

**Section 1 – Required information**

Employer Name (English):	
Employer Name (Chinese): (if applicable)	
Employer Code:	
Reporting Centre Code:	
Payer Account Name:	
Payer Account No.:	
Acceptable Means of Payment:	<b>Important Note:</b> Direct Credit through <b>Cash is NOT acceptable.</b> Please submit your payment by <b>bank transfer</b> or <b>cheque deposit.</b> <input type="checkbox"/> By bank transfer <input type="checkbox"/> By cheque deposit, cheque no. _____
Payment Amount:	
Payment Date (dd/mm/yyyy):	
Contribution Period(s) (dd/mm/yyyy) – (dd/mm/yyyy):	

**Section 2 - Important Notes**

1. Please quote Employer Code, Employer Name and Reporting Center code on the supporting documents such as deposit slip or online transaction confirmation print screen and send this notification with the supporting documents to the Trustee via email slmpf.ops@bestserve.com or fax to 3183 1889 immediately.
2. Direct Credit means the selected Acceptable Means of payment listed in Section 1.
3. You must complete the required information in Section 1 to allow the Trustee or its delegate(s) to process your request for Direct Credit of employer account contribution. If you failed to return this notification to the Trustee, we may not be able to handle your contribution and/or process your contribution in a timely manner.
4. Once you have made payment to the Specified A/C as described below, you will be deemed to have accepted all the terms and conditions stipulated in this notification.
5. **WARNINGS:** Surcharge will be imposed if the Trustee cannot receive i) complete information required in Section 1, ii) complete Remittance Statement, iii) supporting documents and iv) relevant payment by the contribution paid date of the corresponding contribution period stated in Section 1.
6. Upon receipt of this notification with the complete information required and the corresponding payment, the Trustee or its delegate(s) will act according to your instructions and no advice will be sent to you.

**Sun Life Bank Account Details**

**Important Note:** Direct Credit through **Cash is NOT acceptable.** Please submit your payment by **bank transfer** or **cheque deposit.**

- Beneficiary Bank: The HONGKONG & SHANGHAI BANKING CORP LTD
- Beneficiary Bank address: 1 QUEEN’S ROAD CENTRAL, HONG KONG
- Swift code: HSBCHKHKKH
- Beneficiary A/C No. or IBAN: 500-211727-292 (For Pension-MPF services ONLY) (“Specified A/C”)
- Beneficiary Name: Sun Life Trustee Company Limited – Sun Life Rainbow MPF Scheme

**Section 3 - Declaration** I/ We hereby confirm and acknowledge that:

1. I/We have read and understand the Important Notes set out in Section 2 and the relevant terms and conditions on Employer Contribution under the Employer Information Guide.
2. The payment specified in Section 1 above is from the employer's company bank account and sourced from my/our own funds. Third party payment and cash are not accepted for making such payment.
3. I/We acknowledge and agree that information contained in this form may be shared to and used by delegates of the Trustee for the purpose of processing my/our Direct Credit request.
4. This is a one-off arrangement on the direct credit request to settle contribution of the above contribution period.
5. The Trustee may report the above contribution payment as default to the MPFA if the employer fails to submit a proof of payment transferred to the account for the record of the Trustee.
6. I/We are aware of the consequence and possible surcharge will be imposed if the Trustee cannot receive the required information, supporting documents and payment listed in Section 1.
7. All information provided herein to the Trustee in this notification is true and accurate in all respects.

**Section 4 – Personal Information Collection Statement (Version 2018-03a)**

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 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 it's 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.

Authorised Signature(s) with Company Chop: \_\_\_\_\_

Date: \_\_\_\_\_