

**SUN LIFE MPF BASIC SCHEME (the "Scheme")**  
**(Formerly named FWD MPF MASTER TRUST BASIC SCHEME)**

永明強積金基本計劃「本計劃」  
 (前計劃名稱為富衛強積金集成信託基本計劃)

Scheme Registration Number 計劃註冊編號 : MT00326

**MPF REMITTANCE STATEMENT 強積金付款結算書**

**CONTRIBUTION PERIOD 供款期:** \_\_\_\_\_



文件編號  
Form Code  
**RS**

Print Date 編印日期 : \_\_\_\_\_  
Page No. 頁數 : 1

Participation Number 參與號碼 : \_\_\_\_\_  
Servicing Agent 服務營業員 : \_\_\_\_\_

To: Contact Person \_\_\_\_\_

Account Number 帳戶編號 : \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_



Please complete this Remittance Statement, sign on PART THREE and return to Sun Life MPF Basic Scheme, The Administrator, BestServe Financial Limited (10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong.) together with a crossed cheque (if any) payable to 'SUN LIFE MPF SCHEME' on or before the contribution date.

請填妥此付款結算書及於第三部份簽署核實，並須在供款日前連同抬頭祈付「永明強積金計劃」的劃線支票(如適用)，寄回永明強積金基本計劃行政管理人-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)。

**PART ONE : EXISTING / TERMINATED MEMBER CONTRIBUTIONS 第一部份: 現有 / 離職成員供款**

Member Number 成員編號	Member English Name 成員英文姓名	HKID Card No. / *Passport No. 香港身份證號碼 / *護照號碼	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 Contributions 強制性供款		Voluntary Contributions 自願性供款		MEMBER TERMINATION DETAILS 成員離職資料		Total Contributions 總供款
			From 由	To 至			Employer's Portion (a)	Member's Portion (b)	Employer's Portion (c)	Member's Portion (d)	Last Date of Employment 最後受僱日期 DD/MM/YYYY 日/月/年	#Offsetting LSP/SP? 是否需要抵銷 長期服務金/ 遣散費?	
	(As printed on HKID card / *Passport) (以香港身份證 / *護照上的姓名為準)		dd/mm/yyyy 日/月/年		HK\$	HK\$	HK\$	HK\$	HK\$	HK\$	#Code of Term. Reason 終止戶口原因代號	<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	(a)+(b)+(c)+(d) HK\$
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		
											_____/_____/_____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否		

\* Only applicable to those members without HKID cards.  
只適用於沒有香港身份證成員。

For enquiry, please contact Sun Life Retirement Scheme Hotline: 31831900 Fax: 31831901  
如有任何查詢，請致電永明退休金計劃熱線: 31831900 傳真: 31831901

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**PART ONE : EXISTING / TERMINATED MEMBER CONTRIBUTIONS (cont'd) 第一部份: 現有 / 離職成員供款 (續)**

Name of Employer 僱主名稱 :

Account Number 帳戶編號 :

Print Date 編印日期 :

Page No. 頁數 : 2

Member Number 成員編號	Member English Name 成員英文姓名  (As printed on HKID card / *Passport) (以香港身份證 / *護照上的姓名為準)	HKID Card No. / *Passport No. 香港身份證號碼 / *護照號碼	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 Contributions 強制性供款		Voluntary Contributions 自願性供款		MEMBER TERMINATION DETAILS 成員離職資料 Fill in the details for Terminated Member(s), if applicable. 填寫有關離職成員資料, 如適用。		Total Contributions 總供款  (a)+(b)+(c)+(d)  HK\$
			From 由	To 至			HK\$	HK\$	HK\$	HK\$	HK\$	HK\$	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
												____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No 是 否	
Total Contributions 供款總額:													
Actual Total Contributions 實際供款總額:													(A)

Please fill in PART THREE (A) with this amount 請於第三部份(A)填上此總額 ↙



# PART THREE : CONTRIBUTION PAYMENT SUMMARY 第三部份：繳付供款總結

Name of Employer 僱主名稱：

Account Number 帳戶編號：

Print Date 編印日期：

Page No. 頁數： 4

## Total Contributions 供款總計：

Total Contributions (A) in PART ONE 第一部份供款總額(A) HK\$ \_\_\_\_\_ + Total Contributions(B) in PART TWO 第二部份供款總額(B): HK\$ \_\_\_\_\_ = (C) HK\$ \_\_\_\_\_

Amount to be offset from Employer Forfeiture Account (only applicable to employers who make Voluntary Contributions)

從“僱主沒收權益帳戶”中抵銷之金額（只適用於作自願性供款的僱主填寫）

(D) (HK\$)

## By Cheque 支票付款：

### Cheque Details 支票資料：

Cheque Number 支票號碼： \_\_\_\_\_ Name of the Bank 銀行名稱： \_\_\_\_\_ Cheque Amount 支票金額 (HK\$) (E) = (C)-(D) HK\$ \_\_\_\_\_

Please mark the employer name, account number and contribution period at the back of the cheque. Post-dated cheque or cash payment will not be accepted.

請於支票背面寫上僱主名稱、帳戶編號及有關供款期。期票或現金恕不接受。

## By Direct Debit 直接付款：

If the contributions to be paid by Direct Debit, please ensure your bank account would have sufficient fund and transaction limit for contribution settlement.

如供款以直接付款形式支付，請確保閣下之銀行帳戶有足夠款項及轉帳限額以支付有關供款。

## Declaration and Authorization 聲明和授權

1. We agree that if any calculation differs from that of Sun Life Pension Trust Limited (the "Trustee"), the Trustee's validation shall prevail.  
假若供款計算方法與永明退休金信託有限公司「受託人」不一致，以受託人所核對之計算方法為準。
2. We understand that the Trustee may be unable to process this document if we fail to provide any information requested in this document.  
吾等明白倘若吾等未能提供本表格所需的資料，受託人將可能無法處理有關表格。
3. We confirm that the information of our employees, which we provide to the Trustee, has been verified. We agree to indemnify and keep the Trustee indemnified against any and all losses, costs, expenses, actions and proceedings suffered by the Trustee as a result of any inaccuracy of the information provided.  
吾等確認提交予受託人之有關吾等及僱員之資料已核對無誤，倘若吾等所填報之資料錯誤，而導致受託人任何損失、支出或須要進行任何行動或訴訟，吾等同意作出有關賠償予受託人。
4. We declare that we have identified the new members in Part Two and verified the new members' 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, and retained a copy of the documents for record keeping purpose.  
吾等聲明吾等已識別第二部份內新增成員的身分，以及根據由政府機構、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)，核實新增成員的身分並保存文件副本以作記錄之用。
5. In the event of any conflicts between the Chinese and the English versions of this document, the English version shall prevail.  
中英文本內容如有差異，概以英文本原意為準。

Authorized Signature(s) with Company Chop :  
For and on behalf of the Employer

獲授權人簽署及公司蓋章：  
謹代表僱主

Please sign & chop here 請簽署及蓋章 **X**

Date 日期：

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

Print Date 編印日期：  
Page No 頁數： 5

Name of Employer 僱主名稱：

Account Number 帳戶編號：

# **IMPORTANT NOTES 重要事項**

If the Employer would like to offset Long Service Payment (LSP)/Severance Payment (SP) paid to the relevant member from Employee's Accrued Benefits that are attributable to the Employer's Contributions, you **MUST** 如僱主欲扣取屬於僱主供款部分之僱員累算權益來抵銷已支付予有關成員之長期服務金/遣散費，閣下**必須**

- Fill in the LSP/ SP amount in the box below; and 於下方欄位填上長期服務金/ 遣散費金額；及
- 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 offset without LSP/ SP receipt showing member's valid signature (the signature should be same as the Administrator's record) or submitted after the transfer/ withdrawal of the accrued benefits will not be accepted.** 如有關申請未有附上有關成員簽署以確認已收妥長期服務金/遣散費之收據 (簽署應與計劃行政管理人之紀錄相符)、或未能於該成員之累算權益轉移 / 提取前提出申索、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 English Name 成員英文姓名 (As printed on HKID card / *Passport) (以香港身份證 / *護照上的姓名為準)	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)	Code of Termination Reason ※ 終止戶口原因代號 ※	#Long Service Payment (LSP) / Severance Payment (SP) 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( )						
P( ) F( )						
Q( ) H( )						
P( ) F( )						
Q( ) H( )						
P( ) F( )						
Q( ) H( )						
P( ) F( )						
Q( ) H( )						
P( ) F( )						

※ Code of Termination Reason 終止戶口原因代號

The Reason for Termination is obtained for the purpose of ascertaining LSP/SP payment and/or determination of employer's voluntary contribution entitlement, if applicable.

請填寫有關成員之離職原因以作核實其長期服務金/遣散費扣減及/或計算其既得僱主自願性供款 (如適用)。

- Resignation 離職
- Redundancy 裁員
- Dismissal 解僱
- Retirement 退休
- Early Retirement 提早退休
- Total Incapacity 完全喪失行為能力
- Death 身故
- Intra-group Transfer 聯繫公司間轉調

(Please also complete and return the "Transfer of Accrued Benefits Upon Intra-group Transfer / Change of Business Ownership Form" 請同時填妥並交回「聯繫公司或更改業務擁有權之成員累算權益轉移表格」。)

<p>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須為所有因更改或取消以上指示所引至之投資損失負責。我們亦明白我們有責任支付成員的供款直至其最後受僱日期。</p>	<p>For and on behalf of the employer 代表僱主 Authorized Signature(s) with Company Chop 授權人簽署及公司印章</p> <div style="border: 1px dashed black; height: 60px; margin: 5px 0;"></div> <p>Sign Date 簽署日期 (dd 日/mm 月/yyyy 年) _____</p>
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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 MPF Basic Scheme, The Administrator, BestServe Financial Limited** 10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, Kowloon, Hong Kong. Tel 3183 1900 Fax 3183 1901  
永明強積金基本計劃行政管理人 - 卓譽金融服務有限公司 香港九龍紅磡德輔道中18號海濱廣場一座十樓 電話 3183 1900 傳真 3183 1901