

1. Spouse's personal details (to be completed by partner receiving the contribution)

Member number: Title: Mr Mrs Miss Ms OtherSurname: Given name/s: Date of birth: Address: Suburb: State Postcode Contact email address: Contact phone number: Mobile No.

Is the receiving spouse a Vision Super member?

 Yes If YES, please provide membership number: No If NO, to accept this contribution the spouse will need to join the Vision Super Personal Plan. Please download a copy of the Personal Plan Product Disclosure Statement (PDS) from www.visionsuper.com.au or call our Member Services team to have a PDS mailed out. The PDS contains important information you should consider prior to making a decision about the product and includes the relevant application forms.**To accept this contribution, please sign the following declaration.**

I declare that: (1) I am married and living together with the contributing spouse or are currently living in a de facto relationship (including same sex partners) (2) I am a resident Australian Taxpayer (3) I am under age 67, or aged between 67 & 74 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial period (Work Test) in which my contribution is being made (4) I have not satisfied the Work Test and wish to utilise my Work Test Exemption[†] for this financial year (5) I understand that the contribution will be invested according to my current investment option.

Signature: Date:

2. Contributor details (to be completed by partner making contributions)

Title: Family name: Given name/s: Date of birth: Home Address: Suburb: State Postcode Contact phone number: Mobile No. **To accept this contribution, please sign the following declaration.**

I declare that: (1) I am married and living together with the contributing spouse or are currently living in a de facto relationship (including same sex partners) (2) I am a resident Australian taxpayer.

Signature: Date:

3. Contribution details

Payment method: BPAY Cheque Electronic Funds Transfer (EFT) Date of EFT: Amount of contribution:

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, 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

www.visionsuper.com.au

#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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