

**MPF Client Declaration Form 強積金客戶聲明書**

**Note 注意:**

1. This declaration form is applicable for conducting regulated activities under the Guidelines on Conduct Requirements for Registered Intermediaries issued by the MPFA (“MPFA Guidelines”). 本聲明書適用於從事積金局《註冊中介人操守要求指引》(「積金局指引」)所規定之受規管活動。
2. Customer to complete in BLOCK LETTERS and tick ✓ the appropriate boxes. 請客戶用正楷填寫，並於適當的方格內加上「✓」號。
3. Where regulated activities are conducted, this Declaration Form must also be completed and returned to SFIB. 如進行受規管活動，則必須填寫本聲明書並交回給新華顧問。

A. Client information 客戶資料		
1. Name of Company 公司名稱	2. Name of Authorized Signatory & Title 授權簽署人姓名及職銜	3. Salutation 稱謂 <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms 女士
4. HKID No. 身份證號碼	5. Business Registration No. 商業登記號碼	6. Level of Education 教育程度 <input type="checkbox"/> Primary or below 小學或以下學歷 <input type="checkbox"/> Above primary 小學以上學歷

**B. Clients with special needs 需要特別照顧的客戶**

**B.1**

According to MPFA Guidelines, a client with special need (who is person who is not, or may not be, able to fully understand the type of information to be provided/discussed or make a key decision) may include a client who is illiterate, with low level (primary level or below) of education, visually or otherwise impaired in a manner that affects his/her ability to make the relevant key decision independently.

根據積金局指引，需要特別照顧的客戶（即不能完全明白或也許不能完全明白所提供及討論的及不能作出重要決定的人士）可包括，有語文困難、低學歷（小學程度或以下）、有視力或其他肢體受損的客戶，而該等情況影響其獨立地作出強積金相關的重要決定的能力。

- Not applicable. I am not a client with special needs.  
不適用。本人並不是需要特別照顧的客戶。
- As a customer with special needs, I prefer the following option to witness the relevant sales process and constituent fund selection process (referred as the “Sales Process”):  
作為需要特別照顧的客戶，本人於下列兩項中選擇其一以見證是次銷售及選擇成分基金過程（下稱「銷售過程」）：

- to be accompanied by a companion to witness the Sales Process.  
本人攜同同伴見證銷售過程。

\_\_\_\_\_  
Full name of witness  
見證人姓名

\_\_\_\_\_  
HKID/Passport no. of witness  
見證人身份證/護照號碼

\_\_\_\_\_  
Signature of witness  
見證人簽署

\_\_\_\_\_  
Date  
日期

- to have an additional member of staff to witness the Sales Process.  
本人要求提供多一名員工見證銷售過程。

\_\_\_\_\_  
Full name of staff  
員工姓名

\_\_\_\_\_  
Staff number  
員工號碼

\_\_\_\_\_  
Signature of staff  
員工簽署

\_\_\_\_\_  
Date  
日期

- I do not want any one else to accompany me or witness the sale process and, therefore, do not choose either of the above option.  
本人不要任何其他人士陪同或見證銷售過程，故不選擇上述任何一項。

**B.2**

A registered intermediary should provide extra care of, and support for, clients (including representatives of employers) with special needs during the sales and marketing process relating to the making of a key decision. A key decision for this purpose refers to one of the following decisions:

- (a) choosing a particular constituent fund;
- (b) making a transfer that would involve a transfer out of a guaranteed fund;
- (c) making an early withdrawal of accrued benefits from the MPF System; or
- (d) making how much voluntary contributions into a particular registered scheme or a particular constituent fund.

註冊中介人如遇到需要特別照顧的客戶(包括僱主代表)，在進行與作出重要決定有關的銷售或推銷程序時，需給予額外的照顧及支援。重要決定是指以下任何一項決定：

- (a) 選擇某一特定的成分基金；
- (b) 因轉移而涉及從現有強積金賬戶轉出保證基金；
- (c) 從強積金制度提早提出累算權益；或
- (d) 向某一特定的註冊計劃或某一特定的成分基金作出多少自願性供款。

- Not applicable, activities do not involve any key decision as described above.  
不適用，活動不涉及上述的重要決定。

### C. Transferring out of guaranteed funds 從現有強積金賬戶轉出保證基金

- I have been warned against and I understand the risk that transfer-out from the guaranteed fund may result in the loss of the guarantee (either a loss which I may incur or, where I am a representative of an employer, the loss which employees of the employer may incur as the result of the transfer). I have also been advised to either check the offering document or consult the relevant trustee for details for the terms of the guarantee and take into account the said risk before transferring out of that fund.  
本人已獲警告且本人理解從現有強積金賬戶轉出保證基金涉及風險，可能會導致損失保證（有關轉出可導致是本人自己遭受損失，或如本人是僱主代表，則是該僱主旗下僱員遭受損失）。本人亦已獲得建議，於從該基金中轉出保證基金之前，要查閱發售文件或諮詢有關受託人以瞭解保證條款之詳情並且考慮到上述風險。

### D. Suitability Assessment 適合性評估

According to The MPFA Guidelines, suitability assessment is required if the sales and marketing process involves one or more of the following circumstances:

- (a) extending an invitation or inducement to a specific client that involves the choice of a particular constituent fund;  
(b) giving regulated advice to a specific client that involves the choice of a particular constituent fund;  
(c) giving detailed advice to the client in relation to a decision on early withdrawal of accrued benefits from the MPF System; or  
(d) giving detailed advice to the client in relation to a decision as to the amount of any voluntary contributions to be paid into the MPF System.

根據積金局指引，如銷售或推銷程序涉及下列各項之其中一項或多於一項，需進行適合性評估：

- (a) 發出邀請或誘使特定客戶作出關乎某一特定成分基金的選擇；  
(b) 向指定客戶提供作出關乎某一特定成分基金的選擇的受規管建議；  
(c) 向客戶提供有關從強積金制度提早提取累算權益的決定之詳盡建議；或  
(d) 向客戶提供有關向強積金制度注入多少自願性供款的決定之詳盡建議。

- Not Applicable. None of the above circumstances is involved or the customer does not agree to provide the information required for suitability assessment.

不適用，不涉及任何上述情況或客戶不同意提供進行適合性評估所需的資料。

**(Proceed to Section E and sign where appropriate. 下往E部並於適當位置簽署。)**

- I understand the result of Suitability Assessment Questionnaire is for my reference only. The information provided should not be relied upon when making any investment choices for MPF account(s). The final decision of any investment choices is mine.

本人明白適合性風險評估問卷之結果只供本人參考用途。本人不應該依靠該等資訊作出強積金賬戶之投資選擇。而所有投資選擇的最終決定均由本人作出。

**(Attach a completed Suitability Assessment Questionnaire. 連同已完成的風險適合性評估問卷一併遞交。)**

### E. Personal Information Collection Statement 收集個人資料聲明

I/We hereby authorize Sun Flower Insurance Brokers Limited (SFIB) to collect, store, analyze, administer and utilize all the data and information in regard and related to my/our insurance policies/MPF schemes.

本人/本公司現特授權“新華保險顧問有限公司”(新華保險)收集、儲存、分析、管理和使用所有關於本人/本公司保險/強積金計劃及相關的資料和信息。

SFIB must handle my/our data and information with strict confidence guided under HKSAR's legislation in respect of privacy. SFIB can only use my/our data and information for their internal purpose and such usage must be restricted to their related departments and/or divisions.

“新華保險”必須以極為謹慎的態度和方法去儲存和處理本人/本公司的資料和信息，並要遵守香港特別行政區一切有關私隱的法例和指引。“新華保險”只能把有關本人/本公司的資料和信息作內部用途，並只能供其相關的部門使用。

SFIB must set up specific guidelines and security measures, including but not limited to firewall-type software, in order to safeguard my/our privacy and to prevent any possible leakage of my/our data and information to any other “unrelated third parties” including individuals and/or companies.

“新華保險”必須設立和制定相關的指引和安全措施(包括但不限於像電腦防火牆之類的軟件)，以確保本人/本公司的私隱、資料和信息不會外泄給任何“不相關的第三者”(包括個人或/及公司)。

Whenever necessary, SFIB must help me/us to access to my/our own data and information collected and stored in SFIB. We reserve the right to ask SFIB to amend, correct or delete my/our data and information from their data bank whenever we want and for whatever reasons.

無論任何時間，“新華保險”均須協助本人/本公司查閱由“新華保險”收集和儲存有關本人/本公司的資料和信息。本人/本公司有權要求“新華保險”條改、更正或刪除該等資料和信息而毋須作出任何解釋。

This authorization will be effective immediately upon my/our signature and will continue until we will terminate it by written notification.

此授權書由正式簽署之日起開始生效，並會繼續維持有效，直至本人/本公司以書面正式通知取消為止。

## F. Signature 簽署

By signing this form, I confirm that the information, answers and/or declaration given in this form and its attachment are correct and complete and I understand and agree to the terms of the Personal Information Collection Statement set out under E above.

簽署本確認書即表明本人確認本確認書及其附件所提供之資料，回答及/或聲明正確且完整，本人理解並同意載於上文E部之收集個人資料聲明的條款。

I have received the Information Leaflet and accept the contents there when giving the above mentioned instruction(s) or submitting the relevant application(s).

本人已接獲資料單張並於作出上述指示或提交相關申請表時已接受其中所載之內容。

I have received a copy of the latest version of the offering document, and was advised to read carefully and understand the information contained therein prior to making the transfer and any other key MPF decision.

本人已收到發售文件之最新版本，且獲得建議，於作出轉移及任何其他重要強積金決定之前應仔細閱讀並理解其中所載之資料。

I have been advised that I will, as soon as practical, receive a copy of all signed application forms and that, generally speaking, the forms will be passed on to the relevant trustee for processing within 3 working days].

本人亦得知本人會，在可行的情況下，盡快收到所有已簽署的申請表之副本，已被通知有關申請表一般來說將於三個工作天內提交給有關受託人處理。

### Commission Disclosure Statement and Consent

I understand, acknowledge and agree that the MPF intermediary has disclosed that she/he may be compensated through commission and/ or other incentive in respect of this appointment.

#### 佣金透露聲明及同意書

本人明白，確知及同意，強積金中介人就此次任命有可能以佣金或／及獎賞形式取得報酬。

I fully understand and confirm to appoint **SUN FLOWER INSURANCE BROKERS LTD** [Name of Principal Intermediary] ("Principal Intermediary") as my exclusive MPF Intermediary / servicing agent in respect to my MPF scheme arrangement with effect from the date of this letter

本人清楚明白及確認以下簽署日期起委任 **SUN FLOWER INSURANCE BROKERS LTD** [主事中介人名稱] (「主事中介人」) 為處理本人強積金計劃事宜之唯一強積金中介人 / 服務代理人。

**X** \_\_\_\_\_

Authorized Signature with company stamp  
獲授權簽署及公司印章

\_\_\_\_\_  
Date  
日期

**X** \_\_\_\_\_

Signature of Witness  
見證人簽署

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Name of Authorized Signatory

授權簽署人姓名

\_\_\_\_\_  
Name of Witness

見證人姓名