

1. The changes filled in this form will supersede any previous information / form(s) which has/have been submitted to the Administrator.
本表格所列之更改將取代所有其他之前已遞交行政管理人的資料/表格。
2. All sections below should be completed in English and in BLOCK letters except the Chinese name of the Member.
除了成員的中文名稱外，所有部份須以英文正楷填寫。

SUN LIFE RAINBOW MPF SCHEME
MEMBER VOLUNTARY CONTRIBUTION CHANGE FORM
永明彩虹強積金計劃
成員更改自願性供款額表格

Section I Member Details 第一部份 成員資料

Member Name 成員姓名	Membership Number 成員編號
Telephone No. 電話號碼	HKID/Passport No. 香港身份證/護照號碼

Section II Amendment Details 第二部份 修改細則

PLEASE ✓ THE APPROPRIATE BOX. 請以✓選擇適當的方格。

At least 1-month prior notice to the Administrator is required.
成員須於最少一個月前通知行政管理人。

Effective Date of Change
生效日期

dd 日 / mm 月 / yyyy 年

- * Add / Change to 新增 / 更改 _____ % (to the nearest integer) (以整數計算) of my salary* 本人之薪金*
- * Add / Change to 新增 / 更改 _____ % (to the nearest integer) (以整數計算) of my salary* minus Member's Mandatory Contribution of the respective contribution period 本人之薪金 * 減去每供款期成員之強制性供款額
- * Add / Change to 新增 / 更改 A fixed amount 指定款額 HK\$ 港元 _____
- According to the Employer Voluntary Contribution Application Form (if applicable)
根據僱主自願性供款申請表格(如適用)

*Defined as Relevant Income unless otherwise specified in my Employer's Employer Voluntary Contribution Application Form
薪金定義除在僱主的僱主自願性供款申請表格中所界定之外，薪金定義為本人之有關入息

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

I, the Member, elect to use the above selected method to contribute my voluntary contributions to the Plan.
本人(成員)選擇以上之方法向計劃作出自願性供款。

- Change Benefit Class of Member 更改成員類別 _____
- Cancel Voluntary Contribution 取消自願性供款

Section III Declaration 第三部份 聲明

I, the Member, hereby authorize my Employer to deduct my voluntary contribution (if any) from my salary and to pay the same amount to the Trustee thereof. I agree that all above information:-

- (a) will be used for (i) the administration of my contributions and accrued benefits under Sun Life Rainbow MPF Scheme; (ii) conducting direct marketing activities of the Trustee or its associated companies; (iii) compliance with the applicable laws and regulations; and (iv) any other purposes related to the above;
- (b) may be made available to other third parties which the Trustee considers appropriate; and
- (c) is provided on a voluntary basis and failure to supply information may result in the Trustee being unable to process the change(s) requested/submitted in this form.

I can obtain access to and request correction of any of my personal information by writing to the Manager, Pensions Administration Department, **BestServe Financial Limited**.

本人(作為成員身份)授權僱主自本人薪金中扣除本人的自願性供款(如有),以付予計劃受託人。本人同意以上所有資料:

- (a) 應被用於(i)永明彩虹強積金計劃下的本人的供款和累算權益的行政事宜和管理;(ii)進行信託人或其相聯公司的直接市場推廣活動;(iii)遵守適用法律和規例;及(iv)與上述有關的任何其他用途;
- (b) 可提供給受託人認為適當的任何第三者;及
- (c) 是本人以自願性質向受託人提供的。但是,未能提供資料可能導致受託人不能處理本申請。本人有權查閱並且要求更正受託人所持有的本人個人資料。如要求查閱,可通過書面方式向**卓譽金融服務有限公司**退休基金管理部經理提出。

Signature of Member 成員簽署

Date 日期(dd 日/mm 月/yyyy 年) _____

Section IV To be Completed by Employer 第四部份 須由僱主填寫

Employer Name 僱主名稱	(the "Employer"「僱主」)
Employer Number 僱主編號	
Reporting Centre Number 隸屬中心編號	

For and on behalf of the Employer 謹代表僱主
Authorised Signature(s) with Company Chop 授權人簽署及公司印章

Date 日期(dd 日/mm 月/yyyy 年) _____

We, the Employer, hereby certify that we are acknowledged of the change of voluntary contribution rate of the above member and will adjust the contribution total for each contribution period.

本公司(僱主)現證明已獲通知有關以上成員欲更改其自願性供款額百分比,並於生效日期調整每一供款期之供款總額。

Please send the completed form to: Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

22/F, China Resources Building, 26 Harbour Road, Wanchai, Hong Kong Tel 3183 1888 Fax 3183 1889

請將填妥表格交予: 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 傳真 3183 1889

