

New Employer Application

1 Applicant's Details

Employer's full name ('the Applicant') ACN or ABN

Type of business Registered Company Statutory Body Incorporated Association
 Other, please specify _____

Trading name (if different to above)

Business Type / Activity

Business Street Address Business phone number
State Postcode Business fax number

Business Postal Address (if different to above)
State Postcode

Website Address (if applicable) Email (if applicable)

2 Primary Contact Details





Name Mobile number Business phone number

Position Title Business fax number

Email address No. of employees joining Vision Super Total staff employed

3 Paying Contributions

Please select how you wish to make your contribution payments to Vision Super.

-  Direct Debit
-  Electronic Funds Transfer (EFT)/ Direct Deposit
-  Cheque
-  BPay *

Note: *BPay is best when only contributing for one member



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Form 40

4 Provide Employees Personal Details

Please provide the following information for each employee you will be contributing for. (If it is more than 2 employees please attach a separate listing)

Employee Gross Salary **MUST** be completed for all permanent employees

Employee 1:

Title	Surname	Membership Number (If known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name/s	Date of Birth	
<input type="text"/>	<input type="text"/>	
Home Address	Employee Gross Salary	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	State	Postcode
Tax File Number	<input type="checkbox"/> Casual <input type="checkbox"/> Permanent (part-time or full time)	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee 2:

Title	Surname	Membership Number (If known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name/s	Date of Birth	
<input type="text"/>	<input type="text"/>	
Home Address	Employee Gross Salary	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	State	Postcode
Tax File Number	<input type="checkbox"/> Casual <input type="checkbox"/> Permanent (part-time or full time)	
<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Vision Super Online

Vision Super Online lets you send your employee contribution details directly using a secure Internet Link.

- Yes, I want to use Vision Super Online (**Download Form 50a and send completed form with this application**).
- No, I don't want to use Vision Super Online.

6 Declaration by Applicant (to be completed by CEO or equivalent)

I the undersigned, being a duly authorised representative of the Applicant, declare that: (1) the Applicant is an incorporated body, as detailed above; (2) the Applicant understands and has acknowledged that the Local Authorities Superannuation Fund ('the Fund'); is governed by a Trust Deed executed on 26 June 1998 ('the Trust Deed') and that Vision Super Pty Ltd (ACN 082 924 561) of Level 5, 1 Spring Street, Melbourne Victoria is the sole Trustee of the Fund; (3) the Applicant wishes to become an 'Employer' (as defined in the Trust Deed) effective on and from Participation Date; (4) the Applicant acknowledges that the Fund is a Regulated Superannuation Fund as defined in the Superannuation Industry (Supervision) Act 1993, and is a complying superannuation fund for the purposes of the Superannuation Guarantee (Administration) Act 1992; (5) the Applicant agrees to make superannuation contributions to the Fund in respect of such of its employees as it may from time to time determine; (6) the Applicant acknowledges that after giving the Trustee written notice, the Applicant may prospectively cease contributions to the Fund at any time; (7) the Applicant covenants that it will comply with all of the provisions of the Trust Deed including policies, rules and determinations made by the Trustee in accordance with the Trust Deed; (8) the Applicant agrees to remit employer contributions at least quarterly for 31 March, 30 June, 30 September and 31 December by the 28th day of the next month (i.e. payment must be received by Vision Super by 28 April, 28 July, 28 October and 28 January, etc.) and member contributions within 28 days if deduction from the member's salary; (9) the Applicant has read and understood the relevant Product Disclosure Statement.

Signature of Authorised Officer

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.

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