



SUN LIFE MPF MASTER TRUST
(Formerly named SCHRODER MPF MASTER TRUST)
EMPLOYEE TERMINATION NOTIFICATION
永明強積金集成信託計劃
(前計劃名稱為施羅德強積金集成信託計劃)
僱員離職通知書

(To be completed by Employer 請由僱主填寫)

Employer Name (English) 僱主名稱 (英文)	_____	Account No. 帳戶編號	_____
Employer Name (Chinese) 僱主名稱 (中文)	_____		

Employee Termination Details 僱員離職詳情

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

Surname 姓	_____	Member No. 成員編號	_____
Given Name 名	_____	HKID / Passport No. 香港身份證/護照號碼	_____
Chinese Name 中文姓名	_____	Contact Telephone No. 聯絡電話號碼	_____
Last Date of Employment (dd/mm/yyyy) 最後受僱日期 (日/月/年)	_____	Code of Termination Reason # 終止戶口原因代號 #	_____

Code of Termination Reason 終止戶口原因代號

The Reason for Termination is obtained for the purpose of ascertaining LSP/SP payment and/or determination of employer's voluntary contribution entitlement, if applicable. 請填寫有關成員之離職原因以作核實其長期服務金/遣散費扣減及/或計算其既得僱主自願性供款 (如適用)。

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|----------------------|---------------------|--------------------|---------------------|-----------------------------|---------------------------------|----------------|-----------------------------------|
| 1. Resignation
離職 | 2. Redundancy
裁員 | 3. Dismissal
解僱 | 4. Retirement
退休 | 5. Early Retirement
提前退休 | 6. Total Incapacity
完全喪失行為能力 | 7. Death
死亡 | 8. Intra-group Transfer
集團內部調職 |
|----------------------|---------------------|--------------------|---------------------|-----------------------------|---------------------------------|----------------|-----------------------------------|

Details of Long Service Payment / Severance Payment 長期服務金 / 遣散費資料

No Long Service Payment / Severance Payment is involved with this member
此成員沒有長期服務金 / 遣散費 可供抵銷

Long Service Payment / Severance Payment* has been paid to the member and we, the employer, wish to apply for offsetting the Long Service Payment / Severance Payment* from Employee's Accrued Benefits that are attributable to the Employer's Contributions.
The amount paid was: HK\$ _____
長期服務金 / 遣散費* 已由僱主支付，現提出申請提取屬於僱主供款部分之僱員累積權益來抵銷長期服務金 / 遣散費*。
已支付之金額為：港幣 _____ 元

The Long Service Payment / Severance Payment will be offset from Employee's Accrued Benefits according to the following sequence: 長期服務金 / 遣散費將按以下次序從僱員累積權益中抵銷：
i. The Vested Benefits derived from the relevant employer's MPF voluntary contribution 強積金計劃內該僱主自願性供款部份之歸屬權益
ii. The Accrued Benefits derived from the relevant employer's MPF mandatory contribution 強積金計劃內該僱主強制性供款部份之累積權益

If the employee also entitles the vested benefits derived from the relevant employer's contribution in ORSO Schemes, the Long Service Payment / Severance Payment might be offset from the vested benefits in the ORSO Schemes derived from attributable to the relevant employer's contribution first before the benefits derived from the relevant employer's MPF contribution, if practicable.
若僱員亦有該僱主供款部份之歸屬權益 於公積金計劃內，在可行情況下，長期服務金 / 遣散費將有可能先由公積金計劃內該僱主供款部份之歸屬權益中抵銷，再由強積金計劃內僱主供款部分之權益中抵銷。

We, the employer, understand that the employee's vested accrued benefits attributable to the employer's contributions will be reduced by the above amount, up to and no more than the aforementioned vested accrued benefits
本公司(僱主)明白此金額由僱主供款部份之已歸屬權益中扣除，但以不超過上述已歸屬權益為限。

Employee's acknowledgement receipt 成員確認收據
I agree with the employers arrangement as aforesaid and I confirm that I have received the Long Service Payment / Severance Payment* stated above from the Employer which I am entitled under the Employment Ordinance (Chapter 57 of the Laws of Hong Kong).
I understand and agree that my employer can make an application to the approved trustee of the MPF Scheme for reimbursing the above-mentioned Long Service Payment / Severance Payment* from the part of my accrued benefits that is attribute to the employer's contribution.
本人同意僱主上述之安排，本人確認收妥由僱主根據僱傭條例(香港法例第 57 章) 所支付上述之長期服務金/遣散費*。本人明白及同意，僱主可向本計劃之受託人提出申請，要求由本人強積金戶口內僱主供款部份所衍之累積權益中索回長期服務金/遣散費*之款項。

Signature of Member 成員簽署

I hereby declare and agree that all the information given above is complete, true and accurate, and is given to the best of our knowledge.
本人謹此聲明並同意上述所有資料均是完整、真實及準確，並且是盡本人所知而作答。

Date 日期 (dd 日/ mm 月/ yyyy 年) _____

* Please delete if not appropriate 請將不適用者刪除



Notes 備註:

- 1 Please provide Member's Request For Fund Transfer Form to the above specified member for his election with respect to transfer of accrued benefits.
請提供成員資金轉移表格予上述成員以供其選擇累算權益之轉移。
- 2 Please state last contribution details of the above specified member on remittance statement and send us with last contribution. If there is any contribution / surcharge for such member which has not been submitted, please submit it together with the payment for the relevant contribution period(s).
請於供款結算書上列明上述成員之最後供款資料及連同最後供款一併寄回。如有任何有關成員之未繳供款 / 附加費，請連同有關供款期之供款一併提交。

Declaration 聲明

<p>We, the employer, hereby declare and agree that all the information given above is complete, true and accurate, and is given to the best of our knowledge. 本公司（僱主）謹此聲明並同意上述所有資料均是完整、真實及準確，並且是盡本公司所知而作答。</p>	<p>Authorized Signature(s) with Company Chop 授權人簽署及公司印章</p> <div data-bbox="804 483 1465 689" style="border: 1px dashed black; height: 90px;"></div>
<p>Date 日期 (dd 日/ mm 月/ yyyy 年) _____</p>	

<p>For office use only:</p>	<p>Processed by: _____</p>	<p>Date: _____</p>	<p>Checked by: _____</p>	<p>Date: _____</p>
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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, 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10樓 電話 2971 0200 傳真 3183 1901