

SELF-EMPLOYED PERSON ACCOUNT 自僱人士帳戶
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

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 Autopay 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自動轉帳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) 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。請避免使用塗改液及任何刪改必須加簽。
- (3) 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。
- (4) 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" or fax it to 3102 0260.
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)」收或傳真致3102 0260。

Part I – Personal Information 第一節 – 個人資料

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

| | | | |
|---------------------------------|----------------------|--|--|
| Member English Name 成員英文姓名 | | Member Chinese Name 成員中文姓名 | |
| <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 | Mobile number 手提電話號碼 | Self-employed person Account No. 自僱人士帳戶號碼 | |

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
(Must be identical to the Trustee's record 必須與受託人的記錄相同)

Date 日期



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) Bank Consortium Trust Company Limited as Trustee of Manulife RetireChoice (MPF) Scheme | Account Number of The Beneficiary 受益人戶口號碼 006-391-61564907 |
| <p>1. I hereby authorise my below-named Bank to effect transfers from my account to that of the above-named beneficiary in accordance with such instructions as my Bank may receive from the beneficiary and / or its banker from time to time. 本人現授權本人的下述銀行，(根據受益人或其往來銀行不時給予本人銀行的指示) 自本人的戶口內轉帳予上述受益人。</p> <p>2. I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me. 本人同意本人的銀行毋須證實該等轉帳通知是否已交予本人。</p> <p>3. I accept full responsibility for any overdraft (or increase in existing overdraft) on my account which may arise as a result of any such transfer(s). 如因該等轉帳而令本人的戶口出現透支(或令現時的透支增加)，本人願承擔全部責任。</p> <p>4. I confirm that my signature(s) on this authorisation form is the same as that for the operation of my savings / current account to be debited for the transfer. 本人確認，本人於本授權書上的簽名，與本人的儲蓄 / 往來戶口所簽者完全相同。</p> <p>5. I agree to notify the above-named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my account to meet any transfer hereby authorised, my Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may levy the usual charge to be paid by me. 本人同意給予受益人任何更改銀行戶口或取消付款方法的通知，並且同意如本人的戶口並無足夠款項支付該等授權轉帳，本人的銀行有權不予轉帳，且銀行可向本人收取慣常的費用。</p> <p>6. This authorisation shall have effect until further notice. 本授權書將繼續生效直至另行通知為止。</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> | |

| | | | |
|---|--|---|--|
| My Bank and branch name 本人的銀行及分行名稱： | | | |
| Bank no. 銀行編號 | Branch no. 分行編號 | Account no. to be debited 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 |
| # My Name(s) recorded on Statement / Passbook # 本人在結單 / 存摺上所紀錄的名稱 (One of the name 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) | My Address as recorded on Statement / Passbook 本人在結單 / 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) | | Signature of account holder 戶口持有人簽署 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 注意：

Your monthly contribution will be deducted from your bank account specified in your Direct Debit Authorisation Form on the last working day of each month. If the direct debit day is a public holiday, 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. If the direct debit day falls on a Saturday which is also the last day of the month, it will be deducted from your account on the preceding working day. 閣下的每月供款將會在每月的最後個工作天由閣下已授權的銀行戶口內扣除。如支付日期為公眾假期、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。如支付日期為每月最後一天並為星期六，該款項則將會在提早一個工作天扣除。

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|-------------------------|-------------------------|----------------|---------------|----------|
| BCT use only 銀聯信託專用： | Document Received Date: | Inputted By: | Checked By: | Remarks: |
| | | Date Inputted: | Date Checked: | |