



**SUN LIFE MPF COMPREHENSIVE SCHEME**  
**(Formerly named FWD MPF MASTER TRUST COMPREHENSIVE SCHEME)**  
**PARTICIPATION FORM FOR EMPLOYER**  
永明強積金綜合計劃  
(前計劃名稱為富衛強積金集成信託綜合計劃)  
僱主申請表格

請將本表格連同「申請文件清單」上所需文件一併遞交。  
Please return this form with the required document(s)  
specified on the "Checklist of Application Documents".

This form should be **COMPLETED BY THE EMPLOYER** and each employee is required to complete a separate Membership Enrolment Form.  
此表格須由僱主填寫而每名僱員均須獨立填寫一份成員登記表格。

Please tick (✓) the appropriate box(es)  
請在適當方格加上 (✓) 號

**1. EMPLOYER DETAILS 僱主資料**

Registered Name (English)  
註冊名稱 (英文) \_\_\_\_\_

Registered Name (Chinese)  
註冊名稱 (中文) \_\_\_\_\_

Language Selection (For Future Communication Usage) 語言選擇 (用作將來聯絡通訊之用)  Chinese 中文  English 英文

Industry Type 行業類別

<input type="checkbox"/> 1. Catering 飲食	<input type="checkbox"/> 4. Financing 金融 / Insurance 保險 / Real Estate 地產 / Business Services 商用服務	<input type="checkbox"/> 5. Community 社區 / Social 社會 / Personal Services 個人服務	<input type="checkbox"/> 6. Wholesale 批發 / Retail 零售 / Import and Export Trades 進出口貿易	<input type="checkbox"/> 7. Transport 運輸	<input type="checkbox"/> 8. Cleaning 清潔	<input type="checkbox"/> 9. Security Guard 保安	<input type="checkbox"/> 10. Hairdressing and Beauty 理髮及美容	<input type="checkbox"/> 11. Others 其他
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**Registered Address 註冊地址**

Flat / Room 室 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座 \_\_\_\_\_ Name of Building / Estate 大廈 / 屋邨名稱 \_\_\_\_\_  
Number and Name of Street / Road 門牌號碼及街道名稱 \_\_\_\_\_ District Area 地區  Hong Kong 香港  Kowloon 九龍  
 New Territories 新界  Outlying Islands 離島

**Correspondence Address (if different from Registered Address) 通訊地址 (如與註冊地址不同)**

Flat / Room 室 \_\_\_\_\_ Floor 樓 \_\_\_\_\_ Block 座 \_\_\_\_\_ Name of Building / Estate 大廈 / 屋邨名稱 \_\_\_\_\_  
Number and Name of Street / Road 門牌號碼及街道名稱 \_\_\_\_\_ District Area 地區  Hong Kong 香港  Kowloon 九龍  
 New Territories 新界  Outlying Islands 離島

**Contact Person Details 聯絡人資料**

English Name 英文姓名 \_\_\_\_\_ Title 稱銜 Mr/Mrs/Ms/Miss/others\* 先生/太太/女士/小姐/其他\* \_\_\_\_\_  
Chinese Name 中文姓名 \_\_\_\_\_ Position of Contact Person 聯絡人職銜 \_\_\_\_\_  
Contact Tel. No. 聯絡電話號碼 Office 公司 \_\_\_\_\_ Mobile 手提電話 \_\_\_\_\_ Fax No. 傳真號碼 \_\_\_\_\_  
E-mail Address 電郵地址 \_\_\_\_\_

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

**2. SCHEME DETAILS 計劃詳情**

**(i) Scheme Commencement Date 計劃開始日期**

<input type="checkbox"/> Newly set up scheme 新成立計劃	Sun Life MPF scheme commencement date 永明強積金計劃開始日期	_____ _____ _____ _____ _____ _____  Day 日 Month 月 Year 年
<input type="checkbox"/> Scheme transferred from another service provider (Please also complete the "Participating Employer's Request for Fund Transfer Form" (Form MPF(S) – P(E))) 計劃轉移自其他服務提供機構 (請同時填寫「參與僱主資金轉移申請表」(第MPF(S) – P(E)號表格))	Sun Life MPF scheme commencement date 永明強積金計劃開始日期	_____ _____ _____ _____ _____ _____  Day 日 Month 月 Year 年

<b>(ii) Payroll Frequency 發薪週期</b>		<b>(iii) Contribution Period 供款期</b>			
<input type="checkbox"/> Monthly 每月一次	:	From 由	<input type="text"/> Day 日	To 至	<input type="text"/> Day 日
<input type="checkbox"/> Twice a Month 每月兩次	:	From 由	<input type="text"/> Day 日	To 至	<input type="text"/> Day 日
<input type="checkbox"/> Weekly 每週一次	:	From 由	<input type="text"/> Weekday 星期	To 至	<input type="text"/> Weekday 星期
<input type="checkbox"/> Others 其他	:	Please specify (e.g. quarterly, yearly) 請列明 (例如: 每季或每年)			
No. of Members 成員人數	:	Estimated Annual Payroll Amount 預計全年薪金總額	HK\$ 港幣	Estimated Annual Mandatory Contributions 預計全年強制性供款額	HK\$ 港幣
			元		元

### 3. CONTRIBUTION SERVICES 供款服務

Please select ONE of the following contribution services: 請從以下供款服務中選擇其一:

Pre-printed Remittance Statement 預印付款結算書

Sun Life MPF Online Remittance Statement 永明強積金網上供款服務

None of the above (Employer will arrange MPF contribution to administrator) 不需要(僱主將自行安排強積金供款予行政管理人)

**Note:**

- If you select Sun Life MPF Online Remittance Statement, we will **NOT** provide Pre-printed Remittance Statement to you.
- If no choice is indicated in this part, it will be deemed to select Pre-printed Remittance Statement.
- We will debit your designated bank account for the settlement of contribution if you have submitted a properly completed remittance statement and set up a Direct Debit Authorization ("DDA"). If no DDA has been set up, you can settle the contribution by cheque. Please note that the processing of a new DDA set up will take approximately 6 to 8 weeks. In the meantime, please remit your contribution payment by cheque. The Mandatory Provident Fund Schemes Authority may impose contribution surcharges and/or financial penalties if contribution is not settled by the contribution day.

**註:**

- 如 貴公司選用永明強積金網上供款服務, 我們將不會寄出預印付款結算書給 貴公司。
- 如在此部份沒有顯示任何選擇, 將被視為選用預印付款結算書。
- 如 貴公司選用並已設立直接付款授權及已遞交正確填妥的付款結算書, 我們將會透過指定之銀行帳戶, 以直接付款授權方式收取供款; 否則, 貴公司應以支票繳付有關供款。請注意, 處理新直接付款授權申請需時約六至八個星期。在此其間 貴公司需以支票繳付有關供款。如供款未能在供款日或之前遞交, 強制性公積金計劃管理局可向僱主徵收供款附加費及/或罰款。

### 4. VOLUNTARY CONTRIBUTIONS DETAILS 自願性供款詳情 (If applicable 如適用)

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

If the Employer does not intend to make Voluntary Contributions, please skip this section. Otherwise, please fill in Section (i) to (v) below.  
如僱主不擬作自願性供款, 則毋須填寫此部分。不然, 請填妥下列第 (i) 至 (v) 部分。

**Note:** Employer's Voluntary Contributions and Employee's Voluntary Contributions in respect of an employee will be ceased immediately upon the Administrator's receipt of the written notification on the adjudicated bankruptcy of the employee.  
**註:** 當行政管理人收到僱員被宣判破產之書面通知時, 有關僱員之僱主自願性供款及僱員自願性供款將立即停止。

**(i) Voluntary Contributions Commencement Date 自願性供款開始日期**

Contributions start from beginning of employment  
供款由受僱日期開始

Contributions start after \_\_\_\_\_ months/days\* from beginning of employment  
供款由受僱日期的 \_\_\_\_\_ 個月/日\*後開始

**(ii) Voluntary Contributions Definition 自願性供款細則**

**Option 1: Regular contributions based on a specific percentage ("%") of employee's income. Please elect only ONE Plan as below**  
**方案一: 每期供款以僱員收入的一個特定百分比 ("%") 計算。請選擇以下一個計劃**

Plan 1 (Total Relevant Income - Maximum Level of Relevant Income<sup>^</sup>) x %  
計劃一 (有關入息總額 - 最高有關入息水平<sup>^</sup>) x %

Plan 2 (Basic Salary - Maximum Level of Relevant Income<sup>^</sup>) x %  
計劃二 (基本薪金 - 最高有關入息水平<sup>^</sup>) x %

Plan 3 Total Relevant Income x %  
計劃三 有關入息總額 x %

Plan 4 Basic Salary x %  
計劃四 基本薪金 x %

Plan 5 (Basic Salary x %) - Mandatory Contribution of that payroll period  
計劃五 (基本薪金 x %) - 該支薪週期的強制性供款

Plan 6 (Total Relevant Income x %) - Mandatory Contribution of that payroll period  
計劃六 (有關入息總額 x %) - 該支薪週期的強制性供款

<sup>^</sup>With effect from contribution period beginning on or after 1 June 2014, the maximum level of relevant income will be increased from HK\$25,000 per month or HK\$300,000 per year to HK\$30,000 per month or HK\$360,000 per year respectively which is subject to change from time to time.  
由2014年6月1日或以後之供款期開始, 最高有關入息水平上限由每月港幣\$25,000增加至港幣\$30,000或每年港幣\$300,000增加至港幣\$360,000; 此上限可隨法例更改而不時變動。

Please specify the rate of Voluntary Contributions: 請註明自願性供款率:

Category of Employee 僱員類別	Employer Contribution % 僱主供款百分率	Employee Contribution % 僱員供款百分率

**Option 2: Regular contributions based on a fixed amount**  
**方案二: 每期供款以固定金額計算**

Please specify the fixed amount of Voluntary Contributions:  
請註明自願性供款的固定金額:

Category of Employee 僱員類別	Employer Contribution Amount (HK\$) 僱主供款金額 (港幣)	Employee Contribution Amount (HK\$) 僱員供款金額 (港幣)

**(iii) Benefit Vesting Scale on Employer's Voluntary Contributions 僱主自願性供款的權益歸屬比例**

Employee will be entitled to Employer's Voluntary Contributions according to the following scale when he/she ceases employment with Employer. Please complete the table below.

當僱員離職時，僱員可根據以下的權益歸屬表獲取僱主自願性供款。請填寫下列權益歸屬表。

■ **Vesting Benefits 權益歸屬**

- From commencement date of employment; or  
由受僱日期開始; 或
- From commencement date of joining scheme  
由參加計劃日期開始

■ **Benefit Vesting Scale 權益歸屬比例**

Completed Years of Service 已滿的服務年數	Vesting Percentage 歸屬百分比			
	<input type="checkbox"/> Option 1 Immediate and full vesting 方案一 利益即時及全數歸屬僱員	<input type="checkbox"/> Option 2 方案二	<input type="checkbox"/> Option 3 方案三	<input type="checkbox"/> Option 4+ 方案四+
	Category of Employee 僱員類別			
Less than 1 少於一年	100%	0%	0%	
1	100%	10%	0%	
2	100%	20%	0%	
3	100%	30%	30%	
4	100%	40%	40%	
5	100%	50%	50%	
6	100%	60%	60%	
7	100%	70%	70%	
8	100%	80%	80%	
9	100%	90%	90%	
10 or more 10年或以上	100%	100%	100%	

\* Please attach your own vesting scale if necessary 如有需要，請另附歸屬表

**(iv) Benefit Entitlement 權益的享有**

An employee or his / her personal representative will be entitled to 100% of the Employer's Voluntary Contributions upon the following situation(s) (you may choose more than 1 item)

在發生以下情況時，僱員或其遺產代理人將有權獲得僱主自願性供款的100%  
(閣下可選擇一項或以上)

- The employee attaining the normal retirement age<sup>△</sup> of \_\_\_\_ / The death of the employee during the employment with the Employer / The employee leaving service of the Employer due to total incapacity  
僱員已屆正常退休年齡<sup>△</sup> \_\_\_\_歲 / 在受僱期間死亡 / 由於完全喪失行為能力而離職
- The employee attaining the early retirement age<sup>△</sup> of \_\_\_\_  
僱員已屆提早退休年齡<sup>△</sup> \_\_\_\_歲

<sup>△</sup> Please provide details if there are different normal / early retirement ages for different categories of Employee.  
如不同僱員類別設有不同正常退休 / 提早退休年齡，請提供詳情。

**(v) Forfeited Benefit 歸還僱主權益**

Please select the treatment of forfeited benefit:

請選擇歸還僱主權益之處理方法：

- Offset Employer's Future Mandatory Contributions and Voluntary Contributions  
抵銷僱主未來的強制性供款及自願性供款
- Refund to the Employer  
退回僱主

**5. ADDITIONAL INFORMATION (IF ANY) 額外資料 (如有)**

## 6. AUTHORIZED SIGNATORIES<sup>1</sup> 授權簽署人<sup>1</sup>

Any of the following signatories will be authorized (as authorized person(s)) to communicate (including e-mail), give instructions in order to manage the MPF account including subsequent change / addition / deletion of authorized person(s), provide information and authorization of benefit payments on behalf of the Employer. 下列任何一個簽署人將獲授權代表僱主進行通訊（包括電郵）、給予指示管理強積金帳戶包括及後的授權人更改 / 增加 / 取消、提供資料及授權權益付款。如以下資料有任何更改，請立即通知行政管理人。

1  Specimen 簽署式樣 X

2  Specimen 簽署式樣 X

Name<sup>2</sup> 姓名<sup>2</sup>: \_\_\_\_\_

Name<sup>2</sup> 姓名<sup>2</sup>: \_\_\_\_\_

Title 職位: \_\_\_\_\_

Title 職位: \_\_\_\_\_

HKID/Passport Number 香港身份證/護照號碼: \_\_\_\_\_

HKID/Passport Number 香港身份證/護照號碼: \_\_\_\_\_

Nationality 國籍: \_\_\_\_\_

Nationality 國籍: \_\_\_\_\_

Residential Address 住址: \_\_\_\_\_

Residential Address 住址: \_\_\_\_\_

1 Please attach a copy of HKID Card/Passport of authorized person(s). Appointment of authorized person will not be processed if complete information and/or document(s) have not been provided. 請附上授權人的香港身份證/護照副本。如在遞交申請時未能提供完整資料及/或文件，該授權人的委任將不會被處理。

2 Same as the identity document. 與身份證明文件相同。

## 7. EMPLOYER'S DECLARATION AND SIGNATURE 僱主聲明及簽署

- (a) By signing this form, the Employer understands that it is entering into an agreement with the Trustee to participate in the Sun Life MPF Comprehensive Scheme (the "Scheme") with effect from the scheme commencement date.  
在簽署本表格後，僱主明白由計劃開始日期起與受託人簽訂協議以參加永明強積金綜合計劃（“本計劃”）。
- (b) The Employer agrees:  
僱主同意：
- (i) to be bound by, and covenants to comply with, the provisions of the trust deed (the "Deed") dated 31 January 2000 establishing the Scheme, the rules governing the Scheme (the "Rules") and the provisions of this Participation Form, in each case as from time to time in force; and  
受約束於及承諾遵守為成立本計劃而在2000年1月31日簽訂的信託契據（“契據”）的條文、管限本計劃的規則（“規則”）及此申請表格的條文，以及此等不時生效的條文和規則；及
- (ii) to perform any act or pay any sum required by law to be done or paid by it as an Employer for the purposes of the Scheme insofar as attributable to the Employer.  
履行或繳付任何按照法例作為本計劃的僱主須履行的事項或繳付的款項。
- (c) The Employer agrees in respect of its employees who are Scheme Members: (i) to pay to the Scheme Employer's Mandatory Contributions and Employer's Voluntary Contributions (if specified in this Participation Form or as agreed from time to time); and (ii) to deduct from the salaries of Scheme Members and pay to the Scheme Member's Mandatory Contributions and Member's Voluntary Contributions (if specified in this Participation Form or as agreed from time to time).  
僱主同意為其身為本計劃的成員的僱員：(i) 向本計劃繳付僱主的強制性供款及僱主的自願性供款（如有在此申請表格列明或不時同意的）；及 (ii) 從本計劃的成員的薪金中扣除和向本計劃繳付成員的強制性供款及成員的自願性供款（如有在此申請表格列明或不時同意的）。
- (d) All payments of Contributions to the Scheme shall be paid to the Trustee in accordance with the Mandatory Provident Fund Schemes Ordinance and the relevant regulation.  
向本計劃所付的所有供款須按強制性公積金計劃條例及有關規例付予受託人。
- (e) Unless the context otherwise requires, words and expressions defined in the Deed or, as the case may be, the Rules have the same meanings in this Participation Form.  
除文意另有所指外，否則此申請表格中的字眼及辭句與契據或規則（視情況而定）所界定的字眼及辭句具有相同的意義。
- (f) The Employer agrees and duly authorizes the signor in this section to submit this application form. He/She will be one of the authorized persons to manage the MPF account as stated in Section 6 above unless he/she check the box below.  
僱主同意及正式授權此部分的簽署人提交本申請表格。除非他/她在以下方格加上剔號，否則他/她將成為管理強積金帳戶的其中一位獲授權人（如上文第六部分所述）。
- (g) The Employer authorizes the authorized person(s) to communicate (including e-mail), give instructions in order to manage the MPF account including subsequent change / addition / deletion of authorized person(s), provide information and authorization of benefit payments on behalf of the Employer.  
僱主授權獲授權人士代表僱主進行通訊（包括電郵）、給予指示管理強積金帳戶包括及後的獲授權人更改/增加/取消、提供資料及授權權益付款。
- (h) The Employer acknowledges that it has identified each authorized signatory stated in this application form (if applicable), and further confirm that it has verified his / her identity on the basis of documents, data or information provided by a governmental body (including the Hong Kong Identity Card), a relevant authority or any other reliable and independent source that is recognized by the relevant authority.  
僱主確認已識別本表格所填寫的每位授權人（如適用）的身份。僱主同時確認已根據由政府機構、有關當局或有關當局認可的任何其他可靠及獨立來源所提供的文件、數據或資料（包括由政府機構發出的香港身份證）核實其身份。
- (i) This Participation Form is governed by and shall be construed in accordance with Hong Kong law.  
此申請表格受香港法例所管限，並應以香港法例詮釋。
- (j) The Employer declares that it has received, read and understood the Explanatory Memorandum in respect of the Scheme.  
僱主謹此聲明已收到並細閱及明白本計劃之計劃說明書。
- (k) All the information given above is complete, true and accurate, and is given to the best of the Employer's knowledge. The Employer further undertakes that if there is any change in the information so provided, the Employer will notify the Trustee of such change as soon as reasonably practicable.  
上述所有資料均是完整、真實及準確，並且是盡僱主所知而作答。僱主進一步承諾，如果所提供的資料有任何改變，僱主會在合理而切實可行範圍內盡快通知受託人。
- (l) The Employer acknowledges that the undersigned MPF Intermediary has presented his/her business card bearing his/her MPF intermediary registration number in the initial contact.  
僱主確認下列強積金中介人於首次接觸時，已出示印有其強積金註冊編號的名片。

Note: This Participation Form should only be issued in conjunction with the Explanatory Memorandum of the Sun Life MPF Comprehensive Scheme.

註：此申請表格只可與永明強積金綜合計劃說明書一併發出。

If the signatory in this section does not check the following box, he/she is deemed as agree to be an authorized person of this MPF account. The signatory should submit a copy of HKID/Passport.

如本部分的簽署人沒有在以下方格加上剔號，則視為同意成為此強積金帳戶的授權人。簽署人須連同香港身份證/護照副本一併遞交。

I declare that I am NOT the authorized person of this MPF account. 本人聲明本人不是此強積金帳戶的授權人。

Name<sup>2</sup> 姓名<sup>2</sup>: \_\_\_\_\_

Title 職位: \_\_\_\_\_

HKID/Passport Number 香港身份證/護照號碼: \_\_\_\_\_

Nationality 國籍: \_\_\_\_\_

Residential Address 住址: \_\_\_\_\_

Authorized Signature(s)<sup>#</sup> and Company Chop (if applicable)

授權人<sup>#</sup>簽署及公司印章（如適用）

Date 日期: \_\_\_\_\_

# If the signer is not the director of the company, please provide authorization letter or board resolution or certification by independent department for the person acting on behalf of the company. 如簽署人並非該公司的董事，請就簽署人代表該公司行事提供授權書或董事會會議記錄或獨立部門發出的證明。

2 Same as the identity document. 與身份證明文件相同。

**Checklist of Application Documents 申請文件清單**

**MPF account setup may be affected if you do not submit all required documents. 如未能提供全部所需文件，可能會影響開立此強積金帳戶。**

1. Signed Participation Form for Employer 已簽署之僱主申請表格
2. Original Authorized Signatory List with Specimen Signature(s) (if applicable) 授權簽署人名單正本 (如適用)
3. Copy of HKID Card/Passport of Authorized Person(s) 授權人香港身份證/護照副本
4. List of All Directors of the Corporation (if applicable) 法人團體所有董事名單 (如適用)
5. List of All Partners of the Partnership or All Members of the Unincorporated Body and the Beneficial Owners or Office Bearers of the Partnership of the Unincorporated Body (if applicable) 合夥的所有合夥人的姓名名單或非法人團體所有成員的姓名名單，以及合夥或非法人團體的實益擁有人及擔任職位的人的姓名名單 (如適用)
6. Authorization Letter or Board Resolution (if applicable) 就簽署人代表該公司行事提供授權書或董事會會議記錄 (如適用)
7. Copy of Certificate of Incorporation (if applicable) 公司註冊證副本 (如適用)
8. Copy of Business Registration Certificate (if applicable) 商業登記證副本 (如適用)
9. Memorandum and Articles of Association (if applicable) 章程大綱及細則 (如適用)
10. Ownership Chart (if applicable) 擁有權架構表 (如適用)

**Please send the completed form and relevant document(s) to:**  
請將已填妥之表格及有關文件交回:

**The Administrator**  
10/F, One Harbourfront, 18 Tak Fung Street,  
Hungghom, Kowloon, Hong Kong  
行政管理人  
香港九龍紅磡德豐街18號海濱廣場一座十樓

**To be completed by MPF Intermediary 請由強積金中介人填寫:**

**Sun Life Retirement Scheme Hotline: 3183 1900**  
永明退休金計劃熱線: 3183 1900

Name of MPF Intermediary (English) 強積金中介人姓名 (英文) _____ Contact Tel. No. 聯絡電話號碼 _____	MPF Registration Number 強積金註冊編號 <input style="width: 100px;" type="text"/> Agent Code 營業員編號 <input style="width: 100px;" type="text"/>
FOR OFFICE USE ONLY <input type="checkbox"/> MPF Intermediary Registration Number Checked <input type="checkbox"/> Attached Document(s): _____	
Processed By PM and Date: _____	Processed By Admin. and Date: _____
Checked By PM and Date: _____	Checked By Admin. and Date: _____