

永明彩虹強積金計劃 - 基於永久性地離開香港 / 完全喪失行為能力 / 罹患末期疾病 / 小額結餘 / 死亡的理由而申索強積金累算權益 (權益) 的表格 [第 MPF(S) – W(O) 號表格]



SUN LIFE RAINBOW MPF SCHEME – CLAIM FORM FOR PAYMENT OF MPF ACCRUED BENEFITS (BENEFITS) ON GROUNDS OF PERMANENT DEPARTURE FROM HONG KONG/ TOTAL INCAPACITY/ TERMINAL ILLNESS/ SMALL BALANCE/ DEATH [MPF(S)-W(O)]

重要事項 Important Notes:

- 本表格僅供擬基於永久性地離開香港、完全喪失行為能力、罹患末期疾病、小額結餘或死亡的理由提出申索，要求從一個強積金註冊計劃 (計劃) 提取權益的人士填報。若基於已達到 65 歲退休年齡或提早退休的理由申索權益，請填寫第 MPF(S) – W(R) 號表格。This Form is to be completed by any person who wishes to claim for payment of benefits from an MPF registered scheme (scheme) on the grounds of permanent departure from Hong Kong, total incapacity, terminal illness, small balance or death. For a claim for payment of benefits on the grounds of attaining the retirement age of 65 or early retirement, please use Form MPF(S) – W(R).
- 如申索人 / 計劃成員擬從多於一個計劃提取權益，須就每個計劃填寫一份表格。If the claimant/scheme member wishes to withdraw benefits from more than one scheme, please fill in a separate form for each scheme.
- 請把填妥的表格及所需證明文件交予有關計劃的受託人，以便處理有關申索。若提供的任何資料不正確或不完整，有關受託人可能無法處理你的申請。Please submit the completed form and the required supporting documents to the trustee of the scheme concerned for processing the claim. If any information provided is incorrect or incomplete, the relevant trustee may not be able to process your request.
- 請用正楷填寫此表格。Please use BLOCK LETTER to complete this Form.
- 填寫本表格前，請先細讀填報須知(第五部分)及重要資料(第六部分)。Please read the explanatory notes (Section V) and important notes (Section VI) carefully before completing this Form.
- 就此項申索權益申請提供的個人資料，將用作處理你的申索。你提供的個人資料可能會為該目的而轉交相關服務提供者及政府或規管機構，包括強制性公積金計劃管理局 (管理局)。The personal data to be supplied in support of this claim for payment of benefit are to be used for processing your claim. The personal data you supply may, for such purpose, be transferred to the relevant service provider(s) and the government or regulatory bodies including the Mandatory Provident Fund Schemes Authority (the Authority).

第一部分 SECTION I 申索人^{備註 1}/計劃成員資料 DETAILS OF THE CLAIMANT^{Note 1} / SCHEME MEMBER

(1) 申索人資料 Claimant details

申索人姓名^{備註 2}
Name of Claimant^{Note 2} _____
(姓 Surname) _____ (名 Given Name) _____
(須與香港身份證 / 護照上的相同 Must be same as HKID / Passport)

身份證明文件類別
Identity Document Type ☐ 香港身份證 HKID ☐ 護照 Passport
(護照僅供沒有香港身份證的申索人填寫 Passport is applicable ONLY for claimant without HKID Card)

身份證明文件號碼
Identity Document No. _____

電話號碼
Telephone No. 手提電話 Mobile () _____ 住宅 Home () _____

電郵地址
Email Address _____

通訊地址[^] Correspondence Address[^]

(如非更改通訊地址，此部份無須填寫。You are NOT required to fill in this part unless you intend to update your correspondence address)

室 Flat / Room [][][][][] 樓 Floor [][][][] 座 Block [][][][][]

大廈 / 屋邨
Building / Estate _____

門牌號碼及街道名稱
Number and Name of Street _____

地區 / 城市
District Area / City _____

☐ 香港 Hong Kong ☐ 九龍 Kowloon ☐ 新界 New Territories ☐ 離島 Outlying Islands
☐ 中國 (深圳) China (Shenzhen) ☐ 中國 (其他) China (others) ☐ 國家 Country _____

(2) 計劃成員資料 (如非申索人) Scheme member details (if different from claimant)

成員姓名^{備註 2}
Name of Member^{Note 2} _____
(姓 Surname) _____ (名 Given Name) _____
(須與香港身份證 / 護照上的相同 Must be same as HKID / Passport)

身份證明文件類別
Identity Document Type ☐ 香港身份證 HKID ☐ 護照 Passport
(護照僅供沒有香港身份證的成員填寫 Passport is applicable ONLY for member without HKID Card)

身份證明文件號碼
Identity Document No. _____

備註 Notes:

[^] 請注意支票及成員支付權益報表，將寄往列明於第一部分之通訊地址。Please note that the cheque and the Member Benefit Payment Statement will be sent to the correspondence address specified in Section I.



第二部分 SECTION II 申索資料 DETAILS OF THE CLAIM

(1) 帳戶資料 Account information [請在適當方格加上剔號 (✓)。 Please tick (✓) the appropriate box.]

計劃名稱
Name of the scheme: 永明彩虹強積金計劃 (「計劃」)
Sun Life Rainbow MPF Scheme (the "Scheme")

受託人名稱
Name of the trustee: 永明信託有限公司
Sun Life Trustee Company Limited

☐ 計劃內所有帳戶
All accounts under the Scheme

☐ 永明彩虹強積金計劃成員編號^{Note 3}:
Sun Life Rainbow MPF Scheme Member Number(s) ^{Note 3}:

(1) _____ (2) _____

(3) _____

(2) 申索權益的理由及所需文件^{Note 4, 5} Grounds for claiming benefits and the required documents ^{Note 4, 5}

請選一項 Please choose ONE only [請在適當方格加上剔號 (✓)。 Please tick (✓) the appropriate box.]

理由 Grounds

☐ 永久性地離開香港
Permanent departure
from Hong Kong

所需文件 Required documents

1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼（如不擬親身出示計劃成員的香港身份證供核對有關資料）^{Note 6}；

A copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6}；

2. 准予計劃成員在香港以外某地方居住的文件 / 證明文件副本(例如移民簽證 / 外國護照)；

A copy of the documents/ evidence that the scheme member is permitted to reside in a place other than Hong Kong (e.g. immigration visa / foreign passport;

3. 有關永久性地離開香港的法定聲明表格(第 MPF(S) – W(SD2)號表格)^{Note 5, 7} 正本；

The original statutory declaration form on permanent departure (Form MPF(S) - W(SD2)) ^{Note 5, 7};

4. 稅務局發出的同意釋款書副本 (如適用)；及

A copy of the Letter of Release issued by the Inland Revenue Department, if applicable; and

5. 海外定居資料:

Information on overseas settlement:

(i) 計劃成員在香港以外獲准居住的地方: Place other than Hong Kong where the scheme member is permitted to reside:

(ii) 地址: Correspondence address:

電話號碼: () 傳真號碼: ()
Telephone no.: _____ Fax no.: _____

電郵地址:
Email Address: _____

(iii) 離港原因: Departure reason(s):

☐ 移民
Emigration

☐ 家庭團聚
Family reunion

☐ 結婚
Marriage

☐ 退休
Retirement

☐ 長期海外受聘
Long-term overseas
employment

☐ 其他 (請註明):
Others (please specify): _____

- ☐ 完全喪失行為能力
Total incapacity
1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{Note 6}；及
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6}; and
2. 證明計劃成員完全喪失行為能力的醫學證明書(第 MPF(S) – W(M)號表格) ^{Note 8, 9} 副本
a copy of the medical certificate certifying total incapacity (Form MPF(S) – W(M)) ^{Note 8, 9}
-
- ☐ 罹患末期疾病 ^{Note 10}
Terminal illness
1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{Note 6}；及
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6}; and
2. 在提交申索日期之前的 12 個月內簽發的證明計劃成員罹患末期疾病的醫學證明書(第 MPF(S) – W(T)號表格) ^{Note 8} 副本
A copy of the medical certificate certifying terminal illness dated not earlier than 12 months before the date on which the claim is lodged (Form MPF(S) – W(T)) ^{Note 8}
-
- ☐ 小額結餘
Small balance
1. 計劃成員的香港身份證副本，以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{Note 6}；及
a copy of the scheme member's HKID card for verification of the name and identity card number of the scheme member if the claimant does not wish to present the card in person for verification ^{Note 6}; and
2. 有關小額結餘的法定聲明表格(第 Form MPF(S) – W(SD3) 號表格) ^{Note 5, 7} 正本
the original statutory declaration form on small balance (Form MPF(S) – W(SD3)) ^{Note 5, 7}
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- ☐ 死亡
Death
1. 申索人的香港身份證副本，以供核對其姓名及身份證號碼 (如不擬親身出示計劃成員的香港身份證供核對有關資料) ^{Note 6}；及
a copy of claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification ^{Note 6}; and
2. 遺產承辦處發出的遺囑認證書或遺產管理書副本/ (如申索是由遺產管理官提出) 遺產管理官發出要求提取權益的信件*
a copy of the Letter of Probate or Letter of Administration granted by the Probate Registry / a letter requesting withdrawal of the benefits issued by the Official Administrator if the claim is made by the Official Administrator*

(3) 付款方式 Method of Payment [請在適當方格加上剔號 (✓)。 Please check (✓) the appropriate box.]

如沒有就付款方式作出選擇，付款方式將以支票付款及不作另行通知。Method of Payment will be defaulted as "by cheque" without prior notice if neither one of the provided options is chosen.

- ☐ 支票
By cheque
- ☐ 直接存入計劃成員名義開立的本地銀行帳戶 (不接受以第三者名義開立的銀行帳戶或銀行聯名戶口)。銀行可能會向申索人/成員收取費用。
By depositing directly in a local bank account in the name of scheme member (a bank account under the name of a third party or joint bank account is not acceptable). Bank charges may apply by the claimant/scheme member's banking account.

銀行名稱
Name of Bank _____

銀行代碼
Bank Code _____

銀行帳戶持有人姓名
Name of Bank Account Holder _____
(只接受英文姓名 Accept Name in English Only)

銀行帳戶號碼
Bank Account Number _____

第三部分 Section III**授權和聲明 AUTHORISATION AND DECLARATION****(1) 終止沒有剩餘款項的強積金帳戶 (如適用) Termination of MPF Account with no residual balance (if applicable)**

本人 / 我們*^{Note 1} 謹此表授權受託人在以下情況終止在第二(1)部所述的計劃成員帳戶：

- (i) 該帳戶內的權益已被全數提取，並無剩餘款項；
- (ii) (只適用於僱員供款帳戶)該供款帳戶所涉及的受僱已經終止；或
- (iii) (只適用於自僱人士供款帳戶)終止自僱，生效日期為(日 / 月 / 年)：_____ / _____ / _____ (日 / 月 / 年)。

I / We*^{Note 1} hereby authorize the trustee to terminate the relevant scheme member account(s) as referred to in Section II(1) upon

- (i) Withdrawal of the full amount of benefits with no residual balance in the said account(s);
- (ii) (for employee contribution account only) termination of the employment in relation to the contribution account; or
- (iii) (for self-employed person contribution account only) cessation of the self-employment, with effect from _____ / _____ / _____.
(DD/MM/YYYY)

(2) 只適用於基於完全喪失行為能力的理由而要求支付權益的申索 For claim for payment of benefits on grounds of total incapacity only

本人 / 我們*^{Note 1} 謹此就基於完全喪失行為能力的理由而要求支付權益的申索作出聲明，本人 / 計劃成員*在完全喪失行為能力前，最後是執行醫學證明書 (第 MPF(S) – W(M)號表格) 或「證明僱員永久不適合擔任某類工作的證明書」^{Note 9} 所載有關類別的工作，而該僱傭合約已經終止。

For the claim for payment of benefits on the grounds of total incapacity, I / We*^{Note 1} hereby declare that I / the scheme member* last performed the relevant kind of work as set out in the medical certificate (Form MPF(S)-W(M)) before becoming totally incapacitated or the "Certificate of an employee's permanent unfitness for a particular type of work"^{Note 9} and that contract of employment has been terminated.

(3) 聲明 Declaration

本人確認已閱讀和明白第四部分的《個人資料收集聲明 (2018-03 版本)》。

I confirm that I have read and understood the "Personal Information Collection Statement (Version 2018-03)" under Section IV.

本人 / 我們*^{Note 1} 聲明，盡本人 / 我們* 所知所信，本表格及隨附文件所提供的資料均屬正確無訛且並無缺漏。*

I / We*^{Note 1} declare that to the best of my/our* knowledge and belief, the information given in this Form and its attachment is correct and complete.*

☐ 本人不同意收取由受託人發出的推廣資訊。

I do not wish to receive marketing information from trustee.

◆ Warning 注意：

根據《條例》第 43E 條，任何人在給予管理局或核准受託人的任何文件中，明知或罔顧後果地作出在要項上屬虛假或具誤導性的陳述，即屬犯罪。首次定罪者，最高可處罰款\$100,000 及監禁一年；其後每次定罪，最高可處罰款\$200,000 及監禁兩年。根據《刑事罪行條例》(第 200 章)第 36 條，任何人明知而故意在法定聲明中作出在要項上屬虛假的陳述，亦屬犯罪。一經定罪，可處監禁兩年及罰款。

Under section 43E of the Ordinance, a person who, in any document given to the Authority or an approved trustee, knowingly or recklessly makes a statement which is false or misleading in a material respect commits an offence and is liable to a maximum penalty of a \$100,000 fine and one year's imprisonment on the first conviction and a \$200,000 fine and two years' imprisonment on each subsequent conviction. A person who knowingly and wilfully makes a statutory declaration false in a material particular also commits an offence under section 36 of the Crimes Ordinance (Cap 200) and is liable on conviction to imprisonment for two years and to a fine.

申索人/成員簽署*
Signature of the claimant(s) / member*

* 請刪除不適用者。Please delete whichever is inappropriate.

日期
Date

日/月/年
DD/MM/YYYY

申請人 / 成員明白及同意永明信託有限公司(「受託人」)可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途: (i)處理成員的此項申請及任何其他申請; (ii)為申請人 / 成員參與本計劃; (iii)管理成員於本計劃的供款和累算權益的事宜; (iv)進行客戶調查; (v)為客戶研究及設計金融、保險或退休金產品; (vi)為申請人 / 成員甄選及參與獎賞、忠實或特選客戶計劃; (vii)因上述目的與成員聯絡; (viii)與上述目的直接有關的任何其他目的; 及(ix)為遵守適用的法例、法規或法庭命令。

受託人亦可使用申請人 / 成員的聯絡資料、基本個人資料投資選擇及累算權益、就本計劃的產品的推廣資訊、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申請人 / 成員。除非得到申請人 / 成員同意(包括表示不反對)，否則受託人不可使用申請人 / 成員資料為該用途。若申請人 / 成員不同意接受此等推廣資訊，可於表格的聲明和授權部份適當位置填上剔號。

受託人可為以上目的披露申請人 / 成員的個人資料予(a)為協助受託人就上述用途(不論在香港或其他地方)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人資料保密並只會為提供有關服務而使用個人資料); (b)申請人 / 成員的銀行作繳款用途; (c)申請人 / 成員的保險經紀(如有); (d)申請人 / 成員的強積金中介人; (e)受託人的關連公司(根據公司條例訂明)包括保險公司及金融服務機構; (f)受託人及其關連公司(不論在香港與否)為遵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; (g)有關僱主; 及(h)按法例要求或准許的其他人士。

受託人可就法例准許或於獲得申請人 / 成員的同意後披露或將申請人 / 成員的個人資料作其他用途。

申請人 / 成員明白申請人 / 成員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申請人 / 成員的申請。申請人 / 成員有權查閱及要求更正受託人持有有關成員的個人資料，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。

Applicant/Member(s) understand(s) and consent(s) that, any personal data collected by Sun Life Trustee Company Limited ("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 applicant/member(s) make(s); (ii) enrolling applicant/member(s) in the Scheme; (iii) administering and managing applicant/member(s)' 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 applicant/member(s); (vii) contacting applicant/member(s) 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 applicant/member(s)' contact details, demographic information, investment choices and accrued benefits to contact applicant/member(s) 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 applicant/member(s)' data unless the Trustee have received applicant/member(s)' consent (which includes an indication of no objection). Tick the box in appropriate area under the Declaration and Authorization in the form if member(s) do (es) not consent to receive such marketing information.

The Trustee may disclose member(s)' personal data for the above purposes : (a) to third parties who provide services in Hong Kong or elsewhere which assist the Trustee to carry out the above purposes, including scheme administrator (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to applicant/member(s)' bank for payment purposes; (c) to applicant/member(s)' insurance broker (if any); (d) to applicant/member(s)' MPF intermediaries; (e) to the Trustee's related companies (as defined in the Companies Ordinance) including insurance companies and financial services companies; (f) to any person to whom the Trustee or it's related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Trustee or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Trustee or its related companies (inside or outside Hong Kong) is expected to comply; (g) relevant employer(s) and (h) as otherwise required or permitted by law.

The Trustee may also use and disclose member(s)' personal data in other ways with applicant/member(s)' consent or as otherwise required or permitted by law.

Applicant/Member(s) understand(s) that the information applicant/member(s) gave is voluntary, but failure to provide the requested personal data may mean the Trustee is unable to process applicant/member(s)' application. Applicant/Member(s) has/have the right to seek access to and request correction of any personal data the Trustee holds 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.

第五部分 Section V

填報須知 EXPLANATORY NOTES

1. (i) 基於死亡的理由而提出的權益申索，只可由《強制性公積金計劃條例》所界定的遺產代理人作為申索人，代表已故計劃成員提出。這些人包括由《遺囑認證及遺產管理條例》(第 10 章)所界定的遺產代理人及按該條例第 15 條，在無須任何授予書或其他法律手續的情況下，將已故計劃成員的遺產收集及以簡易方式管理的遺產管理官。假如遺產代理人超過一名，而該些遺產代理人並未授權其中一人作為申索代表，則申索表格須由所有遺產代理人聯名提交。請就第一部另紙詳載各申索人的資料。在這種情況下，本表格須由所有遺產代理人聯署。
 - (ii) 基於所有其他理由(即永久性離開香港、完全喪失行為能力、罹患末期疾病或小額結餘)而要求支付權益的申索，可由計劃成員或根據《精神健康條例》(第 136 章)獲委任代表精神上無行為能力的計劃成員行事的產業受託監管人(產業受託監管人)作為申索人提出。如法庭委任超過一人為產業受託監管人，該等人士應按照委任條款及有關法庭命令所載的任何其他規定，以產業受託監管人的身份提出申請及在相關文件簽署。請就第一部另紙詳載各申索人的資料。在此情況下，除非法庭另有授權，否則本表格須由所有獲法庭委任為該計劃成員的產業受託監管人的人士簽署。
 2. 如申索人 / 計劃成員**沒有**香港身份證，請填上護照上的姓名。
 3. 計劃成員帳戶號碼可循以下途徑查閱 / 查詢：
 - (i) 查閱成員證明書、接納通知或參與通知；或
 - (ii) 查閱周年權益報表或核准受託人提供的其他報表；或
 - (iii) 受託人為成員提供的諮詢服務。
 如有疑問，請聯絡有關強積金註冊計劃(計劃)的受託人。
 4. 如有需要，有關計劃的受託人在處理付款申索時可能會要求申索人提交文件的正本，以核對資料。
 5. 由產業受託監管人代表計劃成員提出的申索，除須提供有關該計劃成員的所需文件外，亦應夾附以下文件：
 - (i) 產業受託監管人身份的證明文件副本，即法庭命令的副本；
 - (ii) 每名申索人的香港身份證副本，以供核對其姓名及身份證號碼(如不擬親身出示申索人的香港身份證供核對有關資料)^{註6}；及
 - (iii) 產業受託監管人就申索權益所作的法定聲明表格(第 MPF(S)-W(SD4)號表格)^{註7}正本(如適用)。如使用該表格作出聲明並把該表格夾附於本申索，便無須提交基於永久性離開香港及小額結餘的理由作出申索的法定聲明表格(即第 MPF(S)-W(SD2)號表格及第 MPF(S)-W(SD3)號表格)。
 6. 如申索人 / 計劃成員**沒有**香港身份證，而又不擬親身出示護照以供核對資料，則須提供護照副本(只須提供載有個人資料及護照號碼之頁)，以供受託人核對申索人 / 計劃成員的姓名及護照號碼。
 7. 法定聲明必須是一份屬該聲明宣誓所在地有效的法定聲明(例如在香港，法定聲明須在監督員(例如在民政事務總署諮詢服務中心)或公證人或太平紳士面前作出，並由他們簽署)。在香港以外地方所作的法定聲明，只要是在公證人或獲該地方法律授權監督或監理法定聲明的人士面前作出，並由他們簽署，亦可予接受。
 8. 證明計劃成員完全喪失行為能力的醫學證明書(第 MPF(S) – W 號表格)或罹患末期疾病的醫學證明書(第 MPF(S) – W(T) 號表格)須由下述醫生簽署：
 - (i) 根據《醫生註冊條例》(第 161 章)註冊的註冊醫生，即：
 - (a) 在香港醫務委員會正式註冊為醫生的人；或
 - (b) 獲視為根據《醫生註冊條例》(第 161 章)註冊成為醫生的人(即獲豁免無須註冊的人)；
 或
 - (ii) 《中醫藥條例》(第 549 章)第 2(1) 條所界定的註冊中醫。
 9. 基於完全喪失行為能力的理由而提出的權益申索，申索人須請醫生填寫第 MPF(S)-W(M)號表格並夾附於第 MPF(S)-W(O)號表格。
申索人如按《僱傭條例》(第 57 章)的規定，以永久不適合擔任其現時工作為理由同時申索長期服務金，則可採用按該條例填寫的「證明僱員永久不適合擔任某類工作的證明書」，替代填寫第 MPF(S)-W(M)號表格，以提出基於完全喪失行為能力的理由而支付強積金權益的申索。
 10. 計劃成員如基於罹患末期疾病的理由而要求從供款帳戶提取權益，該計劃成員在獲支付權益後，可能繼續從事其現時的受僱或自僱工作。在此情況下，僱主日後作出的供款(包括僱主及僱員部份)或該自僱人士日後作出的供款，將繼續分配至該供款帳戶。計劃成員如欲再度從該供款帳戶提取由未來供款及轉入的權益(如有)所產生的權益，須另行提出權益的申索。
1. (i) For a claim made on the grounds of death, only personal representatives within the meaning of the Mandatory Provident Fund Schemes Ordinance can be the claimant to act on behalf of the deceased scheme member to claim for payment of the member's benefits. This includes a personal representative within the meaning of the Probate and Administration Ordinance (Cap 10) and the Official Administrator who gets in and administers an estate of a deceased scheme member in a summary manner without a grant or other legal formality under section 15 of that Ordinance. If there is more than one personal representative and the personal representatives have not authorized one of the representatives to act on behalf of other representatives to lodge the claim, all the personal representatives should submit the Claim Form jointly. Please use an additional blank sheet to provide details of the claimants under Section I. Under such circumstances, this Form needs to be signed by all of the personal representatives.
 - (ii) For a claim made on all other grounds of permanent departure from Hong Kong, total incapacity, terminal illness or small balance, either the scheme member or person (s) appointed as a committee of the estate of a mentally incapacitated person under the Mental Health Ordinance (Cap 136) (the committee of the estate) to act on behalf of the scheme member can be the claimant to lodge the claim for payment of benefits. If there is more than one person appointed by the court as the committee of the estate, those persons should apply the sign in the capacity as the committee of the estate in accordance with those terms of appointment and any other requirements contained in the relevant court order. Please use an additional blank sheet provide details of the claimants under Section I. Under such circumstance, this Form needs to be signed by all of the persons appointed by the court as the committee of the estate, unless the Court authorizes otherwise.
 2. If a claimant/ scheme member does **NOT** possess a HKID Card, please fill in the name as shown on the passport.
 3. Scheme member account number can be found:
 - (i) in the membership certificate, notice of acceptance, or notice of participation; or
 - (ii) in the annual benefit statement, or other statements provided by the trustee; or
 - (iii) through the member enquiry facilities available from the trustee.
 If you are in doubt, please contact the trustee of the MPF registered scheme (scheme) concerned.
 4. In processing a claim for payment, the trustee of the scheme concerned may request the claimant to produce the original documents for checking purpose, if necessary.
 5. For a claim made by the committee of the estate on behalf of the scheme member, in addition to the required documents in respect of the scheme member, the following documents should be enclosed:
 - (i) a copy of the evidence of the status of the committee of the estate, i.e. the court order;
 - (ii) a copy of each claimant's HKID card for verification of the name and identity card number of the claimant if the claimant does not wish to present the card in person for verification^{Note6}; and
 - (iii) the original statutory declaration form made by the committee of the estate for a claim for payment of benefits (MPF(S) – W(SD4))^{Note7} (if applicable). Where such a statutory declaration has been made and enclosed with the claim, the statutory declaration form (MPF(S) – W(SD2) and MPF(S) – W(SD3)) for claims made on the grounds of permanent departure from Hong Kong and small balance respectively shall not be required.
 6. For a claimant/scheme member who does NOT possess a HKID card, a copy of the passport (only pages with personal particulars and passport number) should be provided to the trustee concerned for verification of the name and passport number of the claimant/ scheme member if the claimant/scheme member does not wish to present the passport in person for verification.
 7. The statutory declaration must be a valid statutory declaration in the place where the declaration is made (e.g. in Hong Kong, the statutory declaration should be made before and signed by a Commissioner for Oaths (e.g. at a Public Enquiry Service Centre of the Home Affairs Department) or a Notary Public or a Justice of the Peace). A statutory declaration made in a place other than Hong Kong is also acceptable provided that it is made before and signed by a Notary Public or a person authorized under the law of that place to administer an oath or take a statutory declaration.
 8. A medical certificate certifying total incapacity (Form MPF(S) – W(M)) or terminal illness (Form MPF(S) – W(T)) shall be signed by a medical practitioner who must be either
 - (i) a registered medical practitioner who is registered under the Medical Registration Ordinance (Cap 161), i.e.,
 - (a) a person who is duly registered as a medical practitioner with the Medical Council of Hong Kong; or
 - (b) a person who is deemed to be registered as a medical practitioner under the Medical Registration Ordinance (Cap 161) (i.e. persons who are exempted from registration);
 or
 - (ii) a registered Chinese medicine practitioner, within the meaning assigned to it by section 2(1) of the Chinese Medicine Ordinance (Cap 549).
 9. For a claim made on the grounds of total incapacity, the claimant shall ask a medical practitioner to fill in the Form MPF(S) – W(M) and attach it to the Form MPF(S) – W(O). For a claimant who also claims long service payment on the grounds of permanent unfitness for his present job under the Employment Ordinance (Cap 57), the claimant may use the form "Certificate of an employee's permanent unfitness for a particular type of work" under that Ordinance to substitute for the Form MPF(S) – W(M) for the purpose of claiming payment of MPF benefits on the grounds of total incapacity.
 10. For a claim made by a scheme member for payment of benefits from a contribution account on the grounds of terminal illness, the scheme member may continue his current employment or current self-employment after he has received the payment of benefits. In that case, future contributions made by the employer (both employer and employee

第六部分 Section VI 重要資料 IMPORTANT NOTES

填寫本表格前，請先閱讀下列重要資料。

提交申索前須注意的事項

- (A) 就依據《條例》第 11 條支付的自願性供款所產生的權益而言，提取權益須受有關計劃的管限規則所規限。詳情請查閱有關計劃的要約文件，而要約文件可於有關計劃受託人的網站閱覽。詳情請向有關受託人查詢。
- (B) 就依據《條例》第 11A 條存入的可扣稅自願性供款所產生的權益而言，提取權益須受與強制性供款相同的提取規定所規限(惟根據第 11A(3)條，若干與抵銷遣散費或長期服務金有關，以及與保障債權人及其他人士的權益有關的條文並不適用)。

請注意

- 基金單位價格會因市場波動而出現變化，單位價格可跌亦可升。你向受託人提交申索表格當日的基金單位價格，或會與贖回基金單位當日的價格有所不同。
- 如你已年滿或快將年滿 50 歲，而現時你的權益是按照計劃的預設投資策略投資，請留意預設投資策略的降低投資風險機制，會由計劃成員年滿 50 歲開始運作。如計劃的受託人在預設投資策略下按年降低你的投資風險的時間，與接獲你的申索權益申請的時間相當接近，該計劃的受託人將根據其運作程序及在符合《條例》規定的情況下，訂定處理降低風險及申索權益的次序。如欲瞭解計劃受託人如何處理該等交易，請向受託人查詢詳情。
- 如正在進行投資轉換/基金贖回，提取指示會於投資轉換/基金贖回完成後才處理。

Please read the following **important notes** before completing this Form.

Reminder Before Submitting a Claim

- (A) Withdrawal of benefits derived from voluntary contributions paid pursuant to section 11 of the Ordinance is subject to the governing rules of the scheme concerned. Please check the information from the offering document of the scheme concerned, which can be found on the website of the trustee of the scheme concerned. Please consult the relevant trustee for details.
- (B) Withdrawal of benefits derived from tax deductible voluntary contributions paid pursuant to section 11A of the Ordinance is subject to the same withdrawal requirements as for mandatory contributions (except that under section 11A(3), certain provisions relating to offsetting of severance or long service payments, and protection of benefits from creditors and others, do not apply).

Reminder

- The price of fund units may change due to market fluctuations and may go down as well as up. The price of fund units on the date when you submit a claim form to the trustee may be different from that on the date when the fund units are redeemed.
- If you have reached, or are approaching, the age of 50 and your benefits are currently invested according to the default investment strategy (DIS) of the scheme, you should be aware that the de-risking mechanism of the DIS starts at the age of 50. If the annual de-risking of your investments in the DIS and your claim for payment of benefits take place at around the same time, the trustee of the scheme shall sequence the de-risking and the claim in accordance with its procedures and in compliance with the Ordinance. Please consult the trustee of the scheme if you wish to know the details of how it will handle these transactions.
- If there is a switching / redemption in progress, withdrawal request will be processed after the switching / redemption has been complete.

請將填妥表格交予：

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 網址：www.sunlife.com.hk

Please send the completed form to：

Sun Life Rainbow MPF Scheme, The Administrator, BestServe Financial Limited
10/F, One Harbourfront, 18 Tak Fung Street, Hung Hom, Kowloon, Hong Kong

Tel: 3183 1888 Fax: 3183 1889 Website: www.sunlife.com.hk

請勿遞交相同表格；如透過傳真遞交表格，請保留正本以作記錄。

Please do NOT submit duplicate forms and keep the original copy for your own record if you are submitting via fax.

第 MPF(S) - W(M)號表格

《強制性公積金計劃條例》（第 485 章）

成員永久不適合執行特定種類工作證明書

病人姓名：_____

病人的香港身分證／護照*#號碼：_____

根據上述病人或該病人的代表所提供的資料，該病人在現時／最後*擔任的職位中，是執行以下種類的工作：

本人證明上述病人永久不適合執行上述種類的工作，理由如下：

註冊醫生／註冊中醫*簽署：_____

註冊醫生／註冊中醫*姓名：_____

電話號碼：_____

地址：_____

日期：_____

公章／註冊編號*（如有）：_____

* 刪去不適用者

病人應只在沒有香港身分證的情況下才填報護照號碼

FORM MPF(S) - W(M)

MANDATORY PROVIDENT FUND SCHEMES ORDINANCE (CAP 485)

**CERTIFICATE OF A PERSON'S PERMANENT UNFITNESS
FOR A PARTICULAR KIND OF WORK**

Name of the patient: _____

Hong Kong Identity Card/Passport*[#] No. of the patient: _____

Based on the information provided by or on behalf of the above patient, he/she* performs the following kind of work in his /her* present/last* job:

I certify that the above patient is permanently unfit to perform the above kind of work for the following reason(s): _____

Signature of registered medical practitioner/
registered Chinese medicine practitioner*: _____

Name in block letters: _____

Telephone number: _____

Address: _____

Date: _____

Official seal / registration number* (if any): _____

** Delete whichever is not applicable.*

[#] The patient should give the passport number ONLY when he/she does NOT possess a Hong Kong Identity Card.