

# Application for access to Vision Super's Employer Online



Prior to being able to access Employer Online, this form needs to be completed and returned.  
After receipt of this form, the authorised officer will be issued with a password by mail.

## 1. Application for access to Employer Online

Employer name:

Employer number:

## 2. Details of authorised user

Title:  Mr  Mrs  Miss  Ms  Other

Surname:

Given name/s:

Business title:

Contact email address:

Contact phone number:  Mobile number:

**I acknowledge that Vision Super is committed to the responsible management of its members information and I agree to abide by the Vision Super privacy policies available at [www.visionsuper.com.au](http://www.visionsuper.com.au)**

Signature of authorised user Date

## 3. User authorisation

Name of authorising officer (please print)

Signature of authorising officer Date



W E B

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Employer Hotline 1300 304 947

Fax 03 9911 3299

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