

**Prior to being able to access your personal details, this form needs to be completed and returned.
After receipt of this form, you will be issued a password by mail.**

1 Member's Personal Details

Member Name	<input type="text"/>	Vision Super Membership Number	<input type="text"/>
Home Address	<input type="text"/>	Date of Birth	<input type="text"/>
	State <input type="text"/>	Contact Phone Number	<input type="text"/>
	Postcode <input type="text"/>	Mobile Number	<input type="text"/>
Email Address	<input type="text"/>		

2 Employment Details

Year commenced membership with Vision Super	<input type="text"/>	Current employer (if applicable)	<input type="text"/>
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3 Signature of Member

Please note that Vision Super's secure site is currently **only compatible with Internet Explorer**, version 4.0 and above. Browsers such as Safari, Firefox and Mozilla will not provide access to our site

Signature of member	<input type="text"/>	Date	<input type="text"/>
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For security reasons you will need to get your signature Certified.

Certification can be by your Payroll Officer, Authorised Superannuation Officer or an employee of Vision Super. Where it is not possible to get one of these people to certify your signature the following people are also authorised to certify your signature: Justice of the Peace, Police Officer, Pharmacist, Accountant, Doctor, Dentist, Bank Manager, Barrister, and Solicitor.

Member's Signature Certified by:

Name _____ Position _____

Address _____

Signature _____ Date _____

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. These policies are available upon request or at our website.



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