

## To be completed by member

## 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. Plan type

Vision Super Saver  Vision Personal Plan

## 3. Employment declaration (to be completed by member only)

I declare that the following statement (please tick one option) is true as at the date of signing.

I am under 67 years of age

OR

I am over 67 and under 75 years of age. I have worked at least 40 hours over 30 consecutive days during this financial year

OR

I am over 67 and under 75 years of age. I have NOT worked at least 40 hours over 30 consecutive days during this financial year. I confirm that I meet the Work Test Exemption Conditions\* and wish to utilise it for this financial year

**IMPORTANT NOTICE:** Under current legislative requirements, any member over the age of 67 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 or be eligible for the Work Test Exemption.

## 4. Debit frequency

Please select a **single one-off payment** or **regular payment** option

One-off payment Amount \$  Date of debit \_\_\_/\_\_\_/\_\_\_

Please ensure amount is available in your account on the date of debit. This form must be received at least three days before debit date.

OR

Regular payments Regular debit amount \$  Date of first debit \_\_\_/\_\_\_/\_\_\_

Weekly  Fortnightly  Monthly Date of last debit \_\_\_/\_\_\_/\_\_\_

Please ensure amount is available in your account on the date of debit. This form must be received at least three days before first debit date.

## 5. Contribution details

Please select contribution type:

Member contribution (after-tax)  Eligible spouse contribution  Member deductible\*

\*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](http://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 \$

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 1300 300 820 <a href="http://www.visionsuper.com.au">www.visionsuper.com.au</a>

## 6. Request and authority to debit the account named below to pay Vision Super Pty Ltd

### To be completed by member

Surname:  Given names:

### To be completed by employer

Employer number  Company/Organisation name  ABN/ARBN

Signature of authorised representative

I request and authorise Vision Super Debit User Identification Number **199147** to arrange through its own financial institution, for any amount Vision Super may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement.

## 7. Financial institution at which account is held

Financial institution name:

## 8. Account to be debited

Name of account:

BSB number:  Account number:

## 9. Acknowledgement and declaration

By signing this Direct debit request, you acknowledge having read and understood the terms and conditions accompanying this form governing the debit arrangement between you and Vision Super, set out in this Request and in your Direct debit request service agreement. I authorise Vision Super to set/vary the amounts and/or times of regular contributions, as specified above, in accordance with the Direct debit request. I understand that any regular contribution details currently in force will continue until this variation takes effect and that these details will remain in force until the end date specified above, this advice is superseded, or contributions are suspended due to a dishonour by the bank. I understand that in the event of a transaction being dishonoured by the bank, Vision Super may charge me for any fee imposed by the Bank before resuming contributions.

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.

## 10. 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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Trustee of the Local Authorities Superannuation Fund  
ABN 24 496 637 884

Contact Centre 1300 300 820

[www.visionsuper.com.au](http://www.visionsuper.com.au)

## Direct debit request service agreement

### DEFINITIONS – Please retain this section for your records

**Account** – means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

**Agreement** – means this Direct Debit Request Service Agreement between you and us.

**Banking day** – means a day other than a Saturday or Sunday or a public holiday listed throughout Australia.

**Debit day** – means the day that payment by you to us is due.

**Debit payment** – means a particular transaction where a debit is made.

**Direct Debit Request** – means the Direct Debit Request between us and you (and includes any Form PD-C approved for use in the transitional period).

**Us or We** – means Vision Super Pty Ltd, (the Debit User) you have authorised by signing a direct debit request.

**You** – means the customer who signed the direct debit request.

**Your financial institution** – Is the financial institution where you hold the account that you have authorised us to arrange to debit.

### 1. Debiting your account –

1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.

1.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

### 2. Changes by us –

2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days' written notice.

### 3. Changes by you –

3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting us on 1300 300 820.

3.2 If you wish to stop or defer a debit payment you must notify us in writing at least five (5) business days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your authority for us to debit your account at any time giving us five (5) business days' notice in writing before the next debit day. This notice should be given to us in the first instance.

### 4. Your obligations –

4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.

4.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee/or interest by your financial institution;
- (b) you may also incur fees or charges imposed or incurred by us; and (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

4.3 You should check your account statement to verify that the amounts debited from your account are correct.

4.4 If Vision Super Pty Ltd is liable to pay goods and services (GST) on a supply made in connection with this agreement, then you agree to pay Vision Super Pty Ltd on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

### 5. Dispute –

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on 1300 300 820 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.

5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

### 6. Accounts –

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

### 7. Confidentiality –

7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

7.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purpose of this agreement (including disclosing information in connection with any query or claim).

### 8. Notice –

8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Vision Super,  
PO Box 18041  
Collins Street East  
VIC 8003.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

8.3 Any notice will be deemed to have been received on the third banking day after posting.