

Notes

- All sections below should be completed in English and in BLOCK letters except your Chinese name.
除了個人資料內的中文姓名外，所有部份須以英文正楷填寫。
- This form is to be completed by any person who wishes to claim for payment of accrued benefits.
本表格供擬提出申索累算權益的人士填報。

SUN LIFE RAINBOW MPF SCHEME
CLAIM FORM FOR PAYMENT OF ACCRUED BENEFITS [MPF(S)-W]
永明彩虹強積金計劃
累算權益申索表格[MPF(S)-W]

Part I - Details of the Claimant / Scheme Member ^{Note 1} **第一部份 - 申索人/計劃成員資料** ^{註 1}

| | | | |
|---|-------------------------------|------------------------------------|-----------------|
| (1) Claimant 申索人 | | | |
| Name (English) 姓名(英文) | | _____ | |
| | | (Surname 姓) | (Given Names 名) |
| Name (Chinese) 姓名(中文) | | _____ | |
| | | (Surname 姓) | (Given Names 名) |
| Title 稱銜 | | Mr/Ms/Miss/Others* 先生/女士/小姐/其他* | |
| HKID / Passport No.* ^(Note 2) 香港身份證 / 護照號碼* ^(註二) | | _____ | |
| Email Address 電郵地址 | | _____ | |
| Telephone No. Home 電話號碼 住宅 | Mobile /Pager* 手提電話 / 傳呼機* | Fax No. 傳真號碼 | |
| _____ | _____ | _____ | |
| Correspondence Address 通訊地址 | | | |
| _____ | | | |
| (2) Scheme Member (if different from claimant) 計劃成員(如非申索人) | | | |
| Name (English) 姓名(英文) | | _____ | |
| | | (Surname 姓) | (Given Names 名) |
| Name (Chinese) 姓名(中文) | | _____ | |
| | | (Surname 姓) | (Given Names 名) |
| Title 稱銜 | | Mr/Ms/Miss/Others* 先生/女士/小姐/其他* | |
| Employer Number 僱主編號 | | Employer Name 僱主名稱 (English 英文) | |
| _____ | _____ | | |

Part II Details of the Claim 第二部份 申索資料

| | |
|--|---|
| (1) Name of the scheme and Membership Number(s) against which payment(s) are claimed: ^{Note 3} 申索人要求支付權益的計劃名稱及成員編號: ^{註 3} | |
| Name of the scheme 計劃名稱: | Sun Life Rainbow MPF Scheme |
| Name of the Trustee 受託人名稱: | Sun Life Trustee Company Limited |
| Sun Life Rainbow MPF Scheme Membership Number(s): (1) 永明彩虹強積金計劃成員編號: | _____ |
| | (2) _____ |
| Please note that the final benefit statement and cheque payment (if any) will be sent to the correspondence address specified in Part I. 請注意閣下之最終權益報表及支票(如有)，將寄往列明於第一部份之通訊地址。 | |
| (2) Grounds for claiming accrued benefits (please ✓ one box only) ^{Note 4} 申索累算權益理由 (請只於一個方格內加上 ✓ 號) ^{註 4} | |
| <u>Withdrawal Reason 提取原因</u> | <u>Please Enclose the Documents Required 請附上所需文件</u> |
| <input type="checkbox"/> Retirement (aged 65) 退休(到達 65 歲) | > HKID card copy ^{Note 8} 香港身份證副本 ^{註 8} |
| <input type="checkbox"/> Early Retirement (aged 60) 提早退休(到達 60 歲) | > HKID card copy ^{Note 8} 香港身份證副本 ^{註 8} > Original copy of the statutory declaration form on early retirement (Form MPF(S) – W(SD1)) ^{Note 5} 有關提早退休的法定聲明書正本 (第 MPF(S) – W(SD1)號表格) ^{註 5} |



| | |
|--|---|
| <input type="checkbox"/> Total Incapacity 完全喪失行為能力 | <ul style="list-style-type: none"> ➢ Member's HKID card copy (if the claim is made by the member) or member's and the committee / guardian's HKID card copies (if the claim is made by the committee/guardian on behalf of the member) ^{Note 8} 成員香港身份證副本 (如申索由成員提出), 或成員及產業受託監管人 / 監護人香港身份證副本 (如申索由產業受託監管人 / 監護人代表成員提出) ^{註 8} ➢ Copy of the medical certificate certifying total incapacity (Form MPF(S) – W(M)) ^{Note 6} 證明申索人完全喪失行為能力的醫生證明書副本 (第 MPF(S) – W(M) 號表格) ^{註 6} ➢ Copy of termination letter from the employer (if employed as an employee immediately before total incapacity) or the last employer (if employment as an employee has been terminated before total incapacity) for that particular kind of work ^{Note 7} 現任僱主 (如僱員在緊接完全喪失行為能力之前是受僱的) 或最後僱主 (如僱員在完全喪失行為能力之前已終止受僱) 所發信件的副本, 證明有關該特定種類工作的僱傭合約已予或將予終止 ^{註 7} ➢ Original copy of the statutory declaration form on total incapacity (Form MPF(S) - W(SD4) if the claim is made by the member, or Form MPF(S) - W(SD5) if the claim is made by a committee / guardian on behalf of the member) ^{Note 5 & 9} 證明僱員因完全喪失行為能力而申索累算權益的法定聲明正本 (如申索由成員提出, 請填寫法定聲明第 MPF(S) – W(SD4) 號表格; 如申索由產業受託監管人 / 監護人代表成員提出, 則填寫第 MPF(S) – W(SD5) 號表格) ^{註 5 及 9} ➢ Copy of the evidence of the status of the committee / guardian, i.e. the Court Order or the Guardianship Order issued by the Guardianship Board pursuant to the Mental Health Ordinance (Cap. 136) (if the claim is made by a committee / guardian on behalf of the member) 證明產業受託監管人 / 監護人身分的文件副本; 身分證明指根據《精神健康條例》(第136章) 發出的法院命令或監護委員會根據該條例發出的監護令 (如申索由產業受託監管人 / 監護人代表成員提出) |
| <input type="checkbox"/> Death 死亡 | <ul style="list-style-type: none"> ➢ HKID card copy ^{Note 8} 香港身份證副本 ^{註 8} ➢ Death certificate copy of the deceased member 已故成員的死亡證明書副本 ➢ Letter of Probate or Letter of Administration granted by the Probate Registry or a letter requesting withdrawal of the accrued benefits issued by the Official Administrator if the claim is made by the Official Administrator 遺產承辦處發出的遺囑認證書或遺產管理書副本: 如申索是由遺產管理官提出, 請隨附由遺產管理官所發出要求提取累算權益的信件 |
| <input type="checkbox"/> Permanent Departure from Hong Kong 永久性離港 | <ul style="list-style-type: none"> ➢ HKID card copy ^{Note 8} 香港身份證副本 ^{註 8} ➢ Copy of Immigration Visa / Foreign Passport / Home Visit Permit / Entry Permit for Hong Kong and Macau Residents ^{Note 10} / others*, etc _____ (please specify type of documents giving the member the permission to reside permanently or for an indefinite period in a place outside Hong Kong) 賦予成員在香港以外某地方永久或無限期地居住的移民簽證 / 外國護照 / 回鄉證 / 港澳居民來往內地通行證 ^{註 10} / 其他證明文件等* _____ (請註明證件類別) ➢ Original copy of statutory declaration form on permanent departure (Form MPF(S) - W(SD2)) ^{Note 5} 永久性離港的法定聲明正本 (第 MPF(S) – W(SD2) 號表格) ^{註 5} ➢ Copy of Letter of Release issued by the Inland Revenue Department (if applicable) 稅務局發出的同意釋款書副本 (如適用) ➢ Please provide your overseas contact details as follows 請提供閣下的海外聯絡資料如下: <ul style="list-style-type: none"> (i) Country where you are permitted to reside permanently or for an indefinite period: 獲准永久或無限期居住的國家: _____ (ii) Correspondence address (通訊地址): _____ <p>Phone No (聯絡電話): _____ Email address (電郵地址): _____</p> <ul style="list-style-type: none"> (iii) Reason(s) for permanently departing from Hong Kong (e.g. emigration, marriage, family reunion, long-term overseas employment, retirement or others. For others, please specify 永久離開香港原因 (例如移民、結婚、家庭團聚、長期海外受聘、退休或其他。若原因屬其他, 請註明): _____ |
| <input type="checkbox"/> Small Balance Account 小額結餘帳戶 | <ul style="list-style-type: none"> ➢ HKID card copy ^{Note 8} 香港身份證副本 ^{註 8} ➢ Original copy of the statutory declaration form on small balance account (Form MPF(S) – W(SD3)) ^{Note 5} 小額結餘帳戶的法定聲明正本 (第 Form MPF(S) – W(SD3) 號表格) ^{註 5} |

Part III Declaration 第三部份 聲明

The Claimant/Scheme Member named above hereby acknowledges that all information provided herein to Sun Life Trustee Company Limited (the "Trustee") shall be used for (i) processing transfer of the accrued benefits to/from the Scheme; (ii) administration for claims of accrued benefits of the Scheme; (iii) conducting direct marketing activities of provident fund, investment, insurance or other related products and services of the Trustee or its associated companies; (iv) compliance with the applicable laws and regulations; and (v) any other purposes related to the above. The Claimant/Scheme Member further agrees that the information provided hereunder may be made available to other service providers of the Scheme, any agents or other associated companies of the Trustee which the Trustee considers appropriate.

The information which the Claimant/Scheme Member 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 Claimant/Scheme Member 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**

上述申索人/計劃成員特此承認, 在本表格內向永明信託有限公司 ("受託人") 提供的所有資料應被用於: (i) 本計劃累算權益轉入/轉出之辦理手續; (ii) 本計劃累算權益申索之行政事宜; (iii) 進行受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; (iv) 遵守適用法律和規例; 及 (v) 與上述有關的任何其他用途。申索人/計劃成員進一步同意, 在本表格提供的資料可以供給本計劃的其他服務提供者, 以及受託人認為適當的任何代理人或受託人的其他相聯公司。

申索人/計劃成員是以自願性質向受託人提供本表格的資料的。但是, 未能提供資料可能導致受託人不能處理本申請。

申索人/計劃成員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。

I/We* ^{Note 1} declare that to the best of my/our* knowledge and belief, the information given in this Form and its attachment is correct and complete. ◆

本人/我們*^{註 1} 聲明, 本人/我們*深知確信本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。

◆

*** Warning 警告:**

Section 43E of the Mandatory Provident Fund Schemes Ordinance makes it an offence punishable with a maximum of 1 year imprisonment for the first occasion and 2 years' imprisonment on each subsequent occasion for a person who makes a false or misleading statement in a material respect. 根據強制性公積金計劃條例第 43E 條, 任何人士如在要項上作出虛假或具誤導性聲明, 即屬違法。初犯者最高刑罰可判監禁一年, 而再犯者每次最高刑罰可判監禁兩年。

Signature of the claimant(s) / member* 申索人/成員簽署*

Date 日期 (dd 日/mm 月/yyyy 年) _____

*Please delete whichever is inappropriate. 請刪除不適用者。

**Explanatory Notes on
Claim Form For Payment of Accrued Benefits (Form MPF(S) – W)
累算權益申索表格 (第 MPF(S) – W 號表格) 填報須知**

- (1) For claims of payment on the grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance may act on behalf of the deceased scheme member to claim for payment of the member's accrued benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap.10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives. For claims of payment on grounds of total incapacity, either the member or a committee of estate/guardian appointed under the Mental Health Ordinance (Cap.136) to act on behalf of the member may lodge the claim for payment of accrued benefits. 基於死亡理由而要求支付累算權益的申索，只可由《強制性公積金計劃條例》所界定的遺產代理人代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第 10 章)所界定的遺產代理人及按該條例第 15 條，在無須任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第 I 部另紙詳載各申索人的資料。在這情況下，本表格須由所有遺產代理人聯署。基於完全喪失行為能力的理由而要求支付累算權益的申索，可由成員或根據《精神健康條例》(第 136 章)獲委任代表該成員行事的產業受託監管人/監護人提出。
- (2) Claimants or scheme members should give their passport numbers ONLY when they do NOT possess HKID cards.
申索人或計劃成員只應在沒有香港身份證的情況下才填報護照號碼。
- (3) If a claimant/scheme member has more than one account in a registered scheme, the claimant should fill in one form for payment of accrued benefits in respect of all accounts within one scheme. If a claimant/scheme member has accounts in more than one scheme, the claimant should fill in one form for each scheme.
如果申索人/計劃成員在同一個註冊計劃內擁有超過一個帳戶，則在提出支付累算權益的申索時，只須就該等同屬一個計劃的所有帳戶填報一份表格；但若申索人/計劃成員不止在一個計劃開立帳戶，則須就每個計劃填報一份表格。
- (4) In processing a claim of payment, the approved trustee of the scheme may request the claimant to produce the original copies of the documents for checking purpose, if necessary.
處理付款申索時，計劃的核准受託人可在必要時要求申索人提交文件的正本以核對資料。
- (5) A claimant who is required to make a statutory declaration for a claim shall complete the relevant statutory declaration form and make a statutory declaration. The signed statutory declaration form shall be attached to the Form MPF(S) – W. The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths at a Public Enquiry Service Centre of the Home Affairs Department/ a Notary Public/a Justice of the Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration.
須就某項申索作出法定聲明的申索人，須填報有關聲明表格及作出法定聲明。申索人須把簽妥的聲明表格夾附於第 MPF(S) – W 號表格。該法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明（例如在香港，法定聲明須在民政事務總署諮詢服務中心監誓員/公證人/太平紳士面前作出，並由他們簽實）。在香港以外地方所作的法定聲明，只要是在公證人或獲該地方法律授權監誓或監理法定聲明的人士面前作出，並由他們簽實，亦可予接受。
- (6) Except for a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job under the Employment Ordinance (Cap.57), a claimant shall ask his/her medical practitioner to fill in Form MPF(S) – W(M) and attach it to Form MPF(S) – W. A medical practitioner who signs Form MPF(S) – W(M) must be either
申索人須請其診症醫生填寫第 MPF(S) – W(M) 號表格並夾附於第 MPF(S) – W 號表格。簽署第 MPF(S) – W(M) 號表格的醫生須是
- (I) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap.161), i.e.,
根據《醫生註冊條例》(第 161 章)註冊的註冊醫生，即：
- (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
在香港醫務委員會正式註冊為醫生的人；或
- (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (i.e. persons who are exempted from registration);
獲視作為根據《醫生註冊條例》註冊成為醫生的人（即獲豁免無須註冊的人）。
- Or
或
- (II) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2 of the Chinese Medicine Ordinance (Cap. 549).
《中醫藥條例》(第 549 章)第 2 條所界定的註冊中醫。
- For a claimant who also claims long service payment on grounds of permanent unfitness for his/her present job, he/she may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under the Employment Ordinance used for the purpose to substitute for the Form MPF(S) – W(M) for the purpose of claiming payment of MPF accrued benefits on grounds of total incapacity.
申索人如按《僱傭條例》(第 57 章)的規定，以永久不適合擔任其現時工作為理由而同時申索長期服務金，則可按《僱傭條例》填寫「證明僱員永久不適合擔任某類工作的證明書」，以替代第 MPF(S) – W(M) 號表格。該表格是供因完全喪失行為能力而提出支付強積金累算權益申索的人士填報的。
- (7) For a self-employed person or a former self-employed person who claims payment on grounds of total incapacity, there is no need to produce an employer letter.
基於完全喪失行為能力的理由而提出付款申索的自僱人士或前任自僱人士無須提出僱主證明書。
- (8) For claimant or scheme member who does not wish to present the HKID card in person for verification, please provide a copy of your HKID card. If you do NOT possess a HKID card, a copy of the passport (only for pages with personal particulars and passport number) should be given to the trustee concerned for verification of the passport number if the claimant or scheme member does not wish to present the passport in person for verification.
如申索人或計劃成員不擬親身出示香港身份證供受託人核對號碼，請提供閣下之香港身份證副本。若閣下沒有香港身份證，而又不擬親身出示護照以供核對，則須提供護照副本（只載有個人資料及護照號碼之頁）供受託人核對護照號碼。
- (9) For a former employee whose last employment has been terminated before total incapacity and who is unable to obtain a letter from the last employer certifying that that contract of employment for that particular kind of work has been terminated or has been unemployed for more than 7 years, the claimant must provide the trustee with a statutory declaration stating that that contract of employment for the particular kind of work as specified in the medical certificate has been terminated.
如前任僱員在他完全喪失行為能力之前最後從事的工作已終結，令他未能取得最後僱主發出的信件，證明關於該特定種類工作的僱傭合約已終止或他已失業超過 7 年，則申索人必須向受託人提供法定聲明，述明醫生證明書上所指明關於該特定種類工作的僱傭合約已終止。
- (10) The "Entry Permit for Hong Kong and Macau Residents" is issued at the China Travel Service (Hong Kong) Limited on behalf of the Public Security Bureau of Guangdong, PRC.
「港澳居民來往內地通行證」由香港中國旅行社有限公司代表中國廣東省公安廳發出。