



## Opt-in/Opt-out Request Form in relation to Manulife Global Select (MPF) Scheme - "the Services"

To: Standard Chartered Bank (Hong Kong) Limited

Address: Retirement Services Team, 19/F Standard Chartered Tower, 388 Kwun Tong Road, Kwun Tong, Hong Kong.

### Part I - Client information

# Client full name:	Surname:	Given name:
# HKID / Passport no.*	# Contact phone no.	
# <sup>1</sup> Mailing address:		

### Part II a - Declaration

#### Enroll in the Services

- I am a member of the Manulife Global Select (MPF) Scheme (the "Scheme"). I confirm my wish to obtain the following services from Standard Chartered Bank (Hong Kong) Limited (the "Bank"):
  - display certain of my MPF account information under the Scheme in the consolidated statements, digital banking channels such as mobile app and online banking and other display channels as and when made available to me by the Bank ("Display Channels"); and
  - include my MPF account balance in the calculation of my "Relationship Balance" ("RB") maintained by the Bank.
 (Items (a) and (b) are collectively referred to as "Services") <sup>1</sup>RB excludes the amount of Flexi Retirement Contribution in the Scheme
- I understand that in order to receive the Services, I would need to request and instruct the approved trustee of the Scheme, Manulife Provident Funds Trust Company Limited (the "Trustee"), to provide me with MPF Account No./Membership No., Fund Code, Fund Name, No. of Units, Price, As at Date/Position Date, Current Amount (No. of Unit x Price), HKD Equivalent and Contribution Type (collectively, the "Information").
- I hereby appoint and authorise the Bank as my authorised representative to request and instruct the Trustee to provide the Information, and receive on my behalf the Information provided by the Trustee in respect of my participation in the Scheme, which Information should be provided in such frequency as is necessary to enable the Bank to provide the Services according to paragraph 7 below.
- I understand and acknowledge that the Bank is acting solely as my authorised representative in respect of paragraph 3 above, and is not acting in its capacity as a banking service provider or an MPF intermediary. I further understand that any Information provided by the Trustee to me will be received by the Bank, and the Bank will be holding such Information on my behalf as my authorised representative and at my instructions.
- I understand and acknowledge that the Information is my personal information. I hereby agree to share such Information with the Bank and for the Bank to keep the Information in its capacity as a banking service provider and instruct the Bank to use such Information for the purposes in connection with the Services.
- I understand and agree to the Bank using the information in respect of my participation in the Scheme and provided by the Trustee pursuant to paragraph 3 above for the purpose of enhancing its banking services that relate to mandatory provident funds.
- I understand and agree that in order for the Bank to provide the Services, the Information will initially be provided by the Trustee on a weekly basis (or in such other frequency as may be requested by the Bank acting as my authorised representative, subject to the Trustee agreeing to revise the frequency) and I agree the Bank shall have full power and discretion to decide on the feasible frequency without any further action or consent from me.
- The request form by the Bank shall take effect from the date hereof until such time when the Bank is no longer appointed and authorised for the above purposes and may take steps to suspend or cease such provision of Services as soon as reasonably practicable but in any event no less than 30 business days upon occurrence of any of the following:
  - if I have ceased to be a client of the Bank;
  - if I notify the Bank in writing to withdraw this request form;
  - if the Bank is informed by the Trustee that I have withdrawn my instruction to the Trustee for providing the Information;
  - if the Bank is informed by the Trustee that I have ceased to be a member of the Scheme; or
  - if the Bank and the Trustee are in the opinion that there is any matter which would prohibit, restrict or delay the provision of the Information from the Trustee to me (or the Bank acting as my authorised representative) (including any objection from any applicable regulator directly or indirectly in part or whole of such provision of Information).
- I acknowledge and understand that the Information shown at any of the Display Channel(s) and also my RB calculation may not reflect my most up to date MPF information under the Scheme. I also acknowledge and agree that the Bank does not warrant the accuracy and timeliness of the Information and may suspend or cease the Services at any time without prior notice. I agree not to make any objection or complaint to the Bank with respect to the Services.
- I further acknowledge that the applicable documents referred to in Part II a, the Bank's Client Terms, including terms and conditions governing RB important notes and other document forming part of the banking agreement have been made available to me and I understand and agree to be bound by such banking agreement.
- I further acknowledge and agree that the Bank shall not incur any liability whatsoever in acting as my authorised representative for the above purposes.

### Part II b - Declaration

#### Cancel the Services

- I am a member of the Manulife Global Select (MPF) Scheme (the "Scheme"). I confirm I would like to terminate the following services from the Bank:
  - display certain of my MPF account information under the Scheme in the consolidated statements, digital banking channels such as mobile app and online banking and other display channels as and when made available to me by the Bank ("Display Channels"); and
  - to include my MPF account balance in the calculation of my "Relationship Balance" ("RB") maintained by the Bank.
 (Items (a) and (b) are collectively referred to as "Services") <sup>1</sup>RB excludes the amount of Flexi Retirement Contribution in the Scheme
- I confirm that I would like to terminate the appointment and authorisation of the Bank as my authorised representative to request and instruct the Trustee to provide the Information, and receive on my behalf the Information provided by the Trustee in respect of my participation in the Scheme for the Services.

### Part III - Client declaration

- I hereby declare that I understand all the information as above and the decision(s) made by me. All the information declared by me and contained in this request form is true and correct.
- I agree that all information provided by me in this application form and such personal data relating to an individual collected by the Bank from time to time may be used and disclosed for such purposes and to such persons (whether the recipient is located in Hong Kong Special Administrative Region of the People's Republic of China (Hong Kong) or elsewhere or places that do not offer the same level of data protection as Hong Kong) in accordance with the Bank's policies on use and disclosure of personal data. Such policies are set out in statements, circulars, terms and conditions or notices made available by the Bank to you from time to time. The collected data may be (i) used in connection with matching procedures (as defined in the Personal Data (Privacy) Ordinance), and (ii) disclosed (by way of bank references or otherwise) to any financial institution with which you have or propose to have dealings to enable such financial institution to conduct credit checks on you.

Bank Account Holder Signature

Date

For bank use only	Signature witnessed by: Staff's PSID:	Signature verified/ Witnessed by: Staff's PSID: Signing no: ( )
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\* For person without HKID only

# Mandatory information to be provided

<sup>1</sup> Mailing address will only be used for notification of information subsequently discovered to be inaccurately provided on this form (if applicable)

To: Manulife Provident Funds Trust Company Limited

## Instruction to release member's MPF information in relation to Manulife Global Select (MPF) Scheme

### Part I - Client information

# Client full name:	Surname:	Given name:
# HKID / Passport no.*		

### Part II - Client declaration

- This is to inform you that I have appointed Standard Chartered Bank (Hong Kong) Limited ("the Bank") as my authorised representative ("Representative") for the following purposes:
  - request, on my behalf, Manulife Provident Funds Trust Company Limited (the "Trustee") to provide me with the following information in respect of my participation in the Manulife Global Select (MPF) Scheme (the "Scheme") for the relevant MPF services:
 

MPF Account No./Membership No., Fund Code, Fund Name, No. of Units, Price, As at Date/Position Date, Current Amount (No. of Unit x Price), HKD Equivalent and Contribution Type (collectively, the "Information"); and
  - receive, on my behalf, the Information provided by the Trustee.
- I therefore hereby instruct the Trustee to use its reasonable endeavours to provide my Representative, on an ongoing basis and subject to paragraph 4 below, with the Information, and I confirm that my Representative is duly appointed and authorised by me to act as my authorised representative in making any such requests or in receiving such Information from the Trustee and that my Representative is not acting as my banking service provider or MPF intermediary in so doing.
- I further request that such Information be provided by the Trustee on a weekly basis, or in such other frequency as may be requested by the Bank as my Representative, subject to the Trustee agreeing to revise the frequency. I understand and acknowledge that the Bank is acting solely as my authorized representative and the Information is belonged to me.
- The above instruction to the Trustee (the "Instruction") shall take effect from the date hereof until such time when the Trustee is no longer required to provide me (or my Representative) with the Information and may take steps to cease such provision as soon as reasonably practicable but in any event be no less than 30 business days upon occurrence of any of the following:
  - if I have ceased to be a member of the Scheme;
  - if I notify the Trustee in writing to withdraw this Instruction;
  - if the Trustee is informed by the Bank that I have withdrawn my request to the Bank;
  - if the Trustee is informed by the Bank that I have ceased to be a client of the Bank; or
  - if the Bank and the Trustee are in the opinion that there is any matter which would prohibit, restrict or delay the provision of the Information from the Trustee to me (or my Representative) (including any objection from any applicable regulator directly or indirectly in part or whole of such provision of Information).
- I further acknowledge and agree that the Trustee shall not incur any liability whatsoever in acting upon my Instruction or any requests made by my Representative, or in providing the Information to my Representative in accordance with the above.
- All information may be treated by the Trustee in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" (the "Notice"). In case I have not read the Notice before, I can obtain such Notice through the website at [www.manulife.com.hk](http://www.manulife.com.hk).

I hereby declare that I understand all the information as above and the decision(s) made by me. All the information declared by me and contained in this request form is true and correct.

### For bank use only

Signature witnessed by:

Staff's name:

Signature of Client

Date

\* For person without HKID only

# Mandatory information to be provided

TRB\_MPF\_SCB\_Opt\_Web.3 (3/2022)

Cut along solid line. 請沿實線剪下。



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Cut along solid line. 請沿實線剪下。



Cut along solid line. 請沿實線剪下。



Please fold here and seal with glue. 請沿此線對摺及用膠水封口。

NO POSTAGE  
STAMP  
NECESSARY IF  
POSTED IN  
HONG KONG  
如在本港投寄  
毋須貼上郵票

Fold here. 請沿此線對摺。

POSTAGE  
WILL BE  
PAID BY  
LICENSEE  
郵費由  
持牌人支付

**Business Reply Service  
Licence No. 6639**

Standard Chartered Bank (Hong Kong) Limited  
渣打銀行(香港)有限公司  
Transaction Processing Unit  
P.O. BOX 68383  
Kowloon East Post Office  
Kowloon

Please fold here and seal with glue. Do not use staples. 請沿此線對摺及用膠水封口，切勿用釘書釘。



致:渣打銀行香港有限公司

地址:香港觀塘道388號渣打中心19樓強積金部門

## 有關參加/拒絕參加宏利環球精選 (強積金)計劃(「服務」)的申請表格

### 第I部 - 客戶資料

# 客戶全名	姓:	名:
# 香港身份證 / 護照號碼*	# 聯絡電話號碼	
# <sup>1</sup> 通訊地址		

### 第IIa部 - 聲明 參加服務

- 本人為宏利環球精選(強積金)計劃(「計劃」)的成員。本人確認欲從渣打銀行(香港)有限公司(「銀行」)獲取以下服務:
  - 在綜合月結單、數碼理財渠道如手機程式及網上理財、以及其他由銀行向本人提供的顯示渠道(「顯示渠道」)顯示本人於計劃下的部份強積金戶口資料；及
  - 計算本人在銀行的「總結餘」<sup>2</sup>時，計入本人的強積金戶口結餘。

(項目(a)及(b)統稱為「服務」。<sup>2</sup>總結餘不包括計劃中的自選退休供款金額。
- 本人明白為獲取服務，本人須申請並指示計劃的認可受託人宏利公積金信託有限公司(「受託人」)，向本人提供強積金帳戶號碼/成員帳戶號碼、基金編號、基金名稱、單位數目、價格、參考日期/參照日期、現有金額(單位數目 x 價格)、港幣等值及供款類別(統稱「資料」)。
- 本人謹此委任並授權銀行作為本人的授權代表，以要求並指示受託人提供資料，並以本人名義接收受託人就本人參加計劃所提供的資料，有關資料應按以下第七段所提及的週期，以令銀行可提供服務之所需。
- 本人明白及確認銀行如上文第三段所述，只以本人授權代表的身分行事，而並非以本人銀行服務供應商或強積金中介人的身分行事。本人亦明白任何由受託人向本人提供的資料將由銀行接收，而銀行將以本人授權代表的名義，按本人指示持有此等資料。
- 本人明白並確認資料為本人的個人資料。本人謹此同意與銀行分享此等資料，由銀行以銀行服務供應商的身分保管資料，並指示銀行使用此等資料與服務有關的用途。
- 我明白並同意銀行按以上第三段使用由受託人就本人參加計劃所提供的資料，用作改善有關強制性公積金之銀行服務的用途。
- 本人明白並同意為讓銀行提供服務，資料最初將由受託人每週提供(或以由銀行作為本人授權代表所要求的頻率提供，銀行作為本人之授權代表而要求更改週期，須得到受託人同意)。本人並同意銀行可全權決定可行的週期，而無須經由本人採取進一步行動或同意。
- 以上給銀行的申請表將由下方日期起生效，直至銀行不再就以上目的獲委任或授權為止，並可能合理可行地儘快採取行動以暫停或終止提供服務，惟無論如何亦不減少於發生以下任何情況後之三十個工作天內：
  - 如本人停止成為銀行的客戶；
  - 如本人以書面通知銀行收回此申請表；
  - 如銀行獲受託人通知本人已向受託人收回提供資料的指示；
  - 如銀行獲受託人通知本人已停止成為計劃的成員；或
  - 如銀行及受託人認為有任何事情會禁止、限制或延遲受託人向本人(或作為本人授權代表的銀行)提供資料(包括任何適用監管者直接或間接就部份或全部提供此等資料所提出的反對)。
- 本人確認並明白於任何顯示渠道所列的資料及本人的總結餘計算，均沒有反映本人計劃下的最新強積金資料。本人亦確認並同意銀行不保證資料的準確性和及時性，並可能隨時暫停或終止服務而無須預先通知。本人同意不向銀行就服務作出任何反對或投訴。
- 本人亦確認可取得第IIa部所指的適用文件即銀行的客戶條款，包括總結餘重要提示的條款及細則以及其他構成部份銀行協議的文件。本人亦明白並同意受此等銀行協議約束。
- 本人亦確認並同意銀行無須就上述目的作為本人授權代表而負上任何責任。

### 第IIb部 - 聲明 取消服務

- 本人是宏利環球精選(強積金)計劃(「計劃」)的成員。本人確認欲終止銀行以下服務:
  - 在綜合月結單、數碼理財渠道如手機程式及網上理財、以及其他由銀行向本人提供的顯示渠道(「顯示渠道」)顯示本人於計劃下的部份強積金戶口資料；及
  - 計算本人在銀行的「總結餘」<sup>2</sup>時，計入本人的強積金戶口結餘。

(項目(a)及(b)統稱為「服務」。<sup>2</sup>總結餘不包括計劃中的自選退休供款金額。
- 本人確認欲終止委任及授權銀行為本人之授權代表以要求並指示受託人提供資料，並以本人名義收取由受託人就本人參與服務計劃所提供的資料。

### 第III部 - 客戶聲明

- 本人謹此聲明本人明白以上所有資料及由本人作出的決定。所有由本人聲明及包含在此申請表格的資料均屬真確無誤。
- 本人同意銀行可根據銀行不時備有供客戶索取的聲明、通函、通知或條款及條件所載有關使用及披露個人資料的政策使用及向其中所述人士(無論接收者是處於中華人民共和國香港特別行政區(「香港」)或其他地方，不論當地的個人資料保護程度是否與香港相符)披露本人於此申請表格提供的所有資料，以及銀行不時蒐集有關個別人士的個人資料。已收集的資料可(i)供核對程序(定義見<<個人資料(私隱)條例>>)之用，及(ii)向和本人已有或有打算有交易的任何財務機構(以銀行信用查詢或其他方式)透露，使該財務機構能對本人進行信貸調查。

銀行專用	
Signature witnessed by:	Signature verified/Witnessed by:
Staff's PSID:	Staff's name: _____

客戶簽署 \_\_\_\_\_

日期 \_\_\_\_\_

\* 只適用於沒有香港身份證的人士 # 必須填寫資料

<sup>1</sup> 通訊地址只適用於就其後被發現於本表格錯誤提供資料而發出的通知(如適用)。

TRB\_MPFC\_SCB\_Opt\_Web.3 (3/2022)

致:宏利公積金信託有限公司

## 有關發放宏利環球精選(強積金)計劃成員的強積金資料之指示

### 第I部 - 客戶資料

# 客戶全名	姓:	名:
# 香港身份證 / 護照號碼*		

### 第II部 - 客戶聲明

- 此指示乃通知貴公司本人已委任渣打銀行(香港)有限公司(「銀行」)，就以下目的作為本人之授權代表(「代表」)：
  - 代表本人之名義要求宏利公積金信託有限公司(「受託人」)，就本人所參與的宏利環球精選(強積金)計劃(「計劃」)向本人提供以下相關強積金服務的資料：

強積金帳戶號碼/成員帳戶號碼、基金編號、基金名稱、單位數目、價格、參考日期/參照日期、現有金額(單位數目 x 價格)、港幣等值及供款類別(統稱「資料」)；及

  - 代表本人接收由受託人所提供的有關資料。
- 本人因而謹此指示受託人在合理情況下，竭盡所能地(受以下第四段所約束)持續向本人的代表提供有關資料，本人並確認本人的代表由本人正式委任及授權，作為本人的授權代表以作出任何此等要求或接收受託人的此等資料，而本人的代表並非以本人銀行服務供應商或強積金中介人的身分行事。
- 本人亦要求受託人須每週提供有關資料，銀行作為本人之授權代表而要求更改週期，須得到受託人同意。本人明白並確認銀行只以本人授權代表的身分行事，而有關資料乃屬於本人。
- 以上給受託人的指示(「指示」)將由下方日期起生效，直至受託人不再被要求向本人(或本人的代表)提供有關資料為止，並合理可行地盡快採取行動以停止提供有關資料，惟無論如何不應少於以下任何情況發生後之三十個工作天內：
  - 如本人停止成為計劃的成員；
  - 如本人以書面通知受託人收回此指示；
  - 如受託人獲銀行通知本人已收回對銀行的要求；
  - 如受託人獲銀行通知本人已停止成為銀行的客戶；或
  - 如銀行及受託人認為有任何事情會禁止、限制或延遲受託人向本人(或本人代表)提供有關資料(包括任何適用監管機構直接或間接就部份或全部有關資料所提出的反對)。

5. 本人亦確認並同意受託人無須就按本人指示或任何由本人之代表所作之要求行事，或就向本人之代表根據上述情況提供有關資料而負上任何責任。

6. 受託人可按《有關個人資料(私隱)條例的客戶通知》(「通知」)所述處理所有資料。假如本人未有細閱該通知，本人可透過網址 [www.manulife.com.hk](http://www.manulife.com.hk) 取得該通知。

本人謹此聲明本人明白以上所有資料及由本人作出的決定。所有由本人聲明及包含在此申請表格的資料均屬真確無誤。

銀行專用
Signature witnessed by:
Staff's name: _____

客戶簽署 \_\_\_\_\_ 日期 \_\_\_\_\_

Staff's name: \_\_\_\_\_

\* 只適用於沒有香港身份證的人士

# 必須填寫資料

TRB\_MPFC\_SCB\_Opt\_Web.3 (3/2022)

Cut along solid line. 請沿實線剪下。



Cut along solid line. 請沿實線剪下。



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Cut along solid line. 請沿實線剪下。



Cut along solid line. 請沿實線剪下。



Please fold here and seal with glue. 請沿此線對摺及用膠水封口。

NO POSTAGE  
STAMP  
NECESSARY IF  
POSTED IN  
HONG KONG  
如在本港投寄  
毋須貼上郵票

Fold here. 請沿此線對摺。

POSTAGE  
WILL BE  
PAID BY  
LICENSEE  
郵費由  
持牌人支付

**Business Reply Service  
Licence No. 6639**

Standard Chartered Bank (Hong Kong) Limited  
渣打銀行(香港)有限公司  
Transaction Processing Unit  
P.O. BOX 68383  
Kowloon East Post Office  
Kowloon

Please fold here and seal with glue. Do not use staples. 請沿此線對摺及用膠水封口，切勿用釘書釘。