

Defined Benefit Employee Transfer Form

Form 30a

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	<input type="text"/>	
	State	Postcode
	<input type="text"/>	<input type="text"/>

2 New Employment Details

Employer Number	Employer Name	
<input type="text"/>	<input type="text"/>	
Payroll Number	Occupation	Date of commencement
<input type="text"/>	<input type="text"/>	<input type="text"/>
Full-time salary at date of commencement	\$ <input type="text"/>	Service fraction at commencement date
		<input type="text"/> %

Does the salary incorporate packaging arrangements? Yes No

If yes, provide details (or attach separate sheet)

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

Will you be entering into an Additional Benefits Contract with this employee? Yes No

If yes, please attach a completed **Form 29: Additional Benefits Contract**

3 Signature of Authorised Officer

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

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.



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