

# Additional Benefits Contract form

For use for LASF Defined Benefit and City of Melbourne Defined Benefit plan members



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## 1. Member's personal details

Member number:

Title:  Mr  Mrs  Miss  Ms  Other

Surname:

Given name/s:

Date of birth:  Male  Female

Home address:

Suburb:  State:  Postcode:

Employer name:

Employer number:  Payroll number:

## 2. Application for a new Additional Benefits Contract (ABC)

Percentage of salary to be paid by member (post-tax)\*:  %

Percentage of salary to be paid by member (pre-tax)\*:  %

Percentage of salary to be paid by employer:  %

Total percentage\*:  %

Date contract to operate from:

\*Please do not include Defined Benefit Plan member and employer contribution percentages

## 3. Application to alter existing Additional Benefits Contract (ABC)

	Old arrangement	New arrangement
Percentage of salary to be paid by member (post-tax)*:	<input type="text"/> %	<input type="text"/> %
Percentage of salary to be paid by member (pre-tax)*:	<input type="text"/> %	<input type="text"/> %
Percentage of salary to be paid by employer*:	<input type="text"/> %	<input type="text"/> %
Total percentage*:	<input type="text"/> %	<input type="text"/> %
Date contract to operate from:	<input type="text"/>	<input type="text"/>

\*Please do not include Defined Benefit Plan member and employer contribution percentages

## 4. Signature of authorised officer

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.

Name of authorised officer:

Signature of authorised officer: Date:



A B C

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