

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

 Electronic funds transfer ____/____/____ date of EFT Reference: _____

 Cheque (please make cheques payable to Vision Super)

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 75 years of age

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:

www.ato.gov.au/Forms/Notice-of-intent-to-claim-or-vary-a-deduction-for-personal-super-contributions

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

IMPORTANT NOTICE: Under current legislative requirements, any member over the age of 67 who claims a tax deduction for 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 or be eligible for the Work Test Exemption[#]. You will need to confirm your eligibility to claim a tax deduction with the ATO. More information can be found on the ATO website:

www.ato.gov.au/Forms/Notice-of-intent-to-claim-or-vary-a-deduction-for-personal-super-contributions

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Please forward this completed form to:	
memberservices@visionsuper.com.au 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

6. Signature

Signature:

Date:

#Work Test Exemption Conditions:

You have not been gainfully employed on either a full-time or part-time basis during this financial year in which the contributions are made (that is, you do not meet the conditions of the Work Test in the contribution year).

You have been gainfully employed on at least a part-time basis during the previous financial year (that is, you met the conditions of the work test in the previous financial year).

You had a 'total superannuation balance' below \$300,000 on 30 June of the previous financial year including balances in other accounts held by other Superannuation funds.

You have not relied on the work test exemption in previous financial years.

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