

Superannuation salary adjustment form



1. Employer details

Employer name:

Employer number:

2. The following employees have had a change in their annual salary (fulltime rate) as follows

Name	Membership number	Increase (I) or Decrease (D)	Commencement date of salary change	Annual salary of fulltime rate for employee's classification	Reason(s) for change in salary This section must be completed.

Name of authorised officer (please print)

Signature of authorised officer

Date

Office use ONLY

Entered

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

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