

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 BASIC / COMPREHENSIVE SCHEME
(Formerly named FWD MPF MASTER TRUST BASIC / COMPREHENSIVE SCHEME)
EMPLOYER INFORMATION CHANGE FORM

永明強積金基本 / 綜合計劃

(前計劃名稱為富衛強積金集成信託基本 / 綜合計劃)

僱主資料更改表格

Notes 注意

- This form will supersede any relevant information/form(s) which has/have been submitted to the Administrator previously. For any update to authorized signatories and / or information, please complete and submit "UPDATE AUTHORIZED SIGNATORIES AND INFORMATION FORM".
本表格將取代所有有關之前已遞交行政管理人的資料/表格。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」。
- All sections below should be completed in BLOCK letters.
所有部份須以正楷填寫。

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. Change of Employer Details 更改僱主資料

Effective Date of change (dd / mm / yyyy)

更改之生效日期 (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 (如與註冊地址不同)

Name of Contact Person

聯絡人姓名

New Telephone No.

新電話號碼

New Email Address (if any)

新電郵地址(如有)

Position

職位

New Fax No.

新傳真號碼

2. Change of Payroll Frequency# 更改發薪週期#

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

Effective Date of Change 生效日期

(dd 日/mm 月/yyyy 年)

The change will be applied to all members, otherwise, please specify affected Category of Employee 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類別或受影響之僱員姓名：
(the Payroll Frequency will be applied to both Voluntary Contributions and Mandatory Contributions. 發放薪金形式將適用於自願性供款及強制性供款。)

Payroll Frequency
發薪週期

Contribution Period
供款期

Monthly

每月一次

: From

由

Day 日

To

至

Day 日

Twice a Month

每月兩次

: From

由

Day 日

To

至

Day 日

and

及

Day 日

To

Day 日

Weekly

每週一次

: From

由

Weekday 星期

To

至

Weekday 星期

Others

其他

: Please specify (e.g. quarterly, yearly)

請列明 (例如: 每季或每年)

Important Notes 重要事項：

- Any changes relating to Mandatory Contributions or Voluntary Contributions that will alter to a member's detriment his/her vested benefits or accrued rights under a registered scheme would require approval from the Mandatory Provident Fund Schemes Authority (the "MPFA") before the change can take effect. 任何與強制性供款或自願性供款有關之修改，若會損害成員在註冊計劃下的既有利益或累算權益，則該項修改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。
- Under normal circumstances, changes should only be effected on a future date. 在一般情況下，修改的生效日應為將來的日期。
- The MPFA or the Trustee may require additional information, including but not limited to 'Consent by Members' before accepting the changes stated on this form. 積金局或受託人在接受此表格上之修改前或需僱主提供附加資料（包括但並不限於「成員同意書」）。



3. Change of Contribution Services 更改供款服務

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

Effective Date of Change 生效日期 _____ / _____ / _____ (dd 日/mm 月/yyyy 年)

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 (applicable for employer with mandatory contributions only) 永明強積金網上供款服務 (適合只有強制性供款的僱主)

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: 1. If you select Sun Life MPF Online Remittance Statement, we will **NOT** provide Pre-printed Remittance Statement to you.
2. If no choice is indicated in this part, it will be deemed to select Pre-printed Remittance Statement.
3. 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: 1. 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。
2. 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。
3. 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。在此期間 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，強制性公積金管理局可向僱主徵收供款附加費及/或罰款。

4. Declaration 聲明

We, the Employer, hereby confirm that all the information given above and the attached document(s) (if any) are complete, true and accurate. We understand that the Mandatory Provident Fund Schemes Authority (the "MPFA") or the Trustee may require additional information, including but not limited to 'Consent by Members' before accepting the changes stated on this form; and should the change be subject to the approval of the MPFA, the final effective date of change will be the later of the final effective date of change as approved by the MPFA or the "Effective Date of Change" stated on this form.

本公司(僱主)謹此確定上述資料及附上之文件(如有)均是完整、真實及準確，並且是盡本公司所知而作答。本公司明白強制性公積金計劃管理局("積金局")或受託人在接受此表格上之修改前或需本公司提供附加資料(包括但並不限於「成員同意書」)，另如有關修改需經由積金局批核，最終的生效日期將以積金局批准的生效日期或在本表格內所列的生效日期兩者中較後者為準。

Name 姓名: _____

Title 職位: _____

For and on behalf of the Employer 謹代表僱主

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: _____

Sun Life Pension Trust Limited 永明退休金信託有限公司

Please send the completed form to: Sun Life MPF Basic / Comprehensive 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

請將填妥表格交予: 永明強積金基本/綜合計劃行政管理人-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 3183 1900 傳真 3183 1901