

永明彩虹強積金計劃 - 自僱人士資料更改表格
SUN LIFE RAINBOW MPF SCHEME –
SELF-EMPLOYED PERSON INFORMATION CHANGE FORM



重要事項 Important Notes:

1. 本表格所列之更改將取代所有之前已遞交永明信託有限公司(「受託人」)的資料/表格。如本表格沒有更新,現有資料維持不變。The changes filled in this form will supersede any previous information/form(s) which has/have submitted to Sun Life Trustee Company Limited (the "Trustee"). Information will remain unchanged if no update in this form.
2. 本表格內更改的資料,將根據閣下所提供的香港身份證/護照號碼更新至閣下於永明彩虹強積金計劃內所有強積金帳戶。The information updated in this form will be applied to all your MPF accounts under Sun Life Rainbow MPF Scheme according to the HKID / Passport Number provided.
3. 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。You must notify the Trustee within 30 days if there is any change in circumstances that makes any of the information provided in the self-certification incorrect or incomplete and provide a suitably updated self-certification form.
4. 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.
5. 如須作出任何刪改,請於刪改之位置旁簽署,而該簽署必須與第四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 IV.



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第一部分 SECTION I 自僱人士資料 SELF-EMPLOYED PERSONAL DETAILS

自僱人士姓名
Self-employed Person Name _____

成員編號
Member No. _____

身份證明文件 Identity Document 香港身份證號碼 HKID No. _____ ()
 護照號碼 Passport No. _____

(護照號碼僅供沒有香港身份證的成員填寫 Passport No. is applicable ONLY for member without HKID Card)

第二部分 SECTION II 更新資料 (只需填上適用部分)
Change of Information (ONLY COMPLETE RELEVANT SECTIONS)

更改公司資料 ^{備註 1} Change of Company Information ^{Note 1}

增加新公司資料 Add new company information 更改現有公司資料 Change existing company information 刪除現有公司資料 Remove existing company information

公司名稱
Company Name _____

職業
Occupation _____

商業登記證號碼 Business Registration No. _____ 分店號碼 Branch Code _____

(請提供包括 8 個位的商業登記證號碼及 3 個位的分店號碼。Please provide 8 digits business registration number and 3 digits branch code.)

更改聯絡資料 Change of Contact Information

新公司/註冊地址 New Office/Registered Address (不接受郵政信箱 P.O. Box will NOT be accepted)

只需提供中文或英文地址 Please provide either Chinese OR English address below:

室 Flat / Room _____ 樓 Floor _____ 座 Block _____

大廈/屋邨
Building / Estate _____

門牌號碼及街道名稱
Number and name of Street _____

地區/城市 District Area / City _____ 香港 Hong Kong 九龍 Kowloon 新界 New Territories

國家 Country _____

(適用於非香港地址 applicable to non-Hong Kong address)

備註 Notes:

1. 請附上商業登記證副本。如成員未能提供有關文件副本,請攜同有關文件正本及本表格至計劃行政管理人 - 卓譽金融服務有限公司親身遞交。在某些情況下,成員可能需要遞交其他身份證明文件以核實身份。Please attach a copy of Business Registration Certificate. If you cannot provide a copy of mentioned document(s), you can bring along the original copy of this document with this form and submit to the scheme administrator - BestServe Financial Limited, in person. In certain circumstances, you may be requested to provide additional identity document (s) for verification of your identity.

新住址 New Residential Address (不接受郵政信箱 P.O. Box will NOT be accepted)只需提供中文或英文地址 Please provide either Chinese OR English address below:

室 Flat / Room _____ 樓 Floor _____ 座 Block _____

大廈 / 屋邨
Building / Estate _____門牌號碼及街道名稱
Number and name of Street _____地區 / 城市
District Area / City _____ 香港
Hong Kong 九龍
Kowloon 新界
New Territories國家
Country _____
(適用於非香港地址 applicable to non-Hong Kong address)**新通訊地址 New Correspondence Address (如與住址不同 If different from Residential Address)**只需提供中文或英文地址 Please provide either Chinese OR English address below: 以本人於計劃內最新的住址記錄更新本人通訊地址 Update my correspondence address according to the latest record of the residential address under the Scheme

室 Flat / Room _____ 樓 Floor _____ 座 Block _____

大廈 / 屋邨
Building / Estate _____門牌號碼及街道名稱
Number and name of Street _____地區 / 城市
District Area / City _____ 香港
Hong Kong 九龍
Kowloon 新界
New Territories國家
Country _____
(適用於非香港地址 applicable to non-Hong Kong address)**新聯絡電話及電郵地址 New Contact No. and E-mail Address**電話號碼
Telephone No. 住宅 Home () _____
國家號碼 Country Code公司 Office () _____
國家號碼 Country Code

如欲登記/取消以下服務，請在適當空格內加(✓)號，並請閱讀以下相關條款。 Please tick the appropriate box if you want to enroll / cancel the below service and please read the relevant terms below.

強積金帳戶結餘短訊提示服務**MPF Account Balance SMS Service** 登記 Enroll 取消 Cancel**以電子通訊收取受監管的通知****E-Notification for Regulatory Documents** 登記 Enroll 取消 Cancel電郵地址
Email Address _____



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

每季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. 短訊將發出最後更新的有效香港手提電話號碼。 SMS will be sent to the latest record of valid Hong Kong mobile number under the Scheme.
3. 短訊語言將根據本計劃最後紀錄的語言選擇。 SMS language will follow the latest record of language selection under the Scheme.



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

在「以電子通訊收取受監管的通知」旁邊的方格內加上剔號，即代表閣下同意永明信託有限公司(「受託人」)以電子方式取代郵寄提供予閣下(即於本永明彩虹強積金計劃表格上指定之成員)紙本的受監管通知(包括但不限於成員權益報表、基金便覽、主要計劃資料文件、強積金計劃說明書及其補充資料及受託人不時定義的其他文件)。受託人不時定義的特別情況除外。根據此電子形式安排，適用的受監管通知會依據適用的時序被上載到網上退休金服務中心。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(短訊通知只適用於香港本地電話號碼，並只會發放給沒有提供電郵地址或沒有有效電郵地址的客戶)。如閣下欲更改電郵地址、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，或填妥及寄回更改表格給本公司辦理。 By checking the box for "E-Notification for Regulatory Documents" above, you consent to the use of electronic means by Sun Life Trustee Company Limited ("the Trustee") for giving you (being the named member of the Sun Life Rainbow MPF Scheme on this form) a number of regulatory documents (including but not limited to annual member benefit statements, fund fact sheets, KSID, MPF Scheme Brochures and addendum of the MPF Scheme Brochure or such documents as may be defined by the Trustee from time to time) in place of physical delivery of hard copies, save for exceptional circumstances as may be defined by the Trustee from time to time. Under this electronic arrangement, the applicable regulated documents will be uploaded to the Online Pension Services Center under the applicable timeline and you will receive an email or a SMS reminder (SMS only applicable for local HK number and it would only be sent if no email address is provided or invalid) whenever a specific document is ready for viewing at the Online Pension Services Center. For any change in email address, mobile number or cancellation of 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.

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

新語言選擇為: 中文 英文
New Language Selection: Chinese English

更改姓名或簽署式樣 ^{Note 2} Change of Name or Signature Specimen ^{Note 2}

成員姓名 Name of Member (須與香港身份證 / 護照上的相同 must be same as HKID / Passport)

(英文 English)

_____ (姓 Surname)

_____ (名 Given Name)

(中文 Chinese)

_____ (姓 Surname)

_____ (名 Given Name)

稱銜
Title

- 先生 Mr
 女士 Ms

新簽署式樣
New Signature Specimen

國籍
Nationality

更改參與計劃日期 Change of Participation Date to the Plan

____/____/____ 日/月/年 DD/MM/YYYY

第三部分 SECTION III

個人資料收集聲明 (2018-03 版本)

PERSONAL INFORMATION COLLECTION STATEMENT (Version 2018-03)

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積權益的事宜;(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積權益、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、可於表格的適當位置填上別號。

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士。

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豐街 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經理。受託人可就處理任何該等要求收取合理費用。

若閣下不同意收取由受託人發出的推廣資訊、請於方格內填上別號。

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 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.

Please tick if you do not wish to receive marketing information from the Trustee.

第四部分 SECTION IV 聲明 DECLARATION

本人(作為自僱人士身份)、謹此確定以上細則 / 或附上之資料(如有)皆為真實正確。

I, the Self-employed Person, hereby confirm that the above details and the attached information (if any) are true and correct.

備註 Notes:

自僱人士簽署^{Note3} Signature of Self-employed Person^{Note3}:

3. 成員簽署必須與之前遞交予本計劃行政管理人的式樣相同。如成員簽署與紀錄不符、我們將邀請閣下到客戶服務中心作身份核實。中心職員將要求閣下出示香港身份證(或護照)以核實閣下身份。如閣下已忘記簽署式樣、請攜同此表格及香港身份證(或護照)親臨我們的客戶服務中心作身份核實。Signature of member must be same as the previous specimen submitted to the Administrator of the Scheme. If your signature does not match with our record, you will be invited to our Client Service Centre for identity verification. Our staff will request you to present your HKID card (or passport) to verify your identity. If you forget your signature specimen, please bring along this form and your HKID card (or passport) in person to our Client Service Centre for identity verification.

日期 Date / / 日/月/年 DD/MM/YYYY

請將填妥表格交予:

Please send the completed form to :

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

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong

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

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