



**SUN LIFE MPF MASTER TRUST**  
**TRANSFER OF ACCRUED BENEFITS UPON INTRA-GROUP TRANSFER/CHANGE OF BUSINESS OWNERSHIP**

永明強積金集成信託計劃  
聯繫公司或更改業務擁有權之成員累算權益轉移

Note: -

1. This form should **ONLY** be used in case an Employee Member is transferring his/her accrued benefits from his/her Existing Employer to the New Employer's MPF scheme account as a result of transfer of employment between associated companies or change of business ownership.
2. Please complete this form in Block Letter.
3. Upon completion of this Form, the New Employer should return this Form together with the Participating Employer's Request For Fund Transfer (Form MPF(S) - P(E)) to the new trustee.
4. The information and data provided in this Form can be used by the approved trustees concerned in activities relating to the processing of the transfer and may be disclosed to other parties for such purposes.
5. If necessary, you may seek assistance from the approved trustee of your scheme.

注意: -

1. 此表格只適用於成員及其強積金內的累算權益由現公司轉移到另一間有聯繫公司或因業務轉手而轉移到新僱主的強積金計劃之內。
2. 請以正楷填寫本表格。
3. 填妥本表格後請新僱主連同參與僱主資金轉移申請表(MPF(S) - P(E) Form)一併交回給新受託人。
4. 本申請表所載資料及數據可供有關的核准受託人作處理轉移的用途，並可為此用途向其他人士披露。
5. 如有需要，可向所參與計劃的核准受託人求助。

**Part A Transfer Details Of Scheme Member 甲部 計劃成員轉移資料**

Member Name (as shown on ID/Passport) 會員姓名 (必須與身份證/護照相同)		Chinese 中文		HKID Card/Passport* No. 香港身份證/護照號碼	
		English 英文			
Employment Commencement Date with New Employer	/ /	Employment Commencement Date with Existing Employer Group	/ /	Commencement Date for vesting entitlement 歸屬權益起計日期	/ /
受僱於新僱主日期	DD 日 MM 月 YYYY 年	受僱於現集團日期	DD 日 MM 月 YYYY 年		DD 日 MM 月 YYYY 年

\*Delete whichever is inappropriate 請刪除不適用者

**Part B Details Of Existing Employer 乙部 現僱主詳情**

Name of Existing Employer 現僱主名稱			
Contact Person 聯絡人名稱		Existing Employer's Account No. 現僱主帳戶編號	
Telephone No. 電話號碼		Fax No. 傳真號碼	
Name of MPF Scheme of Existing Employer 現僱主強積金計劃名稱			
Name of Trustee of Existing Employer 現僱主信託人名稱			

**Part C Details Of New Employer 丙部 新僱主詳情**

Name of New Employer 新僱主名稱			
Contact Person 聯絡人名稱		New Employer's Account No. 新僱主帳戶編號	
Telephone No. 電話號碼		Fax No. 傳真號碼	
Name of MPF Scheme of New Employer 新僱主強積金計劃名稱			
Name of Trustee of New Employer 新僱主信託人名稱			



## Part D Declaration And Authorisation 丁部 聲明及授權

By signing this form you are deemed to agree 若閣下簽署此表格即表示閣下同意:

1. The Existing Employer and the New Employer confirm that the above-named person in Part A is an Employee Member of the MPF scheme of the Existing Employer and agree to transfer all his/her accrued benefits to the MPF scheme of the New Employer as a result of transfer of employment between associated companies or change of business ownership as complied with Section 12A (6A) of the Mandatory Provident Fund Schemes Ordinance.
2. The Existing Employer agrees to release the full amount of the Employee Member's accrued benefits to the New Employer's MPF scheme on or after the employment commencement date with the new employer as shown on page 1 and the New Employer agrees to accept the Employee Member's accrued benefits from the Existing employer's MPF scheme to be credited to the Employee Member's accounts under the New Employer's MPF scheme. In addition the New Employer agrees to assume the Existing Employer's severance payment/long service payment (SP/LSP) liability on the Employee Member.
3. The Existing Employer and New Employer agree that the Employee Member's employment by the New Employer shall be treated as continuous by virtue of employment, for the purpose of determining the Employee Member's vesting entitlement to voluntary contributions on final termination with New Employer and his/her entitlements under the Employment Ordinance (such as severance payment / long service payment). The Existing Employer agrees the New Employer to receive, if any, all the unvested benefits on final termination of the Employee Member's employment with the New Employer.
4. The Existing Employer and the Employee Member confirm that they have not received any accrued benefits of the Employee Member from the MPF scheme of the Existing Employer.
5. The Employee Member understands that all his/her accrued benefits will be transferred from the Existing Employer's MPF scheme to the New Employer's MPF scheme and agrees to release all personal information from the Existing Employer to the New Employer for the purposes of processing the transfer and all subsequent services.
6. The Employee Member understands, accepts and agrees to the rules of the New Employer's MPF scheme, including vesting scales, which he/she acknowledges may differ from the rules of the MPF scheme of the Existing Employer.
7. The Employee Member understands and accepts that his/her employment is considered continuous for the purpose of determining his/her vesting entitlement to voluntary contributions and his/her entitlements under the Employment Ordinance as per clause 3 and in consideration thereof understands and accepts that the New Employer may offset SP/LSP against accrued benefits derived from mandatory and voluntary contributions attributable to the employer's contribution of both the Existing Employer and New Employer upon final termination of his/ her employment with the New Employer.
8. The New Employer and the Employee Member agree to make contribution from the employment commencement date with the new employer.

1. 現僱主和新僱主確認在甲部之人士為現僱主的強積金計劃之成員，並在該成員因受僱於另一間有聯繫公司或另一個新業務擁有人後，將其累算權益轉移至新僱主的強積金計劃內，而此轉移是符合強制性公積金計劃條例第12A (6A) 條的規定。
2. 現僱主同意於甲部內之受僱於新僱主日期或之後將成員全數的累算權益轉移至該成員的新僱主之強積金計劃，而新僱主亦同意接收該成員在現僱主的強積金計劃之累算權益，並將其記入該成員在新僱主的強積金計劃之成員賬戶內。而新僱主亦同意承擔現僱主在該成員的遣散費或長期服務金方面的法律責任。
3. 現僱主和新僱主同意，該成員受僱於聯繫公司或新業務擁有人後，就確定其自願性供款之歸屬權益及按照僱傭條例所享有之權益而言(如遣散費/長期服務金)，該成員將被視作連續性受僱。現僱主同意該成員於最後終止受僱於新僱主時，新僱主將接收所有非歸屬權益(如有)。
4. 現僱主和成員確認他們從未於現僱主的強積金計劃中收取該成員的累算權益。
5. 成員同意現僱主向新僱主提供其一切有關個人資料，以處理其轉移有關手續。
6. 成員明白、接受和同意新僱主的強積金計劃之規管條文，包括歸屬比例，他或她並認可有關係文可能會與現僱主的強積金計劃之規管條文不同。
7. 成員明白和接受他或她被視作連續性受僱以確定他或她就以上條款 3所述自願性供款之歸屬權益，並因此明白和接受於他或她最後終止受僱於新僱主時，其新僱主可將現僱主和新僱主曾作的強制性供款及自願性供款所得的累算權益，用以抵銷根據僱傭條例所須支付予他或她的遣散費或長期服務金。
8. 新僱主及成員同意受僱於新僱主開始起計供款。

Member Name(in Block Letter)

僱員姓名(請以正楷填寫)

Signature of Member 僱員簽署

Date 日期 (dd 日/ mm 月/ yyyy 年)

Existing Employer Authorised Signature(s) and Company Chop  
現僱主授權簽署及公司印章

Date 日期 (dd 日/ mm 月/ yyyy 年)

New Employer Authorised Signature(s) and Company Chop  
新僱主授權簽署及公司印章

Date 日期 (dd 日/ mm 月/ yyyy 年)

If there is any conflict between the English and Chinese version, the English version shall prevail. 如中文版本與英文版本有抵觸，將以英文版本為準。

### For Official Use Only 公司專用

Input by:		Date of Input:		Scheme No.	
Verified by:		Date of Verification:		USER I.D. No.	

Please send the completed form to: Sun Life MPF Master Trust, The Administrator, BestServe Financial Limited

10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, 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  
香港九龍紅磡德豐街18號海濱廣場一座十樓 電話 2971 0200 傳真 3183 1901