如需遞交填妥表格 When submitting this form:

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 - 成員資料更改表格

SUN LIFE RAINBOW MPF SCHEME - MEMBER INFORMATION CHANGE FORM

本表格所列之更改將取代所有其他之前已遞交行政管理人的資料/表格。如屬自僱人士,請填寫「自僱人士資料更改表格」。所有部分須以英文正楷填寫。

letters.			
第一部分 Section I 個	人資料 PERSONAL	DETAILS	
成員姓名 Member Name		成員編號 ¹ Member No. ¹	
電話號碼 Telephone No.		香港身份證/護照 HKID Card/Pass	
			憤金計劃(自僱人士帳戶除外)。If member number is missing or invalid, Life Rainbow MPF Scheme according to the HKID / Passport Number
4 ava section i	新個人記錄(只需填 PDATE PERSONAL		lete Relevant Sections)
請在適當方格加上剔號 (✓)。 Please ch	heck (✓) the appropriate box	c(es).	
Part A: 更改聯絡資料 Change of C 新住址 ² (郵政信箱恕不受理) New Residential Address ² (P.O. Bo			
新通訊地址(如與住址不同) New Correspondence Address (if d	ifferent from the residential a	address)	
新電話號碼 New Telephone Nos. 住宅 Home		手提電話 Mobile	傳真號碼 Fax No.
新電郵地址 New Email Address			國籍 Nationality
單或通知書。If the new residential addres	s is applicable to Special Private		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 proof and submit with this form. Valid address proof is document, bill or department etc.
Part B: 更改語言選擇 (用作將來與原	戊員聯絡通訊之用) Change o	of Language Selection (For Future	Member Communication Usage)
新語言選擇為: New Language Selection:	中文 Chinese	英文 English	
Part C: 強積金帳戶資訊短訊提示服	務 MPF Account Informati	on SMS Service	
	pers can receive SMS providi	長戶成立日截至季末的 <u>1) 帳戶結餘</u> 及 <u>2)</u> ing information of <u>1) account balance</u>	<u>盈/(虧)總額</u> 。服務詳情如下: and <u>2) gain/(loss) amount</u> since account setup to the quarter end
 本服務包括同一香港身份證號碼 短訊以表格第二部分提供之有效效手提電話號碼發出。SMS is supdate the mobile phone numb 如成員持有多過一個帳戶,短計 SMS if members hold more tha 短訊語言將根據表格第二部分更 	写下的所有現存帳戶。This ser 文手提電話號碼或及後更新的有 sent out by using valid mobil per in Section II, the SMS will 自會根據最後成立帳戶紀錄的有 in 1 account. 更新之語言選擇。如在第二部分	le number provided in Section II of the besent out by using current register 有效手提電話號碼發出。Valid mobile分的有關資料並沒有更新,則會根據「	ler the SAME HKID number. 提電話號碼並沒有在第二部分更新,短訊將根據 閣下現時登記的有 nis form or the latest updated valid mobile number. If you do not
本人明白以上內容並同意參加此	比項服務。I understand the te	erms and <u>agree</u> to enroll for this servi	ice.
本人 要求取消 此項服務。I <u>requ</u> using the MPF Account Inform		(只適用於現已使用強積金帳戶資訊短	訊提示服務。This request is only applicable if you are currently
Part D: 電子版本半年度成員權益報	告之安排 Arrangement for I	Electronic Version of Semi-annual	Member Benefit Statement
本人 <u>欲只收取</u> 電子版本之半年 Statement <u>only</u> and agree not			receive the electronic version of Semi-annual Member Benefit
本人 不欲收取 電子版本之半年度	度成員權益報告及明白該報告	將會郵遞至本人於本計劃記錄之通訊均	地址。I <u>do not wish to receive</u> the electronic version of Semi- spondence address as per the scheme record.

Part E: 更改姓名或簽署式樣 ³ Change of Name or \$	Signature Specimen ³				
姓 (英文 English)	名 Given Name				
Surname (須與香港身份證 / 護照上相同 same as HKID Card/F					
姓 (中文 Chinese) Surname	名 Given Name	稱調 先生/太太/小姐/其他* Title Mr/Mrs/Ms/Other*			
(須與香港身份證 / 護照上相同 same as HKID Card/F					
新簽署式樣 New Signature Specimen					
簽署式樣	Specimen X				
Part F: 其他更改 Other Changes (請列明 Please s	pecify)				
*請刪除不適用者。Please delete whichever is inappropriate.					
		見有成員簽署式樣(後頁)須與行政管理人記錄相符,以上之新簽署式樣方可生效。			
For change of name to be registered in our records you must at Identity Card. The above New Signature Specimen will be effect		w Hong Kong Identity Card or a copy of the Deed Poll and your new Hong Kong (next page) is consistent with the Administrator's record.			
第三部分 Section III 個人資料收算	聲明 PERSONAL INFO	RMATION COLLECTION STATEMENT			
本人/吾等明白及同意永明信託有限公司(「受託人」)可以	以將其所收集的任何個人資料(不論由此申請表	長所收集或由其他途徑取得)作以下用途:			
		ł劃的供款和累算權益的事宜;(iv) 進行客戶調查;(v) 為客戶研究及設計 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			
		資訊,以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本 途。若本人/吾等不同意接受此等推廣資訊,可於下列方格內填上剔號。			
人資料保密並只會為提供有關服務而使用個人資料);(b)司(根據公司條例訂明)包括保險公司及金融服務機構;(f)	本人/吾等的銀行作繳款用途;(c)本人/吾等受託人及其關連公司(不論在香港與否)為遵	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 時的保險經紀(如有):(d) 本人/吾等的強積金中介人;(e) 受託人的關連公 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 受託人可就法例准許或於獲得本人/吾等的同意後披露或別					
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。		THE THE PROPERTY OF THE PROPER			
口若閣下不同意收取由受託人發出的推廣資訊,請於方林 I/We understand and consent that, any personal data c		ited ("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 also use my/our contact details, demographic information, investment choices and accrued benefits to contact me/us with marketing information regarding the Scheme, including by phone calls, mail, email, SMS or any type of electronic message. The Trustee may not so use my/our data unless the Trustee have received my/our consent (which includes an indication of no objection). Tick the box below if I/we do not consent to receive such marketing information.					
carry out the above purposes, including scheme administersonal data to provide those services); (b) to my/ou Trustee's related companies (as defined in the Compa Trustee or it's related companies (inside or outside Hobinding on or applying to or to which the Trustee or it	strator (provided that such contractors are re ir bank for payment purposes; (c) to my/o inies Ordinance) including insurance compa ing Kong) is under an obligation to make of s related companies (inside or outside Hon	rovide services in Hong Kong or elsewhere which assist the Trustee to equired to keep all such personal data confidential and may only use the ur insurance broker (if any); (d) to my MPF intermediaries; (e) to the anies and financial services companies; (f) to any person to whom the isclosure under the requirements of any law, regulation or court order g Kong) is subject to, or under and for the purposes of any guidelines jutside Hong Kong) is expected to comply and (g) as otherwise required			
The Trustee may also use and disclose my/our persona	I 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.					
☐ Please tick if you do not wish to receive marketing					
第四部分 Section IV 聲明 DECL	ARATION				
本人 (作為成員身份),謹此確定以上細則 / 或附上之資料(如有)皆為真實正確。 I, the Member, hereby confirm that the above details and the attached information (if any) are true and correct.					
	成員簽署:				
	成貝僉者. Signature of Member:	V			

日期 Date:

<u>請將填妥表格交予:</u> 永明彩虹強積金計劃行政管理人-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 3183 1888 傳真 3183 1889

<u>Please send the completed form to:</u> Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited 10/F, One Harbourfront, 18 Tak Fung Street, Hunghom, Kowloon, Hong Kong Tel 3183 1888 Fax 3183 1889

請簽署 Please sign here 🔨