

1. Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Address:

email address:

Contact phone number: Mobile number

2. Please invest my account as follows

Please indicate below how you would like your account balance invested. You may choose one or a combination of investment options. If your total does not equal 100% the form will be returned to you for correction.

INVESTMENT OPTIONS	PERCENTAGE ALLOCATION
Vision Premixed options	
Conservative	%
Balanced	%
Sustainable Balanced	%
Balanced Growth	%
Growth	%
Just Shares	%
Vision Single Sector options	
Cash	%
Diversified Bonds	%
Australian Equities	%
International Equities	%
TOTAL 100%	

If your total does not equal 100% the form will be returned to you for correction and your existing investment choice will continue to apply.

3. Acknowledgement

I declare that I have read and considered the relevant Vision Super information booklet/Product Disclosure Statement. I understand that Vision Super will endeavour to put this change into effect within three business days. I also understand that this election will:

1. Remain in force until a new election is made;
2. Only take effect if received in our office by 5:00pm on a normal business day;
3. Apply only to the account/s specified above.

Signature Date



Please forward this completed form to: PO Box 18041, Collins Street East, VIC 8003

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the
Trustee of the Local Authorities Superannuation Fund
ABN 24 496 637 884

Member Services team 1300 300 820

www.visionsuper.com.au