永明彩虹強積金計劃 - 僱主資料更改表格

SUN LIFE RAINBOW MPF SCHEME – EMPLOYER 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(s) which has/have been submitted to Sun Life Trustee Company Limited (the "Trustee"). Information will remain unchanged if no update in this form.

 2. 如需要更新授權人士及/或其資料·請填寫及遞交「更新授權人及資料表格」。For any update to
- 如需要更新授權人士及/或其資料,請填寫及遞交「更新授權人及資料表格」。For any update to authorised signatories and/or their information, please complete and submit "Update Authorised Signatories And Information Form".
- 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·並在適當空格內加上(✓)號。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,而該簽署必須與第五部份之僱主簽署相同。Please countersign next to any corrections you make on this form with the same employer signature as shown in Section V

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三部分 SECTION I	僱主資料 EI	MPLOYER DETA	ILS		
主名稱					
nployer Name	-				
主編號 mployer Code					
に 第二部分 SECTION I	■ ■ ■ 更新資料 CI	HANGE OF INFO	RMATION		
┗ ┃(i) 更改僱主公司名稱/註		蒙 Change of Employe	r Company Name/Regist	ered Address / Co	ompany Chop Specimen
新僱主公司名稱 ^{備註1} New Employer Company Name ^{Note1}					
中文名稱(如有) 職1					
Chinese Name (if an					
١	新 New Specimen of Co	公司蓋章式樣 ^{備註2} ompany Chop ^{Note2}			
新註冊地址 ^{備註 1} Nev					
如需同時更新註	冊地址及貴公司聯絡		·格內填上√號。Please ✓ n(s).	the box if you woul	ld like to change both registere
□ 如需同時更新註 address and the	冊地址及貴公司聯絡 e correspondence ad	K人之通訊地址,請於方	n(s).	the box if you woul	ld like to change both registere
□ 如需同時更新註 address and the	冊地址及貴公司聯絡 e correspondence ad 地址 Please provide	A人之通訊地址·請於方 Idress of contact perso e either Chinese <u>OR</u> Er	n(s).		ld like to change both registere
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如需同時更新註 address and the 只需提供中文或英文 室 Flat / Ro 大廈 / 屋邨 Building / Estate 門牌號碼及街道名稱 Number and Name of S 地區 / 城市	m地址及貴公司聯絡 correspondence ad 地址 Please provide pom	A人之通訊地址·請於方 Idress of contact perso e either Chinese <u>OR</u> Er	n(s). nglish address below: 座 Block 「 香港		■ 新界

備註 Notes:

- 1. 請提供新的商業登記之副本及 / 或公司更改名稱註冊證書以更改以上資料。Please attach copy of the new Business Registration Certificate and / or the Certificate of Incorporation on Change of Name for the above changes.
- 2. 新公司蓋章式樣之申請須由現任授權簽署人核准並附上現公司蓋章。 New company chop must be approved by existing authorised signer(s) with existing company chop.

	3,4 Change of Primary Contact Person ^{Note3,4}
姓名 Name (英文 English)	(姓 Surname) (名 Given Name)
	(xt Sumaine)
稱謂	□ 先生 Mr 職銜
Title	□ 女士 Ms Job Title
電話號碼	
电前弧响 Telephone No.	
	國家號碼 Country Code *** 必須提供電郵地址 (不接受共用電郵地址)。 否則.將不能提供網上退休金服務中心及互動語音系統服務。***
	必须定於电型地址 (个技文大用电型地址)。 百別,时个贴定於網上这件並加份中心及互對而自然机加份。
電郵地址 Email Address	
	通訊地址 Change of Correspondence Address of Primary Contact Person
只需提供中文 <u>或</u> 英	文地址 Please provide either Chinese <u>OR</u> English address below:
	lab es
室 Flat / Ro	pom 樓 Floor 座 Block
大廈 / 屋邨 Building / Estate	
牌號碼及街道名稱	
umber and Name of S	Street
地區/城市	□ 香港 □ 九龍 □ 新界
District Area/ City	
a a 家	
國家 Country	Hong Kong Kowloon New Territories
國家 Country	
國家 Country (Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) 各人 (如有) Change/Add Secondary Contact Person (If Any)
國家 country (iv) 更改/新增第二聯編	Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) 各人 (如有) Change/Add Secondary Contact Person (If Any)
l家 ountry 〔 iv) 更改/新增第二聯編 更改 Change	Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) A人 (如有) Change/Add Secondary Contact Person (If Any) 「 新增 Add
iv) 更改新增第二聯編 型 更改 Change 姓名 Name	Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) 各人 (如有) Change/Add Secondary Contact Person (If Any)
iv) 更改新增第二聯編 □ 更改 Change 姓名 Name (英文 English)	Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) A (如有) Change/Add Secondary Contact Person (If Any)
iv) 更改新增第二聯編 □ 更改 Change 姓名 Name	Mew Territories Mem Rong Kowloon New Territories Mem Rong Kowloon New Territories Mem Rong Kong Mem Rong address) Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories
iv) 更改 新增第二聯編 更改 Change 姓名 Name (英文 English)	Hong Kong Kowloon New Territories 適用於非香港地址 applicable to non-Hong Kong address) A (如有) Change/Add Secondary Contact Person (If Any)
as ountry (iv) 更改新增第二聯編 □ 更改 Change 姓名 Name (英文 English) 稱謂 Title 電話號碼	Mew Territories Mem Rong Kowloon New Territories Mem Rong Kowloon New Territories Mem Rong Kong Mem Rong address) Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories
iv) 更改新增第二聯編 D 更改 Change 姓名 Name (英文 English)	Mew Territories Mem Rong Kowloon New Territories Mem Rong Kowloon New Territories Mem Rong Kong Mem Rong address) Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories Mem Rong Kong Kowloon New Territories
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(iv) 更改新增第二聯編 更改 Change 姓名 Name (英文 English) 稱謂 Title 電話號碼 Telephone No.	Hong Kong Kowloon New Territories BA (如有) Change/Add Secondary Contact Person (If Any) 新增 Add (姓 Surname) 先生 Mr 黄生 Ms Job Title () 國家號碼 Country Code
図家 Country (iv) 更改 新增第二聯編 □ 更改 Change 姓名 Name (英文 English) 稱謂 Title 電話號碼 Telephone No.	Hong Kong Kowloon New Territories BA (如有) Change/Add Secondary Contact Person (If Any) 新增 Add (姓 Surname) 先生 Mr 黄生 Ms Job Title () 國家號碼 Country Code
Igs Country	Hong Kong Kowloon New Territories BA (如有) Change/Add Secondary Contact Person (If Any) 新增 Add (姓 Surname) 先生 Mr 黄生 Ms Job Title () 國家號碼 Country Code
iv) 更改新增第二聯編 更改 Change 姓名 Name (英文 English) 稱謂 Title 電話號碼 Telephone No.	Hong Kong Kowloon New Territories BA (如有) Change/Add Secondary Contact Person (If Any) 新增 Add (姓 Surname) 先生 Mr 黄生 Ms Job Title () 國家號碼 Country Code

- 3. 主要聯絡人為所有強積金行政職責的聯絡人。如未能成功聯絡主要聯絡人,我們會聯絡第二聯絡人處理有關強積金事宜。Primary Contact Person is the contact of all MPF administration functions. We will contact the Secondary Contact Person if we do not contact the Primary Contact Person successfully.
- 4. 如有多於一個隸屬中心、第二聯絡人及 / 或以行政職責區分聯絡 ·請填妥及遞交「隸屬中心及聯絡人申請 / 更改表格」。If there are more than 1 reporting centre, secondary contact and/or contact persons are categorised by functions, please complete and submit "Reporting Centre/Contact Person Application/Change Form".

- ()	f Payroll Frequency Note5			
此修改將適用於所有成員,否則認		受影響之成員姓名:		
The change will be applied to affected Category of Members				
重要事項 IMPORTANT NOTES 有關修改或需經強制性公積金計 或積金周授權的批准生效日期者 This request may be subject the MPFA's approval is requ later of the below stated Effo	- 劃管理局(「積金局」)批 中較後者為準。 to the approval of the ired, the Final Effectiv	Mandatory Provident leads of the change s	Fund Schemes Authorit stated on this form will b	y (the "MPFA"). If be taken as the
生效日期 Effective Date		日/月/年 DD/MM/YYY	Υ	
新發放薪金形式 New Payroll Frequency 口 Yo	每季 early □ Quarte	每月 ^{誰6} rly Monthly ^{No}	每半個月 Semi-Monthly	每星期 D Weekly
	他 (請註明) thers (Please specify) —			
新薪金週期 由 New Payroll Period From	日/月 		/	
](vii) 更改供款付款方法 ^{⊭7} Change of	Contribution Payment M	ethod Note 7		
直接付款 Direct Debit 若閣下未曾設立有效的直接付款授權 Please complete Direct Debit Autho			sation previously.	
□ 支票付款 Payment by cheque 如以支票方式繳交供款 · 請準備支票	5.4.商为「永明佳红寿限公司	公		
If contribution payments will be settl □ 直接存款 Direct Credit			"Sun Life Trustee Company Lim	ited – MPF".
如以直接存款方式繳交供款 · 請每3	マ繳交供款時另行填寫強積金件	禁款直接存款通知書及提供存款は	收據或網上之交易紀錄的截圖等	證明文件。
If contribution payments will be settl as deposit slip or online transaction		-		ch supporting documents su
(viii) 更改付款結算書安排 Change of	Remittance Statement A	rrangement		
□ 由僱主自備 Prepared by Employer	「付款結算書」Pi	包括供款資料的預印 re-printed Remittance contribution information dministrator	□ 由行政管理人準備不包 「付款結算書」Pre-pri Statement WITHOUT of information prepared b	nted Remittance contribution
(ix) 車改語言選擇 Change of Langua		成員聯絡通訊 For future n	member communication)	
新語言選擇為:	□ 中文	■ 英文		

7. 如貴公司已設立有效的直接付款授權指示·現更改供款付款方法為支票或直接存款·貴公司原有的直接付款授權指示將會視為取消。If you have set up the Direct Debit Authorisation previously, and change the contribution payment method to cheque or direct credit, then the Direct Debit Authorisation will be cancelled accordingly.

provided, the Payroll Period will be defaulted as from the first calendar day to the last calendar day.

☐ (x) 更	收電子通訊收取受監管的通知 Change of E-Notification for Regulatory Documents
	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。 tick the appropriate box if you want to enroll / cancel the below service and please read the relevant terms below.
_	在同意參與「以電子通訊收取受監管的通知」旁邊的方格內加上剔號,即代表閣下同意參與永明信託有限公司(「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參與僱主通知書、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・我們將以電郵通知閣下在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 agree to enroll "E-Notification for Regulatory Documents" below, you consent to the use of electronic means by Sun Life Trustee Company Limited ("the Trustee") for giving you (being the named Participating Employer of the Sun Life Rainbow MPF Scheme on this form) a number of regulatory documents (including but not limited to Notice of Participating Employers, 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 whenever a specific document is ready for viewing at the Online Pension Services Center. For any change in email address 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.
	本公司明白以上服務詳情及條款並 <u>同意</u> 參加此項服務‧電郵通知將發送至本公司之聯絡人在本計劃的強積金帳戶的電郵地址 (隸屬中心聯絡人不適用)。We understand the service details and the terms above, email reminder will be sent to the Primary Contact Person email address of our MPF account under the Scheme (not applicable to contact person of Reporting Centre(s)). We <u>agree</u> to enroll this service.
	本公司 <u>要求取消</u> 此項服務。We <u>request to cancel</u> this service. (只適用於現已使用電子通訊服務的僱主。This request is only applicable if the employer is currently using this E-Notification Service.)
☐ (xi) 帳	三文件要求 Request of Account Document
	最近期僱主報表 The latest Employer Statement
Г	其他 Others (請列明 please specify):
_	
生	ACCOTION III 甘州東北湾駅 CHANCE OF OTHER INFORMATION
第三部分	↑ SECTION III 其他更改資料 CHANGE OF OTHER INFORMATION
	SECTION III 其他更改資料 CHANGE OF OTHER INFORMATION 白位置或另附紙張提供其他更改資料。Please provide other information in the following space or on a separate sheet.

第四部分 SECTION Ⅳ 個人資料收集聲明(2018-03a 版本)

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(xi)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.

第五部分 SECTION V 聲明及授權 DECLARATION AND AUTHORISATION

	則及附上之資料 (如有) 皆為真實正確。 firm that the above details and the attached ir	nformation	ı (if any)	are true	and c	orrect.		
С	公司蓋章及僱主簽署(或由授權人代行) 謹代表僱主 ompany Chop and Signature of the Employer (or signed by a duly authorised signatory) For and on behalf of the Employer							
姓名 Name :								
職銜 Title :		日期 Date:		/		1		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