積金計劃條例(第485章)之規定，僱主必須在僱員終止受僱日期所屬的公曆月完結後10日內為有關離職僱員於「付款結算書」(如不涉及長期服務金或遣散費之安排)或「僱員終止受僱通知書」(如涉及長期服務金或遣散費之安排)上提供有關終止受僱資料予宏利。在未收妥僱員終止受僱通知及最後供款前，宏利並不會處理其終止受僱事宜。
4. 請使用「付款結算書供繳付附加費之用」填報供款附加費資料。閣下可經宏利網頁www.manulife.com.hk下載或經2108 1234以傳真索取「付款結算書供繳付附加費之用」。
5. 當僱主提交「付款結算書」，亦即表示同意宏利有權在任何僱員出現下列情況時，不按照該結算書或其中任何部分而行事：
 - a) 如有欠交之前任何支薪期的供款；
 - b) 宏利曾就任何僱員發出計算差異報告；或
 - c) 宏利尚未接獲及處理該僱員之參加表格；如因行使此項權利而出現延遲供款分配並引致任何損失及損害，宏利概不負責。
6. 「付款結算書」只作處理供款之用，請以宏利指定的表格申報或更改其他資料。
7. 在遞交「付款結算書」及「付款回條」前，請謹記於該兩份文件上註明支票號碼。如指示不足，有關付款將可能於宏利認為適當時，被用作抵銷有關強積金附屬計劃之尚欠供款(由最早之支薪期開始)或將來供款；宏利亦不會就因指示不足而導致任何延誤供款分配所帶來之投資損失/獲益而負責。

逾期供款

1. 按強制性公積金計劃條例要求，僱主必須於供款日前就所有合資格員工向受託人提供供款資料及作出供款。為免被徵收附加費或被判罰款，請貴公司於法定時間內儘早提供所需資料及安排繳交所需供款。

Remittance Statement - Important Notes

Contact Information - For non-receipt of the Employer Monthly Package / Remittance Statement, please call our Customer Hotline as below.

1. Customer Hotline : (852) 2108 1234
2. Fax : (852) 2104 3504
3. Website : <http://www.manulife.com.hk>, with your MCN on the top right hand corner of your "Account Statement", visit our employer website to obtain the most updated information on MPF and check your latest account status NOW.

Mailing Address

1. P.O. Box 12246, General Post Office, Hong Kong

Payment Methods

Autopay :

1. Direct debit from your designated bank account upon receiving your contribution data. To enroll, call our Customer Hotline (852) 2108 1234 NOW.

By Cheque :

1. Please detach and return the "Payment Slip" and your crossed cheque made payable to "Manulife Provident Funds Trust Company Limited" to our central collection channel at P.O. Box 12246, General Post Office, Hong Kong.
2. Write your Sub-Scheme no. on the back of your cheque(s).
3. Intermediaries are not authorized to receive MPF cheques and remittances on behalf of Manulife. If you choose to request the intermediary to deliver the same to Manulife on your behalf, please be reminded that this will purely be a personal arrangement between you and the intermediary concerned, and Manulife will not be involved in relation to such arrangement.

Notes for Using Remittance Statement ("RS")

1. Please report the exact contribution amount for ALL employees and input "0" for those employees with nil relevant income for the payroll period.
2. If any amount of the "Total" does not match with the sum of the corresponding amount for all the members, the individual amount indicated for each respective member will be taken as the employer's final instruction.
3. Please also report the last contributions for the employees who have been terminated or will be terminated within the said payroll period on the RS. For the purposes of complying with both the Employment Ordinance (Cap.57) and the MPFS Ordinance (Cap 485), you are required to report the employee termination in the RS (if it does not involve any long service payment or severance payment) or by submitting a "Notice of Employee Termination" form (if it involves long service payment or severance payment) to Manulife on or before the tenth day after the last day of the calendar month within which the employees cease employment. Failure to report the employee termination or last contribution may constitute incomplete termination instructions which will not be processed until they are received in entirety by Manulife.
4. Please separately report the contribution surcharge data on the "Remittance Statement for Surcharge". You can download the "Remittance Statement for Surcharge" from our website www.manulife.com.hk or call 21081234 for a fax copy.
5. By submitting the RS, the Employer has agreed that Manulife shall have the right not to act in accordance with the RS or any part of it in respect of any employee under any of the following circumstances:
 - a) if there is outstanding contribution for any previous payroll period;
 - b) if a Calculation Discrepancy Report is being issued in respect of any employee; or
 - c) if the enrolment form of the corresponding employee has not yet been received and processed by Manulife;and provided that Manulife shall not be liable for any loss or damage due to late allocation in exercising such a right.
6. The RS is used solely for processing contributions. If you wish to make any change to other information, please use other forms as specified by Manulife.
7. Please indicate your cheque number on the "Remittance Statement" and "Payment Slip" before submission. If incomplete instruction is provided, the relevant payment may be used by Manulife to offset any outstanding contributions starting from the earliest payroll period(s) or future contributions in respect of the relevant MPF sub-scheme at such time as Manulife deems appropriate; and Manulife will not be responsible for any possible investment loss/gain caused as a result.

Default Contribution

1. In accordance with the MPFS Ordinance, Employers are required to report and make contributions for all eligible employees to trustee on or before the contribution day. To avoid any possible surcharge or penalty, you are reminded to submit the required information and payment within the statutory timeframe.

The Chinese version is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.

中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

Remittance Statement for New Employee

新僱員付款結算書

Please ensure you read the below notes before completing this form.

填寫本結算書前，請細閱下列事項。

- | | |
|---|---|
| (1) This form is used to report contributions for a Non-Casual Employee who has completed 60 days of employment and is only applicable to employers who are using the Remittance Statement method to report contributions.
(2) This Remittance Statement can be processed by Manulife only if you have submitted an "Employee Enrolment Form" for the new employee concerned. Employer has to submit an Employee Enrolment Form to enrol the new employee before the end of the permitted period (i.e. within the first 60 days of employment).
(3) If the date of employment of this employee appearing in this "Remittance Statement" is different from that in the "Employee Enrolment Form", Manulife shall take the "Employee Enrolment Form" as the true record of date of employment for such an employee.
(4) Please report the exact contribution amount for this employee and input "0" if there is nil relevant income for the specified payroll period.
(5) This form should be submitted within 10 days after the last day of the calendar month in which the 60 th day of employment falls.
(6) Payroll period is the period for which an employer pays relevant income to the employee. Employers have to contribute for their employees from the date of employment. Employees have to start contribution after the payroll period that the 30 th day of employment falls. Please state the start date of the payroll period instead of the date of employment for the first contribution. | (1) 本結算書僅適用於申報受僱滿60日的非臨時僱員之供款資料。並只適用於以付款結算書申報供款的僱主。
(2) 僱主必須先遞交有關新僱員的「僱員參加表格」，宏利收到後才可處理此付款結算書。僱主須於登記限期(即受僱第60日)前遞交僱員參加表格，以便為新僱員登記。
(3) 若此僱員在本結算書上所載的受僱日期與「僱員參加表格」上的受僱日期有異，宏利將以「僱員參加表格」上所載的資料為準。
(4) 請為此僱員填報正確供款銀碼。如此僱員在所述支薪期並無「有關入息」，請於該欄填上「0」。
(5) 此表格須於該僱員受僱第60日所在公曆月完結後的10日內遞交。
(6) 支薪期指僱主向僱員支付有關入息的期間。僱主須由僱員受僱日開始供款。僱員須由其受僱的第30日所在的支薪期後開始供款。請註明第一期供款起始日，而非受僱日。 |
|---|---|

(1) Employer (Company) Name : 僱主 (公司) 名稱 _____

(2) Sub-Scheme No. : 附屬計劃編號 _____ (3) Sub-Scheme Member's HKID No. : 附屬計劃成員身分證號碼 _____ (____)

(4) Name of Sub-Scheme Member (Employee) : (as shown on ID Card) 附屬計劃成員 (僱員) 姓名 (必須與身分證相同) _____

(5) Employment Date : 受僱日期 _____

Surname in English 英文姓氏 _____ Other Name in English 英文名字 _____ Name in Chinese 中文姓名 _____ dd 日 / mm 月 / yyyy 年

(6) Has this member been employed by your company before? 此成員是否曾經受僱於貴公司?
 Yes 有 No 無

(7) Contribution details to cover all contributions due are as follows: 到期申報的所有供款資料如下:

Payroll Period (dd/mm/yyyy) 支薪期 (日/月/年)		Relevant Income 有關入息	Member Mandatory Contribution 成員強制性供款	Employer Mandatory Contribution 僱主強制性供款	Member Voluntary Contribution* 成員自願性供款*	Employer Voluntary Contribution* 僱主自願性供款*
From 由	To 至					
Total 合共						
Total contributions for this Remittance Statement 此付款結算書的供款總額:			HK\$			

* Complete only if your sub-scheme has voluntary contribution provisions. * 只適用於有自願性供款條款的附屬計劃。

Please provide the following information if you pay by cheque. 如以支票付款，請提供以下資料：

Name of bank 銀行名稱: _____ Cheque No. 支票號碼: _____ Cheque Amount 支票金額: _____

I/we confirm that I/we have read and understood the full details on this remittance statement and agree to abide by the rules stated herein.
 本人/吾等確認經已細讀及明白此付款結算書之詳情，並同意遵守所述的規則。

Authorised Signature and Company Stamp
 獲授權人士簽署及公司印章

Name & Title (in Block Letters)
 姓名及職銜 (正楷)

Date
 日期



僱主每月資料報表 / 付款結算書 - 重要事項

聯絡資料 - 如未有收訖僱主每月資料報表 / 付款結算書，請致電下列之客戶服務熱線。

1. 客戶服務熱線：(852) 2108 1234
2. 傳真熱線：(852) 2104 3504
3. 宏利網站：<http://www.manulife.com.hk>，請利用印在帳戶報表上方的宏利客戶號碼，立刻登入我們為您而設的僱主網上服務，查詢有關強積金的最新資料及貴公司之帳戶狀況。

郵寄地址

1. 香港郵政總局郵箱12246號

付款方法

自動轉帳

1. 每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金額。如需登記，請即致電客戶服務熱線 (852) 2108 1234。

支票

1. 請將註明支付「宏利公積金信託有限公司」之劃線支票及付款回條直接寄交宏利之中央收集處 - 香港郵政總局郵箱12246號。
2. 請於支票背面填寫閣下之附屬計劃編號。
3. 宏利之服務中介人並未獲授權代宏利收取強積金支票及付款結算書。如閣下選擇要求服務中介人代為向宏利遞交上述文件，敬希留意此等安排乃閣下與該中介人之間之私下協議，宏利並不牽涉其中。

付款結算書注意事項

1. 請為所有僱員填報正確供款金額。如該僱員於支薪期內並無「有關入息」，請於該欄填上「0」。
2. 如任何填報之「合共」總數與所有成員之有關供款數額之總和不符，則各自成員之個別供款數據將被視作僱主之最後指示。
3. 如在「付款結算書」上所註明之支薪期內有僱員離職，請於該付款結算書內填報其最後供款。為符合僱傭條例(第57章)及強制性公積金計劃條例(第485章)之規定，僱主必須在僱員終止受僱日期所屬的公曆月完結後10日內為有關離職僱員於「付款結算書」(如不涉及長期服務金或遣散費之安排)或「僱員終止受僱通知書」(如涉及長期服務金或遣散費之安排)上提供有關終止受僱資料予宏利。在未收妥僱員終止受僱通知及最後供款前，宏利並不會處理其終止受僱事宜。
4. 請使用「付款結算書供繳付附加費之用」填報供款附加費資料。閣下可經宏利網頁www.manulife.com.hk下載或經2108 1234以傳真索取「付款結算書供繳付附加費之用」。
5. 當僱主提交「付款結算書」，亦即表示同意宏利有權在任何僱員出現下列情況時，不按照該結算書或其中任何部分而行事：
 - a) 如有欠交之前任何支薪期的供款；
 - b) 宏利曾就任何僱員發出計算差異報告；或
 - c) 宏利尚未接獲及處理該僱員之參加表格；如因行使此項權利而出現延遲供款分配並引致任何損失及損害，宏利概不負責。
6. 「付款結算書」只作處理供款之用，請以宏利指定的表格申報或更改其他資料。
7. 在遞交「付款結算書」及「付款回條」前，請謹記於該兩份文件上註明支票號碼。如指示不足，有關付款將可能於宏利認為適當時，被用作抵銷有關強積金附屬計劃之尚欠供款(由最早之支薪期開始)或將來供款；宏利亦不會就因指示不足而導致任何延誤供款分配所帶來之投資損失 / 獲益而負責。

逾期供款

1. 按強制性公積金計劃條例要求，僱主必須於供款日前就所有合資格員工向受託人提供供款資料及作出供款。為免被徵收附加費或被判罰款，請貴公司於法定時間內儘早提供所需資料及安排繳交所需供款。

Employer Monthly Package / Remittance Statement - Important Notes

Contact Information - For non-receipt of the Employer Monthly Package / Remittance Statement, please call our Customer Hotline as below.

1. Customer Hotline : (852) 2108 1234
2. Fax : (852) 2104 3504
3. Website : <http://www.manulife.com.hk>, with your MCN on the top right hand corner of your "Account Statement", visit our employer website to obtain the most updated information on MPF and check your latest account status NOW.

Mailing Address

1. P.O. Box 12246, General Post Office, Hong Kong

Payment Methods

Autopay :

1. Direct debit from your designated bank account upon receiving your contribution data. To enroll, call our Customer Hotline (852) 2108 1234 NOW.

By Cheque :

1. Please detach and return the "Payment Slip" and your crossed cheque made payable to "Manulife Provident Funds Trust Company Limited" to our central collection channel at P.O. Box 12246, General Post Office, Hong Kong.
2. Write your Sub-Scheme no. on the back of your cheque(s).
3. Intermediaries are not authorized to receive MPF cheques and remittances on behalf of Manulife. If you choose to request the intermediary to deliver the same to Manulife on your behalf, please be reminded that this will purely be a personal arrangement between you and the intermediary concerned, and Manulife will not be involved in relation to such arrangement.

Notes for Using Remittance Statement ("RS")

1. Please report the exact contribution amount for ALL employees and input "0" for those employees with nil relevant income for the payroll period.
2. If any amount of the "Total" does not match with the sum of the corresponding amount for all the members, the individual amount indicated for each respective member will be taken as the employer's final instruction.
3. Please also report the last contributions for the employees who have been terminated or will be terminated within the said payroll period on the RS. For the purposes of complying with both the Employment Ordinance (Cap.57) and the MPFS Ordinance (Cap 485), you are required to report the employee termination in the RS (if it does not involve any long service payment or severance payment) or by submitting a "Notice of Employee Termination" form (if it involves long service payment or severance payment) to Manulife on or before the tenth day after the last day of the calendar month within which the employees cease employment. Failure to report the employee termination or last contribution may constitute incomplete termination instructions which will not be processed until they are received in entirety by Manulife.
4. Please separately report the contribution surcharge data on the "Remittance Statement for Surcharge". You can download the "Remittance Statement for Surcharge" from our website www.manulife.com.hk or call 21081234 for a fax copy.
5. By submitting the RS, the Employer has agreed that Manulife shall have the right not to act in accordance with the RS or any part of it in respect of any employee under any of the following circumstances:
 - a) if there is outstanding contribution for any previous payroll period;
 - b) if a Calculation Discrepancy Report is being issued in respect of any employee; or
 - c) if the enrolment form of the corresponding employee has not yet been received and processed by Manulife;and provided that Manulife shall not be liable for any loss or damage due to late allocation in exercising such a right.
6. The RS is used solely for processing contributions. If you wish to make any change to other information, please use other forms as specified by Manulife.
7. Please indicate your cheque number on the "Remittance Statement" and "Payment Slip" before submission. If incomplete instruction is provided, the relevant payment may be used by Manulife to offset any outstanding contributions starting from the earliest payroll period(s) or future contributions in respect of the relevant MPF sub-scheme at such time as Manulife deems appropriate; and Manulife will not be responsible for any possible investment loss/gain caused as a result.

Default Contribution

1. In accordance with the MPFS Ordinance, Employers are required to report and make contributions for all eligible employees to trustee on or before the contribution day. To avoid any possible surcharge or penalty, you are reminded to submit the required information and payment within the statutory timeframe.

The Chinese version is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.

中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

Manulife Global Select (MPF) Scheme Employee Enrolment Form
宏利環球精選(強積金)計劃僱員參加表格


Notes :

- (1) **THIS FORM MUST BE ISSUED IN CONJUNCTION WITH THE OFFERING DOCUMENT. PLEASE READ IT CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE ASK YOUR MANULIFE MPF INTERMEDIARY FOR THE OFFERING DOCUMENT IF YOU DO NOT HAVE ONE.**
- (2) Please complete this form in BLOCK LETTERS and tick the appropriate boxes.
- (3) Please initial next to any corrections you make on this form.
- (4) Information items provided under Part A to D are collected to enable our company to manage and update member particulars for the purpose of administering the Scheme. You are required to supply the information under these Parts and failure to do so may result in your enrolment being delayed.
- (5) It is voluntary for you to supply the information items under Part E.
- (6) By writing to the customer service department of your scheme administrator, you can correct and have access to your personal data. You can also choose not to receive any marketing materials and request for destructions of any optional information supplied.
- (7) Membership termination by the trustee or by the member can be effected in accordance with section 4.11 of the Offering Document.

注意事項：

- (1) 本表格須連同銷售文件一併發出。填寫本表格前，請細閱該文件。如閣下沒有該文件，請向本公司之強積金中介人索取。
- (2) 請用正楷填寫本表格，並在適當空格內加✓號。
- (3) 如須作出任何刪改，請於刪改之位置旁簽署。
- (4) 本公司於收集A至D部分之資料之目的在於處理及更新成員資料以便管理計劃。敬請提供此部分之資料，否則閣下參加計劃之申請或會因此而延誤。
- (5) 閣下可自行決定是否提供E部分資料。
- (6) 閣下可以書面向計劃管理人之客戶服務部更改及查閱閣下之個人資料，閣下亦有權拒絕接收任何宣傳推廣資料，及要求銷毀任何已提供之非必要資料。
- (7) 受託人或成員可根據銷售文件第4.11章所述終止有關成員帳戶。

(1) Employer (Company) Name: 僱主(公司)名稱	
(2) Sub-Scheme No. (Not Applicable at Sub-Scheme Inception): 附屬計劃編號 (並不適用於新成立附屬計劃)	(3) Member Account No. (if Applicable): 成員帳戶號碼 (如適用)

A. Personal Information (Must be verified by the Employer)
個人資料 (必須由僱主核實)

- (1) Name: (as shown on HKID Card / Passport)
姓名 (必須與香港身份證/護照相同)

Surname in English 英文姓氏

Other Name in English 英文名字

Name in Chinese 中文姓名

- (2) Date of Birth :
出生日期
- _____ / _____ / _____
dd 日 / mm 月 / yyyy 年

- (3) Date of Employment :
受僱日期
- _____ / _____ / _____
dd 日 / mm 月 / yyyy 年

- (4) Sex : M 男
性別 F 女

- (5) HKID No. : _____ (_____)
香港身份證號碼
- Passport No. : _____
護照號碼
(ONLY for person without HKID Card 只供沒有香港身份證的人士填寫)

- (6) Residential Address : (all correspondence will be sent to the following address)
住址 (所有通訊將寄往以下地址)

Room / Flat 室 Floor 樓 Block 座 Name of Building 大廈名稱

Name of Estate 屋苑名稱

Street No. / Street Name 街道號碼 / 街道名稱

 H.K. 香港 KLN. 九龍 N.T. 新界 Others 其他 _____

District 區域

The contact information applies to all of your existing products / services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee / custodian services.

閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為本公司提供信託 / 託管服務的公司於香港及澳門所提供的產品 / 服務上。

 To apply above address to this member account only, please "✓" this box. 如以上地址只適用於此成員帳戶，請在方格內填上「✓」號。

- (7) Business Tel. No. : _____
公司電話號碼

- (8) Extension : _____
內線

- (9) Fax No. (if any) : _____
傳真號碼 (如有)

- (10) Residential Tel. No. : _____
住宅電話號碼

- (11) Mobile Phone No. : _____
手提電話號碼

- (12) Email Address (if any) : _____
電郵地址(如有)

For office use only 職員專用： ID


B. Investment Choice (Contribution Investment Instruction) 投資選擇 (供款投資指示)

Fund Name	基金名稱	Fund Account Code 基金代號	Allocation of Mandatory Contribution 強制性供款分配率	Allocation of Voluntary Contribution 自願性供款分配率
Manulife MPF Interest Fund	宏利 MPF 利息基金	DHK121	%	%
Manulife MPF Stable Fund	宏利 MPF 穩健基金	SHK122	%	%
Manulife MPF Growth Fund	宏利 MPF 增長基金	SHK123	%	%
Manulife MPF Aggressive Fund	宏利 MPF 進取基金	SHK124	%	%
Manulife MPF Conservative Fund	宏利 MPF 保守基金	SHK125	%	%
Manulife MPF Hong Kong Equity Fund	宏利 MPF 香港股票基金	SHK126	%	%
Manulife MPF International Equity Fund	宏利 MPF 國際股票基金	SHK127	%	%
Manulife MPF Pacific Asia Equity Fund	宏利 MPF 亞太股票基金	SHK128	%	%
Manulife MPF European Equity Fund	宏利 MPF 歐洲股票基金	SHK129	%	%
Manulife MPF North American Equity Fund	宏利 MPF 北美股票基金	SHK130	%	%
Manulife MPF Japan Equity Fund	宏利 MPF 日本股票基金	SHK131	%	%
Manulife MPF Hong Kong Bond Fund	宏利 MPF 香港債券基金	SHK132	%	%
Manulife MPF International Bond Fund	宏利 MPF 國際債券基金	SHK133	%	%
Manulife MPF Fidelity Growth Fund	宏利 MPF 富達增長基金	SHK134	%	%
Manulife MPF Fidelity Stable Growth Fund	宏利 MPF 富達平穩增長基金	SHK135	%	%
Manulife MPF China Value Fund	宏利 MPF 中華威力基金	SHK136	%	%
Manulife MPF Healthcare Fund	宏利 MPF 康健護理基金	SHK137	%	%
Manulife MPF 2015 Retirement Fund*	宏利 MPF 2015 退休基金*	SHK138	%	%
Manulife MPF 2020 Retirement Fund*	宏利 MPF 2020 退休基金*	SHK139	%	%
Manulife MPF 2025 Retirement Fund*	宏利 MPF 2025 退休基金*	SHK140	%	%
Manulife MPF 2030 Retirement Fund*	宏利 MPF 2030 退休基金*	SHK141	%	%
Manulife MPF 2035 Retirement Fund*	宏利 MPF 2035 退休基金*	SHK142	%	%
Manulife MPF 2040 Retirement Fund*	宏利 MPF 2040 退休基金*	SHK143	%	%
Manulife MPF 2045 Retirement Fund*	宏利 MPF 2045 退休基金*	SHK144	%	%
Manulife MPF Hang Seng Index Tracking Fund	宏利 MPF 恒指基金	SHK145	%	%
Manulife MPF Pacific Asia Bond Fund	宏利 MPF 亞太債券基金	SHK146	%	%
		Total 合共	100 %	100 %

A minimum of 5% (whole numbers) is required for each selected fund. The contribution percentages must add up to 100%. Please fill in the "Allocation of Voluntary Contribution" column irrespective of whether you have any voluntary contributions for the time being. All voluntary contribution set up now or in future will be invested in accordance with this allocation instruction or any "Allocation of Voluntary Contribution" instructions given in future.

In the event of (i) invalid, unclear or incomplete instructions including amendments which are not properly initialed; or (ii) no instruction is being provided above; or (iii) employee's signature does not appear under Part C below, the following will be your Contribution Investment Instructions:

(a) all mandatory contributions will be invested in the Manulife MPF Interest Fund until completion of the processing of any further Contribution Investment Instructions received by Manulife.

(b) all voluntary contributions will be invested in accordance with the "Allocation of Mandatory Contribution" instructions in the Contribution Investment Instructions given at the time when the member record was set up.

每項所選之基金之最低分配率為百分之五(必須為整數)。供款分配率之總和必須等於百分之一百。不論閣下有否自願性供款,仍請填寫「自願性供款分配率」一欄,宏利將會依據此欄的指示或任何將來作出的「自願性供款分配率」的指示對現在或將來的自願性供款進行投資分配。
如(i)所註明的供款分配率指示不符合規定、不清晰、不完整,包括於刪改處沒有簽署作實;或(ii)沒有註明任何供款分配率指示;或(iii)於下列C部份並沒有僱員簽署,則閣下之供款投資指示將設定如下:

(a) 所有強制性供款將會全數投資於宏利MPF利息基金,直至宏利接獲並完成處理閣下的進一步供款投資指示。

(b) 所有自願性供款將根據設立成員記錄時所作的供款投資指示內的「強制性供款分配率」進行投資分配。

Except as otherwise stated in the Offering Document, accrued benefits transferred from accounts of another MPF scheme for mandatory contributions will be treated as mandatory contributions whereas accrued benefit transferred from accounts of another MPF scheme for voluntary contributions will be treated as voluntary contributions. Accrued benefit transferred from your last registered Occupational Retirement Scheme to this MPF scheme will be treated as voluntary contributions whereas any minimum MPF benefit transferred from your last registered Occupational Retirement Scheme will be treated as mandatory contributions.

除非於銷售文件內另有訂明,閣下的前強積金計劃之強制性供款累積權益將被轉移至此計劃的強制性供款部份內,而前強積金計劃之自願性供款累積權益則將被轉移至此計劃的自願性供款部份內。閣下的前註冊職業退休計劃轉移至此強積金計劃的累積權益將被視作自願性供款,但其中的任何最低強積金利益則被視作強制性供款。

* The Manulife MPF 2015 Retirement Fund, the Manulife MPF 2020 Retirement Fund, the Manulife MPF 2025 Retirement Fund, the Manulife MPF 2030 Retirement Fund, the Manulife MPF 2035 Retirement Fund, the Manulife MPF 2040 Retirement Fund and the Manulife MPF 2045 Retirement Fund will close on their maturity dates as defined in the Offering Document. Details on any special procedures in handling contribution investment instructions or other instructions to subscribe or redeem units of these funds due to fund maturity can be found in the latest Offering Document.

* 宏利MPF 2015退休基金、宏利MPF 2020退休基金、宏利MPF 2025退休基金、宏利MPF 2030退休基金、宏利MPF 2035退休基金、宏利MPF 2040退休基金及宏利MPF 2045退休基金將於銷售文件內所定義的期滿日結束,請參閱最新的銷售文件以了解因基金期滿就處理該等基金的供款投資指示、或其他認購或贖回單位的特別程序。

C. Declaration 聲明

It is hereby DECLARED, UNDERSTOOD AND AGREED that:

While being a member of the scheme, I shall be bound by the provisions of the Master Trust Deed and its Rules.

I have read all the notes on this form. All information supplied hereunder together with any subsequent alterations thereof will be accurate and can be used for the purpose of enabling your Company/associated companies to provide administration services and to supply product/service information to me, through intermediaries, direct marketing or otherwise, subject to the applicable law and regulation, including the Mandatory Provident Fund Schemes Ordinance. The scheme administrator will be authorized to collect any updated information from me.

These information may be transferred to other division(s) within Manulife, the relevant approved trustees or other parties including delegates, intermediaries or any service providers of Manulife or the relevant approved trustees, for the above purpose(s) or for a purpose directly related to the above purpose(s). All data processes may involve transfer of information to places either within or outside the Hong Kong Special Administrative Region.

The Mandatory Provident Fund Schemes Authority and other regulatory bodies in any jurisdiction shall be authorized to inspect any of my information under the scheme.

I hereby authorize my employer to obtain from me any updated information and / or any additional information that are reasonably required by your Company to administer the Sub-Scheme and to provide the same to your Company to enable your Company to administer the Sub-Scheme. The said information may be treated by your Company in the same manner as those mentioned above in this Enrollment Form.

My employer may from time to time agree with me in respect of any changes and your Company is hereby authorized to accept any instruction given by my employer to update / amend the governing rules (including but not limited to any change in vesting scale) and / or to terminate the participation in the scheme and/or to transfer any accrued benefit to another provident fund scheme provider.

I undertake that if there is any change in the information provided, I shall notify your Company as soon as reasonably practicable.

I understand that I should seek professional advice from a qualified investment consultant before making any investment decision. I hereby declare that the investment decision indicated hereinabove in Part B has been reached as a result of my own independent judgement and opinion.

本人明白,同意並謹此聲明:

本人作為計劃成員,將受集信託契約之規定及條例所管限。

本人已閱讀本表格之所有注意事項。本人於本表格內提供之資料及其後之修訂均正確無誤,並可供貴公司/聯營公司使用以提供管理服務,及透過中介人、直接推廣或以其他方式向本人提供產品/服務資訊。有關資料的使用將受適用法律及條例(包括強制性公積金計劃條例)所規範。計劃管理人亦將獲授權向本人收集任何更新資料。

所提供的資料可轉移予宏利內其他部門、有關核准受託人或其他人士/團體,包括宏利或有關核准受託人的受委託者、中介人或任何服務提供者,以達上述目的,或直接與上述目的有關的目的。所有資料處理過程或會涉及資料轉移至香港特別行政區及以外地區。

強制性公積金計劃管理局及任何司法管轄區的其他監管團體將獲授權查看計劃內任何本人之資料。

本人謹此授權僱主向本人索取或更新提供之資料及/或已提交予貴公司因管理附屬計劃而須取得之額外資料,並向貴公司提供該等資料以便貴公司管理附屬計劃。貴公司可按本表格所述,處理有關資料。

本人與僱主可以不時同意作出任何更改,及貴公司已獲授權接受本人之僱主所給予的任何指示以更新/修正管限規則(包括但不限於歸屬比例的變更)及/或終止參與計劃及/或轉移累積權益至另一公積金計劃提供機構。

本人承諾假使所提供的資料有任何更改,本人將於合理的切實可行範圍內盡快通知貴公司有關之改動。

本人明白本人在作出任何投資決定前,須先向合資格投資顧問尋求專業建議。本人特此聲明於B部分之投資決定,乃出於本人之獨立判斷及意見。

Employee's Signature 僱員簽署

(This signature shall also act as a specimen signature for future correspondence.

日後有關本計劃之簽署,將以此簽署樣式為準。)

Date 日期

D. Flexi Retirement Contribution 自選退休供款

The Manulife Global Select (MPF) Scheme provides facility for members to make Flexi Retirement Contribution (FRC) on voluntary basis. To help you choose the contribution type which is suitable for you, please refer to the Offering Document for details of the FRC account operation. 宏利環球精選(強積金)計劃提供途徑供成員以自願性質的形式作出自選退休供款。為使閣下選用合適的供款方式以切合需要，請參閱銷售文件以了解自選退休供款的帳戶運作詳情。

To set up an independent account for making additional voluntary contribution, please ensure that you have checked the box below. 如欲成立獨立的帳戶以額外作出自願性供款，請確保已「✓」以下的方格：

- Yes, I have completed the "Application for Participation in Manulife Global Select (MPF) Scheme (Flexi Retirement Contribution Member)" form. 是，本人已填妥「宏利環球精選(強積金)計劃申請表格(自選退休供款成員)」。

E. Optional Information 其他資料 (此項資料並非必要)

- | | | |
|---|--|---|
| <p>1. <u>Education Level 教育程度</u></p> <p><input type="checkbox"/> 1 Primary 小學</p> <p><input type="checkbox"/> 2 Secondary 中學</p> <p><input type="checkbox"/> 6 Matriculated / Post Secondary 預科 / 專科</p> <p><input type="checkbox"/> 3 Technical Institute 工業學院</p> <p><input type="checkbox"/> 7 College 專上學院</p> <p><input type="checkbox"/> 4 University or above 大學或以上</p> | <p>2. <u>Job Position 職位</u></p> <p><input type="checkbox"/> 2 Manager / Executive 經理 / 行政人員</p> <p><input type="checkbox"/> 1 Professional 專業人士</p> <p><input type="checkbox"/> 3 Sales Service 推銷員 / 服務員</p> <p><input type="checkbox"/> 5 Clerks / Secretary 文書 / 秘書</p> <p><input type="checkbox"/> 4 Technician / Worker 技術員 / 工人</p> | <p>3. <u>Marital Status 婚姻狀況</u></p> <p><input type="checkbox"/> 1 Single 單身</p> <p><input type="checkbox"/> 2 Married 已婚</p> |
|---|--|---|

Are you holding the following products or services?
你有否擁有下列產品或享用下列服務？

- | | |
|--|--|
| <p>4. <u>Individual Insurance 個人保險</u></p> <p><input type="checkbox"/> 01 Life 人壽保險</p> <p><input type="checkbox"/> 06 Disability Insurance 傷殘保險</p> <p><input type="checkbox"/> 07 Hospital / Medical 住院 / 醫療保險</p> | <p>5. <u>Investment Products 投資產品</u></p> <p><input type="checkbox"/> 80 Stock Investment 股票投資</p> <p><input type="checkbox"/> 81 Mutual Funds 互惠基金</p> <p><input type="checkbox"/> 82 Fixed Deposits 定期存款</p> |
|--|--|

F. To Be Completed By Employer
此欄由僱主填寫

- (1) Member Category 成員類別: 1 / 2 / 3 / _____
(only applicable for Sub-Schemes with different categories of voluntary contributions 只適用於有不同類別自願性供款之附屬計劃)
- (2) Payroll Frequency 支薪期
(If there is only 1 type of payroll frequency in your Sub-Schemes which also applies to this employee, please ignore this item.
如貴公司的附屬計劃只有一種支薪期並適用於此僱員，閣下毋須填寫此欄。)

		Payroll Period 每次支薪所包括之工作日期	
<input type="checkbox"/> Monthly 每月		From _____ to _____ 自第 _____ 日至第 _____ 日	
<input type="checkbox"/> Twice a month 每月兩次	1st 第一期 :	From _____ to _____ 自第 _____ 日至第 _____ 日	
	2nd 第二期 :	From _____ to _____ 自第 _____ 日至第 _____ 日	
<input type="checkbox"/> Every two weeks 每兩星期	starting day :	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
<input type="checkbox"/> Weekly 每星期	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	
<input type="checkbox"/> Others 其他 _____			

- (3) Tick the appropriate box below if the employee is one of the categories indicated
如僱員屬於任何以下類別，請在適當之空格內加"✓"號
- Casual employee 臨時僱員 (Y)
- Exempt person under Schedule 1 to the MPF Schemes Ordinance 強制性公積金計劃條例附表1上註明之獲豁免人士(E)
(Employer should inform Manulife by written notice when this employee is no longer an exempt person 當此僱員不再屬於獲豁免人士時，僱主須書面通知宏利)

I / We declare that I / we have verified the identification information of the applicant on this application form against the proper identification documents including the Hong Kong Identity Card issued by the government authority in accordance with the Registration of Persons Ordinance. In case the employee's signature is not provided under Part C, I / we declare that the information under Part A to E is supplied by the Employer on behalf of the employee where I am / we are not able to obtain employee's signature for timely submission of this application in compliance with statutory requirements and shall indemnify Manulife or its associated companies for all damages incurred by Manulife in reliance on the information provided. Manulife shall proceed to set up the member record accordingly, and all contributions will be invested into Manulife MPF Interest Fund.

本人 / 本人等聲明本人 / 本人等已核對此表格上的申請人載於合法身份證明文件內的資料，身份證明文件包括由政府機關依人事登記條例發出的香港身份證。如本表格之C部份並未載有僱員的簽署，而本人 / 本人等未能按法例要求依時取得僱員簽署，而代表僱員填寫A至E部份的僱員資料，則本人 / 本人等須為宏利及其聯營公司因相信 / 使用此資料而導致的任何損失負上其賠償責任。宏利亦將相應為成員設立記錄，而所有供款將投資於宏利MPF利息基金。

Authorized Signature and Company Chop
獲授權人士簽署及公司印章

Name & Title (in Block Letters)
姓名及職銜 (正楷)

Date
日期

Employer's Request For Fund Transfer Form 僱主資金轉移申請表

Sections 150 and 150A 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150及150A條

- | | |
|---|---|
| <p>(a) Please complete Form MPF(S)-P(E) at page 1 to page 2 and submit it to the new trustee after completion.</p> <p>(b) Please use BLOCK LETTERS to complete this Form and initial next to any corrections you make.</p> <p>(c) *means delete whichever is inappropriate. Please insert "N.A." if not applicable.</p> <p>(d) The information supplied by you in this Form can be used by Manulife, approved trustees and the Mandatory Provident Fund Schemes Authority ("MPFA") in activities relating to the processing of your election(s) of transfer as requested in this Form. The information may be transferred to other division(s) within Manulife, the relevant approved trustees or other parties including delegates, intermediaries or any service providers of Manulife or the relevant approved trustees, for such purpose(s) or for a purpose directly related to such purpose(s). All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region. You are required to supply the information in this Form and failure to do so may result in your transfer being delayed.</p> <p>(e) The MPFA and other regulatory bodies in any jurisdiction shall be authorized to inspect any information under the scheme.</p> <p>(f) By writing to the customer service department of your scheme administrator, you can correct and have access to your personal data.</p> | <p>(a) 請填妥載於第1頁至第2頁的第MPF(S)-P(E)號表格，並提交該表格予新受託人。</p> <p>(b) 請以正楷填寫本表格。如須作出任何刪改，請於刪改處旁簽署。</p> <p>(c) *請刪去不適用者。請在不適用處填上「不適用」。</p> <p>(d) 宏利、核准受託人及強制性公積金計劃管理局（簡稱「積金局」）可使用閣下於本表格提供的資料以處理閣下在本表格內要求的轉移選擇事宜。為達致該等目的，或與該等目的有關的目的，所提供的資料可轉移予宏利內其他部門、有關核准受託人或其他人士/團體，包括宏利或有關核准受託人的受委託者、強積金中介人或任何服務提供者。所有資料處理過程或會涉及資料轉移至香港特別行政區及以外地區。請提供本表格所需的資料，否則閣下之轉移申請或會因此而被延誤。</p> <p>(e) 積金局及任何司法管轄區的其他監管團體將獲授權查看計劃內的任何資料。</p> <p>(f) 閣下可以書面向計劃管理人之客戶服務部更改及查閱閣下的個人資料。</p> |
|---|---|

Section I – Type Of Transfer 第一部份 – 轉移類別

1. Please indicate your reason of transfer and ✓ as appropriate.
請說明轉移的原因，並於適當方格內填上✓號。
- Type 1 : Transfer to another MPF scheme under the SAME EMPLOYER
第1類：轉移至同一僱主的另一個強積金計劃
- Type 2 : Transfer to another/same MPF scheme participated by the NEW EMPLOYER (Please also complete the "Transfer of Accrued Benefits upon Intra-group Transfer/Change of Business Ownership Form" for each employee involved)
第2類：轉移至新僱主參與的另一 / 同一個強積金計劃（請同時就每名擬轉移權益的僱員填寫一份「有聯繫公司間或更改業務擁有權時之成員累算權益轉移表格」）

Section II – Details Of Existing Employer (For Type 1 Transfer) Or New Employer (For Type 2 Transfer) 第二部份 – 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. Name of employer ^{Remark 1} :
僱主名稱 ^{註1} _____
3. Name of contact person # :
聯絡人姓名 # _____
4. (a) Telephone number # : _____ (b) Mobile phone number # : _____ 5. Facsimile number # : _____
電話號碼 # _____ 手提電話號碼 # _____ 傳真號碼 # _____
6. Correspondence address #
通訊地址 # _____
- | | | | |
|---|---------|---------|--------------------------------------|
| Room / Flat 室 | Floor 樓 | Block 座 | Name of Building 大廈名稱 |
| Name of Estate 屋苑名稱 | | | Street No. / Street Name 街道號碼 / 街道名稱 |
| <input type="checkbox"/> H.K. 香港 <input type="checkbox"/> KLN. 九龍 <input type="checkbox"/> N.T. 新界 <input type="checkbox"/> Others 其他 | | | |
| District 區域 | | | |

[#] The contact information provided is for the sole purpose of following up on matters related to this transfer. If you would like to update your contact information, please submit the "Change of Employer Particulars" Form. 閣下所提供的聯絡資料只會用作與閣下跟進有關是項轉移之事宜。如欲更新聯絡資料，請另行提交「更改僱主資料表格」。

Section III – Fund Transfer Information 第三部份 – 資金轉移資料

7. Details of the original scheme from which accrued benefits ^{Remark 2} are to be transferred:
轉出累算權益 ^{註2} 的原計劃的資料
- Name of employer ^{Remark 3} in the original scheme :
原計劃的僱主名稱 ^{註3} _____
- Name of original trustee : Manulife Provident Funds Trust Company Limited 宏利公積金信託有限公司
原受託人名稱 Others (please specify) 其它 (請註明) : _____
- Name of original scheme : Manulife Global Select (MPF) Scheme 宏利環球精選(強積金)計劃
原計劃名稱 Manu-Lifestyle (MPF) Scheme 宏利寫意生活(強積金)計劃
 Others (please specify) 其它 (請註明) : _____
- Employer's identification number ^{Remark 4} :
(If the original scheme belongs to Manulife's MPF scheme, this number refers to employer's MPF sub-scheme number)
僱主識別號碼 ^{註4} : _____
(如原計劃屬宏利之強積金計劃，有關號碼指僱主強積金附屬計劃編號)
- Last contributions to original scheme should be paid up to (only applicable to Type 1 Transfer) ^{Remark 7} :
於原計劃的最後供款期之終結日（只適用於第1類轉移） ^{註7} : _____ dd 日 / mm 月 / yyyy 年
8. Do you wish to transfer the accrued benefits ^{Remark 2} of ALL employees participating in the original scheme? (please ✓ as appropriate)
閣下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)
- (a) Yes 是
(Note: Please select option (i) OR (ii) if (a) is chosen; if no option is selected, your sub-scheme will be handled in the same way as what is stated in option (i).)
(備註：如閣下選擇第(a)項，請選擇方案(i)或(ii)；如閣下沒有選擇任何方案，宏利將會按方案(i)所述的安排處理有關附屬計劃。)
- (i) Terminate the sub-scheme after all members' accrued benefits are transferred 在所有附屬計劃成員的累算權益轉移後終止計劃
- (ii) Retain the sub-scheme after all members' accrued benefits are transferred 在所有附屬計劃成員的累算權益轉移後仍保留計劃
- (b) No 否

For inquiries, please contact your MPF intermediary or call Manulife Employer Hotline on 2108 1234. 如有任何查詢，請聯絡閣下的強積金中介人或致電宏利僱主熱線2108 1234。

Completed form should be sent to the scheme administrator.
"Provident Funds Services, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong".
請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險(國際)有限公司公積金服務部」。



9. Details of the employee(s) whose accrued benefits ^{Remark 2} are to be transferred:
擬轉移累算權益^{註2}的僱員的詳細資料：

No. 編號	Name of employee 僱員姓名	HKID Card number ^{Remark 5} of employee 僱員的香港身份證號碼 ^{註5}
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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

10. Details of the new scheme to which accrued benefits are to be transferred ^{Remark 8} :
轉入累算權益的新計劃的資料^{註8}

Name of new trustee : Manulife Provident Funds Trust Company Limited 宏利公積金信託有限公司
新受託人名稱 Others (please specify) 其它 (請註明) :

Name of new scheme : Manulife Global Select (MPF) Scheme 宏利環球精選(強積金)計劃
新計劃名稱 Manu-Lifestyle (MPF) Scheme 宏利寫意生活(強積金)計劃
 Others (please specify) 其它 (請註明) :

Employer's identification number ^{Remark 4} :
(If the new scheme belongs to Manulife's MPF scheme, this number refers to employer's MPF sub-scheme number)
僱主識別號碼^{註4}
(如新計劃屬宏利之強積金計劃，有關號碼指僱主強積金附屬計劃編號)

Effective date of transfer (only applicable to Type 1 Transfer) ^{Remark 7} :
轉移開始生效日期 (只適用於第1類轉移)^{註7} : _____ / _____ / _____
dd 日 / mm 月 / yyyy 年

Section IV – Authorization And Declaration 第四部份 – 授權及聲明

1. I/We* declare that:
本人 / 我們* 聲明：

- (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
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) 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
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) 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.
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。

2. I/We* further declare that:
此外，本人 / 我們* 聲明：

- (a) I/We* have read the Notes to Transfer Benefits by Employer;
本人 / 我們*已閱讀《僱主轉移權益須知》的內容；
- (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;
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 / 我們有意就第三部份的僱員終止參與原計劃；
- (c) to the best of my/our* knowledge and belief, the information given in this Form is correct and complete;
盡本人 / 我們*所知所信，本表格所提供的資料正確及詳盡；
- (d) I/We* understand Manulife will only handle the asset transfer/termination processing from our original scheme for those members listed in section III (9) and/or on the attached list. Likewise, I/We* am/are obliged to clarify the employment status of members who are not on list, and liaise with the original provider for their respective enrollment/asset transfer/termination processes; and
本人 / 我們*明白，宏利只為本公司於第三部份第(9)項及 / 或附頁上所提供的成員名單而處理原計劃的資產轉移 / 終止程序。本人 / 我們*作為僱主，有責任澄清成員的僱傭身份，並就成員登記 / 資產轉移 / 終止程序與原供應商進行聯絡；及
- (e) The above transfer will have no detrimental effect on the accrued benefit of the employees. Manulife should not be liable for any breaches due to non disclosure of pertinent facts/information. I/We* undertake to indemnify Manulife on a full indemnity basis for any damages, losses or expenses suffered or incurred by Manulife by reason of or in any way occasioned by the said confirmation.
以上轉移將不會對僱員的累算權益構成損害。宏利並不因未披露相關事實 / 資料而構成任何違反。對於宏利因所述確認或其引起之任何理由而蒙受或招致的損害、損失或開支，本人 / 我們*保證向宏利作出全面的賠償。

Authorized Signature and Company Chop of Employer (if applicable) ^{Remark 6}
僱主的獲授權人簽署及公司印章 (如適用)^{註6}

Date
日期

Remarks 註釋

1. In case of transfer of accrued benefits of employees to the new scheme under a new employer, this refers to the new employer.
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. 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.
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. Leave it blank if it is the same as the name of the employer in section II(2).
如這個名稱與第二部份第(2)項的僱主名稱相同，則無須填寫此項。
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. sub-scheme number, 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). If you are in doubt of the number, please contact the relevant trustee.
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（例如附屬計劃編號、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）。如不清楚識別號碼，請聯絡有關受託人。
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.
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) 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.
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) If the employer is not a natural person, this Form may be signed by any person authorized to sign on behalf of the employer.
假如僱主並不是自然人，本表格可由任何獲授權人士代表僱主簽署。
7. In case of Type 2 transfer, if the specified date on this Form is different from that indicated on the "Transfer of Accrued Benefits upon Intra-group Transfer/Change of Business Ownership Form", the date indicated on the latter form will be taken for effecting the transfer of your employee(s).
有關第2類轉移，倘本表格上所註明的日期與「有聯繫公司間或更改業務擁有權時之成員累算權益轉移表格」上所列明的轉移生效日期不同，則將以後者所列明的日期作處理有關僱員的轉移。
8. If the transfer is effected from the Manu-Lifestyle (MPF) Scheme to the Manulife Global Select (MPF) Scheme or effected within the same scheme (the Manu-Lifestyle (MPF) Scheme or the Manulife Global Select (MPF) Scheme), please refer to the latest offering document for details.
請參閱最新的銷售文件，以瞭解由宏利寫意生活（強積金）計劃轉移至宏利環球精選（強積金）計劃或於同一計劃內（宏利寫意生活（強積金）計劃或宏利環球精選（強積金）計劃）轉移的詳情。

Notes To Transfer Benefits By Employer 僱主轉移權益須知

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

1. Definition of terms :
用詞定義：
 - (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.
「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）的帳戶。
 - (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.
「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」）— 指轉出僱員的累算權益的強積金計劃的受託人。
 - (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.
「新受託人」（在《規例》中亦稱「承轉受託人」）— 指轉入僱員的累算權益的強積金計劃的受託人。如閣下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) "Original scheme" - the MPF scheme from which the accrued benefits of the employees are to be transferred.
「原計劃」— 指轉出僱員的累算權益的強積金計劃。
 - (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.
「新計劃」— 指轉入僱員的累算權益的強積金計劃。如閣下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. 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.
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. 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.
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. 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.
請確保閣下已參加並安排閣下的僱員登記參加新計劃。否則閣下在向新受託人提交第MPF(S) - P(E)號表格之前，便須參加並安排閣下的僱員登記參加該計劃。
5. Please complete Form MPF(S) - P(E) carefully as the administration procedures taken by the trustees may not be reversible.
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. 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.
若閣下在第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閣下的權益轉移要求。
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.
新計劃的資料載於該計劃的要約文件，此等資料將有助閣下決定是否把累算權益轉移至該計劃。閣下可向新受託人索閱該要約文件。
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.
如欲就轉移選擇作出查詢或尋求協助，請聯絡閣下的原受託人或新受託人。閣下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。

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。

