

「永明彩虹強積金計劃」新申請檢查表
Checklist for New Application of "Sun Life Rainbow MPF Scheme"

特選私人帳戶申請 Special Private Account Application

- ☐ 1. 特選私人帳戶申請表格（須填寫強積金中介人／代理人資料）
Special Private Account Application Form
(MPF Intermediary / Agent Details should be filled)
Code: Rainbow_SPA_PA_APR11
- ☐ 2. 香港身份證／護照副本（現有「永明彩虹強積金計劃」成員除外）
Hong Kong Identity Card / Passport Copy
(Except for existing members from Sun Life Rainbow MPF Scheme)
- ☐ 3. 直接付款授權書（適用於按月供款模式）
Direct Debit Authorization Form (applicable to monthly contribution basis)
Code: Rainbow_DDA_APR11
- ☐ 4. 劃線支票／銀行本票（適用於整筆供款模式／自動轉帳安排生效前之首次供款）
Crossed Cheque / Bank Draft (applicable to lump sum contribution basis / the first contribution before autopay facility is established)

注意事項

Points to Note

- 1. 請申請人填寫申請表時，與銷售文件一併閱讀。
Please read together with the Principal Brochure when completing the application form.
- 2. 請申請人留意在申請表上提供的資料必須在各方面均為真實準確、且並無缺漏。
Please be noted the information provided in the application form by the applicant should be true and accurate, correct and complete in all respects.
- 3. 請申請人在申請表上填寫所有資料後才簽署作實。若申請表有任何修改，請加簽確認。
Please sign the application form after filling all information required. Please countersign if any change is made in the application form.

SUN LIFE RAINBOW MPF SCHEME 永明彩虹強積金計劃

SPECIAL PRIVATE ACCOUNT APPLICATION FORM 特選私人帳戶申請表格

To: Sun Life Trustee Company Limited ("Trustee")
致: 永明信託有限公司 (「受託人」)

Sun Life Hong Kong Limited (Incorporated in Bermuda) ("Sponsor")
香港永明金融有限公司 (於百慕達註冊成立) (「保薦人」)

This Application Form should be completed by an eligible person who applies to join Special Private Account of Sun Life Rainbow MPF Scheme. This application should be read in conjunction with the latest Principal Brochure of Sun Life Rainbow MPF Scheme. If you are in doubt about the contents of this Application, you should consult your solicitor, accountant or other financial advisor.

此申請表格適用於合資格人士參加永明彩虹強積金計劃的特選私人帳戶。此表格應與永明彩虹強積金計劃最近期的主要推銷刊物同時閱讀。若閣下對本表格之內容有任何疑問，應諮詢閣下的律師、會計師或其他財務顧問。

All sections below should be completed in English BLOCK capitals except for the Chinese name of the Applicant.
除了申請人士的中文姓名外，所有部份須以正楷英文填寫。

Section 1: Details of Applicant 第一部份: 申請人士資料

Name 姓名(English 英文) (same in HKID / Passport 與香港身份證 / 護照上的相同)		(Surname 姓)		(Given Names 名)			
Name 姓名(Chinese 中文) (same in HKID / Passport 與香港身份證 / 護照上的相同)		(Surname 姓)		(Given Names 名)		Title 稱銜	Mr/Ms/Miss/Others* 先生/女士/小姐/其他*
<p><small>Note: Please attach a photocopy of your HKID card or passport for verification purpose 註: 請附上閣下之身份證或護照副本以作核對之用</small></p> <p>Date of Birth 出生日期 / / yyyy 年 HKID / Passport No.* # 香港身份證 / 護照號碼* #</p> <p>Occupation 職業</p> <p>Telephone No 電話號碼 Home 住宅 Mobile / Pager* 手提電話 / 傳呼機*</p> <p>Fax No 傳真號碼 Email Address 電郵地址</p> <p>Residential Address (P.O. Box will not be accepted) 住址 (郵政信箱恕不接受)</p> <p>Correspondence Address (if different from above) 通訊地址 (如與以上不同)</p> <p><small>*Please delete whichever is inappropriate 請刪除不適用者</small></p> <p><small>*If your HKID card only contains the year and you have no other form of identity to prove the exact date of birth (e.g. Birth Certificate or Passport), you should use 31 December as the day and month. Likewise, if your HKID card contains the year and month but not the day, you should use the last day of the month shown. If you leave the day and / or month blank, your date of birth will be regarded as the last day of that month or 31 December. 如您的香港身份證上只有出生年份，而您沒有其他證件可證明您的實際出生日期(例如出生證明書或護照)，便應以 12 月 31 日作為出生日期。同樣，如您的香港身份證上只有出生年份和月份而沒有註明有關日子，便應以有關月份的最後一天作為閣下的出生日期。請注意，若沒有填寫日子及 / 或月份，您的出生日期則視為該月的最後一天或 12 月 31 日。</small></p>							

Section 2: Instruction for Contribution 第二部份: 供款指引

Please tick (✓) the appropriate box 請在適當方格加上 (✓)

Contribution Mode 供款模式:

<input type="checkbox"/>	Monthly Basis 按月供款	HKD 港幣	<p>Commencement date of contribution 供款開始日期 (DD 日 / MM 月 / YYYY 年)</p> <p>The minimum amount of monthly contribution is HK\$300. 按月供款的最低供款金額為 300 港元。</p> <p>The monthly contribution must be made by autopay and the debit date will be on 10th of each calendar month or the following bank business day if the debit day is not a bank business day. Please complete a "Direct Debit Authorization form" and submit with this Application Form. The autopay set up takes approximately 6 to 8 weeks from receipt of your completed form. We will notify you the effective date of autopay. You may make lump-sum payment by cheque before your autopay facility is established. 按月供款應以自動轉帳繳付，而繳付供款扣帳日期為每月的 10 號或下一個銀行營業日 (如扣帳日並非銀行營業日)。請另行填寫「直接付款授權書」並連同本申請表格遞交。辦理自動轉帳手續約需時六至八星期。自動轉帳的生效日期將另函通知閣下。閣下可考慮於自動轉帳安排正式生效前採用支票以整筆供款模式作出供款。</p>
<input type="checkbox"/>	Lump Sum Basis 整筆供款	HKD 港幣	<p>The minimum amount of lump sum contribution is HK\$3,000. 整筆供款最低供款金額為 3,000 港元。</p> <p>The lump sum payment must be made by enclosing a crossed cheque or bank draft. 整筆供款必須隨本表格以劃線支票或銀行本票支付。</p>

The crossed cheque or bank draft should be made payable to "Sun Life Trustee Company Limited – Sun Life Rainbow MPF Scheme".
劃線支票或銀行本票抬頭為「永明信託有限公司-永明彩虹強積金計劃」。

Bank Name 銀行名稱 Cheque No. 支票號碼

Note: Please quote your Full Name and HKID No. at the back of the cheque or bank draft for reference.
備註: 請於支票或銀行本票背面寫上您的姓名及香港身份證號碼以作參考。



Section 3: Investment Choice 第三部份: 投資選擇

Please tick (✓) the appropriate box 請在適當方格加上 (✓)

You can specify your investment choice for your Special Private Account by selecting either Option 1 OR Option 2 as below:
閣下可填寫以下選擇 1 或 選擇 2 作為您的特選私人帳戶的投資選擇：

- ☐ Option 1 – Fund Cruiser 選擇 1 - 基金自動導航系統
- Fund Cruiser - The contributions made by me will be invested in accordance with the pre-determined fund choices based on my age and the investment mandate for future monies automatically changed and existing balance automatically switched on my birthday or the first business day following my birthday (if the birthday falls on a non-business day). Please refer to the relevant Principal Brochure for more details.
基金自動導航系統 - 就本人作出的供款，依照本人年齡根據預設基金選擇而作出投資，其後亦會隨本人的年齡遞增而於本人生日當天或生日後之下一個工作天(如生日當天不是工作天)自動作出更改未來供款的投資授權和自動轉換現有結餘。詳情請參閱有關的主要推銷刊物。
- ☐ Option 2 – Own Investment Choice Program 選擇 2 – 自選基金組合
- The contributions made by me will be invested as below:
就本人作出的供款，依照以下供款分配：

Investment Fund 投資基金	Fund Code 基金編號	Contribution Allocation (in multiples of 5%) 供款分配（5%的倍數）
Risk Level 風險程度：Conservative 保守		
Sun Life First State MPF Conservative Fund 永明首域強積金保守基金	CRCPF	%
Risk Level 風險程度：Stable 平穩		
Sun Life First State MPF Global Bond Fund 永明首域強積金環球債券基金	SLFGB	%
Sun Life First State MPF Fixed Income Fund 永明首域強積金定息基金	CRFIG	%
Risk Level 風險程度：Moderate 均衡		
Sun Life RCM MPF Capital Stable Fund 永明RCM強積金穩定資本基金	SLRCS	%
Sun Life First State MPF Stable Income Fund 永明首域強積金平穩基金	CRSIF	%
Risk Level 風險程度：Growth 增長		
Sun Life RCM MPF Stable Growth Fund 永明RCM強積金穩定增長基金	SLRSG	%
Sun Life First State MPF Balanced Portfolio Fund 永明首域強積金均衡基金	CRBPF	%
Sun Life RCM MPF Balanced Fund 永明RCM強積金均衡基金	SLRBF	%
Sun Life First State MPF Progressive Growth Fund 永明首域強積金增長基金	CRPGF	%
Risk Level 風險程度：Aggressive 進取		
Sun Life Invesco MPF Global Equities Fund 永明景順強積金環球股票基金	SLIGE	%
Sun Life RCM MPF Asian Equity Fund 永明RCM強積金亞洲股票基金	SLRAE	%
Sun Life First State MPF Hong Kong Equity Fund 永明首域強積金香港股票基金	CRHKE	%
Sun Life Invesco MPF Hong Kong and China Equity Fund 永明景順強積金香港及中國股票基金	SLIHC	%
總數Total		100 %

- Notes 備註:
- If your Investment choice is not specified, the Trustee will invest the relevant contributions in the default fund - Sun Life First State MPF Stable Income Fund.
如閣下並未提供投資選擇，受託人將把有關供款投資於設定基金-永明首域強積金平穩基金。
 - Classification of risk is not comparative between the different Investment Managers' products but rather is based only on the range of products of each individual Investment Manager.
風險分類並非以不同投資經理的產品作比較，實則只以每一個別投資經理的產品系列作依據。

Section 4: Personal Information Collection Statement 第四部份: 收集個人資料聲明

The Applicant named above hereby consents that all information provided herein to Sun Life Trustee Company Limited (the "Trustee") (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Trustee to individuals, companies or organizations associated with the Trustee or any selected third parties that the Trustee may consider necessary or advisable, including those carrying on financial services, provident fund and insurance or related businesses (within or outside of Hong Kong, including, professional advisors, intermediaries, industry association/federations and other services providers relevant to the Trustee's business) for (i) the application for participation in the Scheme; (ii) the administration and management of the contributions and accrued benefits in respect of the Applicant under the Scheme; (iii) conducting direct marketing activities of provident fund, investment, insurance or other related products and services with or without monetary gains; (iv) compliance with the applicable laws and regulations; and (v) any other purposes related to the above. The information which the Applicant provides to the Trustee herein is on a voluntary basis. However, failure to supply information may result in the Trustee being unable to process this application. The Applicant has the right to obtain access to and to request correction of any of his or her personal information held by the Trustee. Request for such access can be made in writing and addressed to the Manager, Pensions Administration Department, BestServe Financial Limited, 22/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong.

上述申請人同意，在本表格內向永明信託有限公司（“受託人”）提供的所有資料（無論此申請表所載或由其他途徑所獲取）由受託人持有、使用、披露及轉移予與受託人有關之個人、公司或機構或任何受託人認為必須或合適之指定第三者，包括金融服務、公積金及保險或相關業務的經營者（不論在本港或海外，包括專業顧問、中介人、同業協會或聯會及有關受託人業務之服務供應商）被用於：(i) 申請參與本計劃；(ii) 本計劃之下的申請人的供款和累算權益的行政事宜和管理；(iii) 進行信託人或其相聯公司的公積金、投資、保險或其他相關產品和服務的市場推廣活動，不論是否涉及金錢得益；(iv) 遵守適用法律和規例；及 (v) 與上述有關的任何其他用途。申請人以自願性質向受託人提供本表格的資料。如申請人未能提供資料，可能導致受託人不能處理本申請。申請人有權查閱並且要求更正受託人所持有的申請人個人資料。如要求查閱，可通過書面方式提出，地址為香港灣仔港灣道 26 號華潤大廈 22 樓卓譽金融服務有限公司退休金管理部經理。

☐ Please tick if you do not want your data to be used for the purpose identified in item (iii) above. 如果你不想個人資料被用於上述第 (iii) 項之用途，請在方格內填上剔號。

DECLARATION AND AUTHORISATION 聲明和授權

I hereby apply to join the Scheme established by the Trustee and confirm that I have received, read and understood the terms in the above Personal Information Collection Statement and the latest Principal Brochure.

I hereby covenant with the Trustee to comply with and be bound by the provisions of the Trust Deed and all applicable laws and regulations.

I understand and agree that I can participate as a Special Private Account ("SPA") member if I am or was previously a member of the Scheme, another mandatory provident fund scheme or an occupational retirement scheme (registered under the Occupational Retirement Schemes Ordinance). I further confirm that I am or was a member of a mandatory provident fund scheme or an occupational retirement scheme (registered under the Occupational Retirement Schemes Ordinance) to be eligible for setting up of a SPA in the Scheme.

I warrant that all the information provided in this Application form is true and accurate in all respects. I further undertake that if there is any change in the information so provided, I shall notify the Trustee of such change as soon as reasonably practicable.

I agree to make any personal contribution under the Rules of the Scheme as advised in this Application Form. In addition, I understand that I will be responsible for making the investment choice for my contributions and if I fail to make such investment choice, all the contributions will be invested in accordance with the terms of the Trust Deed. In the event of my death, I understand that all my accrued benefits under the Scheme will be paid to my personal representative(s).

I understand that if I fail to supply complete information as required in this Application form, the Trustee may not be able to establish my member record. In which case, any contribution monies made by me will not be invested in accordance with my investment choice as specified in this Form, but will be refunded to me and this Application form will be voided.

I hereby authorise any government office or any organisation or persons who has any records, knowledge, information of me to disclose, release or transfer to the Trustee or its representatives such record, knowledge or information pertinent to this application upon request by the Trustee or its representatives.

本人特此申請加入受託人成立的本計劃，並且確認本人已收到、閱讀和明白以上個人資料收集聲明中的條款及最近期的主要推銷刊物。

本人特此向受託人契諾遵守信託契據的規定以及一切適用法律和規例，並受該等規定、法律和規例所約束。

本人明白及同意如本人現在或曾為本計劃，其他強制性公積金計劃或職業退休計劃(註冊於職業退休計劃條例)之成員，可參與本計劃成立特選私人帳戶。本人謹此確認現在或曾為強制性公積金計劃或職業退休計劃(註冊於職業退休計劃條例)之成員以符合在本計劃成立特選私人帳戶。

本人保證，在本申請表格提供的所有資料在各方面均為真實準確。本人進一步承諾，如果所提供的資料有任何改變，本人應於合理的切實可行範圍內盡快將改變通知受託人。

本人同意，按照本申請表格內列明的資料，作出根據本計劃規則下的自選個人供款。此外，本人理解，對於本人所作的供款，本人將負責作出投資選擇，如果本人未能作出該等投資選擇，則所有供款將按信託契據的條款投資。本人理解，如本人死亡，本人在計劃的所有累積權益將支付給本人遺產代理人。

本人明白，如果本人未能向受託人提供本申請表內所需的所有資料，受託人有可能無法建立本人的成員記錄。在這種情形下，由本人作出的任何供款將不能按照本人在本表格列明的投資選擇進行投資，並將退回有關供款項予本人及本申請表格被視作無效。

本人特此授權持有本人任何記錄、知悉本人任何資料的任何政府辦事處或任何機構或個人，如受託人或其代表要求，可向該受託人或其代表透露、發放或轉移與本申請有關的該等記錄或資料。

Signature of Applicant 申請人簽署:

Name of Applicant:

申請人姓名:

(This signature shall also act as specimen signature for future correspondence. 日後有關本計劃之簽署，將以此簽署樣式為準。)

Date 日期:

FOR OFFICE USE ONLY 只供香港永明金融有限公司填寫

Intermediary / Agent Details 強積金中介人 / 代理人資料 MPF

Name 姓名:

1)

Sun Flower Insurance Brokers Limited

Code 編號:

1)

1946

2)

MPF Card Registration No. 註冊編號:

1)

IC000177

Source 來源:

☐ Direct 直接

☐ Shared 共享

☐ Referral 轉介

Existing Sun Life Hong Kong Limited ORSO Client 現有香港永明金融有限公司退休金客戶?

☐ Yes 是

☐ No 否

Checklist of Supporting Document 請附上以下文件:

☐ Copy of Hong Kong Identity Card / Passport 香港身份證 / 護照副本

Please send the completed form to:

Address: Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
22/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong Tel 3183 1888

請將填妥表格交予:

地址: 永明彩虹強積金計劃行政管理人 - 卓譽金融服務有限公司
香港灣仔港灣道 26 號華潤大廈 22 樓 電話 3183 1888

SUN LIFE RAINBOW MPF SCHEME
DIRECT DEBIT AUTHORISATION
永明彩虹強積金計劃
直接付款授權書

Date 日期 (dd 日/ mm 月/ yyyy 年)		Bank No. 銀行編號		Branch No. 分行編號		Account No. 帳戶編號	
Name of Party to be Credited (The Beneficiary) 收款之一方 (受益人)		0 0 6		3 9 1		6 1 5 0 3 6 1 4	
Sun Life Trustee Company Limited							

To be completed by Applicant 申請人士填寫

Employer Name / Self-employed Person / Member Name (English) 僱主名稱 / 自僱人士 / 成員姓名 (英文)	
Employer / Scheme Number 僱主 / 計劃編號	

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人/吾等現授權本人/吾等之下述銀行, (根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之帳戶內轉帳予上述受益人。惟每次轉帳金額不得超過以下指定之限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等之銀行毋須證實該等轉帳通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for my overdraft (or increase in existing overdraft) on my/our account, which may arise as a result of any such transfer(s). 如因該等轉帳而令本人/吾等之帳戶出現透支(或令現時之透支增加), 本人/吾等願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 本人/吾等同意如本人/吾等之帳戶並無足夠款項支付該等授權轉帳, 本人/吾等之銀行有權不予轉帳, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。

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. 本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等之帳戶號碼
My/Our Name(s) as recorded on Statement/Passbook (Please provide the name in English) [#] 本人/吾等在結單/存摺上所記錄之名稱(請填上英文名稱) [#]	Contact Tel No. 聯絡電話號碼		
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所記錄之地址	Limit for Each Payment/Month ^{Note 1} 每次/月付款限額 ^{註 1}		
Debtor's Reference ^{Note 3} 債務人編號 ^{註 3}	My/Our Signature(s) ^{Note 2} 本人/吾等之簽署 ^{註 2}		

Please write in block letters. 請用正楷填寫

NOTES 附註:

- If the amount of your payments are likely to vary each time, please set the Limit for Each Payment at the **maximum amount** you would expect to pay at any one time. 如 台端付款之數額每次可能不相同, 則請將最高額定為每次付款之最高限額。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請確保 貴戶在此欄內之簽名, 與銀行帳戶所簽的完全相同。
- In the box marked "Debtor's Reference", please leave **BLANK** for official use. 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。

For Bank Use Only 銀行專用

Remarks 備註 _____ Signature Verified _____

For office use only:
Processed by: _____ Date: _____ Checked by: _____ Date: _____

