Manulife 宏利



Tax Deductible Voluntary Contributions Instructions 可扣稅自願性供款指示

Notes:

- (1) Please ✓ where appropriate and complete in BLOCK LETTERS.
- (2) Please initial next to any corrections you make on this form to avoid delays in processing of your instruction.
- (3) Manulife will process this request upon receipt of this completed form and all pertinent document(s), if any.
- (4) The information collected from you and in respect of you can be used by Manulife in activities relating to the processing of the contribution instructions as requested in this Form. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, for such purpose(s) or for a purpose directly related to such purpose(s). All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region. You are required to supply the information in this Form and failure to do so may result in your request being delayed.

注意事項

- (1) 請在適當的地方加上 ✔ 號,並以正楷填寫。
- (2) 為免延誤處理閣下之指示,如須作任何刪改,請於刪改之位置旁簽署。
- (3) 宏利將於收訖已填妥表格及有關文件(如有)後處理是項申請。
- (4) 宏利可使用從您收集及關於您的資料以處理您在本表格內要求的供款有關事宜。為達致該等目的,或直接與該等目的有關的目的,所提供的資料可移轉予宏利內其他部門或其他人士/團體,包括宏利的受委託者、強積金中介人或任何服務提供者。所有資料處理過程或會涉及資料移轉至香港特別行政區及以外地區。請提供本表格所需的資料,否則您的要求或會因此而被延誤。

a transfer of information to pla required to supply the informa (5) The Mandatory Provident Fi authorized to inspect any info (6) By writing to the Privacy Of have access to your persona	fficer of Manulife Provident Funds Trust Cor	Special Administrative Region. You are ult in your request being delayed. ry bodies in any jurisdiction shall be mpany Limited, you can correct and	e 或會涉及資料移轉至香港特別行政區及以外地區。請提供本表格所需的資料,否則您的要求或會因此而被延誤。 e (5) 強制性公積金計劃管理局及任何司法管轄區的其他監管團體將獲授權查看計劃內的任何資料。 d (6) 您可以書面向宏利公積金信託有限公司之個人資料主任更改及查閱您的個人資料。	
A. Personal Infor個人資料	rmation			
Member Account No. [成員帳戶號碼	1	- 0 1	Daytime contact no. 日間聯絡電話	
Name of Member (as show	n on HKID Card / Passport) 成員姓名	名(必須與香港身份證/護照相	目同) □ HKID Number 香港身份證號碼	
			☐ Passport No. 護照號碼	
Surname in English 英文姓氏	Other Name in English 英文名字	Name in Chinese 中文姓名	(ONLY for person without HKID Card 只供沒有香港身份證的人士填寫	
B. Contribution Instruction Details 供款指示詳情				
Note: The maximum tax concession amount for TVC in each year of assessment is set out in the Inland Revenue Ordinance and, in the year of assessment 2019/2020, is \$60,000. It is an aggregate limit for TVC and other qualifying annuity premiums. A deduction in respect of TVC paid by a member into a TVC account during a year of assessment is allowable to the member for the year of assessment for taxation purpose under salaries tax and tax under personal assessment. 注意: 《稅務條例》載有可扣稅自願性供款每個課稅年度的最高稅務優惠金額,於2019/2020課稅年度為60,000港元。該金額為可扣稅自願性供款及其他合資格年金保費的總限額。 就成員在課稅年度內存入可扣稅自願性供款帳戶的可扣稅自願性供款,方可用作薪俸稅及個人入息課稅在該課稅年度之稅務扣減。 Please put a "✓" in the appropriate box:				
請在適當的方格內加上「✔」號。 ☐ (1) Lump Sum Contribution 整筆供款				
◆ The minimum amount of lump sum contribution is HK\$3,000. 整筆供款的最低供款金額為3,000港元。				
directly to the : 223 - 231 Wai 請以您的個人畫 同此表格一併直 ◆ Post-dated and	scheme administrator, Hong Konc Yip Street, Kwun Tong, Kowloon, F 則線支票繳付供款,支票抬頭為「左 直接寄交計劃管理人:香港九龍觀塘 d electronic cheques are not accep	g Hetirement, Manulife (Intern Hong Kong. F利公積金信託有限公司」,並 偉業街223-231號宏利金融中心	ade payable to "Manulife Provident Funds Trust Company unt Number on the back and send together with this form rnational) Limited, 21/F., Tower A, Manulife Financial Centre, 並請於支票背面註明您的可扣稅自願性供款成員帳戶號碼,連心A座21樓宏利人壽保險(國際)有限公司香港退休業務部。	
恕不接受期票及 ◆ Please note that	at MPF intermediaries are not auth	orized to receive cheque pay	yment on behalf of Manulife. You are particularly reminded to	
請注意,宏利引	ssion to Manulife directly. 鱼積金中介人並非指定為收取及遞 nake the contributions by the follow		青您直接遞交供款支票及供款指示予宏利。 eting this form:	
(i) You can tra prompt) or v (ii) You may sin bill type as " * The 10-digit b	nsfer funds with PPS from any dria internet at https://www.ppshk.conply deposit payment using HSBC 02 MPF Tax Deductible Vol. Contril	esignated bank account thro om, anytime, anywhere. Input r cheque deposit machines. Inp oution" and the 10-digit bill ac Scheme Number plus Billing C	ough a touch-tone phone (Dial 18031 and follow the voice merchant code, 9351 and the 10-digit bill account no.*; OR uput the required information per the instruction, including the count no.*. Class Number "01" (i.e. same as your Member Account No.).	
(i) 您可隨時隨均		照話音指示進行)或繳費靈網	関頁https://www.ppshk.com從您指定銀行戶口轉帳付款。輸	

MPF TVC CONT (07/2022)a 1 of 2 (ii) 您可透過滙豐銀行「入票易」服務存入支票。按指示輸入所需資料,包括帳單類別「02 強積金供款(可扣稅自願性供款)」及10位數字的帳單戶口號碼*。 * 10位數字的帳單戶口號碼為您8位數字的附屬計劃編號加上分組編號「01」(即與您的成員帳戶號碼相同)。 Contribution Details and Source of Funds (Must Fill) 供款及資金來源資料(必須填寫): Name of Bank: 銀行名稱 Contribution/Cheque Amount: Cheque No.: 供款/支票金額 支票號碼 Source of Funds: Salary Savings Others (please specify) : 資金來源 薪金 儲蓄 其他(請註明) For office use only 職員專用: CQ rec'd CQ Amount:

Member Account No. 成員帳戶號碼:	
B. Contribution Instruction Details	
供款指示詳情	
Effective Date: 01	
生效日期 dd 日 / mm 月 / yyyy 年	
(If no date is specified, or if it is backdated, the effective date will be taken as the first calendar day of the month following the processing date of this form. 若沒有列明生效日期,或所指示之日期早於本表格之處理日期,則生效日期將以宏利處理此表格之翌月首個公曆日作準。)	
◆ The minimum amount of monthly contribution is HK\$300. 最低供款金額為300港元。	
◆ Please ensure there is adequate bank account balance before the 10th of each month for settlement of monthly contribution. Hot please note that the monthly direct debit date may vary due to the transactional arrangement of the relevant bank. If a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. if a direct debit falls on a non bank business day, it will be postponed to the following bank business day. If a direct debit falls on a non bank business day, it will be postponed to the following bank business day. If a direct debit falls on a non bank business day, it will be postponed to the following bank business day. If a direct debit falls on a non bank business day, it will be postponed to the following bank business day. If a direct debit falls on a non bank business day, it will be postponed to the following bank business day.	oit date
◆ The autopay setup takes approximately 3 to 6 weeks from receipt of your completed DDA form. Manulife will send you a confir letter notifying you the commencement date of the facility.	mation
設立自動轉帳由收訖「直接付款授權書」起計,約需時三至六個星期,宏利將另函通知有關生效日期。 ◆ For addition of monthly contribution, Manulife will collect the sum of the contributions payable since the above effective date altoger	ther via
autopay once it is established. 就新增按月供款,宏利會於自動轉帳生效後經自動轉帳收取自上述生效日期起計之應繳供款總和。	iller via
☐ Addition of Monthly Contribution (Payment must be made by autopay, please attach the Direct Debit Authorization ("DDA") 新增按月供款(供款必須以自動轉帳繳付,請附上「直接付款授權書」)	form)
Monthly Contribution Amount: HK\$ 港元	
☐ Change of Monthly Contribution Amount to HK\$ (The minimum amount is HK\$300.)	
更改每月供款金額至	
Remarks: Please ensure the autopay payment limit set in your bank account, if any, is sufficient to settle the revised monthly contribution amount. your bank for adjustment, if necessary. 註:請確保您的銀行帳戶之自動轉帳限額設定(如有)足以繳付更改後之每月供款金額。如有需要,請聯絡您的銀行作相應調整。	Contact
Source of Funds (Must Fill) 資金來源資料 (必須填寫):	
□ Salary □ Savings □ Others (please specify): 薪金 耳他(請註明)	
(3) Cessation of existing monthly contribution 終止現時之每月供款安排	
Effective Date: 01	
生效日期 dd 日 / mm 月 / yyyy 年	
(If no date is specified, or if it is backdated, the effective date will be taken as the first calendar day of the month following the processing date of this form. 若沒有列明生效日期,或所指示之日期早於本表格之處理日期,則生效日期將以宏利處理此表格之翌月首個公曆日作準。)	
C. Change of Bank Account for Direct Debit 更改直接付款銀行帳戶	
Change of Autopay Bank Account 更改自動轉帳戶口	
1. You can call our Member Hotline 2108 1388 for Direct Debit Authorization ("DDA") form. Please complete and return the DDA together with this form.	A form
請致電本公司成員服務熱線2108 1388索取「直接付款授權書」,填妥該表格並連同本表格一併交回。 2. A separate notice will be sent to you notifying you the commencement date of autopay from your new bank account.	
宏利將另函通知您新戶口的自動轉帳生效日期。	
3. We will continue to debit your existing autopay account until the Direct Debit Authorization for the new account is completed. 宏利將繼續於現有的自動轉帳帳戶內安排扣帳,直至完成新帳戶之直接付款授權手續。	

MPF TVC CONT (07/2022)a 2 of 2

成員姓名(正楷)

Signature of Member

成員簽署

Name of Member (in BLOCK LETTERS)

Date

日期