

## Change of Payment Method / Autopay Bank Account Form 更改付款方法 / 自動轉帳戶口表格

**Notes :**

- All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice"). In case you have not read the Notice before, you can obtain such Notice from your Manulife's intermediary or through Manulife's website at [www.manulife.com.hk](http://www.manulife.com.hk).
- By writing to the Privacy Officer of your scheme administrator, you can correct and have access to your personal data.
- The information of the contact person(s)/authorized person(s) is collected in their official capacities.

**注意事項 :**

- 宏利可按於《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)所述，處理有關資料。假如閣下未有細閱該通知，閣下可從閣下的宏利中介人或透過宏利網址 [www.manulife.com.hk](http://www.manulife.com.hk) 取得該通知。
- 閣下可以書面向計劃管理人之個人資料主任更改及查閱閣下之個人資料。
- 聯絡人 / 獲授權人士的資料乃因應其職務身份而收集。

Sub-Scheme No. :  
附屬計劃編號

Billing Class No. :  
分組編號

Name of Company :  
公司名稱

### New MPF Payment Method Instruction 新強積金付款方法指示

Please select and  appropriate one : 請選擇及  合適的項目 :

1. <input type="checkbox"/>	<p><b>Autopay 自動轉帳</b></p> <p>Please Select <input type="checkbox"/> New Autopay Setup (Please read and follow the instructions listed in Section A) 請選擇 <input type="checkbox"/> 新設立自動轉帳 (請細閱及依照A部分的指示)</p> <p style="text-align: right;"><input type="checkbox"/> Change of Autopay Bank Account (Please read and follow the instructions listed in Section A &amp; B) 更改自動轉帳戶口 (請細閱及依照A及B部分的指示)</p> <p><b>Section A A部分</b></p> <p>1. Please download a copy of the Direct Debit Authorization (DDA) form from <a href="http://www.manulife.com.hk">www.manulife.com.hk</a>, or you may call our Customer Service Hotline 2108 1234 for one. Please return the completed original DDA form together with this form. 請於 <a href="http://www.manulife.com.hk">www.manulife.com.hk</a> 下載「直接付款授權書」，閣下亦可致電本公司客戶服務熱線 2108 1234 索取此授權書。請於遞交此表格時，一併交回已填妥的直接付款授權書正本。</p> <p>2. Please pay your contributions according to your current payment method before this new instruction comes effective. New autopay setup/change of autopay bank account takes approximately 3 to 6 weeks to complete as from date of receipt of your completed Direct Debit Authorization form. A separate notice will be sent to notify you the commencement date of the autopay in relation to this instruction. 在新自動轉帳指示生效前，閣下請按目前的付款方法支付供款。在收到閣下填妥的直接付款授權書後，約需時三至六個星期才可完成辦理自動轉帳或更改自動轉帳戶口手續。宏利將另函通知閣下有關於自動轉帳的生效日期。</p> <p><b>Section B B部分</b></p> <p><b>Applicable for Change of Autopay Bank Account Only (只適用於更改自動轉帳戶口)</b></p> <p>Please select and <input checked="" type="checkbox"/> either one option. If not specified, your instruction will automatically apply to option (1). 請選擇及 <input checked="" type="checkbox"/> 其中一項，如沒有註明，閣下的指示將自動設定為項目(1)。</p> <p>1. <input type="checkbox"/> The existing autopay account can be used for payment of MPF contribution until the Direct Debit Authorization is completed for the new account. 現時的自動轉帳帳戶可繼續用作支付強積金供款，直至新帳戶完成直接付款授權手續。</p> <p>2. <input type="checkbox"/> The existing autopay account will be cancelled immediately. Before the new Direct Debit Authorization is completed, payment should be made by cheque. 現時的自動轉帳帳戶將即時取消。在新直接付款授權手續完成前，將以支票繳付供款。 Manulife will send you Payment Slip(s) before the new direct debit authorization is completed, please follow the instruction on the Payment Slip to submit your payment. 在新直接付款授權手續完成前，宏利將會發出「付款回條」，請參照付款回條上之指示繳付供款。</p>	
2. <input type="checkbox"/>	<p><b>Payment By Cheque 以支票付款</b></p> <p>Effective Date 生效日期 : _____ (DD 日) / _____ (MM月) / _____ (YYYY年) (Payroll Period 支薪期)</p> <p>Manulife will send you a Payment Slip 15 days before the end of each contribution period, please follow the instruction on the Payment Slip to submit your future payment. 宏利將於每個供款期完結日十五天前發出「付款回條」，請參照付款回條上之指示繳付日後的供款。</p>	
<p>Completed form should be sent to the scheme administrator, "Provident Funds Services, Manulife (International) Limited, 21/F., Tower A, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong". 請將填妥的表格寄交計劃管理人「香港九龍觀塘偉業街223 - 231號宏利金融中心A座21樓宏利人壽保險(國際)有限公司公積金服務部」。</p>		
<p>Authorized Signature and Company Chop 獲授權人士簽署及公司印章</p>	<p>Name &amp; Title (in Block Letters) 姓名及職銜 (正楷)</p>	<p>Date 日期</p>

此表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。

