

Lump sum member contribution form

1. Personal details

Member number:

Title:

 Mr
 Ms
 Mrs
 Miss
 Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:

 State Postcode

Contact email address:

Contact phone number:

 Mobile no.
2. Payment method Cheque (please make cheques payable to Vision Super) Electronic funds transfer ____/____/____ date of EFT Reference: _____

Lump sum contribution amount \$ _____

3. Plan type Vision Super Saver Vision Personal Plan ASU Plan**4. Declaration by member** (must be completed)

I declare that I have paid the contribution shown above as a personal contribution to be credited to my Vision Super account specified above, and that:

 I am under 65 years of age I am over 65 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

IMPORTANT NOTE: Under current legislative requirements, any member over the age of 65 who makes a personal contribution into superannuation needs to have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made.

5. Claiming a tax deduction

If you wish to claim a tax deduction for all or part of the contribution you must complete an ATO "Notice of intent to claim or vary a deduction for personal super contributions" form and return it to us.

For a copy of the form, please call us on **1300 300 820** or you can download from the ATO website (select form 16)

The amount I will be claiming as a tax deduction from this contribution is \$ _____

6. Signature

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

Contact Centre team 1300 300 820

www.visionsuper.com.au