

1. Personal details

Member number:

Title:

 Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

2. Regular before tax (salary sacrifice) payroll contributions

 Contributions to commence at a rate of: \$_____ per pay period

 Contributions to commence at a rate of: _____% of my salary per pay period

I also authorise the following:

 I elect to salary sacrifice: _____% of any bonus received prior to _____ (insert date).

3. Regular after tax payroll contributions

Depending on your income, if you make after-tax contributions to your super you may qualify for a Government Co-contribution. For more information contact Member Services on 1300 300 820, or visit our website www.visionsuper.com.au

From the next pay period I authorise from my after tax pay (please complete ONE option only).

 Contributions to commence at a rate of: \$_____ per pay period

 Contributions to commence at a rate of: _____% of my salary per pay period

4. Discontinuation of payroll deduction agreement

 Contributions are to be discontinued from the next pay period.

5. Member declaration

- I declare the information provided is complete and correct
- I understand my contributions must be preserved
- I authorise my employer to deduct the contributions indicated on this form from my pay
- I understand that only future contributions can be salary sacrificed
- I understand any salary sacrifice contribution will be subject to 15% contributions tax
- I understand that I will be bound by provisions of the Trust Deed as amended from time to time.

Signature of member

Date

Important note to Employer: this form to be retained by employer

- Ensure that any salary sacrificing does not breach relevant award and industrial agreement conditions. This is relevant where the cash wage or salary is reduced below the levels stated in any agreement
- Annual leave and long service leave already accrued cannot be salary sacrificed, however, an employee can (subject to the employer's internal rules) prospectively elect to salary sacrifice future accruals.

Employer

Employee number

Signature of employer

Date

Please forward this completed form to:

memberservices@visionsuper.com.au | PO Box 18041, Collins Street East, VIC 3003

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