

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.

**永明彩虹強積金計劃 – 基於永久性地離開香港/完全喪失行為能力/
罹患末期疾病/小額結餘/死亡的理由而申索累算權益的表格 [MPF(S)-W(O)]****SUN LIFE RAINBOW MPF SCHEME – CLAIM FORM FOR PAYMENT OF ACCRUED BENEFITS
ON GROUND OF PERMANENT DEPARTURE FROM HONG KONG/ TOTAL INCAPACITY/
TERMINAL ILLNESS/ SMALL BALANCE/ DEATH [MPF(S)-W(O)]****注意 Notes:**

- (i) 本表格僅供擬基於永久性地離開香港、完全喪失行為能力、罹患末期疾病、小額結餘或死亡的理由提出申索，要求從一個註冊計劃提取累算權益的人士填報。若基於已達到 65 歲退休年齡或提早退休的理由申索累算權益，請填寫第 MPF(S) - W(R) 號表格。This Form is to be completed by any person who wishes to claim for payment of accrued benefits from a registered scheme on the ground of permanent departure from Hong Kong, total incapacity, terminal illness, small balance or death. For a claim for payment of accrued benefits on the ground of attaining the retirement age of 65 or early retirement, please use Form MPF(S) - W(R).
- (ii) 如申索人/計劃成員擬從多於一個註冊計劃提取累算權益，須就每個註冊計劃填寫一份表格。If the claimant/ scheme member wishes to withdraw accrued benefits from more than one registered scheme, please fill in a separate form for each registered scheme.
- (iii) 請把填妥的表格及所需證明文件交予有關註冊計劃的核准受託人，以便處理有關申索。若提供的任何資料不正確或不完整，有關的核准受託人可能無法處理你的申請。Please submit the completed form and the required supporting documents to the approved trustee of the registered scheme concerned for processing the claim. If any information provided is incorrect or incomplete, the relevant approved trustee may not be able to process your request.
- (iv) 請用正楷填寫此表格。Please use BLOCK LETTER to complete this Form.
- (v) 填報本表格前，請先細讀填報須知(第五部分)及重要資料(第六部分)。Please read the explanatory notes (Section V) and important notes (Section VI) carefully before completing this Form.
- (vi) 就此項申索累算權益申請提供的個人資料，將用作處理你的申索。你提供的個人資料可能會為該目的而轉交相關服務提供者及政府或規管機構，包括強制性公積金計劃管理局(「管理局」)。The personal data to be supplied in support of this claim for payment of accrued benefit are to be used for processing your claim. The personal data you supply may, for such purpose, be transferred to the relevant service provider(s) and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority ("Authority").

第一部分 Section I 申索人¹/計劃成員資料 DETAILS OF THE CLAIMANT¹/ SCHEME MEMBER**(1) 申索人資料 Claimant details**

姓²(英文 English) _____ 名² _____ 稱謂 先生/女士/小姐/其他* _____
Surname² _____ Given Name² _____ Title Mr/Ms/Miss/Other* _____
(須與香港身份證/護照上相同 same as HKID Card/Passport)

姓²(中文 Chinese) _____ 名² _____ 香港身份證/護照號碼*# _____
Surname² _____ Given Name² _____ HKID Card /Passport No.*# _____
(須與香港身份證/護照上相同 same as HKID Card/Passport)

電郵地址 _____
Email Address _____

電話號碼 _____ 住宅 Home _____ 手提 Mobile _____ 傳真號碼 _____
Telephone Nos. _____ Fax No. _____

(如非更改通訊地址，此部份無須填寫。You are NOT required to fill in this part unless you intend to update your correspondence address)

通訊地址 _____
Correspondence Address _____

(2) 計劃成員資料(如非申索人) Scheme member details (if different from claimant)

姓²(英文 English) _____ 名² _____ 稱謂 先生/女士/小姐/其他* _____
Surname² _____ Given Name² _____ Title Mr/Ms/Miss/Other* _____
(須與香港身份證/護照上相同 same as HKID Card/Passport)

姓²(中文 Chinese) _____ 名² _____ 香港身份證/護照號碼*# _____
Surname² _____ Given Name² _____ HKID Card /Passport No.*# _____
(須與香港身份證/護照上相同 same as HKID Card/Passport)

第二部分 Section II 申索資料 DETAILS OF THE CLAIM**(1) 帳戶資料 Account information [請在適當方格加上剔號(✓)。 Please check (✓) the appropriate box.]**

計劃名稱 Name of the scheme: Sun Life Rainbow MPF Scheme (the "Scheme") 永明彩虹強積金計劃(「計劃」)

受託人名稱 Name of the trustee: Sun Life Trustee Company Limited 永明信託有限公司

計劃內所有帳戶 All accounts under the Scheme

永明彩虹強積金計劃成員編號³:
Sun Life Rainbow MPF Scheme Member Number(s)³: (1) _____
(2) _____
(3) _____

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

#護照號碼僅供沒有香港身份證的人士填寫。Passport No. ONLY for scheme member without HKID Card.

(2) 申索累算權益的理由及所需文件^{4,5} Ground for claiming accrued benefits and the required documents^{4,5}

請選一項 Please choose ONE only [請在適當方格加上剔號(✓)。 Please check (✓) the appropriate box.]

理由 Ground

所需文件 Required documents

永久性離開香港
Permanent departure
from Hong Kong

1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）⁶；
2. 准予計劃成員在香港以外某地方居住的移民簽證 / 外國護照 / 回鄉證 / 港澳居民來往內地通行證⁷ / 其他證明文件*等

(請註明其他證件類別) 副本;

3. 有關永久性離開香港的法定聲明表格(第 MPF(S) – W(SD2)號表格)^{5,8} 正本;
4. 稅務局發出的同意釋款書副本 (如適用); 及

5. 海外定居資料:

(i) 計劃成員獲准居住的國家: _____

(ii) 通訊地址: _____

傳真號碼: _____

聯絡電話: _____

電郵地址: _____

(iii) 離港原因:

移民

家庭團聚

結婚

退休

長期海外受聘

其他 (請註明): _____

1. a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification⁶;

2. a copy of the immigration visa / foreign passport / Home Visit Permit / Entry Permit for Hong Kong and Macau Residents⁷ / others*, etc. _____ (please specify type of other documents) giving the scheme member the permission to reside in a place outside Hong Kong;

3. the original statutory declaration form on permanent departure (Form MPF(S) - W(SD2))^{5,8};

4. a copy of the Letter of Release issued by the Inland Revenue Department, if applicable; and

5. information on overseas settlement:

(i) Country where the scheme member is permitted to reside: _____

(ii) Correspondence address: _____

Fax No.: _____

Phone No.: _____

Email address: _____

(iii) Departure reason(s):

Emigration

Family reunion

Marriage

Retirement

Long-term overseas employment

Others (please specify): _____

完全喪失行為能力
Total incapacity

1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）⁶；及
2. 證明計劃成員完全喪失行為能力的醫學證明書(第 MPF(S) – W(M)號表格)^{9,10} 副本

1. a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification⁶; and
2. a copy of the medical certificate certifying total incapacity (Form MPF(S) – W(M))^{9,10}

罹患末期疾病¹¹
Terminal illness¹¹

1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）⁶；及
2. 在提交申索日期之前的 12 個月內簽發的證明計劃成員罹患末期疾病的醫學證明書(第 MPF(S) – W(T)號表格)⁹ 副本

1. a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification⁶; and
2. a copy of the medical certificate certifying terminal illness dated not earlier than 12 months before the date on which the claim is lodged (Form MPF(S) – W(T))⁹

小額結餘
Small balance

1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）⁶；及
2. 有關小額結餘的法定聲明(第 Form MPF(S) – W(SD3) 號表格)^{5,8} 正本

1. a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification⁶; and
2. the original statutory declaration form on small balance (Form MPF(S) – W(SD3))^{5,8}

死亡
Death

1. 申索人的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示申索人的香港身份證供核對有關資料）⁶；及
2. 遺產承辦處發出的遺囑認證書或遺產管理書副本/ (如申索是由遺產管理官提出) 遺產管理官發出要求提取累算權益的信件*

1. a copy of claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification⁶; and
2. a copy of the Letter of Probate or Letter of Administration granted by the Probate Registry / a letter requesting withdrawal of the accrued benefits issued by the Official Administrator if the claim is made by the Official Administrator*

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

第三部分 Section III 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/吾等明白及同意永明信託有限公司(「受託人」)可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途:

(i) 處理本人/吾等的此項申請及任何其他申請; (ii) 為本人/吾等參與本計劃; (iii) 管理本人/吾等於本計劃的供款和累算權益的事宜; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 與上述目的直接有關的任何其他目的; 及 (ix) 為遵守適用的法例、法規或法庭命令。

受託人可為以上目的披露本人/吾等的個人資料予 (a) 為協助受託人上述用途(不論在香港或其他地方) 而提供服務的第三方, 包括計劃管理人(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的保險經紀(如有); (d) 本人/吾等的強積金中介人; (e) 受託人的關連公司(根據公司條例訂明)包括保險公司及金融服務機構; (f) 受託人及其關連公司(不論在香港與否) 為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士; 及 (g) 按法例要求或准許的其他人士。

受託人可就法例准許或於獲得本人/吾等的同意後披露或將本人/吾等的個人資料作其他用途。

本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致受託人無法處理本人/吾等的申請。本人/吾等有權查閱及要求更正受託人持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡德輔道中 18 號海濱廣場一座 10 樓卓譽金融服務有限公司退休金管理部經理。受託人可就處理任何該等要求收取合理費用。

I/We understand and consent that, any personal data collected by Sun Life Trustee Company Limited ("Trustee") (whether collected in this application form or otherwise) may be used by the Trustee for the following purposes:

(i) processing this application and any other applications I/we make; (ii) enrolling me/us in the Scheme; (iii) administering and managing my / our contributions and accrued benefits under the Scheme; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Trustee may disclose my/our personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Trustee to carry out the above purposes, including scheme administrator (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to my MPF intermediaries; (e) to the Trustee's related companies (as defined in the Companies Ordinance) including insurance companies and financial services companies; (f) to any person to whom the Trustee or it's related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Trustee or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Trustee or its related companies (inside or outside Hong Kong) is expected to comply and (g) as otherwise required or permitted by law.

The Trustee may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law.

I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean the Trustee is unable to process my/our application. I/We have the right to seek access to and request correction of any personal data the Trustee holds about me/us by sending a written request to The Manager, Pensions Administration Department, BestServe Financial Limited, 10/F, One HarbourFront, 18 Tak Fung Street, Hung Hom, Hong Kong. The Trustee may charge a reasonable fee for the processing of any such requests.

第四部分 Section IV 授權及聲明 AUTHORISATION AND DECLARATION

(1) 終止沒有剩餘款項的強積金帳戶 (如適用) Termination of MPF account with no residual balance (if applicable)

本人/我們*¹ 謹此授權核准受託人在以下情況終止在第二(1)部所述的註冊計劃成員帳戶:

- (i) 該帳戶內的累算權益已被全數提取, 並無剩餘款項;
- (ii) (只適用於僱員供款帳戶) 該供款帳戶所涉及的受僱已經終止; 或
- (iii) (只適用於自僱人士供款帳戶) 終止自僱, 生效日期為_____ (年/月/日)。

I/We*¹ hereby authorize the approved trustee to terminate the relevant registered scheme member account(s) as referred to in Section II(1) upon

- (i) Withdrawal of the full amount of accrued benefits with no residual balance in the said account(s);
- (ii) (for employee contribution account only) termination of the employment in relation to the contribution account; or
- (iii) (for self-employed person contribution account only) cessation of the self-employment, with effect from _____ (DD/MM/YYYY).

(2) 只適用於基於完全喪失行為能力的理由而要求支付累算權益的申索 For claim for payment of accrued benefits on ground of total incapacity only

本人/我們*¹ 謹此就基於完全喪失行為能力的理由而要求支付累算權益的申索作出聲明, 本人/計劃成員*在完全喪失行為能力前, 最後是執行醫學證明書(第 MPF(S) - W(M) 號表格)或「證明僱員永久不適合擔任某類工作的證明書」¹⁰所載有關類別的工作, 而該僱傭合約已經終止。

For the claim for payment of accrued benefits on the ground of total incapacity, I/We*¹ hereby declare that I/ the scheme member * last performed the relevant kind of work as set out in the medical certificate (Form MPF(S)-W(M)) before becoming totally incapacitated or the "Certificate of an employee's permanent unfitness for a particular type of work"¹⁰ and that contract of employment has been terminated.

(3) 聲明 Declaration

本人/我們*¹ 聲明, 盡本人/我們* 所知所信, 本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。◆

I/We*¹ declare that to the best of my/our* knowledge and belief, the information given in this Form and its attachments is correct and complete.◆

◆ Warning 注意:

根據《條例》第 43E 條, 任何人在給予管理局或核准受託人的任何文件中, 明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述, 即屬犯罪。首次定罪者, 最高可處罰款 \$100,000 及監禁一年; 其後每次定罪, 最高可處罰款 \$200,000 及監禁兩年。根據《刑事罪行條例》(第 200 章) 第 36 條, 任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述, 亦屬犯罪。一經定罪, 可處監禁兩年及罰款。

Under section 43E of the Ordinance, a person who, in any document given to the Authority or an approved trustee, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and 1 year's imprisonment on the first conviction and a \$200,000 fine and 2 years' imprisonment on each subsequent conviction. A person who knowingly and wilfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap. 200) and is liable on conviction to imprisonment for 2 years and to a fine.

申索人/成員簽署* Signature of the claimant(s) / member*

請簽署 Please sign here 

日期 Date : _____

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

第五部分 Section V 填報須知 EXPLANATORY NOTES

- (1) (i) 基於死亡的理由而提出的累算權益申索，只可由《強制性公積金計劃條例》所界定的遺產代理人作為申索人，代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第 10 章)所界定的遺產代理人及按該條例第 15 條，在無任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第一節另紙詳載各申索人的資料。在這情況下，本表格須由所有遺產代理人聯署。
- (ii) 基於所有其他理由(即永久性離開香港、完全喪失行為能力、罹患末期疾病或小額結餘)而要求支付累算權益的申索，可由計劃成員或根據《精神健康條例》(第 136 章)獲委任代表精神上無行為能力的計劃成員行事的產業受託監管人(「產業受託監管人」)作為申索人提出。如法庭委任超過一人為產業受託監管人，該等人士應按照委任條款及有關法庭命令所載的任何其他規定，以產業受託監管人的身份提出申請及在相關文件簽署。請就第一節另紙詳載各申索人的資料。在此情況下，除非法庭另有授權，否則本表格須由所有獲法庭委任為該計劃成員的產業受託監管人的人士簽署。
- (2) 如申索人/計劃成員沒有香港身份證，請填上護照上的姓名。
- (3) 計劃成員帳戶號碼可備以下途徑查閱/查詢：
- (i) 查閱成員證明書、接納通知或參與通知；或
- (ii) 查閱周年權益報表或核准受託人提供的其他報表；或
- (iii) 核准受託人為成員提供的諮詢服務。
- 如有疑問，請聯絡有關註冊計劃的核准受託人。
- (4) 如有需要，有關註冊計劃的核准受託人在處理付款申索時可能會要求申索人提交文件的正本，以核對資料。
- (5) 由產業受託監管人代表計劃成員提出的申索，除須提供有關該計劃成員的所需文件外，亦應夾附以下文件：
- (i) 產業受託監管人身份的證明文件副本，即法庭命令的副本；
- (ii) 每名申索人的香港身份證副本，以供核對其姓名及身份證號碼(如不擬親身出示申索人的香港身份證供核對有關資料)⁶；及
- (iii) 產業受託監管人就申索累算權益所作出的法定聲明表格(第 MPF(S)-W(SD4)號表格)⁸正本(如適用)。如使用该表格作出聲明並把該表格夾附於本申索，便無須提交基於永久性離開香港及小額結餘的理由作出申索的法定聲明表格(即第 MPF(S)-W(SD2)號表格及第 MPF(S)-W(SD3)號表格)。
- (6) 如申索人/計劃成員沒有香港身份證，而又不擬親身出示護照以供核對資料，則須提供護照副本(只須提供載有個人資料及護照號碼之頁)，以供核准受託人核對申索人/計劃成員的姓名及護照號碼。
- (7) 「港澳居民來往內地通行證」由香港中國旅行社有限公司代表中國廣東省公安廳發出。
- (8) 法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明(例如在香港，法定聲明須在監督員(例如在民政事務總署諮詢服務中心)或公證人或太平紳士面前作出，並由他們簽署)。在香港以外地方所作的法定聲明，只要是在公證人或獲該地方法律授權監督或監理法定聲明的人士面前作出，並由他們簽署，亦可予接受。
- (9) 證明計劃成員完全喪失行為能力的醫學證明書(第 MPF(S)-W 號表格)或罹患末期疾病的醫學證明書(第 MPF(S)-W(T) 號表格)須由下述醫生簽署：
- (i) 根據《醫生註冊條例》(第 161 章)註冊的註冊醫生，即：
- (a) 在香港醫務委員會正式註冊為醫生的人；或
- (b) 獲視為根據《醫生註冊條例》(第 161 章)註冊成為醫生的人(即獲豁免無須註冊的人)；
- 或
- (ii) 《中醫藥條例》(第 549 章)第 2(1) 條所界定的註冊中醫。
- (10) 基於完全喪失行為能力的理由而提出的累算權益申索，申索人須請醫生填寫第 MPF(S)-W(M)號表格並夾附於第 MPF(S)-W(O)號表格。申索人如按《僱傭條例》(第 57 章)的規定，以永久不適合擔任其現時工作為理由同時申索長期服務金，則可採用按該條例填寫的「證明僱員永久不適合擔任某類工作的證明書」，替代填寫第 MPF(S)-W(M)號表格，以提出基於完全喪失行為能力的理由而支付強積金累算權益的申索。
- (11) 計劃成員如基於罹患末期疾病的理由而要求從供款帳戶提取累算權益，該計劃成員在獲支付累算權益後，可能繼續從事其現時的受僱或自僱工作。在此情況下，僱主日後作出的供款(包括僱主及僱員部份)或該自僱人士日後作出的供款，將繼續分配至該供款帳戶。計劃成員如欲再度從該供款帳戶提取由未來供款及轉入的權益(如有)所產生的累算權益，須另行提出累算權益的申索。
- (1) (i) For a claim made on the ground of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance can be the claimant to act on behalf of the deceased scheme member to claim for payment of the member's accrued benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap.10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use an additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives.
- (ii) For a claim made on all other grounds of permanent departure from Hong Kong, total incapacity, terminal illness or small balance, either the scheme member or person(s) appointed as a committee of the estate of a mentally incapacitated person under the Mental Health Ordinance (Cap.136) ("the committee of the estate") to act on behalf of the scheme member can be the claimant to lodge the claim for payment of accrued benefits. If there is more than one person appointed by the court as the committee of the estate, those persons should apply the sign in the capacity as the committee of the estate in accordance with those terms of appointment and any other requirements contained in the relevant court order. Please use an additional blank sheet provide details of the claimants under Section I. Under such circumstance, this Form needs to be signed by all of the persons appointed by the court as the committee of the estate, unless the Court authorizes otherwise.
- (2) If a claimant/ scheme member does NOT possess a HKID Card, please fill in the name as shown on the passport.
- (3) Scheme member account number can be found:
- (i) in the membership certificate, notice of acceptance, or notice of participation; or
- (ii) in the annual benefit statement, or other statements provided by the approved trustee; or
- (iii) through the member enquiry facilities available from the approved trustee.
- If you are in doubt, please contact the approved trustee of the registered scheme concerned.
- (4) In processing a claim for payment, the approved trustee of the registered scheme concerned may request the claimant to produce the original documents for checking purpose, if necessary.
- (5) For a claim made by the committee of the estate on behalf of the scheme member, in addition to the required documents in respect of the scheme member, the following documents should be enclosed:
- (i) a copy of the evidence of the status of the committee of the estate, i.e. the court order;
- (ii) a copy of each claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification⁶; and
- (iii) the original statutory declaration form made by the committee of the estate for a claim for payment of accrued benefits (MPF(S) - W(SD4))⁸ (if applicable). Where such a statutory declaration has been made and enclosed with the claim, the statutory declaration form (MPF(S) - W(SD2) and MPF(S) - W(SD3)) for claims made on the grounds of permanent departure from Hong Kong and small balance respectively shall not be required.
- (6) For a claimant/scheme member who does NOT possess a HKID card, a copy of the passport (only pages with personal particulars and passport number) should be provided to the approved trustee concerned for verification of the name and passport number of the claimant/ scheme member if the claimant/scheme member does not wish to present the passport in person for verification.
- (7) The "Entry Permit for Hong Kong and Macau Residents (港澳居民來往內地通行證)" is issued at the China Travel Service (Hong Kong) Limited on behalf of the Public Security Bureau of Guangdong, PRC.
- (8) The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths (e.g. at a Public Enquiry Service Centre of the Home Affairs Department) or a Notary Public or a Justice of the Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration.
- (9) A medical certificate certifying total incapacity (Form MPF(S) - W(M)) or terminal illness (Form MPF(S) - W(T)) shall be signed by a medical practitioner who must be either -
- (i) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap 161), i.e.,
- (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
- (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (Cap. 161) (i.e. persons who are exempted from registration);
- or
- (ii) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2(1) of the Chinese Medicine Ordinance (Cap. 549).
- (10) For a claim made on the ground of total incapacity, the claimant shall ask a medical practitioner to fill in the Form MPF(S) - W(M) and attach it to the Form MPF(S) - W(O). For a claimant who also claims long service payment on the ground of permanent unfitness for his present job under the Employment Ordinance (Cap. 57), the claimant may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under that Ordinance to substitute for the Form MPF(S) - W(M) for the purpose of claiming payment of MPF accrued benefits on the ground of total incapacity.
- (11) For a claim made by a scheme member for payment of accrued benefits from a contribution account on the ground of terminal illness, the scheme member may continue his current employment or current self-employment after he has received the payment of accrued benefits. In that case, future contributions made by the employer (both employer and employee portions) or by the self-employed person himself will continue to be made to the contribution account. If the scheme member wishes to withdraw the accrued benefits derived from future contributions and transfer-in benefits (if any) in the contribution account again, he should lodge another claim for payment of accrued benefits.

第六部分 Section VI 重要資料 IMPORTANT NOTES

填寫本表格前，請先閱讀下列**重要資料**。

提交申索前須注意的事項

- (A) 提取由自願性供款所產生的累算權益，須受有關註冊計劃的管限規則所規限。詳情請查閱有關計劃的要約文件，而要約文件可於有關計劃核准受託人的網站閱覽。詳情請向有關核准受託人查詢。

請注意

- 基金單位價格會因市場波動而出現變化，單位價格可跌亦可升。你向核准受託人提交申索表格當日的基金單位價格，或會與贖回基金單位當日的價格有所不同。
- 如你已年滿或快將年滿 50 歲，而現時你的累算權益是按照計劃的預設投資策略投資，請留意預設投資策略的降低投資風險機制，會由計劃成員年滿 50 歲開始運作。如計劃的核准受託人在預設投資策略下按年降低你的投資風險的時間，與接獲你的申索權益申請的時間相當接近，該計劃的核准受託人將根據其運作程序及在符合《強制性公積金計劃條例》規定的情況下，訂定處理降低風險及申索權益的次序。如欲瞭解計劃核准受託人如何處理該等交易，請向受託人查詢詳情。
- 如正在進行投資轉換/基金贖回，提取指示會於投資轉換/基金贖回完成後才處理。

Please read the following **important notes** before completing this Form.

Reminder Before Submitting a Claim

- (A) Withdrawal of accrued benefits derived from voluntary contributions is subject to the governing rules of the registered scheme concerned. Please check the information from the offering document of the scheme concerned, which can be found on the website of the approved trustee of the scheme concerned. Please consult the relevant approved trustee for details.

Reminder

- The price of fund units may change due to market fluctuations and may go down as well as up. The price of fund units on the date when you submit a claim form to the approved trustee may be different from that on the date when the fund units are redeemed.
- If you have reached, or are approaching, the age of 50 and your accrued benefits are currently invested according to the default investment strategy ("DIS") of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investments in the DIS and your claim for payment of accrued benefits take place at around the same time, the approved trustee of the scheme shall sequence the de-risking and the claim in accordance with its procedures and in compliance with the Mandatory Provident Fund Schemes Ordinance. Please consult the approved trustee of the scheme if you wish to know the details of how it will handle these transactions.
- If there is a switching / redemption in progress, withdrawal request will be processed after the switching / redemption has been completed.

請將填妥表格交予：永明彩虹強積金計劃行政管理人 — 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 10 樓 電話 3183 1888 傳真 3183 1889

**Please send the completed form to : Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, Kowloon, Hong Kong Tel 3183 1888 Fax 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。

Please do NOT submit duplicate forms and keep the original copy for your own record if you are submitting via fax.