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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 – 抵銷長期服務金/遣散費表格 SUN LIFE RAINBOW MPF SCHEME – OFFSET OF LONG SERVICE PAYMENT / SEVERANCE PAYMENT FORM

所有部分須以英文正楷填寫。 All sections below should be completed in English and in Block letters.

第一部分 Section I 計劃成員資料 DETAILS OF SCHEME MEMBER

僱主名稱 Employer Name	_____		
僱主編號 Employer Code	_____		
成員姓名 Member Name	成員編號 Member No.	_____	
香港身份證/護照號碼* HKID/Passport No.*	最後受僱日期 Last Date of Employment	_____	

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

第二部分 Section II 長期服務金/遣散費資料 LONG SERVICE PAYMENT / SEVERANCE PAYMENT (“LSP/SP”) INFORMATION

(1) 請在適當方格加上剔號(✓)。 Please check (✓) the appropriate box(es).
付款類別 Payment Type:

長期服務金 Long Service Payment (LSP) 遣散費 Severance Payment (SP)

(2) 支付長期服務金/遣散費的原因 Reason for LSP/SP:

正常退休 Normal Retirement 完全失去行為能力 Total Incapacity
 身故 Death 解僱 / 遣散 Dismissal / Lay Off

(3) 付款詳情 Payment Details:

(A) 成員可享有的長期服務金/遣散費總金額 港幣
Total amount of LSP/SP Entitled by Member HKD (A) _____

(B) 僱主已支付予成員的長期服務金/遣散費金額 港幣
Amount of LSP/SP paid to Member by Employer HKD (B) _____

Note: Default as “0” if no figure is provided.
註：如沒有提供金額，則會當作「0」

(C) 尚欠成員的長期服務金/遣散費金額 港幣
Outstanding amount of LSP/SP to Member HKD (C) = (A) – (B) _____

Note: If no figures is provided, the amount
will be determined by (A) minus (B)
註：如沒有提供，金額則為(A)減(B)

(D) 其他強積金或職業退休計劃支付的長期服務金/遣散費金額(如適用)[#]
Amount of LSP/SP paid by other MPF / ORSO scheme (if applicable)[#] 港幣
HKD (D) _____

Note: Default as “0” if no figure is provided.
註：如沒有提供金額，則會當作「0」

[#] 如先從其他強積金或職業退休計劃支付長期服務金/遣散費金額，請 1.待該指示完成後並填上已支付之金額才遞交此表格申請退還長期服務金/遣散費；及 2.於成員離職通知書填上成員離職資料及長期服務金/遣散費金額以報告成員離職。

If LSP/SP should be paid by other MPF / ORSO scheme first, please 1. wait for the completion of such request and fill in paid amount before submitting this form; and 2. fill in the the leaving member information and LSP/SP amount on Leaving Member Notification to report member termination.

(E) 申請退還予僱主已支付的長期服務金/遣散費
Requested reimbursement amount of LSP/SP paid by Employer 港幣
HKD (E) = (B) – (D) _____

Note: If no figures is provided, the amount
will be determined by (B) minus (D)
註：如沒有提供，金額則為(B)減(D)



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積權益的事宜; (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豐街 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。

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 its 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 計劃成員聲明及授權 DECLARATION OF SCHEME MEMBER AND AUTHORISATION

本人簽署此表格即表示確認並同意:

- 在第二部分所列明長期服務金/遣散費的款項, 而此款項是根據僱傭條例(第57章)所計算。
- 收受由僱主支付於第二項所列明之款項, 作為本人的長期服務金/遣散費。
- 本人明白上述僱主支付予本人的長期服務金/遣散費(如有), 除已由另一個強積金或職業退休計劃退還的長期服務金/遣散費(如適用)之部分, 會根據《強制性公積金計劃條例》(第12A條)由僱主於本計劃作出供款所產生的累積權益(僱主部分)中扣除, 並發還予僱主以作抵銷。
- 在第二部分列明僱主仍有未支付長期服務金/遣散費款項的情況下, 本人聲明並無由僱主收取有關的長期服務金/遣散費欠款, 並謹此根據《強制性公積金計劃條例》(第12A條)申請將第二部分列明尚欠的長期服務金/遣散費款項由僱主於本計劃作出供款所產生的累積權益(僱主部分)中扣除(以款項較低者為準), 並發還款項予本人以作抵銷。
- 本人明白長期服務金/遣散費從本人的帳戶內之僱主供款部份之累積權益中按次序以 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積權益抵銷。
- 本人明白如僱主於本計劃作出供款所產生的累積權益(僱主部分)不足以支付第二部分所列明尚欠長期服務金/遣散費款項, 僱主須向本人支付有關差額。
- 本人明白若未能提供此處所要求的任何資料, 可導致受託人不能處理有關的申請。

By signing this form, I acknowledge and agree that:

- the amount of the Long Service Payment / Severance Payment (the "LSP / SP") stated in Section II and the calculation of "LSP/SP" is in accordance with Employment Ordinance (Chapter 57).
- receipt of the amount stated in Section II as my LSP/SP.
- I understand that the LSP/SP paid to me by the Employer (if any), except any amount of LSP/SP reimbursed by another MPF / ORSO scheme, can be reimbursed to the Employer from the accrued benefits of my attributable to the employer's contribution under the Plan pursuant to s.12A of the Mandatory Provident Fund Scheme Ordinance.
- In circumstances where an outstanding amount of LSP/SP amount is stated in Section II, I declare that I have not received that outstanding amount of the LSP/SP from the Employer and hereby apply for payment of the outstanding amount of the LSP/SP stated in Section II out of the accrued benefits attributable to the Employer's contributions, and held in the Plan, whichever is the lesser pursuant to s.12A of the Mandatory Provident Fund Scheme Ordinance.
- I understand that the offset of LSP/SP from 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 my account.
- I understand that the Employer is required to pay the shortfall to me if the accrued benefits attributable to the Employer's contributions and held in the Plan are insufficient to meet the outstanding amount of the LSP/SP stated in Section II.
- I understand that failure to provide any information requested herein may result in the Trustee's inability to process my request.

成員簽署:
Signature of Member:



成員姓名:
Member Name:

請簽署 Please sign here **X**

日期 Date:

第四部分 Section IV

僱主聲明及授權

DECLARATION OF EMPLOYER AND AUTHORISATION

本人/吾等簽署此表格即表示同意:

1. 本人/吾等已按照《僱傭條例》(第 57 章)支付第二部分所列明的長期服務金/遣散費予上述成員。並謹此根據《強制性公積金計劃條例》(第 12A 條)申請由本人/吾等於本計劃作出的僱主供款所產生的累積權益(僱主部分)中扣除(以款項較低者為準),並發還款項予本人/吾等以作抵銷;
2. 明白如在第二部分列明僱主仍有未支付長期服務金/遣散費款項的情況下,有關在本部第1項的申請,須於完成處理退還有關尚欠長期服務金/遣散費予上述成員的申索後才會獲得辦理
3. 明白如於本計劃作出供款所產生的累積權益(僱主部分)不足以支付第二部分所列明尚欠長期服務金/遣散費款項,本人/吾等須向上述成員支付有關差額。
4. 明白長期服務金/遣散費從上述成員的帳戶內之僱主供款部份之累積權益中按次序以 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積權益抵銷。
5. 如本人/吾等和成員之間因上述成員之離職及/或終止上述成員於強積金計劃內的成員資格之條款產生爭議,本人/吾等自當負責解決有關之爭議。
6. 謹此授權受託人依據以僱主授權人和上述成員簽署及送往受託人之指示以接納、處理執行有關事宜。本人/吾等同意受僱主授權人和上述成員簽署之指示約束並且同意賠償受託人因執行所述指示而致產生之任何後果及其責任與支出。本人/吾等同意確保受託人不因此而蒙受任何損失。
7. 確認在本文件提供的所有資料連同任何隨後提供的更新資料均為真確、確實及完全。倘若因本人/吾等及/或上述成員所填報之資料錯誤,而導致受託人在處理有關此申索個案中蒙受任何損失、支出、或須要進行任何行動或訴訟,本人/吾等同意作出有關賠償予受託人。
8. 明白若未能提供此處所要求的任何資料,可導致受託人不能處理有關的申請。
9. 受託人有權依賴本文件上本人/吾等指明的授權代表所作之指示而作出行動,本人/吾等亦謹此授權及指示受託人、其服務供應商或委託公司實踐並遵守所有以口頭、書面或其他電子方式作出並令受託人合理及真誠地相信為真實的要求、指令或指示("指令"),而受託人在作出該等指令時必須受到絕對的保護。任何關於本文件的撤回或修正或修改只會在受託人確實收到由本人/吾等簽署的正式書面通知才可生效。

By signing this form, I/We agree that:

1. I/We have paid the amount of the Long Service Payment / Severance Payment (the 'LSP / SP') stated in Section II in accordance with Employment Ordinance (Chapter 57) to the Member and pursuant to s.12A of the Mandatory Provident Fund Scheme Ordinance, I/We hereby apply for that payment out of the accrued benefits attributable to employer's contributions and held in the Plan, whichever is the lesser.
2. understand that the application in (1) of this section above is subject to the settlement of the Member's claim of the outstanding amount of the LSP/SP in circumstances where an outstanding amount of the LSP/SP is stated in Section II.
3. understand that I am/we are required to pay the shortfall to the Member if the accrued benefits attributable to the employer's contributions and held in the Plan are insufficient to meet the outstanding amount of the LSP/SP stated in Section II.
4. understand that the offset of LSP/SP from 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 Member's account.
5. understand that in case of any dispute between the Member and me/us relating to the terms of the termination of employment and/or MPF scheme membership of the employee concerned, I/We will assume full responsibility in resolving such dispute.
6. hereby authorize the Trustee to accept, process, execute and rely upon instructions issued in the signatures of the authorised person of the Employer and the Member and sent to the Trustee. I/We agree to be bound by the said instructions sent to the Trustee under the signatures of the authorised person of the Employer and the Member and agree to indemnify and hold the Trustee harmless from and against any and all liability and expense incurred by the Trustee arising from the Trustee's execution of the said instructions.
7. confirm all information provided in this document together with any subsequent updated information to be provided is true, accurate and complete. I/We agree to indemnify and keep the Trustee indemnified against any and all losses, cost, expenses, actions, proceedings suffered by the Trustee as a result of any inaccuracy of the information provided for the purpose of processing this request.
8. understand that failure to provide any information requested herein may result in the Trustee's inability to process my request.
9. The Trustee is entitled to rely on and act upon any instructions from the authorised officers as indicated by the Employer in this document and I/We hereby authorize and direct the Trustee, its service providers or delegates to honour and comply with all requests, instructions or directions (the "Instructions"), oral, written or other electronic means which the Trustee reasonably believes in good faith to be genuine and the Trustee shall be fully protected in acting upon such Instructions. Any revocation or amendment or modification hereto shall only be effective upon the Trustee's actual receipt thereof in writing duly signed by me/us.

僱主授權簽署及公司蓋章:

Employer Authorised Signature(s) and Company Chop:

請簽署及蓋章 Please sign & chop here **X**

日期 Date:

僱主授權人士姓名:

Name of Authorised Person
of Employer: _____

備註 Notes:

如中文版與英文版有抵觸,將以英文版為準。In case the Chinese version conflicts with the English version, the English version shall prevail.

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

地址: 香港九龍紅磡德豐街 18 號海濱廣場一座十樓 電話: 3183 1888 (或) 傳真: 3183 1889

Please send the completed form to:

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited

Address: 10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, Kowloon, Hong Kong Tel: 3183 1888 (OR) Fax: 3183 1889