



Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) Sun Life MPF Master Trust 永明強積金集成信託計劃	Bank No. 銀行編號 0 0 4	Branch No. 分行編號 5 0 0	Account No. 帳戶編號 6 4 4 9 1 9 0 0 1
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Name of Employer / Self-employed Person / Member* (English)
僱主/自僱人士/成員名稱* (英文) _____

Account / Member* No.
帳戶/成員*編號 _____

*Please delete where inappropriate. 請刪除不適用者

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人/吾等現授權本人/吾等之下述銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示)自本人/吾等之帳戶內轉帳予上述受益人。惟每次轉帳金額不得超過以下指定之限額。

Bank will take around 6 to 8 weeks to set up direct debit authorization ("DDA") in general. A confirmation letter with DDA effective date will be sent upon completion of your application. Please continue to submit contribution payment by cheque before the DDA effective date. 銀行一般需時六至八星期設立直接付款授權。授權申請成功後會寄出確認信, 並列出生效日期。在生效日期前, 請繼續以支票形式繳交供款。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等之銀行毋須證實該等轉帳通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for my overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉帳而令本人/吾等之帳戶出現透支(或令現時之透支增加), 本人/吾等願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 本人/吾等同意如本人/吾等之帳戶並無足夠款項支付該等授權轉帳, 本人/吾等之銀行有權不予轉帳, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur). 本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天前交予本人/吾等之銀行。

My/Our Bank Name and Branch 本人/吾等之銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	My/Our Account No. 本人/吾等之帳戶號碼
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My/Our Name(s) ^{Note 1} as recorded on Statement/Passbook
(Please provide the name in English)[#]
本人/吾等在結單/存摺上所記錄的名稱^{註1} (請填上英文名稱)[#] _____

Contact Tel No. 聯絡電話號碼	Limit for Each Payment ^{Note 2} 每次付款限額 ^{註2}	Expiry Date 有效日期截至
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Debtor's Reference ^{Note 4} 債務人編號^{註4} _____

My/Our Signature(s) ^{Note 3} 本人/吾等之簽署^{註3} _____

Please write in block letters. 請用正楷填寫

NOTES 附註:

- Name of the bank account must be the same as the name of applicant. Otherwise, the application will not be accepted. 銀行帳戶持有者名稱必須與申請公司/人相同。否則, 申請將不獲接納。
- If the amount of your payments are likely to vary each time, please set the Limit for Each Payment at the **maximum amount** you would expect to pay at any one time. 如 台端付款之數額每次可能不相同, 則請將最高額定為每次付款之最高限額。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請確保 貴戶在此欄內之簽名, 與銀行帳戶所簽的完全相同。
- In the box marked "Debtor's Reference", please leave **BLANK** for official use. 在債務人編號之欄內, 不須填上任何資料。此欄須由本公司填寫。

For Bank Use Only 銀行專用

Remarks 備註 _____ Signature Verified _____

For office use only:
Processed by: _____ Date: _____ Checked by: _____ Date: _____

HSBC Provident Fund Trustee (Hong Kong) Limited

Please send the completed form to: Sun Life MPF Master Trust, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, 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
香港九龍紅磡德輔道中18號海濱廣場一座十樓 電話 2971 0200 傳真 3183 1901

