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





重要事項 Important Notes:

- 1. 本表格應該與永明彩虹強積金計劃 ("本計劃") 最新版本的《強積金計劃說明書》—併閱讀。This form should be read in conjunction with the latest version of the MPF Scheme Brochure of Sun Life Rainbow MPF Scheme (the "Scheme").
- 2. 如成員對本表格、《強積金計劃說明書》或信託契據的內容有疑問,應該諮詢律師、會計師或其 他財務顧問。If the member is in doubt about the contents of this form, the MPF Scheme Brochure or the Trust Deed, you should consult your solicitor, accountant or other financial advisors.
- 3. 請用正楷填寫本表格,並在適當空格內加 (✓) 號。Please complete this form in BLOCK LETTERS and tick the appropriate boxes.
- 4. 如須作出任何刪改,請於刪改之位置旁簽署,而該簽署必須與第三部份之成員簽署相同。Please countersign next to any corrections you make on this form with the same member signature as shown in Section III.



*101007008H

第一	部分 SECTION I	全僱資料 EMPLOYMENT INFORMATION (由僱主填	寫 TO BE COMPLETED BY THE EMPLOYER)				
Name 僱主編	主名稱 of Participating Employer 號 (如已提供) yer Code (if provided)		"僱主 The Employer"				
	ɪ心編號 ting Centre Code						
	號 (如有) No. (if any)						
,	別 (如有) er Class (if any)						
受僱日	1 f ff						
Date o 服務年 Vestin	of Employment 資起計日 g Start Date	日/月/年 DD/MM/YYY 日/月/年 DD/MM/YYY 須填寫。Complete only if Employer will make voluntary contributions to the	Υ				
	僱員類別 Employee Type 請在適當的方格內填上 (ぐ)。 Please put a tick (ぐ) in the appropriate box. 如留空此部分,僱員將被視為「普通僱員」。 If this section is left blank, employee will be assumed as "Regular Employee".						
	普通僱員 Regular Employee	□ 現職僱員 (新參加永明彩虹 Existing Employee (Newly	強積金計劃) joined the Sun Life Rainbow MPF Scheme)				
	內部調職 ^{備註 1} Intra-group Transfer ^{Note1}	□ 受僱於飲食業或建造業的監 Casual Employee ^{Note2} in ca	部時僱員 ^{備註2} atering or construction industries				
		制性公積金計劃條例例表 1。) Schedule 1 of the Mandatory Provident Fund Schemes Ordinance	e of the Exempt Person for details)				
	海外僱員 ^{應註 3} Expatriate Employee ^{Note3} 工作簽證	日/月/年 DD/MM/YYYY 读出日期 Employment Visa Issue Date					

備註 Notes

- 1. 請另行填寫聯繫公司或更改業務擁有權之成員累算權益轉移及僱主資金轉移表格。 Please complete a separate Transfer Of Accrued Benefits Upon Intra-Group Transfer/Change Of Business Ownership and Employer's Request for Fund Transfer Form.
- 2. 「臨時僱員」是指受僱於飲食業或建造業,並由僱主按日僱用或僱用期少於六十日的短期僱員。 "Casual Employee" refers to any person employed in the catering or construction industries or by an employer on a day-to-day basis or for a fixed period of less than 60 days.
- 3. 海外僱員是指任何已獲發工作簽證准許在香港工作的海外人仕。強制性供款將於工作簽證發出日期起計第 13 個月開始。有關詳情請查閱積金局指引 IV.15「有關《強制性公積金計劃條例》第(4)3 條下獲豁免人士的指引」。Expatriate Employees refers to any person who has been granted an employment visa for permission to work in Hong Kong. Mandatory contribution will start after 13 month from the employment visa issue date. Please refer to MPFA Guidelines IV. 15 "Guidelines on Person Exempt under section 4(3) of the Mandatory Provident Fund Schemes Ordinance" for details.

第二部分 SECTI	ON II 成	科資員	MEMBE	R INFO	RMATIO	N (由成員	填寫 TO BE C	OMPLETED BY THE	: MEMBER)
成員姓名 Name of Member (英文 English)	 (姓 Surnam								
(須與香港身份證/護!	【 】 (名 Given 强上的相同 n	,	me as HKID	/ Passpo	rt)	<u> </u>			
成員姓名 Name of Member (中文 Chinese)									
(須與香港身份證/護	(姓 Surna AL的相同 n	,	me as HKIC	/ Passpo	ort)	(名 Given Nar	me)	
稱銜 Title	□ 先生 M□ 女士 M				出生日期 ^{備註} Date of Birt	h ^{Note4}	/	_//	日/月/年 DD/MM/YYYY
身份證明文件 Identity Document	_	份證號碼 H 碼 Passpor		景號碼 <u>僅供</u> >	沒有香港身份	證的成員填寫	; Passport No. is	នapplicable <u>ONLY</u> for me	ember without HKID Card)
			111			1 1 1	1 1 1		
國籍 Nationality									
	* Please provid	de your Hong	Kong mobile	no. and/or	email addres	s if you wish t	to enjoy the e-Alei	示服務只發送至香港手提電 rt, online services and 24-h ile number only. ***	
電話號碼 Telephone No.	手提電話 Mobile	 地區號碼 Co	untry Code					J	
		 地區號碼 Co	untry Code					_	
	公司 Office	 地區號碼 Co	untry Code						
電郵地址 Email Address									
如成員的香港身份證 員的出生日期亦同樣 other form of identific birthday. Likewise, if	4. 如成員的香港身份證上只有出生年份,而沒有其他證件證明成員的實際出生日期(例如出生證明書或護照),我們將以該年之 12 月 31 日作為成員的出生日期。同樣,如成員的香港身份證上只有出生年份和月份而沒有註明有關日子,我們將以有關月份的最後一天作為成員的出生日期。請注意,若成員沒有填寫日子及或月份,成員的出生日期亦同樣依據以上規定,即定為該月的最後一天或 12 月 31 日。 If the member's HKID Card only contains the year of birth and the member has no other form of identification to prove the exact date of birth (e.g. Birth Certificate or Passport), we shall adopt 31 December as the day and month of the member's birthday. Likewise, if the member's HKID Card contains only year and month but not the date of birth, we shall adopt the last day of the month as the member's birthday. If the member leaves the day and/or month blank, we shall follow the above rules to adopt the member's date of birth as the last day of that month or 31								
住址 Residential Ad	Idress (不擅	妾受郵政信	箱 P.O. B	ox will N	OT be acc	epted)			
只需提供中文 <u>或</u> 英文地址	Please prov	ide either C	hinese <u>OR</u> E	nglish add	dress below:				
	室		樓			座			
大廈/屋邨									
門牌號碼及街道名稱									
地區/城市									
	□ 香港		1龍	新界	■ 離島	1	中國 (深圳)	中國(其他)
	□ 國家								

	Flat / Room Floor Block
Building / Estate	
Number and Name of Street	
District Area / City	
	☐ Hong Kong ☐ Kowloon ☐ New Territories ☐ Outlying Islands ☐ China (Shenzhen) ☐ China (others)
	□ Country
	ence Address (如與住址不同 If different from Residential Address)
只备提供中义 <u>实</u> 央义心址	: Please provide either Chinese <u>OR</u> English address below: 室
大廈 / 屋邨	
門牌號碼及街道名稱	
地區/城市	
	□ 香港 □ 九龍 □ 新界 □ 離島 □ 中國(深圳) □ 中國(其他)
	□ 國家
	Flat / Room Floor Block
Building / Estate	
Number and Name of Street	
District Area / City	
	☐ Hong Kong ☐ Kowloon ☐ New Territories ☐ Outlying Islands ☐ China (Shenzhen) ☐ China (others)
	□ Country

語言選擇 Language Selection (用作將來與成員聯絡通訊 For future member communication)

如沒有在提供之語言選項中作出選擇,語言選擇將被設定為「中文」。 Your language selection will be defaulted as "Chinese" if neither one of the provided options is chosen.

電子提示服務 E-Alert Services



為響應環保及減少使用紙張,我們將以電郵/短訊通知閣下在網上退休金服務中心查閱報表及非受監管文件。

To protect the environment and reduce using paper, instead of sending paper statements or non-regulatory documents, you will receive an email/SMS reminder whenever your statement and non-regulatory documents is/are ready for perusal at the Online Pension Services Centre.

可選擇服務 Optional Services

為即時管理您的強積金帳戶,您亦可以選擇享用以下免費的電子提示服務。如欲登記服務,請在方格內加上剔號。To manage your MPF account timely, you may also elect to enjoy the following e-Alert services at FREE. Please check (✔) the box if you want to enroll to the service.



□ 強積金帳戶結餘短訊提示服務 MPF Account Balance SMS Service

每季度以短訊通知成員自帳戶成立日截至季末的 1) 帳戶結餘及 2) 盈 / (虧) 總額。 服務詳情如下:

Member will receive an SMS each quarter including the information of 1) account balance and 2) gain/(loss) amount since account setup to the quarter end. Service details are as follows:

- 1. 本服務包括成員在本計劃下的所有現存帳戶。This service covers all existing accounts of members under the Scheme.
- 2. 短訊將發出至表格第二部分提供或及後更新的香港手提電話號碼。SMS will be sent to the Hong Kong mobile number provided in Section II of this form or which subsequently updated.
- 3. 短訊語言將根據表格第二部分提供之語言選擇。SMS language will follow the language selection stated in Section II of this form.



□ 以電子通訊收取受監管的通知 E-Notification for Regulatory Documents

電子通訊包括電子形式發出的所有受監管的通知 (包括但不限於成員通知書、成員權益報表、基金便覽、強積金計劃說明書及其補充資料)。要登記這項服務,必須提供你的電郵地址或香港流動電話號碼。登記後,本公司將不再郵寄報表。我們將以電郵或短訊通知閣下在網上退休金服務中心查閱相關的受監管文件/報表。如閣下欲更改電郵地址、香港流動電話號碼或取消此項服務,請至少在 14 天前透過本公司之網上退休金服務中心或聯絡客戶服務熱線遞交通知,或填妥及寄回資料更改表格給本公司辦理。

This e-notification covers all regulatory notifications (including but not limited to the member notice, annual member benefit statement, fund fact sheets, MPF Scheme Brochure and addendum of the MPF Scheme Brochure). To register this service, you must provide your email address or HK mobile number. After registration, hard copies of the statements will no longer be sent out. You will receive an email / SMS reminder whenever your regulatory related statement/notice is ready for viewing at the Online Pension Services Center. After change your email address, mobile number or you want to cancel this service, please inform us at least 14 days in advance by submitting your request through our Online Pension Services Centre or contact our Sun Life Pension Services Hotline, or complete and return the Information Change Form.

稅務居民身份自我證明 (必須填寫) Tax Residency Self-Certification (Must Fill)

重要提示 Important Notes:

- 這是你向永明信託有限公司(「受託人」)提供的自我證明,以作自動交換財務帳戶資料用途以遵守稅務法律及規例(包括但不限於已包含經濟合作與發展組織(OECD)《共同匯報標準》(CRS)為自動交換資料列明之規定的《稅務條例》(第 112 章))。受託人可把收集所得的資料呈交稅務局以將資料交到帳戶持有人作為稅務居民所屬的另一稅務管轄區的稅務當局。This is a self-certification provided by you to Sun Life Trustee Company Limited (the "Trustee") for the purpose of Automatic Exchange of Financial Account Information ("AEOI") in compliance with tax law and regulations (including but not limited to the Inland Revenue Ordinance (Cap.112) which incorporate the requirements set out in the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for AEOI). The data collected may be submitted by the Trustee to the Inland Revenue Department for transfer to the tax authority of another juris diction in which the account holder may be resident for tax purposes.
- 於本表格提供的個人資料,包括姓名、身份證明文件號碼、出生日期及住址,將成為此自我證明的一部分。你的香港身份證號碼即你作為香港稅務居民的稅務編號。The personal information, including name, Identity document number, date of birth and residential address, provided in this form will form part of this self-certification. Your HKID card number is your Taxpayer Identification Number (TIN) as Hong Kong tax resident.
- 除非你的稅務居住地有任何改變,否則此自我證明將被視為仍然有效。你必須在改變後的 30 天內通知受託人有關的改變並提供適當地更新的自我證明。This self-certification will remain valid unless there is any change in circumstances relating to your status of tax residency. You must notify the Trustee within 30 days if there is any change in circumstances that makes any of the information provided in this self-certification incorrect or incomplete and provide a suitably updated self-certification form.
- 受託人在開立成員帳戶前,<u>必須</u>取得完整及有效的稅務居民身份自我證明。為避免成員帳戶開立及供款處理(如有)有任何延誤,請細閱並完成以下所有適用部分。The Trustee <u>MUST</u> obtain the complete and valid tax residency self-certification for the setting up of member account. To avoid any delay in the setting up of member account and contribution settlement (if any), please read and complete all the appropriate parts below.
- 受託人有權要求你提供所有相關的身份證明/驗證文件。如未能提供所需資料及其他個人資料,可能導致你的申請/指示不獲處理。All relevant identification/verification documentation will be provided to the Trustee upon request. Failure to provide us with the information and other personal data as requested may result in your application/instruction not being able to be processed.

•	作為財務機構,受託人不獲允許提供稅務或法律意見。若你對你的稅務居民身份存有任何疑問,請詢問專業稅務顧問或瀏覽 OECD (http://www.ird.gov.hk/eng/tax/dta_aeoi.htm) 有關自動交換財務帳戶資料的網頁,以獲取更多 CRS 及相關資料。As a financial institution, the Trustee is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or visit the OECD and Inland Revenue Department's AEOI website at http://www.ird.gov.hk/eng/tax/dta_aeoi.htm respectively, for more CRS and related information.							
(1)	以本	人所知及所信,在此聲明	I hereby declare that, to the	e best of my knowledge and belief :				
		適用,請在下面的方格上域 之稅務居住地為 My Tax		in the following box as appropriate.)				
				說務居住地(而我的香港身份證號碼是我 I my HKID number is my TIN) (你可略	的稅務編號) Hong Kong ONLY, with no 過第(2)項。You may skip item (2).)	tax		
	■ 是香港 (及稅務編號為本人之香港身份證號碼)及其他司法管轄區或國家 Hong Kong (and the TIN is my HKID number) and also some other jurisdictions or countries (請為你於香港以外作為稅務居民的所有司法管轄區或國家填寫第(2)之列表。Please fill out the table of item (2) for all jurisdictions or countries in which you are a resident for tax purpose, other than Hong Kong.)							
		不是香港而是其他司法管表。Please fill out item (Hong Kong, but instead some other j	urisdictions or countries (請填寫第(2)項2	之列		
(2)	2) 請在以下列明你作為稅務居民的所有國家/司法管轄區(香港以外)及相關的稅務編號或具有等同功能的識辨編號(稅務編號)。 如下列位置不敷應用,請按以下格式另加新頁。Please list all countries/jurisdictions (other than Hong Kong) where you are a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each country/jurisdiction. If the space provided is insufficient, please provide it in the below format on additional sheet(s).							
		S居民所在國家/司法管	稅務編號 ^{備註 5}	若未能提供稅務編號,請於下方填上		导稅		
		E Country / Jurisdiction ax Residence	TIN Note 5	理由 A、B 或 C ^{@註 6} If no TIN is available, please indicate Reason A, B or C below Note 6	務編號的原因 Please explain why you are unabl obtain a TIN if you selected Reason B	e to		
	1							
	2							
	3							
	## Notes: 5. 若你是中華人民共和國居民身份證持有人,稅務編號為閣下中華人民共和國居民身份證號碼。 If you are a PRC Resident Identity Card holder, the TIN is the PRC Resident Identity Card number. 5. 理由 A - 帳戶持有人所屬的稅務居民的國家/司法管轄區沒有向其居民發出稅務編號。 Reason A: The country/jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents. 理由 B - 帳戶持有人無法獲得稅務編號。(若你選擇這理由,請在上表相應的欄列內解釋你無法獲得稅務編號的原因。) Reason B: The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain TIN in the corresponding column in the above table if you have selected this reason.) 理由 C - 無需稅務編號。(註:只有在相關司法管轄區的國內法律不需要披露該國家/司法管轄區發出的稅務編號方可選擇這理由。) Reason C: No TIN is required. (Note: Only select this reason if the authorities of the relevant country/jurisdiction of residence does not require the TIN to be disclosed.)							
強	遺金(帳戶整合 MPF Account	Consolidation					
			:轉移表格」〔第 MPF(S)-P(M me Member's Request For Fo	I) 號表格〕) und Transfer Form [Form MPF(S)-P(M	□ 沒有 //)]) No			

投資選擇 Investment Choice

在填寫本部分前,請先閱讀「投資選擇重要事項」並只選一項。有關預設投資策略及基金自動導航系統詳情,請到 www.sunlife.com.hk 參閱《強積 金計劃說明書》。 投資選擇須符合規定、清晰和完整。 Please read the "Important Information for Investment Choice" before filling this section and choose ONE option only. For details of Default Investment Strategy and Fund Cruiser, please refer to MPF Scheme Brochure "which is available at www.sunlife.com.hk. The instruction choice(s) made is required to be valid, clear and complete.

請只選其中<u>一項 Please choose ONE only</u> 請在適當方格加上剔號 (✔)。 Please check (✔) the appropriate box.

countersigned with the same member signature as shown in Section III.

選擇1預設投資策略 Option 1 - Default Investment Strategy ("DIS") 有關「預設投資策略」的詳情,請參閱本計劃的《強積金計劃說明書》。For details of DIS, please refer to the MPF Scheme
Brochure of the Scheme. (如選擇此項,請略過選擇2-基金導航系統及選擇3-自選基金組合。Please skip Option 2 – Fund Cruiser and Option 3 – Own Investment Choice Program if you selected this option.)
選擇 2 基金自動導航系統 Option 2 – Fund Cruiser 有關「基金自動導航系統 」的詳情,請參閱本計劃的《強積金計劃說明書》。For details of Fund Cruiser, please refer to the MPF Scheme Brochure of the Scheme. (如選擇此項,請略過選擇 3 - 自選基金組合。 Please skip Option 3 – Own Investment Choice Program if you selected this option.)
選擇3自選基金組合 Option 3 - Own Investment Choice Program 於本部分作出之所有更改必須加簽確認,而該簽署必須與第三部分之成員簽署相同。All amendments made in this Part must be

		投資選擇 (5% 的倍數) Investment Choice (in multiples of 5%)															
成份基金 Constituent Fund	基金編號 Fund Code	強制性供款 Mandatory Contributions								自願性供款 Voluntary Contributions							
Constituent Fund	runa Code	ı	僱主 Emplo Por	yer's	5		成員 Mem Por	ber's		-	僱主 Emplo Por	yer's	5		成員 Mem Por	ber's	
永明強積金保守基金 Sun Life MPF Conservative Fund	CRCPF				%				%				%				%
永明強積金港元債券基金 Sun Life MPF Hong Kong Dollar Bond Fund	CRFIG				%				%				%				%
永明強積金環球債券基金 Sun Life MPF Global Bond Fund	SLFGB				%				%				%				%
永明強積金人民幣及港元基金 Sun Life MPF RMB and HKD Fund	SLRMB				%				%				%				%
永明強積金平穩基金 Sun Life MPF Stable Fund	CRSIF				%				%				%				%
永明強積金均衡基金 Sun Life MPF Balanced Fund	CRBPF				%				%				%				%
永明強積金增長基金 Sun Life MPF Growth Fund	CRPGF				%				%				%				%
永明強積金行業股票基金 Sun Life MPF Multi-Sector Equity Fund	SLIGE				%				%				%				%
永明強積金亞洲股票基金 Sun Life MPF Asian Equity Fund	SLRAE				%				%				%				%
永明富時強積金香港指數基金 Sun Life FTSE MPF Hong Kong Index Fund	SLTHI				%				%				%				%
永明強積金香港股票基金 Sun Life MPF Hong Kong Equity Fund	CRHKE				%				%				%				%
永明強積金大中華股票基金 Sun Life MPF Greater China Equity Fund	SLIHC				%				%				%				%
永明強積金核心累積基金 ^{備註7} Sun Life MPF Core Accumulation Fund ^{Note7}	SLCA				%				%				%				%
永明強積金 65 歲後基金 ^{屬註7} Sun Life MPF Age 65 Plus Fund ^{Note7}	SL65				%				%				%				%
á	悤數 Total	1	0	0	%	1	0	0	%	1	0	0	%	1	0	0	%

備註 Notes:7. 投資於此基金之權益將不會遵從降低風險安排。 Benefits invested in this investment will not be subject to the de-risking process.

第三部分 SECTION III

聲明和授權 DECLARATION AND AUTHORISATION

- 本人特此申請加入受託人成立的本計劃。
- 本人特此與受託人契諾遵守信託契據的規定以及一切適用法律和規例,並受該等規定、法律和規例所約束。 2.
- 本人聲明就本人所知所信,本表格內所填報的所有資料和聲明均屬真實、正確和完備。本人進一步承諾,如果所提供的資料有任何改變,本人會在合理而切實可行 3. 範圍內盡快通知受託人
- 本人知悉及同意,財務機構可根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文,(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及 4. (b)把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報,從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。
- 本人承諾,如情況有所改變,以致影響本表格第二部分所述的個人的稅務居民身分,或引致本表格所載的資料不正確,本人會通知受託人,並會在情況發生改變 5. 後30日內,向受託人提交一份已適當更新的自我證明表格。
- 6. 本人特此契諾和同意,若本人與本登記表中指明的僱主的僱用關係終止後,如果在受託人已被通知本人的僱用終止後三月內,本人未能就如何轉移於該計劃下的累 算權益一事通知受託人,則本人將自動成為本計劃下的個人帳戶成員。在這情形下,本人的所有累算權益應轉移至本計劃的一個個人帳戶內
- 本人授權僱主從本人的基本薪金/有關入息*中扣除本人根據本計劃規則作出的自願性供款。此外,本人理解,對於本人所作的或代表本人所作的供款,本人將負 7. 責作出投資選擇,如果本人未能作出該等投資選擇,則所有供款將按信託契據的條款投資。本人理解,如本人死亡,本人在計劃下的所有累算權益將支付給本人的
- 本人特此同意,僱主可在受託人要求時將本人所有的個人資料包括身分證/護照副本交給受託人。 8.
- 本人明白,如果本人未能向受託人提供本登記表内所需的所有資料,受託人可能無法建立本人的成員記錄。在這情形下,本人作出的任何供款將不能按照本人在本 9. 表格列明的投資選擇進行投資,但可由受託人投資於預設投資策略,直至受託人收到有關資料並且建立本人的成員記錄為止。
- 10 本人特此授權持有本人任何記錄、資料或消息的任何政府辦事處、團體或個人,在受託人或其代表要求下,可向該受託人或其代表透露、發放或轉移就處理本申請 及管理本計劃有關的該等記錄或資料。
- 本人確認已收到、閱讀和明白附件《個人資料收集聲明(2018-03版本)》中的條款及最近期的《強積金計劃說明書》。
- 本人證明,就與本表格相關的帳戶,本人是帳戶持有人。 12.

本人不同意收取由受託人發出的推廣資訊。

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

- I hereby apply to join the Scheme established by the Trustee.
- I hereby covenant with the Trustee to comply with and be bound by the provisions of the Trust Deed and all applicable laws and regulations.
- 3. I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete. I further undertake that if there is any change in the information so provided, I shall notify the Trustee of such change as soon as reasonably practicable.
- I acknowledge and agree that (a) the information contained in this form is collected and may be kept by the Trustee for the purpose of automatic exchange of 4 financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Trustee to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
- 5. I undertake to advise the Trustee of any change in circumstances which affects the tax residency status of the individual identified in Section II of this form or causes the information contained herein to become incorrect, and to provide the Trustee with a suitably updated self-certification form within 30 days of such change in circumstances.
- I hereby covenant and agree that upon termination of my employment with the Participating Employer specified in this enrolment form, if I fail to notify the 6 trustee, within 3 months after the Trustee has been notified of the termination of my employment, an election as to where my accrued benefits under the Scheme should be transferred. I shall automatically become an unsupported member under the Scheme. In this event, all my accrued benefits shall be transferred to a Personal Member Account of the Scheme.
- 7. I authorise the Employer to deduct from my basic salary or relevant income* any voluntary contributions made by me under the Rules of the Scheme. In addition, I understand that I will be responsible for making the investment choice for the contributions made by me or on my behalf and if I fail to make such investment choice, all the contributions will be invested in accordance with the terms of the Trust Deed. In the event of my death, I understand that all my accrued benefits under the Scheme will be paid to my personal representative(s).
- 8 I hereby consent to allow the Employer to provide all personal particulars as well as copy of HKID/Passport whenever necessary to the Trustee on request.
- I understand that if I fail to supply complete information as required in this enrolment form, the Trustee may not be able to establish my member record. In which case, any contribution monies made by me will not be invested in accordance with my investment choice as specified in this Form, but may be invested by the Trustee at any time into the Default Investment Strategy until the Trustee receives such information and establishes my member record.
- 10 I hereby authorise any government office or any organisation or persons who has any records, knowledge, information of me to disclose, release or transfer to the Trustee or its representatives such record, knowledge or information required for processing this application and for administration of the Scheme upon request by the Trustee or its representatives.
- I confirm that I have received, read and understood the terms in the enclosed "Personal Information Collection Statement (Version 2018-03)" and the latest 11. MPF Scheme Brochure
- 12 I certify that I am the account holder of the account(s) to which this form relates.

I do not wish to receive marketing information from Trustee.

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

警告: 根據《稅務條例》第 80(2E)條,如任何人在作出自我證明時, 在明知一項陳述在要項上屬具誤導性、虛假或不正確,或罔顧一項 陳述是否在要項上屬具誤導性、虛假或不正確下,作出該項陳述, 即屬犯罪。一經定罪,可處第3級(即\$10,000)罰款。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

僱員簽署 Signature of Employee 日期 日/月/年 | | / | | | / | | | | | | DD/MM/YYYY

Please send the completed form to :

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

10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong

Tel: 3183 1888 Fax: 3183 1889 Website: www.sunlife.com.hk

請將填妥表格交予:

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司

香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓

電話: 3183 1888 傅真: 3183 1889 網址: www.sunlife.com.hk

請勿遞交相同表格;如透過傳真遞交表格,請保留正本以作記錄。

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

如需遞交填妥表格: (1) 請緊記簽署作實。 (2) 請勿遞交相同表格 When submitting this form: (1) Please ensure that you have signed where necessary. (2) Please do NOT send duplicate copies.





永明彩虹強積金計劃 — 申請發放成員資料予強積金中介人以提供強積金服務

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

注意事頂:

- 請提供成員編號以確定可將哪個帳戶在第三部份列出的成員資料發放予強積金中介人。否則,本公司將無法處理閣下之申請。不過,若閣下因帳戶未成立而未能獲悉新的 成員帳戶號碼,則可留空此項
- 若成員有多於一個現有成員帳戶,而提供強積金服務的強積金中介人並非相同,請按各提供強積金服務的強積金中介人分別遞交申請。 21

Important Notes:

- Please provide member number of the account which you have consented to release the member information as stated in Section III below to your servicing MPF 1) intermediary(ies). Otherwise, your application cannot be processed. You may, however, leave it blank if the member account which you want the information to be
- Please provide separate application for each servicing MPF intermediary(ies) if you have more than one member account served by different MPF intermediaries.

成員資料 MEMBER INFORM	IATION	
提供服務之強積金中介人資料	DETAILS OF SERVICIN	NG MPF INTERMEDIARY(IES)
1)	2)#	
1)	2)#	
1)	2)#	
	as appropriate. ^ 提供之聯絡電話號碼戶 pplication only. Please complete relevant	Member No. 3) 聯絡電話號碼^ Contact Telephone No.^ as appropriate. ^提供之聯絡電話號碼只作是实申請使用,若需要更新聯絡可的plication only. Please complete relevant information change form if any contact the televant information change for the televant information change form if any contact the televant information change for the televant information cha

第三部份 Section III 成員授權 MEMBER AUTHORISATION

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

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

本人同意發放予強積金中介人的資料如下:

- 1. 計劃資料:包括計劃申請/終止受僱日期(如有)、及受僱日期(如有)等
- 2. 成員資料:包括出生日期、地址、聯絡電話、及電郵地址等
- 3. 帳戶資料:包括供款記錄、累算權益轉入詳情及金額、投資選擇/資產分佈、資產結餘、及投資盈損百分比等

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

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

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

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

成員聲明 MEMBER DECLARATION 第四部份 Section IV

本人清楚明白及同意,本人於本表格所述的成員資料只會用作所定明的用途。

本人同意,在本表格內向永明信託有限公司("受託人")提供的所有資料(無論此申請表所載或由其他途徑所獲取)由受託人持有、使用、披露及轉移予與受託人有關之個 人、公司或機構或任何受託人認為必須或合適之指定第三者,包括金融服務、公積金及保險或相關業務的經營者(不論在本港或海外,包括專業顧問、中介人、同業協會或 聯會及有關受託人業務之服務供應商)被用於:(i) 本表格第三部份所定明的用途;(ii) 遵守適用法律和規例;及 (iii) 與上述有關的任何其他用途。申請人以自願性質向受託 人提供本表格的資料。如申請人未能提供資料,可能導致受託人不能處理本申請。 申請人有權查閱並且要求更正受託人所持有的申請人個人資料。如要求查閱,**可透過書**

面方式向卓譽金融服務有限公司退休金管理部經理提出,地址為香港九龍紅磡德豐街18號海濱廣場一座十樓

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

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

成員簽署 Signature of Member

X Please sign here

日期 Date

請將填妥表格交予:

永明彩虹強積金計劃行政管理人 - 卓譽金融服務有限公司 地址:香港九龍紅磡德豐街 18 號海濱廣場一座十樓

電話:3183 1888 (或) 傳真:3183 1889

Please send the completed form to :

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

This is a blank page.

此乃空白頁

FORM MPF(S) - P(C)

Please use BLOCK LETTERS to complete this Form.



SCHEME MEMBER'S REQUEST FOR ACCOUNT CONSOLIDATION FORM (for consolidating multiple personal accounts into one account)

	lion 149 of the Manda		u Scrienies	(General) N	egulation (Cap. 465A)			
SECTION I	SCHEME MEMBER	DETAILS						
Name ¹ (as shown on your Hong Kong Identity (HKID) Card)	Surname			Other Name				
Identification								
	Passport No. (ONLY f	or scheme member with	out HKID Card					
Contact Details	Daytime Phone No.			Mobile Phone N	lo.			
	Email Address (if any)		I.					
Correspondence Address	Flat/Room	Floor E	Block		Building			
		Estate		Street No.	Street			
	District / Co	untry (if not Hong Kong)			g Kong / Kowloon / New Territories elete whichever is inappropriate)			
SECTION II	MY ELECTED SCH	EME						
I elect to transfer all a	accrued benefits (benefits)	from my personal accou	nts indicated i	n the Appendix	to my elected scheme ² :			
Name of My Elected Scheme								
Account Type (Select one only and ✓ as appropriate)	☐ Personal account ☐ Contribution acc	t <u>OR</u> ount(Employer Identific	ation No. ³ :)			
Scheme Member Account No. ⁴								
SECTION III	AUTHORIZATION A	AND DECLARATIO	N					
to the approved processing my el (b) I hereby give the transfer of the ful	 I hereby give consent to the approved trustee of my elected scheme and the MPFA to disclose information supplied by me in support of this election of transfer to the approved trustee(s) concerned and the relevant service provider(s), or to enable such party or parties to access or disclose relevant information for processing my election of transfer. I hereby give the approved trustee(s) indicated in the Appendix an instruction to terminate my relevant personal accounts as referred to in the Appendix upon transfer of the full accrued benefits to my elected scheme and there is no residual balance in the said accounts. 							
Signature ⁵ Don't sign on incomple		k is correct and complete.	Date (DD/M	IM/YYYY)				
		For MPF Int	ermediary on	ılv				
For MPF Intermediary only For Agent / Company Agent only I confirm that regulated activity is involved / conducted in this benefits transfer. If I have not: (i) ticked the box above; and (ii) submitted any "MPF Customer Declaration Form", it shall be regarded as no regulated activity is conducted in this benefits transfer. NOTE: If regulated activity is involved / conducted, then this request form must be accompanied by a duly signed "MPF Customer Declaration Form".								
For Agent 1	. ,	For Agent 2	•	, , ,	Broker / Company Agent			
Name		Name			of Broker/ any Agent			
MPF Card Registration No.		MPF Card Registration No.		Code	of Broker/ vany Agent			
Code		Code		of Bro	Card Registration No. ker/Company Agent			
				MPF	of Consultant Card Registration Consultant			

APPENDIX	LIST OF MY PERSONAL	ACCOUNTS FOR CONSOLIDATION
Please indicate the person	al accounts you elect to consolidate	e by filling in the Scheme Member Account No. ⁵ :
Trustee Name	Scheme Name	Scheme Member Account No.
AIA Company (Trustee) Limited	AIA MPF - Prime Value Choice	
	Allianz Global Investors MPF Plan	
	AMTD MPF Scheme	
Bank Consortium Trust Company Limited	BCT (MPF) Industry Choice	
	BCT (MPF) Pro Choice	
	Invesco Strategic MPF Scheme	
Bank of Communications Trustee Limited	BCOM Joyful Retirement MPF Scheme	
	BEA (MPF) Industry Scheme	
Bank of East Asia (Trustees) Limited	BEA (MPF) Master Trust Scheme	
	BEA (MPF) Value Scheme	
BOCI-Prudential Trustee	BOC-Prudential Easy-Choice Mandatory Provident Fund Scheme	
Limited	My Choice Mandatory Provident Fund Scheme	
China Life Trustees Limited	China Life MPF Master Trust Scheme	
HSBC Institutional Trust	Fidelity Retirement Master Trust	
Services (Asia) Limited	Haitong MPF Retirement Fund	
HSBC Provident Fund	Hang Seng Mandatory Provident Fund - SuperTrust Plus	
Trustee (Hong Kong) Limited	HSBC Mandatory Provident Fund - SuperTrust Plus	
	Sun Life MPF Master Trust	
Manulife Provident Funds Trust Company Limited	Manulife Global Select (MPF) Scheme	
	Principal MPF Scheme Series 600	
Principal Trust Company	Principal MPF Scheme Series 800	
(Asia) Limited	Principal MPF - Simple Plan	
	Principal MPF - Smart Plan	
Sun Life Pension Trust	Sun Life MPF Basic Scheme	
Limited	Sun Life MPF Comprehensive Scheme	
Sun Life Trustee Company Limited	Sun Life Rainbow MPF Scheme	
YF Life Trustees Limited	MASS Mandatory Provident Fund Scheme	

聲明:

本人確認在此提供的香港身份證/護照是原件的副本,而簽名是本人的簽名。 本人要求任何本人作為強制性公積金計劃(強積金)成員的信託人處理與這 信件一同遞交的轉移申請。本人同意及明白在此提供的簽名將僅用於目前的轉 移申請,而並不會更改任何本人過去曾經提供強積金信託人的簽名記錄。

Declaration:

I confirm that the Hong Kong Identity Card/Passport provided is a copy of the original and my signature is my own signature. I request the trustee of any Mandatory Provident Fund (MPF) schemes in which I am a member to process the transfer application(s) submitted together with this document. I agree and understand that my signature provided here would be used for the current application(s) only and would not change any of my signature record which I have provided to the MPF trustees previously.

請貼上香港身份證 / 護照副本 Please attach the Copy of HKID Card / Passport

計劃成員簽署

Signature of the scheme member

This is a blank page.

此乃空白頁