

填寫本表格前，請先閱讀第 4 頁的計劃成員轉移強積金累算權益(「權益」)須知。
Please read the "NOTES TO TRANSFER OF MPF ACCRUED BENEFITS ("BENEFITS") BY SCHEME MEMBER" on page 4 before you complete this Form.



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

(適用於自僱人士、個人帳戶持有人或終止受僱的僱員)
(For self-employed person, personal account holder or employee ceasing employment)
《強制性公積金計劃(一般)規例》(第 485A 章)第 145、146、147、148 及 149 條
Sections 145, 146, 147, 148 and 149 of the Mandatory Provident Fund Schemes (General) Regulation (Cap 485A)

重要事項 Important Notes:

- 請以正楷填寫本表格。Please use BLOCK LETTERS to complete this Form.
- 您就此項轉移申請提供的個人資料，將用作處理您的轉移申請。您提供的個人資料可能會為該目的而轉交相關受託人、相關服務提供者，以及政府或規管機構，包括強制性公積金計劃管理局(「積金局」)。The personal data to be supplied in support of this election of transfer are to be used for processing your election of transfer. The personal data you supply may, for such purpose, be transferred to the trustee(s) concerned, the relevant service provider(s), and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority ("MPFA").
- 請就本表格以外之要求，分別向原/新受託人另行提交通知。Please submit another notice to original/new trustee for any request(s) other than the purpose of this Form separately.

第一部分 SECTION I 計劃成員資料 DETAILS OF SCHEME MEMBER

- (1) 成員姓名 ^{備註 1}
Name of Member ^{Note1} _____
(姓 Surname) _____ (名 Given Name) _____
(須與香港身份證 / 護照上的相同 Must be same as HKID / Passport)
- (2) 身份證明文件類別
Identity Document Type 香港身份證 HKID 護照 Passport 身份證明文件號碼 Identity Document No. _____
(護照僅供沒有香港身份證的申索人填寫 Passport is applicable ONLY for claimant without HKID Card)
- (3) 聯絡資料
Content Details
電話號碼 Telephone No. _____ 手提電話 () Mobile _____ 住宅 () Home _____
電郵地址 Email Address _____
- (4) 通訊地址 (如非更改通訊地址，此部份無須填寫。)
Correspondence Address (You are NOT required to fill in this part unless you intend to update your correspondence address.)

 以上之通訊地址將更新至閣下於永明彩虹強積金計劃之所有成員帳戶。如以上通訊地址只適用於第三部 8(a) 或 8(b) 列明的成員帳戶，請於方格內填上✓號。
The above correspondence address will be updated for ALL your existing member accounts in Sun Life Rainbow MPF Scheme. Please ✓ the box if it will be applied to the member account stated in 8(a) or 8(b) under Section III only.

備註 Notes :

- 如您沒有香港身份證，請填上您在護照上的姓名。If you do NOT possess a HKID Card, please fill in your name as shown on your passport.

第二部分 SECTION II 資金轉移資料 FUND TRANSFER INFORMATION

- (5) 原計劃的強積金帳戶資料：MPF account information in the original scheme：
原受託人名稱 ^{備註 2}
Name of Original Trustee ^{Note2} 永明信託有限公司 Sun Life Trustee Company Limited
 其他，請註明 Others, please specify _____
原計劃名稱 ^{備註 2}
Name of Original Scheme ^{Note2} 永明彩虹強積金計劃 Sun Life Rainbow MPF Scheme
 其他，請註明： Others, please specify: _____
強積金帳戶類別 (請選擇以下其中一個帳戶並於適當方格內填上 ✓ 號)：
Type of MPF Account (Please select ONE of the following accounts and ✓ as appropriate)：
 個人帳戶 OR 供款帳戶
Personal Account OR Contribution Account
計劃成員帳戶號碼 ^{備註 2}
Scheme Member's Account Number ^{Note2} _____
- (6) 以往受僱詳情 (適用於僱員在終止受僱後欲把供款帳戶內的權益轉出。): Details of former employment (applicable for employee who wishes to transfer-out the benefits from a contribution account after cessation of employment)：
前任僱主名稱 _____ 僱主識別號碼 ^{備註 3}
Name of Former Employer _____ Employer's Identification Number ^{Note3} _____
- (7) 自僱人士身份詳情 (只適用於自僱人士) Details of self-employed status (applicable for self-employed person only)：
請說明您轉移的原因，並於適當方格內填上 ✓ 號。Please indicate your reason of transfer and ✓ as appropriate:
 終止自僱，生效日期是 _____ 日/月/年 DD/MM/YYYY
Cessation of self-employment, with effect from _____
 本人將會維持自僱，並把本人的權益轉移至第三部第(8)項所述的另一個計劃。
本人向原計劃供款的最後日期是： _____ 日/月/年 DD/MM/YYYY
I will remain in self-employment and my benefits will be transferred to another scheme stated in Section III (8). Contributions to the original scheme should be paid up to: _____



備註 Notes :

2. 請注意，如您沒有提供原受託人名稱、原計劃名稱、原計劃成員帳戶號碼、強積金帳戶類別、前任僱主名稱或僱主識別號碼，或所提供的資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：Please note that the transfer request may not be processed if the name of the original trustee, the name of the original scheme, your scheme member's account number in the original scheme, type of MPF account, the name of your former employer or the employer's identification number is not provided or is incorrect. This information can be found:
- (a) 查閱成員證明書、接納通知書、參與通知書；或 in your membership certificate, notice of acceptance, or notice of participation; or
(b) 查閱周年權益報表或受託人提供的其他報表；或 in your annual benefit statement, or other statements provided by the trustee; or
(c) 受託人提供的成員查詢服務。through the member enquiry facilities available from trustees.
- 如有疑問，請聯絡您的原受託人或僱主。If you are in doubt, please contact your original trustee or your employer.
3. 僱主識別號碼即受託人為有關僱主編配的號碼。受託人或會使用不同名稱來設定識別號碼（例如帳戶編號、僱主編號、合約編號、強積金客戶編號、參與計劃編號、計劃編號、附屬計劃編號）。您可查詢受託人發出的報表或透過受託人提供的成員諮詢服務獲取該號碼。如有疑問，請聯絡您的受託人或僱主。The employer's identification number is the number assigned by the trustee to the employer concerned. Trustees may use different names for this number (e.g. account number, company code, contract number, employer account number, employer code, employer ID, employer number, MPF client number, participating plan number, plan number, scheme number, scheme ID, sub-scheme number). The number can be found in the statements issued by the trustees or through the member enquiry facilities available from the trustees. If you are in doubt, please contact your trustee or your employer.

第三部分 SECTION III 轉移資金的選擇 FUND TRANSFER OPTIONS

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

本人選擇把以上第二部第 (5) 項所註明的本人帳戶內由強制性供款產生的權益作出下列的轉移 (請選擇 (a) · (b) 或 (c) · 並於適當方格內填上 ✓ 號) : I elect to transfer the benefits derived from the mandatory contributions in my account stated in Section II (5) to the following account (please select option (a), (b) OR (c) and ✓ as appropriate) :

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

新受託人名稱 ^{備註 4} Name of New Trustee ^{Note4}	<input type="checkbox"/> 永明信託有限公司 Sun Life Trustee Company Limited
	<input type="checkbox"/> 其他，請註明 Others, please specify _____
新計劃名稱 ^{備註 4} Name of New Scheme ^{Note4}	<input type="checkbox"/> 永明彩虹強積金計劃 Sun Life Rainbow MPF Scheme
	<input type="checkbox"/> 其他，請註明 Others, please specify _____
計劃成員帳戶號碼 ^{備註 4} Scheme Member's Account Number ^{Note4}	僱主識別號碼 ^{備註 3} Employer's Identification Number ^{Note3}
新僱主名稱 Name of New Employer	_____

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

新受託人名稱 ^{備註 4} Name of New Trustee ^{Note4}	<input type="checkbox"/> 永明信託有限公司 Sun Life Trustee Company Limited
	<input type="checkbox"/> 其他，請註明 Others, please specify _____
新計劃名稱 ^{備註 4} Name of New Scheme ^{Note4}	<input type="checkbox"/> 永明彩虹強積金計劃 Sun Life Rainbow MPF Scheme
	<input type="checkbox"/> 其他，請註明 Others, please specify _____
計劃成員帳戶號碼 ^{備註 4} Scheme Member's Account Number ^{Note4}	_____

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

備註 Notes :

4. 請注意，如您沒有提供新受託人名稱、新計劃名稱或新計劃成員帳戶號碼，或所提供資料有誤，則此項轉移要求或不獲處理。您可透過以下途徑獲取有關資料：Please note that the transfer request may not be processed if the name of the new trustee, the name of the new scheme or your scheme member's account number in the new scheme is not provided or is incorrect. The information can be found:
- (a) 查閱成員證明書、接納通知書、參與通知書；或 in your membership certificate, notice of acceptance, or notice of participation; or
(b) 查閱周年權益報表或受託人提供的其他報表；或 in your annual benefit statement, or other statements provided by the trustee; or
(c) 受託人提供的成員查詢服務。through the member enquiry facilities available from the trustees.
- 不過，如您最近才參加計劃，並未獲悉新的成員帳戶號碼，則可留空此項。如有疑問，請聯絡您的新受託人。You may, however, leave the scheme member's account number blank if you have recently enrolled in the scheme and have not been notified of the new account number. If you are in doubt, please contact your new trustee.
5. 計劃成員可在原受託人向計劃成員發出的周年權益報表上，獲知其現有強積金帳戶內是否有從自願性供款所產生的權益。計劃成員亦可透過受託人提供的成員查詢服務查核這項資料。如有疑問，請聯絡您的原受託人。A scheme member can check whether his existing MPF account contains any benefits derived from voluntary contributions from his annual benefit statement issued by the original trustee to the scheme member. The scheme member can also check this information through the member enquiry facilities available from the trustee. If you are in doubt, please contact your original trustee.
- 您的簽署必須與您之前提交予原受託人的簽名式樣相同。請注意，若本表格上的簽署與您之前給予原受託人的簽名式樣不符，有關轉移或不獲處理。如有疑問，請聯絡您的原受託人。The signature must be the same as your specimen signature previously given to your original trustee. Please note that the transfer may not be processed if the signature provided in this Form does not match your specimen signature previously given to your original trustee. If you are in doubt, please contact your original trustee.

(9) 有關本人在第二部第 (5) 項所述帳戶內的自願性供款^{Note 5} (如有) 的安排。請選擇 (a) 或 (b) 並於適當方格內填上 ✓ 號。 Arrangement of my voluntary contributions^{Note 5} (if any) in my account stated in Section II (5). Please select option (a) OR (b) and ✓ as appropriate:

(備註：如您沒有作出任何選擇，而帳戶內有由自願性供款產生的權益，則該等權益將以處理第三部第 (8) 項的權益的同樣方式處理。如您已在第三部第 (9) 項作出選擇，而帳戶內並沒有該等權益，則有關選擇將不會獲處理。)(Remarks: If you do not select any options but there are benefits derived from voluntary contributions, those benefits will be handled in the same way as those stated in Section III (8). If there are no such benefits in your account and you have made an election in Section III (9), the selected option will not be processed.)

(a) 與在第三部第 (8) 項所述由強制性供款所產生的權益一併轉移。
Transferred together with the benefits derived from the mandatory contributions as in Section III (8).

(b) 按照原計劃的管限規則提取權益。
Withdrawn in accordance with the governing rules of the original scheme.

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

如沒有就付款方式作出選擇，付款方式將以支票付款及不作另行通知。 Method of Payment will be defaulted as "by cheque" without prior notice if neither one of the provided options is chosen.

(i) 支票
By cheque

(ii) 直接存入計劃成員名義開立的本地銀行帳戶 (不接受以第三者名義開立的銀行帳戶或銀行聯名戶口)。銀行可能會向申索人/成員收取費用。 By depositing directly in a local bank account under the name of scheme member only (a bank account under the name of a third party or joint bank account is not acceptable). Bank charges may apply by claimant/ scheme member's banking account.

銀行名稱

Name of Bank

銀行代碼

Bank Code

銀行帳戶持有人姓名

Name of Bank Account Holder

(只接受英文姓名 Accept Name in English Only)

銀行帳戶號碼

Bank Account Number

第四部 Section IV

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

(10) 本人謹此指示原受託人在把本人於第二部第 (5) 項所述的強積金成員帳戶內的所有權益轉移至新受託人後，以及在該帳戶內並無剩餘款項的情況下，終止該強積金成員帳戶。

I hereby give the original trustee an instruction to terminate my relevant MPF member account as referred to in Section II(5) upon transfer of the full benefits to the new trustee and there is no residual balance in the said account.

第五部 Section V

授權及聲明 AUTHORIZATION AND DECLARATION

(11) 本人同意，新受託人及積金局可為處理本人的轉移申請，向相關受託人及相關服務提供者披露本人就此項轉移申請提供的資料，或使該等機構/人士能夠取覽或披露該等資料。

I hereby give consent to the new trustee and MPFA to disclose information supplied by me in support of this election of transfer to the 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.

(12) 本人聲明 I declare that:

(a) 本人已閱讀及明白《計劃成員轉移權益須知》的內容；

I have read and understood the Notes to Transfer Benefits by Scheme Member;

(b) 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》；及

I confirm that I have received, read and understood the terms in the enclosed "Personal Information Collection Statement (Version 2018 - 03)" and the latest MPF Scheme Brochure; and

(c) 盡本人所知所信，本表格所提供的資料正確及詳盡。

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

(13) 本人不同意收取由受託人發出的推廣資訊。

I do not wish to receive marketing information from Trustee.

計劃成員簽署
Signature of scheme member

請勿簽署未填妥的表格
Don't sign on incomplete form

日期

Date

日/月/年

DD/MM/YYYY

請填妥本表格的第 1 至第 3 頁，並將填妥表格遞交(填報須知及計劃成員轉移權益須知無須提交)予新受託人。

Please complete this Form at page 1 to 3 and submit it (excluding the Notes to Transfer Benefits by Scheme Member) to new trustee.

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 傳真：3183 1889 網址：www.sunlife.com.hk

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

個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

申請人 / 成員明白及同意永明信託有限公司(「受託人」)可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途:(i)處理成員的此項申請及任何其他申請;(ii)為申請人 / 成員參與本計劃;(iii)管理成員於本計劃的供款和累算權益的事宜;(iv)進行客戶調查;(v)為客戶研究及設計金融、保險或退休金產品;(vi)為申請人 / 成員甄選及參與獎賞、忠實或特選客戶計劃;(vii)因上述目的與成員聯絡;(viii)與上述目的直接有關的任何其他目的;及(ix)為遵守適用的法例、法規或法庭命令。

受託人亦可使用申請人 / 成員的聯絡資料、基本個人資料投資選擇及累算權益、就本計劃的產品的推廣資訊、以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡申請人 / 成員。除非得到申請人 / 成員同意(包括表示不反對)、否則受託人不可使用申請人 / 成員資料為該用途。若申請人 / 成員不同意接受此等推廣資訊、可於表格的聲明和授權部份適當位置填上剔號。

受託人可為以上目的披露申請人 / 成員的個人資料予(a)為協助受託人就上述用途(不論在香港或其他地方)而提供服務的第三方、包括計劃管理人(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料);(b)申請人 / 成員的銀行作繳款用途;(c)申請人 / 成員的保險經紀(如有);(d)申請人 / 成員的強積金中介人;(e)受託人的關連公司(根據公司條例訂明)包括保險公司及金融服務機構;(f)受託人及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士;(g)有關僱主;及(h)按法例要求或准許的其他人仕。

受託人可就法例准許或於獲得申請人 / 成員的同意後披露或將申請人 / 成員的個人資料作其他用途。

申請人 / 成員明白申請人 / 成員所提供之個人資料均屬自願、然而倘若未能提供所需個人資料、可導致受託人無法處理申請人 / 成員的申請。申請人 / 成員有權查閱及要求更正受託人持有有關成員的個人資料、有關要求可以書面形式郵寄至香港九龍紅磡德輔道中 18 號海濱廣場一座 10 樓卓譽金融服務有限公司退休金管理部經理。受託人可就處理任何該等要求收取合理費用。

Applicant/Member(s) understand(s) and consent(s) that, any personal data collected by Sun Life Trustee Company Limited ("Trustee") (whether collected in this application form or otherwise) may be used by the Trustee for the following purposes: (i) processing this application and any other applications applicant/member(s) make(s); (ii) enrolling applicant/member(s) in the Scheme; (iii) administering and managing applicant/member(s)' contributions and accrued benefits under the Scheme; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for applicant/member(s); (vii) contacting applicant/member(s) for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Trustee may also use applicant/member(s)' contact details, demographic information, investment choices and accrued benefits to contact applicant/member(s) with marketing information regarding the Scheme, including by phone calls, mail, email, SMS or any type of electronic message. The Trustee may not so use applicant/member(s)' data unless the Trustee have received applicant/member(s)' consent (which includes an indication of no objection). Tick the box in appropriate area under the Declaration and Authorization in the form if member(s) do(es) not consent to receive such marketing information.

The Trustee may disclose member(s)' personal data for the above purposes : (a) to third parties who provide services in Hong Kong or elsewhere which assist the Trustee to carry out the above purposes, including scheme administrator (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to applicant/member(s)' bank for payment purposes; (c) to applicant/member(s)' insurance broker (if any); (d) to applicant/member(s)' MPF intermediaries; (e) to the Trustee's related companies (as defined in the Companies Ordinance) including insurance companies and financial services companies; (f) to any person to whom the Trustee or its related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Trustee or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Trustee or its related companies (inside or outside Hong Kong) is expected to comply; (g) relevant employer(s) and (h) as otherwise required or permitted by law.

The Trustee may also use and disclose member(s)' personal data in other ways with applicant/member(s)' consent or as otherwise required or permitted by law.

Applicant/Member(s) understand(s) that the information applicant/member(s) gave is voluntary, but failure to provide the requested personal data may mean the Trustee is unable to process applicant/member(s)' application. Applicant/Member(s) has/have the right to seek access to and request correction of any personal data the Trustee holds by sending a written request to The Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One HarbourFront, 18 Tak Fung Street, Hung Hom, Hong Kong. The Trustee may charge a reasonable fee for the processing of any such requests.