

**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 — 成員資料更改表格**

**SUN LIFE RAINBOW MPF SCHEME – MEMBER INFORMATION CHANGE FORM**

本表格所列之更改將取代所有其他之前已遞交行政管理人的資料/表格。如屬自僱人士，請填寫「自僱人士資料更改表格」。所有部分須以英文正楷填寫。

The changes filled in this form will supersede any previous information/form(s) which has/have been submitted to the Administrator.

For Self-employed Person, please complete the "Self-employed Person Information Change Form". All sections below should be completed in English and in BLOCK letters.

**第一部分 Section I 個人資料 PERSONAL DETAILS**

成員姓名 Member Name \_\_\_\_\_ 成員編號<sup>1</sup> Member No.<sup>1</sup> \_\_\_\_\_  
電話號碼 Telephone No. \_\_\_\_\_ 香港身份證/護照號碼\* HKID Card/Passport No.\* \_\_\_\_\_

**備註 Notes:**

1 如沒有提供有效的成員編號，本表格上的資料將根據提供香港身份證/護照號碼更新至永明彩虹強積金計劃下的所有強積金計劃（自僱人士帳戶除外）。If member number is missing or invalid, information update in this form will be applied to all MPF accounts (except Self-employed Person account) under Sun Life Rainbow MPF Scheme according to the HKID / Passport Number provided.

**第二部分 Section II 更新個人記錄（只需填上適用部分）  
UPDATE PERSONAL RECORD (Only Complete Relevant Sections)**

請在適當方格加上剔號(✓)。Please check (✓) the appropriate box(es).

**Part A: 更改聯絡資料 Change of Contact**

新住址<sup>2</sup> (郵政信箱恕不受理)  
New Residential Address<sup>2</sup> (P.O. Box will NOT be accepted) \_\_\_\_\_

新通訊地址(如與住址不同)  
New Correspondence Address (if different from the residential address) \_\_\_\_\_

新電話號碼 New Telephone Nos. 住宅 Home \_\_\_\_\_ 手提電話 Mobile \_\_\_\_\_ 傳真號碼 Fax No. \_\_\_\_\_

新電郵地址 New Email Address \_\_\_\_\_ 國籍 Nationality \_\_\_\_\_

**備註 Notes:**

2 如新住址適用於特別私人帳戶，請附上住址證明副本連同此表格一併遞交。可接納為住址證明的文件是由水/電/煤/中央石油氣供應商、銀行、政府部門等在申請日前三個月內發出的文件、收單或通知書。If the new residential address is applicable to Special Private Account, please attach a copy of address proof and submit with this form. Valid address proof is document, bill or correspondence issued within the last three month from the submission date by utility companies, banks, government department etc.

**Part B: 更改語言選擇 (用作將來與成員聯絡通訊之用) Change of Language Selection (For Future Member Communication Usage)**

新語言選擇為:  中文 Chinese  英文 English

**Part C: 強積金帳戶資訊短訊提示服務 MPF Account Information SMS Service**

每個季度以短訊形式向成員提供自帳戶成立日截至季末的1) 帳戶結餘及2) 盈/虧總額。服務詳情如下:  
Members receive SMS with information about 1) account balance and 2) gain/(loss) amount since account setup to the quarter end on quarterly basis. Service details are as follows:

1. 本服務只提供予持有香港身份證成員。This service will be only available to members with HKID card.
2. 本服務包括同一香港身份證號碼下的所有現存帳戶。This service covers all existing accounts under the SAME HKID number.
3. 短訊以表格第二部分提供之有效手提電話號碼或及後更新的有效手提電話號碼發出。如閣下之手提電話號碼並沒有在第二部分更新，短訊將根據閣下現時登記的有效手提電話號碼發出。SMS is sent out by using valid mobile number provided in Section II of this form or the latest updated valid mobile number. If you do not update the mobile phone number in Section II, the SMS will be sent out by using current registered mobile phone number.
4. 如成員持有超過一個帳戶，短訊會根據最後成立帳戶紀錄的有效手提電話號碼發出。Valid mobile number in the latest created member account is used to send SMS if members hold more than 1 account.
5. 短訊語言將根據表格第二部分更新之語言選擇。如在第二部分的有關資料並沒有更新，則會根據閣下現時選擇。SMS language will follow the language selection, stated in Section II of this form. If there is no update on relevant information in Section II, current selection in this account will be followed.

本人明白以上內容並同意參加此項服務。I understand the terms and agree to enroll for this service.

本人要求取消此項服務。I request to cancel this service. (只適用於現已使用強積金帳戶資訊短訊提示服務。This request is only applicable if you are currently using the MPF Account Information SMS Service.)

**Part D: 電子版本半年度成員權益報告之安排 Arrangement for Electronic Version of Semi-annual Member Benefit Statement**

本人欲只收取電子版本之半年度成員權益報告並同意不以郵寄方式收取該報告。I wish to receive the electronic version of Semi-annual Member Benefit Statement only and agree not to receive the statement by mail.

本人不欲收取電子版本之半年度成員權益報告及明白該報告將會郵遞至本人於本計劃記錄之通訊地址。I do not wish to receive the electronic version of Semi-annual Member Benefit Statement and understand that the statement will be mailed to my correspondence address as per the scheme record.



**Part E: 更改姓名或簽署式樣<sup>3</sup> Change of Name or Signature Specimen<sup>3</sup>**

姓 (英文 English) 名  
Surname Given Name  
(須與香港身份證 / 護照上相同 same as HKID Card/Passport)

姓 (中文 Chinese) 名 稱謂 先生/太太/小姐/其他\*  
Surname Given Name Title Mr/Mrs/Ms/Other\*  
(須與香港身份證 / 護照上相同 same as HKID Card/Passport)

新簽署式樣 New Signature Specimen

簽署式樣 Specimen X

**Part F: 其他更改 Other Changes (請列明 Please specify)**

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

**備註 Notes:**

<sup>3</sup> 若需要更改登記於計劃內的姓名，你需要附上結婚證書及新身份證之副本或附上改名契及新身份證之副本。閣下的現有成員簽署式樣(後頁)須與行政管理人記錄相符，以上之新簽署式樣方可生效。  
For change of name to be registered in our records you must attach a copy of the Marriage Certificate and your new Hong Kong Identity Card or a copy of the Deed Poll and your new Hong Kong Identity Card. The above New Signature Specimen will be effective provided that your existing signature specimen (next page) is consistent with the Administrator's record.

**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。

受託人亦可使用本人/吾等的聯絡資料，基本個人資料投資選擇及累算權益，就本計劃的產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對)，否則受託人不可使用本人/吾等之資料為該用途。若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上剔號。

受託人可為以上目的披露本人/吾等的個人資料予 (a) 為協助受託人就上述用途(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街 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。

若閣下不同意收取由受託人發出的推廣資訊，請於方格內填上剔號。

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 also use my/our contact details, demographic information, investment choices and accrued benefits to contact me/us with marketing information regarding the Scheme, including by phone calls, mail, email, SMS or any type of electronic message. The Trustee may not so use my/our data unless the Trustee have received my/our consent (which includes an indication of no objection). Tick the box below if I/we do not consent to receive such marketing information.

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.

Please tick if you do not wish to receive marketing information from the Trustee.

**第四部分 Section IV 聲明 DECLARATION**

本人(作為成員身份)，謹此確定以上細則 / 或附上之資料(如有)皆為真實正確。

I, the Member, hereby confirm that the above details and the attached information (if any) are true and correct.

成員簽署<sup>4</sup> Signature of Member<sup>4</sup>:

請簽署 Please sign here X

備註 Notes:

<sup>4</sup> 成員簽署必須與之前遞交予本計劃行政管理人的式樣相同。如成員簽署與紀錄不符，我們將邀請閣下到客戶服務中心作身份核實。中心職員將要求閣下出示香港身份證(或護照)以核實閣下身份。如閣下已忘記簽署式樣，請攜同此表格及香港身份證(或護照)親臨我們的客戶服務中心作身份核實。Signature of member must be same as the previous specimen submitted to the Administrator of the Scheme. If your signature does not match with our record, you will be invited to our Client Service Centre for identity verification. Our staff will request you to present your HKID card (or passport) to verify your identity. If you forget your signature specimen, please bring along this form and your HKID card (or passport) in person to our Client Service Centre for identity verification.

日期 Date:

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

香港九龍紅磡德輔街 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, Hunghom, Kowloon, Hong Kong Tel 3183 1888 Fax 3183 1889