

## 1. Personal details

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Member number:

Title:  Mr  Mrs  Miss  Ms  Other

Surname:

Given name/s:

Date of birth:  Male  Female

Home address:

Suburb:  State  Postcode

Postal address (if different to above):

Suburb:  State  Postcode

Email address:

Contact phone number:  Mobile number

Is certified copy of birth certificate supplied?  Yes  No

## 2. Member's contribution rate

Percentage of salary: (please tick appropriate box)

0%  1%  2%  3%  4%  5%  % if greater than 5%

Is the percentage: (please tick appropriate box)  Pre-tax salary  Post-tax salary

Signature:  Date:

## 3. Employment details (this section must be completed)

Employment start date:  Date the member commenced employment with your company.

Plan start date:  If no 'choice of fund' has been elected by the staff member then the plan start date required is the same as the employee's employment date. If an existing staff member (non Vision Super member) wishes to join Vision Super at a later date, the plan start date will be different from the original employment start date.

At work statement:  Yes  No The 'at work' statement is confirmation from you, the employer, confirming that this member was 'at work' the day they commenced their employment with you. If this was the case, you are required to tick the 'Yes' box. If the member was not 'at work' you should tick the 'No' box.

Employer number:  Employer name:  Payroll number:

Occupation:   Casual  Non casual

Annual salary:  Salary is a mandatory field. It is required for insurance and income protection purposes. Please ensure it is as accurate as possible.

The information given above is true and correct to the best of my knowledge and belief. 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.

Name of authorised officer:  Signature of authorised officer:  Date:

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R E G

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

Phone 03 9911 3222

Regionals 1300 300 820

Fax 03 9911 3299

www.visionsuper.com.au

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

July 2015

**4. Tax file number notification** (to be completed by employer)

Where an employee completes an ATO employment declaration form you must pass on their tax file number (TFN) to their superannuation fund, you are required to do so.

Employee's tax file number:

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Name of authorised officer

Signature of authorised officer

Date

**5. Additional information**

Federal legislation requires superannuation funds to give members the opportunity to provide tax file number (TFNs) to avoid the possibility of paying unnecessary tax. The Trustee is authorised to use members' TFNs for the following purposes:

- To provide to the ATO to determine if any Commonwealth Superannuation Contributions Tax (surcharge) is payable and for advising of benefit payments
- To tax eligible termination payments
- To find and amalgamate superannuation entitlements (if other information is insufficient)
- To provide to a superannuation fund or Retirement Savings Account provider which the member has transferred monies to, unless the member tells the Trustee in writing that they do not wish their TFN to be passed to the new fund.

Members are not required to provide their TFN, however, by not providing their TFN to the Trustee, they may pay more tax on their superannuation benefits or contributions than would otherwise be necessary. For more information on tax file numbers, please contact the ATO superannuation helpline on 13 10 20.