

如需遞交填妥表格 When submitting this form:

請緊記簽署作實 Please ensure that you have signed where necessary.

請勿遞交相同表格 Please do NOT send duplicate copies.

文件編號
Form Code
RS



永明彩虹強積金計劃 — 強積金供款通知書 (計劃註冊編號: MT00067)

SUN LIFE RAINBOW MPF SCHEME – MPF REMITTANCE STATEMENT (SCHEME REGISTRATION NUMBER: MT00067)

僱主名稱 Name of Employer	_____	僱主編號 Employer Code	_____	隸屬中心編號 Reporting Center No.	_____																					
供款期 Contribution Period	由 From	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											至 To	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											(日/月/年 DD/MM/YYYY)	(日/月/年 DD/MM/YYYY)

重要提示 Important Notes:

1. 請以正楷填寫本表格。
 2. 此供款通知書共五部份，填妥後請於第三及第五部份簽署核實，並須在供款到期日五個工作天前連同劃線支票(如適用)，寄回永明彩虹強積金計劃行政管理人—卓譽金融服務有限公司(郵寄地址：尖沙咀郵箱 95868 號；或親身交回：香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓)。支票抬頭人為「永明信託有限公司—強積金」。如有任何查詢，請致電永明退休金服務熱線：31831888 傳真：31831889。
 3. 所有供款額均以小數點後二位調進。
 4. 僱主**必須填報所有成員(包括現有及新增)之有關入息及供款欄**。如成員在職期間未獲支付任何有關入息(例如無薪例假)仍須填寫'0'於有關入息及供款欄。
 5. 成員足 18 歲後，才需作出強積金供款。
 6. 根據指引 IV.11，凡於二零零四年十月一日或之後滿 65 歲之成員，僱主及成員亦須就其於 65 歲前所賺取的有關入息(不論該段期間的有關入息何時支付)作出強制性供款。請提供該成員達 65 歲時整個供款期的有關入息，有關之強制性供款及自願性供款(如適用)。
 7. 本通知書內所提及的「供款到期日」與強制性公積金計劃條例內「供款日」一詞具相同涵義。一般而言，「供款日」指該供款期結束所在月份的最後一日之後的第十日。若某一供款到期日為星期六或公眾假期，則該日將順延至下一個工作天。
1. Please complete this form in Block Letter.
 2. This Remittance Statement includes FIVE sections, please sign on SECTION III and V and return together with a cheque (if any) 5 working days before the contribution due date to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited (postal address: P.O. Box 95868, Tsim Sha Tsui Post Office; **OR** submit in person to: 10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, Kowloon, Hong Kong). The cheque should be made payable to **Sun Life Trustee Company Limited - MPF**. For enquiry, please contact Sun Life Pension Services Hotline: 31831888 Fax: 31831889
 3. All contribution amounts are rounded up to 2 decimal places.
 4. Employer must report relevant income and contribution amount for all members (including existing and new members). Member who does not have any relevant income (e.g. on no-paid leave) should also be reported with zero relevant income and contribution amount.
 5. Under age 18 – Mandatory contribution is only required after a member attained age 18.
 6. According to Guidelines IV.11, for member reaches age 65 on or after 1st October 2004, both employer and member are required to make mandatory contributions for all relevant income earned before the member attains age 65 regardless of when the income is paid. Please provide the relevant income for the whole contribution period during which the member reaches age 65, the mandatory contributions and voluntary contributions (if applicable) accordingly.
 7. "Contribution Due Date" mentioned in this statement carries the same definition of "Contribution Day" specified under the MPF Ordinance. In general, "Contribution Day" refers to the tenth day after the last day of the month in which the contribution period ends. If a particular contribution due date falls on a Saturday or public holiday, the day shall be the next business day.



僱主名稱
Name of Employer

僱主編號
Employer Code

隸屬中心編號
Reporting Center No.

第一部份 Section I 現有成員供款 EXISTING MEMBER CONTRIBUTION

成員編號 Member Number	成員英文姓名 Member English Name (以香港身份證上的姓名為準 As printed on HKID Card)	香港身份證號碼/ 護照號碼 HKID Card No./ Passport No.	有關入息 Relevant Income 港幣 HKD	基本薪金 Basic Salary (如適用 if applicable) 港幣 HKD	強制性供款 Mandatory Contribution		自願性供款 Voluntary Contribution		附加費 Surcharge (如適用 if any) (e) 港幣 HKD	總供款 Total Contribution (a)+(b)+(c)+ (d)+(e) 港幣 HKD
					僱主供款 Employer's portion (a) 港幣 HKD	成員供款 Member's portion (b) 港幣 HKD	僱主供款 Employer's portion (c) 港幣 HKD	成員供款 Member's portion (d) 港幣 HKD		
總額 Total :										(A)

請於第三部份填上此總額 (A) Please fill in this amount in SECTION III (A)

僱主名稱
Name of Employer

僱主編號
Employer Code

隸屬中心編號
Reporting Center No.

第三部份 Section III 繳交供款總結 CONTRIBUTION PAYMENT SUMMARY

第一部份供款總數 Total Contribution in SECTION I	港幣 HKD	(A)	+	第二部份供款總數 Total Contribution in SECTION II	港幣 HKD	(B)	-	從“僱主沒收權益帳戶”中抵銷之金額 Amount to be offset from Employer Forfeiture Account	港幣 HKD	=	繳交供款總計 Total Contribution Payment	港幣 HKD
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支票資料 Cheque Details

支票號碼
Cheque No. _____ 銀行名稱
Name of the Bank _____ 支票金額
Cheque Amount _____ 港幣
HKD

付款方法分自動轉帳及支票付款兩種。

自動轉帳：

請郵寄此填妥之供款通知書至本公司，當收到閣下的供款資料，本公司會於閣下的指定銀行帳戶支取供款，請確保閣下的指定銀行戶口有足夠款項及轉帳限額以支付有關供款。

支票付款：

閣下須在供款到期日¹五個工作天前將此填妥之供款通知書連同劃線支票(如適用)，寄回永明彩虹強積金計劃行政管理人—卓譽金融服務有限公司(郵寄地址：尖沙咀郵箱 95868 號；或親身交回：香港九龍紅磡德豐街 18 號海濱廣場一座 10 樓)。支票抬頭人為「永明信託有限公司—強積金」，請於支票背面寫上僱主名稱、僱主編號、隸屬中心編號及有關供款期。期票或現金恕不接受。

當繳付供款時，請不要：

- 於支票抬頭上填上中介人或簽發空白支票予中介人
- 發出期票
- 支付現金予永明彩虹強積金計劃中介人

Payment Methods: By Autopay or By Cheque.

By Autopay:

Please mail this completed Remittance Statement to our Company, we will direct debit from your designated bank account upon receiving your contribution data, please ensure your bank account with sufficient fund and transaction limit for contribution settlement.

By Cheque:

It is required to mail this completed Remittance Statement together with a cheque (if any) 5 working days before the contribution due date¹ to Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited (postal address: P.O. Box 95868, Tsim Sha Tsui Post Office; OR submit in person to: 10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong). The cheque should be made payable to **Sun Life Trustee Company Limited – MPF**. Please mark the employer name, employer code, reporting centre number and contribution period at the back of the cheque. Post-dated cheque or cash payment will not be accepted.

When making contribution payment, please **DON'T**:

- Making your cheque payable to the intermediary or issue blank cheque to the intermediary.
- Send post-dated cheque.
- Send in cash to Sun Life Rainbow MPF Scheme or the intermediary.

聲明和授權 DECLARATION AND AUTHORISATION

我們確認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)核實成員的身分。此外，我們保存文件副本以作記錄之用。

We confirm that we have identified the new members in Section II and verified the member's 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. We also retain a copy of the documents for record purpose.

獲授權人簽署及公司蓋章：

謹代表僱主

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

請簽署及蓋章 Please sign & chop here 

日期 Date :

備註 Notes:

¹ 本通知書內所提及的「供款到期日」與強制性公積金計劃條例內「供款日」一詞具有相同涵義。一般而言，「供款日」指該供款期結束所在月份的最後一日之後的第十日。若某一供款到期日為星期六或公眾假期，則該日將順延至下一個工作天。

"Contribution Due Date" mentioned in this statement carries the same definition of "Contribution Day" specified under the MPF Ordinance. In general, "Contribution Day" refers to the tenth day after the last day of the month in which the contribution period ends. If a particular contribution due date falls on a Saturday or public holiday, the day shall be the next business day.

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第四部份 Section IV 離職成員資料 LEAVING MEMBER INFORMATION**# 重要事項 IMPORTANT NOTES:**

貴公司可根據《僱傭條例》從有關成員的帳戶內之僱主供款部份之累算權益中按次序以 i) 僱主自願性供款部份之歸屬權益; 及 ii) 僱主強制性供款部份之累算權益抵銷 貴公司支付有關成員的長期服務金/遣散費。

如 貴公司需要就有關成員抵銷長期服務金/遣散費, 閣下必須遞交已填妥及簽署(必須與計劃行政管理人之紀錄相符)的抵銷長期服務金/遣散費表格。如沒有在以下表格提供有關資料, 將會視作沒有需要抵銷長期服務金/遣散費。

如有關申請未有附上有關成員之有效簽署(長期服務金/遣散費收據上之簽署應與計劃行政管理人之紀錄相符)以確認已收妥該等金額之收據、或未能於該成員之累算權益轉移前提出申索、或資料不全以及逾期者, 有關申請恕不接受。

Your company could offset the Long Service Payment (LSP) or Severance Payment (SP) paid to the relevant member under the Employment Ordinance with the accrued benefits derived from the employer's contribution in sequence of i) vested benefits derived from the employer's voluntary contribution and ii) accrued benefits derived from the employer's mandatory contribution in the relevant member's account.**If your company requires to offset LSP/SP to relevant member, you must submit a duly completed and signed (signature has to be same as The Administrator's record) Offset of Long Service Payment / Severance Payment Form. If no information is provided in following table, it will be treated as not require to offset LSP/SP.****Please note that all applications for refund without LSP/SP receipt or without member's valid signature (the signature should be same as the record being kept by The Administrator) or submitted after the transfer/ withdrawal of the member's accrued benefit will not be accepted.**

請以英文正楷填寫本表格。填寫本部分時, 如空位不足, 請另紙書寫。每張附頁須加上頁碼, 以及註明附頁的頁數。

Please complete this form in English and Block Letter. If there is not enough space for this section, please continue on an additional sheet. Number each additional sheet and state the number of additional sheet(s).

僱主名稱

Name of Employer _____

僱主編號

Employer Code _____

隸屬中心編號

Reporting Center No. _____

成員編號 Member No.	成員英文姓名 Member English Name (以香港身份證上的姓名為準 As printed on HKID Card)	香港身份證號碼/護照號碼 HKID Card No./Passport No.	最後受僱日期 Last Date of Employment (日/月/年 DD/MM/YYYY)	離職原因※ Reason for Termination※	#長期服務金/遣散費抵銷安排?(是/否) # Offset Long Service Payment / Severance Payment Amount? (Yes/No)
			/ /		
			/ /		
			/ /		
			/ /		

※離職原因 Reason for Termination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)。
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.

1 正常退休 Normal Retirement

2 提早退休 Early Retirement

3 身故 Death

4 完全失去行為能力 Total Incapacity

5 離職 Leaving Service (辭職/終止受僱/解僱
Resignation/ Termination/ Dismissal)

6 遣散 Lay off

7 即時解僱 Summary Dismissal

8 聯營機構間轉調 Intragroup Member Transfer

第五部份 Section V 聲明和授權 DECLARATION AND AUTHORISATION

我們謹此確定以上資料皆真實正確及同意我們要負責所有因更改或取消以上資料所衍生之投資損失。我們亦明白需要支付成員的供款直至最後受僱日期。

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.

公司蓋章及僱主簽署(或由授權人代行):

謹代表僱主

Company Chop and Signature of the Employer
(or signed by a duly authorised signatory) :

For and on behalf of the Employer

請簽署及蓋章 Please sign & chop here 

日期 Date :

永明彩虹強積金計劃行政管理人 — 卓譽金融服務有限公司
地址：香港九龍紅磡德輔道中18號海濱廣場一座十樓 電話：3183 1888 (或) 傳真：3183 1889
請勿遞交相同表格；如透過傳真遞交表格，請保留正本以作記錄。Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
Address : 10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel : 3183 1888 (OR) Fax : 3183 1889
Please do NOT submit duplicate forms and keep the original copy for your own record if you are submitting via fax.