

**SPECIAL VOLUNTARY CONTRIBUTION (“SVC”) /  
TAX DEDUCTIBLE VOLUNTARY CONTRIBUTION (“TVC”) ACCOUNT**  
**特設自願性供款 / 可扣稅自願性供款帳戶**  
**DIRECT DEBIT AUTHORISATION SET UP / CHANGE OF DIRECT DEBIT ACCOUNT FORM**  
**開立直接付款授權書 / 更改直接付款戶口表格**  
**FOR JOINT NAME BANK ACCOUNT 聯名銀行戶口適用**

**Note 注意：**

- (1) Please be advised that it may take four to six weeks for processing your application. You are, therefore, requested to continue making your contributions by other means of payment until you receive the confirmation letter from your bank stating the effective date of the direct debit service. Please consult your bank officer for applicable service fee, if any, charged by your bank.  
申請該項服務約需時四至六星期。故此，閣下在仍未收到付款銀行的直接付款授權服務確認通知書及有關生效日期之前，務必繼續以其他方式繳付供款。請聯絡閣下的銀行主任以了解此服務上會否收取任何費用。
- (2) For set up of joint name bank account direct debit authorisation, please also specify your SVC / TVC amount by completing a Change of Special Voluntary Contribution / Tax Deductible Voluntary Contribution Form. The amount specified in the Change of Special Voluntary Contribution / Tax Deductible Voluntary Contribution Form will be deducted from your bank account on the 5<sup>th</sup> of each month after the direct debit authorisation process is completed. If the direct debit day is a public holiday, Saturday, gale warning day, typhoon signal no. 8 (or above) day or black rainstorm day, it will be deducted from your account on the following working day.  
開立聯名銀行戶口直接付款授權，請於更改特設自願性供款 / 可扣稅自願性供款表格內指定閣下的特設自願性供款 / 可扣稅自願性供款金額並將表格填妥。完成開立直接付款授權程序後，在特設自願性供款 / 可扣稅自願性供款表格內的指定金額將會在每月的第五天由閣下的銀行戶口內扣除。如支付日期為公眾假期、星期六、烈風警告日、八號颱風(或以上)日或黑色暴雨警告日，該款項將在下一個工作天扣除。
- (3) Please complete this Form in block letters. Please do not use correction fluid and all amendments should be signed.  
請以正楷填寫此表格。請避免用塗改液及任何刪改必須加簽。
- (4) Should you have any questions when completing this Form, please feel free to contact Manulife MPF Members' Direct at 2298 9000.  
如閣下於填表時有任何疑問，請致電宏利強積金成員專線 2298 9000。
- (5) Please send the completed form to “Pension Services (Manulife RetireChoice), Bank Consortium Trust Company Limited, 18/F Cosco Tower, 183 Queen's Road Central, Hong Kong”.  
請將填妥表格寄往「香港皇后大道中183號中遠大廈18樓，銀聯信託有限公司，退休金服務部(宏利退休精選)」收。
- (6) All investments are subject to the latest MPF Scheme Brochure (and any Addenda thereto) of the Manulife RetireChoice (MPF) Scheme (the “Master Trust”), as amended from time to time. Please refer to the MPF Scheme Brochure (and any Addenda thereto) of the Master Trust for details.  
所有投資資料以宏利退休精選(強積金)計劃(「本計劃」)之最新強積金計劃說明書(及其附錄)為準(經不時修訂)。詳情請參閱本計劃最新之強積金計劃說明書(及其附錄)。

Please ✓ the appropriate box. 請在適當的空格填上 ✓ 號

**Part I – Personal Information 第一節 – 個人資料**

Member English Name 成員英文姓名	
<input type="checkbox"/> Mr. 先生	Surname 姓 _____
<input type="checkbox"/> Ms. 女士	First Name 名 _____
Member Chinese Name 成員中文姓名	<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼
Home number 住宅電話號碼	<input type="checkbox"/> Special Voluntary Contribution Account No. 特設自願性供款帳戶號碼 <input type="checkbox"/> Tax Deductible Voluntary Contribution Account No. 可扣稅自願性供款帳戶號碼
Mobile number 手提電話號碼	

**Part II – For Change of Direct Debit Account only 第二節 – 只適用於更改直接付款戶口**

(Please ✓ the box as appropriate. 如適用請在空格填上 ✓ 號)

Please note unless you have ticked the following option, we will continue to debit your existing direct debit account for monthly contributions until the new direct debit authorisation becomes effective.

請注意除非閣下作出以下選擇，否則我們將繼續於現有直接付款戶口扣除每月供款直至新的直接付款戶口開立成功。

- Please stop my contribution until the new direct debit account becomes effective  
請停止本人供款直至新的直接付款戶口開立成功

**Part III – Declarations 第三節 – 聲明**

I hereby declare that to the best of my knowledge and belief, the information given in this Form and any attachment is correct and complete.  
本人聲明，本人深知確信本表格及隨附文件所提供的資料均屬正確無訛，並無缺漏。

I understand that the Trustee may not be able to process this instruction if I fail to provide any information requested in this Form.  
本人明白倘若本人未能提供本表格所需的資料，受託人將可能無法處理有關指示。

Signature of Member 成員簽署

Date 日期

Bank Consortium Trust Company Limited  
銀聯信託有限公司

## Part IV – Direct Debit Authorisation 第四節 – 直接付款授權書

Name of party to be credited (The Beneficiary) 收款的一方(受益人) <b>Bank Consortium Trust Company Limited as Trustee of Manulife RetireChoice (MPF) Scheme</b>		Account Number of The Beneficiary 受益人戶口號碼 <b>006-391-61564907</b>	
<p>1. We hereby authorise our below named Bank to effect transfers from our account to that of the above-named beneficiary in accordance with such instructions as our Bank may receive from the beneficiary and / or its banker and / or its banker's correspondent from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 吾等現授權吾等的下述銀行，根據受益人或其往來銀行及 / 或代理行不時給予吾等銀行的指示，自吾等的戶口內轉帳予上述受益人。惟每次轉帳金額不得超過以下指定的限制。</p> <p>2. We agree that our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to us. 吾等同意吾等的銀行毋須證實該等轉帳通知是否已交予吾等。</p> <p>3. We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on our account which may arise as a result of any such transfer(s). 如因該等轉帳而令吾等的戶口出現透支(或令現時的透支增加)，吾等願共同及個別承擔全部責任。</p> <p>4. We agree that should there be insufficient funds in our account to meet any transfer hereby authorised, our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 吾等同意如吾等的戶口並無足夠款項支付該等授權轉帳，吾等的銀行有權不予轉帳，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。</p> <p>5. This direct debit authorisation shall have effect until further notice or until expiry date written below (whichever shall first occur). We agree that if no transaction is performed on our account under such authorisation for a continuous period of 2 years, our Bank reserves the right to cancel the direct debit arrangement without prior notice to us, even though the authorisation has not expired or there is no expiry date for the authorisation. 本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。吾等同意如吾等已設立的直接付款授權的戶口連續兩年內未有根據本授權而作出過帳的紀錄，吾等的銀行保留權利取消本直接付款安排而毋須另行通知吾等，即使本授權書並未到期或未有註明授權到期日。</p> <p>6. We agree that any notice of cancellation or variation of this authorisation which we may give to our Bank shall be given at least seven working days prior to the date on which such cancellation / variation is to take effect. 吾等同意，吾等取消或更改本授權書的任何通知，須於取消 / 更改生效日最少七個工作天之前交予吾等的銀行。</p> <p>I hereby authorise Bank Consortium Trust Company Limited, to initiate and arrange for contributions to be debited from my bank account according to the following specification, in favour of Bank Consortium Trust Company Limited as Trustee of Manulife RetireChoice (MPF) Scheme. 本人現授權銀聯信託有限公司從本人下述銀行的戶口內，提出及安排扣除供款，以支付予 Bank Consortium Trust Company Limited as Trustee of Manulife RetireChoice (MPF) Scheme。</p>			
Our Bank and branch name 吾等的銀行及分行名稱：			
Bank no. 銀行編號	Branch no. 分行編號	Our Account no. to be debited 吾等的扣款戶口號碼	Account Type 戶口種類 <input type="checkbox"/> Current account 往來戶口 <input type="checkbox"/> Saving account 儲蓄戶口
# Our Name(s) recorded on Statement / Passbook # 吾等在結單 / 存摺上所紀錄的名稱 (One of the names must be the same as the member name stated in Part I 其中一個姓名必須與第一節填寫的姓名相符)			
* Limit for Each Payment / Month* *每次 / 月付款的限額*	*Expiry Date (dd / mm / yyyy) *到期日(日 / 月 / 年)	Our Address as recorded on Statement / Passbook 吾等在結單 / 存摺上所紀錄的地址	
Debtor's Reference (For BCT use only) 債務人參考(只供銀聯信託填寫)		*Our Signature * 吾等的簽署  X Date 日期	
For Bank Use Only 銀行專用	Remarks 備註	Authorised Signature with Branch Chop	

\*Please delete whichever is not appropriate. \*請刪去不適用者。

\*Please write in **Block Letters**. # 請以英文**正楷**填寫。

### \*Note \*附註：

- If the amount of your payments are likely to vary each time, please set the **Limit for Each Payment** at the maximum amount you would expect to pay at any one time.  
如閣下每次付款的金額可能不同，請將閣下預期的單次付款最高金額定為**每次付款的最高限額**。
- This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "**Expiry Date**". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank. 本直接付款授權書將於「**到期日**」一欄中所填寫的日期自動撤銷。如閣下希望此直接付款授權書無限期有效(或直至閣下予以撤銷為止)，則請將該欄留空。
- Please ensure that you sign the form in the usual way that you would sign on your Bank Account. 請確定閣下在此授權書內的簽署，與銀行戶口的簽署完全相同。
- If "**Limit for Each Payment / Month**" is not specified, the debtor's bank will set the limit as "unlimited". 如閣下沒有指定「**每次 / 月付款的限額**」，債務銀行會將轉帳限額設定為「不設上限」。