

1. Member's personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Home address:

Suburb: State: Postcode:

2. New employment details

Employer number: Employer name:

Payroll number: Occupation:

Date of commencement:

Employment status: Permanent full-time Permanent part-time Temporary (duration) _____
 Casual Fixed term contract Other (please specify) _____

Full time salary at date of commencement: \$ Service fraction at commencement date:

Does the salary incorporate packaging arrangements? Yes No

If yes, provide details
(or attach separate sheet)

Mandatory member 6% defined benefit contributions: Post-tax Pre-tax

Will you be entering into an Additional benefits contract with this employee? Yes No

If yes, please attach a completed **Form 29: Additional benefits contract form**

3. Signature of authorised officer

Name of authorised officer (please print)	Signature of authorised officer	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.



T R N

Please forward this completed form to: 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 1300 300 820

www.visionsuper.com.au