



Notes

1. This form supersedes the relevant terms in any relevant form(s) which has/have previously been submitted to the Administrator.
本表格將取代所有早前曾遞交行政管理人的有關表格內的有關條款。
2. All sections below should be completed in English BLOCK letters except the Chinese name of the Employer.
除了僱主的中文名稱外，所有部份須以英文正楷填寫。

Employer Name (English)
僱主名稱 (英文)

Employer Name (Chinese)
僱主名稱 (中文)

Account No.
帳戶編號

Change Details 更改細則

Please (✓) the appropriate box and complete accordingly
請在適當方格加上 (✓) 號並填寫有關資料

IMPORTANT NOTES 重要事項:

1. **At least 1 month's** prior notice to the Administrator is required for Employers to make changes to their voluntary contribution. The **EFFECTIVE DATE** must be on the first day of a contribution period. 僱主須於最少一個月前通知行政管理人以更改其自願性供款。生效日期必須於供款期的第一日。
2. Please note that any changes relating to Mandatory Contribution or Voluntary Contribution that will alter to a member's detriment his/her vested benefits are not allowed. For changes relating to Mandatory Contribution or Voluntary Contribution that will alter to a member's detriment his/her accrued rights under a registered scheme, approval from the Mandatory Provident Fund Schemes Authority (the "Authority") is required before the change can take effect. If the Authority's approval is not required, change(s) will take effect on the below "Effective Date". If the Authority's approval is required, the date on which the Authority approves the change is the "Approval Date". The change will take effect from the "Final Effective Date" which is the later of:
 - (i) the below stated effective date; and
 - (ii) the Approval Date if it is the first day of a contribution period; and
 - (iii) the first day of the contribution period immediately following the Approval Date if the Approval Date is not the first day of a contribution period.

請注意任何與強制性供款或自願性供款有關之修改，若會損害成員在計劃下的既有利益是不准許的。任何與強制性供款或自願性供款有關之修改，若會損害成員在計劃下的累算權益，修改則須在獲得強制性公積金計劃管理局(“積金局”)的批准後方可生效。若不需要積金局的批准，修改將於下列「生效日期」生效。若需要積金局的批准，修改獲積金局批准當日為「批准日」。修改將於「最終生效日期」生效，即下列日期較後者：

 - (i) 下列生效日期及
 - (ii) 批准日(如批准日在供款期的首日)及
 - (iii) 批准日之後開始的供款期之第一日(如批准日不在供款期的首日)。
3. In normal circumstances, changes should only be effected on a future date. 在一般情況下，修改只應於將來的日期生效。
4. The Trustee may require additional information, including but not limited to 'Consent by Members' before accepting the changes stated on this form. 受託人在接受此表格上之修改前或須僱主提供附加資料(包括但並不限於「成員同意書」)。

EFFECTIVE DATE 生效日期

(dd 日/mm 月/yyyy 年)

Section A. Payroll Date 發薪日期

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)
(Payroll Date will be applied to Voluntary and Mandatory Contribution 發薪日期適用於自願性及強制性供款)

_____ dd 日*

*Please specify if contributions are not on a monthly basis _____

如非按月供款。請說明供款方法

Section B. Addition or Deletion of Group(s) of employees 新增或刪除僱員種類

Please also complete sections "Commencement Date - Voluntary Contributions", "Contribution Details", "Benefit Vesting Scale on Employer's Voluntary Contributions" and "Vesting Benefits" for addition of new Group(s) of employees. 如新增僱員種類，請填妥以下“自願性供款開始日”、“供款詳情”、“僱主自願性供款權益歸屬比例”及“權益歸屬”部分。

- Add 新增/Delete 刪除# _____
- Add 新增/Delete 刪除# _____

Section C. Commencement Date - Voluntary Contributions 自願性供款開始日

(This change will apply to all new employees who are employed on or after the Final Effective Date unless otherwise specified below 此修改將適用於最終生效日期或之後受僱的僱員，除非已於以下指明。)

- Contributions start from beginning of employment 自願性供款由受僱日期開始
- Contribution start from _____ months/days# after beginning of employment
自願性供款由受僱日期的_____個月/日#後開始

#Delete whichever is inappropriate 請刪除不適用者



Section D. Contribution Details 供款詳情

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員類別或受影響之僱員姓名：_____)

_____ % 百分比^{##} OR / 或

Fixed amount contribution (HK\$) 固定金額 (港幣) _____ OR / 或

if contribution %^{##} depends on grade or completed years of employment, please complete the table below.
若供款百分比^{##}因職級或服務年期的長短而有所不同，請填寫下表。

Grade ^{**} 職級	Completed Years of Employment 已完成的服務年期	Percentage (%) 百分比 (%) ^{##}
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cease Voluntary Contribution 終止自願性供款

^{##}Please complete section "Definitions of Salary" 請填妥以下 "薪酬定義" 部分

^{**}A member will be classified by the grade as notified to the Trustee by the Employer from time to time. Any change in the grade of a member will only be effective for the purposes of the Sun Life MPF Master Trust from the later of (i) the effective date of the change (ii) the "Final Effective Date" if the Authority's approval is required and (iii) the date the Trustee is notified of the change, unless the Trustee agrees otherwise.
信託人將會按照僱主的最新通知為該成員作職級分類。於永明強積金集成信託計劃下，任何成員的職級變更將於(i) 變更生效日 (ii) 最終生效日期若需積金局的批准或 (iii) 除非受託人同意其他日子，否則為受託人被通知當日生效，以較後者為準。

Section E. Definitions of Salary 薪酬定義

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員類別或受影響之僱員姓名：_____)

- The portion of monthly relevant income exceeding the maximum level of relevant income for mandatory contribution purpose 每月有關入息就強制性供款而言超逾最高有關入息水平之部分
- Total monthly relevant income 每月有關入息總額
- The portion of basic monthly salary exceeding the maximum level of relevant income for mandatory contribution purpose 每月基本薪金就強制性供款而言超逾最高有關入息水平之部分
- Total basic monthly salary 每月基本薪金總額

Section F. Benefit Vesting Scale on Employer's Voluntary Contributions 僱主自願性供款之權益歸屬比例

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)

Grade 職級	Contribution Type 供款種類	Years of completed service 已滿的服務年數	Vesting 歸屬比例		
			<input type="checkbox"/> Option 1 方案一	<input type="checkbox"/> Option 2 方案二	<input type="checkbox"/> Option 3 ⁺ 方案三
	<input type="checkbox"/> Regular Voluntary Contribution 定期自願性供款				
	<input type="checkbox"/> Fund assets transferred from other MPF scheme 由其他強積金計劃轉入資產/Fund assets transferred from ORSO scheme 由其他公積金計劃轉入資產	Less than 1 少於一年	0%	0%	%
		1	10%	0%	%
		2	20%	0%	%
		3	30%	30%	%
		4	40%	40%	%
		5	50%	50%	%
		6	60%	60%	%
		7	70%	70%	%
		8	80%	80%	%
		9	90%	90%	%
	10 or more 10年或以上	100%	100%	%	

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)

Grade 職級	Contribution Type 供款種類	Years of completed service 已滿的服務年數	Vesting 歸屬比例		
	<input type="checkbox"/> Regular Voluntary Contribution 定期自願性供款		<input type="checkbox"/> Option 1 方案一	<input type="checkbox"/> Option 2 方案二	<input type="checkbox"/> Option 3+ 方案三
	<input type="checkbox"/> Fund assets transferred from other MPF scheme 由其他強積金計劃轉入資產/Fund assets transferred from ORSO scheme 由其他公積金計劃轉入資產	Less than 1 少於一年	0%	0%	%
		1	10%	0%	%
		2	20%	0%	%
		3	30%	30%	%
		4	40%	40%	%
		5	50%	50%	%
		6	60%	60%	%
		7	70%	70%	%
		8	80%	80%	%
		9	90%	90%	%
		10 or more 10年或以上	100%	100%	%

* Please attach your own vesting scale if necessary 如有需要，請另附歸屬表

Section G. Vesting Benefits 權益歸屬

(This refers to 'Years of completed service' under section "Benefit Vesting Scale on Employer's Voluntary Contributions". This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此項目與"僱主自願性供款之權益歸屬比例"中之"已滿的服務年數"有關。此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)

- From date of employment 由受僱日期開始
- From date of joining Sun Life MPF Master Trust 由參加永明強積金集成信託計劃日期開始

Section H. Retirement Age 退休年齡

(This change will apply to all members, otherwise, please provide Description of Group(s) of employees affected or names of the affected Employees 此修改將適用於所有成員，否則請列明受影響之僱員種類或受影響之僱員姓名：_____)

An employee is entitled to 100% of the Employer's voluntary contribution in the following circumstances: - 於下列情況下，僱員有權獲得 100%僱主的自願性供款

- Normal Retirement Age 正常退休年齡 _____ years old 歲
- Early Retirement Age 提早退休年齡 _____ years old 歲
- The required number of years of service for early retirement 所需服務年期為 _____ years 年

Section I. Treatment of Forfeited Amount 歸還僱主權益

- Refund to the employer 退回僱主
- Offset employer's future contributions 抵銷僱主未來的供款

Declaration 聲明

We, the Employer, hereby confirm that the above details and the attached information (if any) are true and correct. We understand that the Trustee may require additional information, including but not limited to 'Consent by Members' before accepting the changes stated on this form and should the change be subject to the Authority's approval, the change will take effect from the Final Effective Date as defined in the form.

本公司（僱主）謹此確定以上細則及附上之資料（如有）皆為真實正確，本公司明白受託人在接受此表格上之修改前或須本公司提供附加資料（包括但並不限於「成員同意書」），另如有關修改須經由積金局批核，修改將於此表格所說明之最終生效日期生效。

Authorized Signature(s) with Company Chop 授權人簽署及公司印章

Date 日期 (dd / mm / yyyy 年) _____

For office use only:
Processed by: _____

Date: _____

Checked by: _____

Date: _____

Please send the completed form to: Sun Life MPF Master Trust, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, 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
香港九龍紅磡德輔道中18號海濱廣場一座十樓 電話 2971 0200 傳真 3183 1901