

1. Application details

Employer's full name ('the applicant'):

ABN or ACN:

Type of business: Registered company Statutory body Incorporated Association Other _____

Trading name:

Business type/activity:

Business street address:

Suburb: State: Postcode:

Business postal address:

Suburb: State: Postcode:

Business phone number: Business fax number:

Website address:

Email address:

2. Primary contact details

Name:

Position title:

Business phone number: Mobile number:

Email address:

Number of employees joining Vision Super: Total staff employed:

3. Paying contributions

Please select how you wish to make your contribution payments to Vision Super:

Direct debit BPAY EFT (Electronic funds transfer)

4. Provide employee personal details

Please provide the following information for each employee you will be contributing for. (If it is more than two employees please attach a separate listing).

EMPLOYEE GROSS SALARY MUST BE COMPLETED FOR ALL PERMANENT EMPLOYEES**Employee 1:**

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth: Employee gross salary:

Home address:

Suburb: State: Postcode:

Tax file number: Casual Permanent (part-time or fulltime)



Employee 2:

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth: Employee gross salary:

Home address:

Suburb: State: Postcode:

Tax file number: Casual Permanent (parttime or fulltime)

5. Declaration by Applicant (to be completed by CEO or equivalent)

I the undersigned, being a duly authorised representative of the Applicant, declare that: **(1)** the Applicant is an incorporated body, as detailed above; **(2)** the Applicant understands and has acknowledged that the Local Authorities Superannuation Fund ('the Fund'); is governed by a Trust Deed executed on 26 June 1998 ('the Trust Deed') and that Vision Super Pty Ltd (ACN 082 924 561) of Level 15, 360 Collins Street, Melbourne Victoria is the sole Trustee of the Fund; **(3)** the Applicant wishes to become an 'Employer' (as defined in the Trust Deed) effective on and from Participation Date; **(4)** the Applicant acknowledges that the Fund is a Regulated Superannuation Fund as defined in the Superannuation Industry (Supervision) Act 1993, and is a complying superannuation fund for the purposes of the Superannuation Guarantee (Administration) Act 1992; **(5)** the Applicant agrees to make superannuation contributions to the Fund in respect of such of its employees as it may from time to time determine; **(6)** the Applicant acknowledges that after giving the Trustee written notice, the Applicant may prospectively cease contributions to the Fund at any time; **(7)** the Applicant covenants that it will comply with all of the provisions of the Trust Deed including policies, rules and determinations made by the Trustee in accordance with the Trust Deed; **(8)** the Applicant agrees to remit employer contributions at least quarterly for 31 March, 30 June, 30 September and 31 December by the 28th day of the next month (ie payment must be received by Vision Super by 28 April, 28 July, 28 October and 28 January, etc) and member contributions within 28 days if deduction from the member's salary; **(9)** the Applicant has read and understood the relevant Product Disclosure Statement.

Signature of authorised officer: 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.