

請將本表格連同所需文件一併遞交。
Please return this form with the
required document(s).

SUN LIFE MPF MASTER TRUST
EMPLOYER INFORMATION CHANGE FORM
永明強積金集成信託計劃
僱主資料更改表格

Notes 注意

1. This form supersedes the relevant terms in any relevant form(s) which has/have previously been submitted to the Administrator. For any update to authorized signatories and / or information, please complete and submit "UPDATE AUTHORIZED SIGNATORIES AND INFORMATION FORM".
本表格將取代所有早前曾遞交行政管理人的有關表格內的有關條款。如需要更新授權人士及 / 或其資料，請填寫及遞交「更新授權人及資料表格」。
2. All sections below should be completed in English BLOCK letters except the Chinese name of the Employer.
除了僱主的中文名稱外，所有部份須以英文正楷填寫。

Employer Name (English)

僱主名稱 (英文)

Employer Name (Chinese)

僱主名稱 (中文)

Account No.

帳戶編號

1. Details of Change 更改資料

IMPORTANT NOTES 重要事項:

1. **At least 1 month's prior notice to the Administrator is required for Employers to make changes to their voluntary contribution. The EFFECTIVE DATE must be on the first day of a contribution period.** 僱主須於最少一個月前通知行政管理人以更改其自願性供款。生效日期必須於供款期的第一日。
2. **Please note that any changes relating to Mandatory Contribution or Voluntary Contribution that will alter to a member's detriment his/her vested benefits are not allowed. For changes relating to Mandatory Contribution or Voluntary Contribution that will alter to a member's detriment his/her accrued rights under a registered scheme, approval from the Mandatory Provident Fund Schemes Authority (the "Authority") is required before the change can take effect. If the Authority's approval is not required, change(s) will take effect on the below "Effective Date". If the Authority's approval is required, the date on which the Authority approves the change is the "Approval Date". The change will take effect from the "Final Effective Date" which is the later of:**
 - (i) the below stated effective date; and
 - (ii) the Approval Date if it is the first day of a contribution period; and
 - (iii) the first day of the contribution period immediately following the Approval Date if the Approval Date is not the first day of a contribution period.

請注意任何與強制性供款或自願性供款有關之修改，若會損害成員在計劃下的既有利益是不准許的。任何與強制性供款或自願性供款有關之修改，若會損害成員在計劃下的累積權益，修改則須在獲得強制性公積金計劃管理局（“積金局”）的批准後方可生效。若不需要積金局的批准，修改將於下列「生效日期」生效。若需要積金局的批准，修改獲積金局批准當日為「批准日」。修改將於「最終生效日期」生效，即下列日期較後者：

 - (i) 下列生效日期及
 - (ii) 批准日（如批准日在供款期的首日）及
 - (iii) 批准日之後開始的供款期之第一日（如批准日不在供款期的首日）。
3. **In normal circumstances, changes should only be effected on a future date.** 在一般情況下，修改只應於將來的日期生效。
4. **The Trustee may require additional information before accepting the changes stated on this form.** 受託人在接受此表格上之修改前或須僱主提供附加資料。

Effective Date of change (dd/mm/yyyy)

更改的生效日期 (日/月/年)

New Employer Name (English)*

新僱主名稱 (英文) *

New Employer Name (Chinese) *

新僱主名稱 (中文) *

New Registered Address*

新註冊地址*

*Note: Please attach copy of the new Business Registration Certificate and/or the Certificate of Incorporation on Change of Name for the above changes.

注意：請提供新的商業登記證及/或公司更改名稱註冊證書之副本以更改以上資料。

New Correspondence Address (if different from the registered address)

新通訊地址 (如與註冊辦事處不同)

Name of Contact Person

聯絡人姓名

Position

職位

New Telephone No.

新電話號碼

New Fax No.

新傳真號碼

New Email Address (if any)

新電郵地址(如有)

New Payroll Frequency

新發放薪金週期



2. Change of Payroll Date 更改發薪日期

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)
(Payroll Date will be applied to Voluntary and Mandatory Contribution 發薪日期適用於自願性及強制性供款)

Effective Date* 生效日期 _____ dd 日/mm 月/yyyy 年

_____ dd 日* *Please specify if contributions are not on a monthly basis 如非按月供款。請說明供款方法 _____

3. Declaration 聲明

We, the Employer, hereby confirm that the above details and the attached information (if any) are true and correct. We understand that the Trustee may require additional information before accepting the changes stated on this form and should the change be subject to the Authority's approval, the change will take effect from the Final Effective Date as defined in the form.

本公司（僱主）謹此確定以上細則及附上之資料（如有）皆為真實正確。本公司明白受託人在接受此表格上之修改前或須本公司提供附加資料，另如有關修改須經由積金局批核，修改將於此表格所說明之最終生效日期生效。

Name 姓名: _____

Title 職位: _____

Authorized Signature(s) with Company Chop 授權人簽署及公司印章

Date 日期 (dd 日/ mm 月/ yyyy 年) _____

For office use only:

Processed by: _____ Date: _____ Checked by: _____ Date: _____

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

10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel 2971 0200 Fax 3183 1901

請將填妥表格交予: 永明強積金集成信託計劃行政管理人-卓譽金融服務有限公司

香港九龍紅磡德豐街18號海濱廣場一座十樓 電話 2971 0200 傳真 3183 1901