

1. Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

Contact phone number: Mobile No.

2. Pension type (please select appropriate product)

Vision Super Account Based pension Vision Super Non-commutable Account Based pension Growth pension

Term Allocated pension Non-commutable Term Allocated pension Three Bucket pension

3. Payment frequency (please choose one option only)

How often would you like to receive your pension payments:

Twice-monthly Monthly Bi-monthly Quarterly Four-monthly Half yearly Annually

If annually, please choose: 28 June, or Preferred month (please specify) _____

4. Payment level (please choose one option only)

Please indicate your preferred payment level:

Minimum

Maximum (capped at 10% for Vision Super Non-commutable Account Based pension accounts)

Specified amount \$ _____ per nominated frequency

Note: Vision Super Three Bucket members are only permitted to change income payments once a year during a 6 week period following the 30 June annual review.

5. Declaration by member

- I authorise for the payment level I have specified above to be deposited to my bank account on the frequency I have elected;
- I understand that my payment level is subject to the minimum draw down requirement under superannuation law.

Signature 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. Please read our Personal Information Collection Statement at visionsuper.com.au/privacy



M M L

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
--	---