

如需遞交填妥表格 When submitting this form:
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Sun Life Rainbow MPF Scheme

永明彩虹強積金計劃

Scheme Registration Number 計劃註冊編號 : MT00067

MPF REMITTANCE STATEMENT 強積金供款通知書

CONTRIBUTION PERIOD 供款期: _____

Print Date 編印日期 : _____
Page No 頁數 : 1

To: Employer Code 僱主編號: _____
Reporting Center No. 隸屬中心編號: _____



Please complete this Remittance Statement, sign on PART THREE and return to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited (P.O. Box 95868, Tsim Sha Tsui Post Office) together with a cheque (if any) payable to 'Sun Life Trustee Co. Ltd-Sun Life Rainbow MPF Scheme' 5 working days before the contribution due date.
請填妥此供款通知書且於第三部份簽署核實，並須在供款到期日五個工作天前連同抬頭人為「永明信託有限公司-永明彩虹強積金計劃」的劃線支票(如適用)，寄回永明彩虹強積金計劃行政管理人-卓譽金融服務有限公司尖沙咀郵箱 95868 號。

For enquiry, please contact Sun Life Pension Services Hotline: 31831888 Fax: 31831889
如有任何查詢，請致電永明退休金服務熱線: 31831888 傳真: 31831889

PART ONE : EXISTING MEMBER CONTRIBUTION 第一部份: 現有成員供款

- Please note that this Remittance Statement only reflects the latest information received as at Print Date. 此供款通知書上詳列的資料均以編印日期所具的資料為準。
- All contribution amounts are rounded up to 2 decimal places. 所有供款額均小數點後二位調進。
- Member who does not have any relevant income (e.g. on no-paid leave) should also be reported with zero relevant income and contribution amount. 成員如在職期間未獲支付任何有關入息(例如無薪例假)仍須填寫'0'於有關入息及供款欄。
- Remarks 備註
 - *1 For those members with *1 mark, please **fill in and submit the Membership Enrolment Form duly signed by both employer and member** to complete the enrolment procedure. Otherwise, members' contributions stated in this Remittance Statement may not be processed on a timely basis. 如該成員有 *1 號，請填妥及交回由僱主及成員簽署之成員登記表格以完成成員登記手續。否則，於本供款通知書上填寫的有關成員之供款未必可以如期處理。
 - *2 For those members with *2 mark, Membership Enrolment Form was not signed by the member. Please inform the member to re-complete the Membership Enrolment Form with member's signature and resubmit the form immediately so as to complete the enrolment procedure. Otherwise, members' contributions stated in this Remittance Statement may not be processed on a timely basis. 由於成員登記表格未有成員簽署，故成員登記未能如期處理。請儘速安排有關成員簽署成員登記表格並交回本公司以作處理。否則，於本供款通知書上填寫的有關成員之供款未必可以如期處理。
 - *18 Under age 18 – Mandatory contribution is only required after a member attained age 18. 成員足 18 歲後，才需作出強積金供款。
 - *65 According to the new guideline, for member reaches age 65 on or after 1st October 2004, both employer and member are required to make mandatory contributions for all relevant income earned before the member attains age 65 regardless of when the income is paid. Please provide the relevant income for the whole contribution period during which the member reaches age 65, the mandatory contributions and voluntary contributions (if applicable) accordingly. 根據新修訂之指引，凡於二零零四年十月一日或之後滿 65 歲之成員，僱主及成員亦須就其於 65 歲前所賺取的有關入息(不論該段期間的有關入息何時支付)作出強制性供款。請提供該成員達 65 歲時整個供款期的有關入息，有關之強制性供款及自願性供款(如適用)。

Member Number 成員編號	Member Name 成員姓名 (As per printed on HKID card) (以香港身份證上的姓名為準)	Remarks 備註	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	Date of Employment 受僱日期 dd-mm-yyyy 日-月-年	Relevant Contribution Period 有關供款期		Relevant Income 有關入息	Basic Salary (if applicable) 基本薪金 (如適用)	Mandatory Contribution 強制性供款		Voluntary Contribution 自願性供款		Surcharge 附加費	Total Contribution 總供款
					From 由	To 至			HK\$	HK\$	Employer's portion 僱主供款 (a)	Member's portion 成員供款 (b)		
							HK\$	HK\$	HK\$	HK\$	HK\$	HK\$	HK\$	HK\$

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PART FOUR : LEAVING MEMBER INFORMATION 第四部份: 離職成員資料

Name of Employer 僱主名稱 :

Employer Code 僱主編號 :

Print Date 編印日期 :
Page No 頁數 : 4

Reporting Center Number 隸屬中心編號 :

IMPORTANT NOTES 重要事項

If your company would like to apply for the refund of Long Service Payment (LSP)/Severance Payment (SP) paid to the relevant member, you **MUST** 如貴公司有已支付予有關成員之長期服務金/遣散費扣減退款申請, 閣下**必須**

1. Mark the LSP/ SP amount in the box below 於下方欄位填上長期服務金/ 遣散費金額; and 及

2. Submit the **LSP/SP RECEIPT WITH MEMBER'S VALID SIGNATURE (which has to be same as The Administrator's record)** 遞交**有關成員簽署確認已收妥長期服務金/ 遣散費之收據, 成員簽名必須與計劃行政管理人之紀錄相符。**

Please note that all applications for refund without LSP/ SP receipt or without member's valid signature (the signature should be same as the record being kept by The Administrator) or submitted after the transfer/ withdrawal of the accrued benefit will not be accepted. 如有關申請未有附上有關成員之有效簽署(長期服務金/遣散費收據上之簽署應與計劃行政管理人之紀錄相符)以確認已收妥該等金額之收據, 或未能於該成員之累算權益轉移前提出申索, 或資料不全以及逾期者, 有關申請恕不接受。

Office Use Only 公司專用	Member Number 成員號碼	Member Name 成員姓名 (As per printed on HKID card) (以香港身份證上的姓名為準)	HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼	Last Date of Employment 最後受僱日期 (DD-MM-YYYY) (日·月·年)	Reason for Termination ※ 離職原因	#Long Service/ Severance Payment Amount paid to the relevant member (if any) [MUST submit LSP/ SP receipt with member's valid signature]. #已支付予有關成員之長期服務金/ 遣散費金額(如有) [必須附上有關成員簽署確認已收妥該等金額之收據] (HK\$) (港幣)
Q() H()						
P() F()						
Q() H()						
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※ Reason for Termination 離職原因

- 1 Normal Retirement 正常退休
- 2 Early Retirement 提早退休
- 3 Death 身故
- 4 Total Incapacity 完全失去行為能力
- 5 Leaving Service (i.e. Resignation/ Termination) 離職(即辭職/終止受僱)
- 6 Lay off 遣散
- 7 Summary Dismissal 即時解僱
- 8 Intragroup Member Transfer 聯營機構間轉調

WE HEREBY CONFIRM THAT THE ABOVE DETAILS ARE TRUE AND CORRECT AND AGREE THAT WE SHALL BE LIABLE TO ANY INVESTMENT LOSS RESULTING FROM ANY SUBSEQUENT CHANGE OR WITHDRAWAL MADE TO THE ABOVE INSTRUCTION. WE ALSO UNDERSTAND THAT IT IS OUR RESPONSIBILITY TO MAKE CONTRIBUTIONS UP TO THE MEMBERS' LAST DAY OF EMPLOYMENT.
我們謹此確定以上資料皆真實正確及同意我們要負責所有因更改或取消以上資料所衍生之投資損失。我們亦明白需要支付成員的供款直至最後受僱日期。

Please confirm and sign below 請於下列確認並簽署:

Company Chop and Signature of the Employer 公司蓋章及僱主簽署:
(or signed by a duly authorized signatory 或由授權人代行)
For and on behalf of the employer 代僱主

請簽署
Please Sign Here

Sign Date 簽署日期
(dd/mm 月/yyyy 年)

Please sign and return this page to the address stated below. 請填妥及簽署此頁並寄回下列地址。

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited P.O. Box 95868, Tsim Sha Tsui Post Office Tel 3183 1888 Fax 3183 1889

永明彩虹強積金計劃行政管理人 - 卓譽金融服務有限公司尖沙咀郵箱 95868 號 電話 3183 1888 傳真 3183 1889

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Please do NOT send in this form twice; if faxing form, please keep the hard copy for your records.

請勿重複遞交相同表格; 如透過傳真遞交表格, 請保留正本以作記錄。

