永明彩虹強積金計劃 - 直接付款授權書

SUN LIFE RAINBOW MPF SCHEME – DIRECT DEBIT AUTHORISATION

重要事項 Important Note:

- 使用英文正楷填寫此表格·並在適當空格加上 (✓) 號 (如適用)。Complete this form in BLOCK LETTERS and tick the appropriate boxes, if applicable.
- 2. $\,^*$ 請刪除不適用者。Please delete as inappropriate.
- 3. 本授權書將繼續生效直至另行通知為止。This authorisation shall have effect until further notice.
- 4. 銀行一般需時六至八星期設立直接付款授權。授權申請成功後會寄出確認信·並列出生效日期。在生效日期前·請繼續以支票形式繳交供款。Bank takes around 6 to 8 weeks to setup direct debit authorisation ("DDA") in general. A confirmation letter with DDA effective date will be sent upon completion of your application. Please continue to submit contribution payment by cheque before the DDA effective date.





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Declaration and authorisation 聲明及授權書

本儿,吾等現授權本儿,吾等的指定銀行,(根據商戶不時給予本儿,吾等銀行的指示)自本人,吾等的戶口內轉賬予上述收款人。惟每次轉賬金額不得多於本人,吾等所指定 的限额 (若有者)。I/We hereby authorise my/our designated Bank to effect transfer from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the above named beneficiary from time to time provided always that the amount of any one such transfer should not exceed the limit, if any, as specified.

本人/吾等同意本人/吾等的銀行毋須證實該等轉賬通知或冲銷通知是否已交予本人/吾等。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.

如因該等轉賬而令本人/吾等的戶口出現透支 (或令現時的透支增加)·本人/吾等願共同及各別承擔全部責任。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).

本人/吾等同意會通知上述收款人任何銀行戶口的變更或取消交費方式。I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method

本人/吾等明白本人/吾等須在指定的轉賬日期 (即根據本人/吾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(分行辦公時間内)・在戶口内備 有足夠款項以便支付該等授權轉賬。本人/吾等並同意如本人/吾等的户口並無足夠款項支付該等授權轉賬・本人/吾等的銀行有絕對酌情權不予轉賬・且本人/吾等的銀行 可收取慣常的收費・並可随時取消該等授權轉賬且毋須通知本人/吾等。為避免疑問・本人/吾等的銀行可随時自行決定取消該等授權轉賬且毋須通知本人/吾等・IMVe 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.

本直接付款授權書將繼續生效直至另行通知為止或直至授權到期日為止(以兩者中最早的日期為準)。本人/吾等同意如本人/吾等已設立的直接付款授權的戶口連續三十個月內未有根據授權而作出過賬的紀錄,貴行保留權利取消直接付款安排而毋須另行通知本人/吾等,即使本授權書並未到期或未有註明授權到期日。The direct debit authorisation shall have effect until further notice or until the expiry date written on the authorisation (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorisation for a continuous period of 30 months, the Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorisation has not expired or there is no expiry date for the authorisation.

本人/吾等同意·本人/吾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/吾等的銀行及上述收款人。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 and at the same time such notice shall be given to the above named beneficiary.

中英文本如有歧義・須以英文本為準。 In case of discrepancies between the English and Chinese versions, the English version shall apply and prevail.

本人/吾等確認本人/吾等在此表格上的簽署與本人/吾等用以轉賬的戶口簽署相同。I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人/吾等已細閱及明白此表格內的所有內容(包括此表格上的注意部分).並同意遵守此述的規則。I/We have read and understood the full details of this form (including the Notes on this form) and agree to abide by the rules stated herein.

本人/吾等之簽署^{備註 3} My/Our Signature(s)^{Note 3}

債務人編號^{備註 4} Debtor's Reference^{Note4}

僱主授權簽署/ 自僱人士/ 成員簽署*

Authorised signature of employer / self-employed / member*

簽署 Signature (簽署式樣須與行政管理人記錄相符 Signature must be same

as the previous specimen submitted to the Administrator of the Scheme)

簽署 Signature (必須與銀行賬戶所簽者完全相同 must be the same as the signature for the bank account)

1. 銀行帳戶持有者名稱必須與公司/人相同。 否則,申請將不獲接納。 Name of the bank account must be the same as the name of applicant. Otherwise, the application will not be accepted.

2. 如每次的付款數額不同,可不填寫此項以不設定限額。 If the payment amount is not fixed each time, please leave this field blank in order not to set the limit.

3. 請確保此欄內之簽名,與銀行帳戶所簽的相同。 Please ensure that the signature in this form is same as the record of your bank account.

4. 在債務人編號之欄內,不須填上任何資料。 此欄須由本公司填寫。 In the box marked "Debtor's Reference", please leave BLANK for official use.

Date

For Bank Use Only	For Office Use Only								
Remarks	Processed by								
Signature Verified	Date		1	DD/MM/YYYY					
	Checked by								
	Date		1	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								

DD/MM/YYYY



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 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.