

**1. Personal details**

Member number:

Title:  Mr  Mrs  Miss  Ms  Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:  State:  Postcode:

Contact phone number:  Mobile No.

**2. Pension type** (please select appropriate product)

Term Allocated Pension  Non-commutable Term Allocated Pension  Growth Pension

Allocated Pension  Non-commutable Allocated Pension

**3. Payment frequency** (please choose one option only)

How often would you like to receive your pension payments:

Twice-monthly  Monthly  Bi-monthly  Quarterly  Four-monthly  Half yearly  Annually

If annually, please choose:  28 June, or  
Preferred month (please specify) \_\_\_\_\_

**4. Payment level** (please choose one option only)

Please indicate your preferred payment level:

Minimum

Maximum (capped at 10% for Non-commutable Allocated Pension accounts)

Specified amount \$ \_\_\_\_\_ per nominated frequency

**5. Declaration by member**

- I authorise for the payment level I have specified above to be deposited to my bank account on the frequency I have elected;
- I understand that my payment level is subject to the minimum draw down requirement under superannuation law.

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.



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