

Vision Super Saver Registration Form



1 Member's Personal Details

Title	Family Name	Vision Super Membership Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name/s		Date of Birth
<input type="text"/>		<input type="text"/>
Home Address		Contact Phone Number
<input type="text"/>		<input type="text"/>
	State	Postcode
<input type="text"/>		
Postal Address (if different to above)		Mobile Number
<input type="text"/>		<input type="text"/>
	State	Postcode
<input type="text"/>		
Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="text"/>		
Is the employee employed by any other Participating Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Member Number
		<input type="text"/>
Is Certified copy of Birth Certificate supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2 Election to become Vision Super Member pursuant to Part A.16 of the Vision Super Trust Deed

To be signed by employees who have been offered a choice of superannuation fund

I have elected for my employer to contribute on my behalf to Vision Super Saver, subject to any relevant superannuation law.
I acknowledge that a Vision Super Saver Product Disclosure Statement will be provided when my application is accepted by the Trustee.
By signing this document, I elect to become a member of Vision Super and understand that I am bound by the rules of the Trust Deed, as amended from time to time, and any other relevant superannuation law.
The information given above is true and correct to the best of my knowledge and belief.
This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Signature	Date
<input type="text"/>	<input type="text"/>

3 Employer Details

Employer Number	Employer Name	Payroll Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date employment commenced	Annual Salary (for insurance purposes)	<input type="checkbox"/> Casual <input type="checkbox"/> Non Casual
<input type="text"/>	<input type="text"/>	

The information given above is true and correct to the best of my knowledge and belief.
This information is required for the sole purpose of managing and payment of superannuation benefits and entitlements and will be protected in accordance with the provisions of the Privacy Act 1988 and Vision Super privacy policies.

Name of Authorised Officer (please print)	Signature of Authorised Officer	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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4 Tax File Number Notification

To be completed by Employer

Where an employee completes an ATO Employment Declaration Form you must pass on their Tax File Number (TFN) to their superannuation fund, you are required to do so.

Employee's Tax File Number

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Name of Authorised Officer (please print)

Signature of Authorised Officer

Date

5 Additional Information

Federal legislation requires superannuation funds to give members the opportunity to provide Tax File Number (TFNs) to avoid the possibility of paying unnecessary tax. The Trustee is authorised to use members' TFNs for the following purposes:

- to provide to the Australian Tax Office to determine if any Commonwealth Superannuation Contributions Tax (surcharge) is payable and for advising of benefit payments;
- to tax Eligible Termination Payments;
- to find and amalgamate superannuation entitlements (if other information is insufficient)
- to provide to a superannuation fund or Retirement Savings Account provider which the member has transferred monies to, unless the member tells the Trustee in writing that they do not wish their TFN to be passed to the new fund.

Members are not required to provide their TFN, however, by not providing their TFN to the Trustee, they may pay more tax on their superannuation benefits or contributions than would otherwise be necessary.

For more information on tax file numbers, please contact the Australian Tax Office Superannuation Helpline on 13 10 20.