



**SUN LIFE MPF BASIC / COMPREHENSIVE SCHEME**  
**(Formerly named FWD MPF MASTER TRUST BASIC / COMPREHENSIVE SCHEME)**  
**PERSONAL DETAILS CHANGE FORM**  
**永明強積金基本 / 綜合計劃**  
**(前計劃名稱為富衛強積金集成信託基本 / 綜合計劃)**  
個人資料更改表格

**Notes 注意**

1. This form will supersede any relevant information/form(s) which has/have been submitted to the Administrator previously.  
本表格將取代所有有關之前已遞交行政管理人的資料/表格。
2. All sections below should be completed in BLOCK letters.  
所有部份須以正楷填寫。

Surname (English) 姓氏 (英文)	Member No. <sup>1</sup> 成員編號 <sup>1</sup>
Given Name (English) 名字 (英文)	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

**備註 Notes:**

1 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 MPF Basic / Comprehensive Scheme according to the HKID / Passport Number provided. 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強積金基本 / 綜合計劃下的所有強積金計劃（自僱人士帳戶除外）。

**Change in Personal Details 更改個人資料**

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

<input type="checkbox"/> Business Address 營業地址 (for Self-Employed Person Only) (只供自僱人士填寫)	Flat / Room 室	Floor 樓	Block 座
<input type="checkbox"/> Residential Address <sup>2</sup> 住宅地址 <sup>2</sup>	Building / Estate 大廈 / 屋邨		
<input type="checkbox"/> Correspondence Address 通訊地址	Number and Name of Street / Road 門牌號碼及街道名稱		
District Area 地區	<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> Kowloon 九龍	<input type="checkbox"/> New Territories 新界
	<input type="checkbox"/> Outlying Islands 離島		
	Address in Chinese 中文地址		
<input type="checkbox"/> Contact Tel. No. 聯絡電話號碼	<input type="checkbox"/> Email address 電郵地址		
<input type="checkbox"/> Name 姓名 (Please enclose a copy of the new HKID Card / Passport and Deed Poll) (請附上新的香港身份證 / 護照及改名契副本)	Surname (English) 姓氏 (英文)	Given Name (English) 名字 (英文)	
	Chinese Name 中文姓名		
<input type="checkbox"/> Nationality 國籍			
<input type="checkbox"/> Others, please specify: 其他，請說明：			

**備註 Notes:**

2 If the new residential address is applicable to Additional Voluntary Contribution 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. 如新住址適用於額外自願性供款帳戶，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、收費單或通知書。

**Please send the completed form to:**

**Sun Life MPF Basic / Comprehensive Scheme, The Administrator, BestServe Financial Limited**

10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel 3183 1900 Fax 3183 1901

**請將填妥表格交予:**

**永明強積金基本 / 綜合計劃之行政管理人-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 3183 1900 傳真 3183 1901



### MPF Account Information SMS Service 強積金帳戶資訊短訊提示服務

Members who registered for this service can receive SMS providing information of account balance amount as of the previous month end on monthly basis. Service details are as follows:

每個月以短訊形式向已登記此服務的成員提供強積金帳戶截至上個月尾的帳戶結餘。服務詳情如下：

1. This service will be only available to members with HKID card. 本服務只提供予持有香港身份證成員。
2. This service covers all existing accounts under the SAME HKID number. 本服務包括同一香港身份證號碼下的所有現存帳戶。
3. SMS will be sent out to the valid mobile number provided in this form or the latest updated valid mobile number. 短訊將會發予此表格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。
4. Valid mobile number in the latest created member account is used to receive SMS if members hold more than 1 account. 如成員持有超過一個帳戶，短訊會發予最後成立帳戶紀錄的有效手提電話號碼。

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

If you do not check (✓) the above box, you will not be enrolled to this service. 如閣下沒有在以上方格內加上剔號(✓)，閣下將被視為不參加此項服務。

SMS Language (Chinese is the default language if the box is not ticked):  Chinese  English

短訊服務語言 (如沒有選擇，短訊語言將設定為中文)  中文  英文

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

### Declaration 聲明

I hereby declare and agree that all the information given above is complete, true and accurate, and is given to the best of my 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。

Signature of Member 成員簽署

Date 日期 (dd 日/ mm 月/ yyyy 年) \_\_\_\_\_

For office use only:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Sun Life Pension Trust Limited 永明退休金信託有限公司

Please send the completed form to:

Sun Life MPF Basic / Comprehensive Scheme, The Administrator, BestServe Financial Limited

10/F, One Harbourfront, 18 Tak Fung Street, Hungghom, Kowloon, Hong Kong Tel 3183 1900 Fax 3183 1901

請將填妥表格交予:

永明強積金基本 / 綜合計劃之行政管理人-卓譽金融服務有限公司

香港九龍紅磡德輔街 18 號海濱廣場一座十樓 電話 3183 1900 傳真 3183 1901