

Additional Benefits Contract form

For use for LASF Defined Benefit and City of Melbourne Defined Benefit plan members

1. Member's personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth: Male Female

Home address:

Suburb: State: Postcode:

Employer name:

Employer number: Payroll number:

2. Application for a new Additional Benefits Contract (ABC)

Percentage of salary to be paid by member (after tax)*: %

Percentage of salary to be paid by member (before tax)*: %

Percentage of salary to be paid by employer: %

Total percentage*: %

Date contract to operate from:

*Please do not include Defined Benefit Plan member and employer contribution percentages

3. Application to alter existing Additional Benefits Contract (ABC)

	Old arrangement	New arrangement
Percentage of salary to be paid by member (after tax)*:	<input type="text"/> %	<input type="text"/> %
Percentage of salary to be paid by member (before tax)*:	<input type="text"/> %	<input type="text"/> %
Percentage of salary to be paid by employer*:	<input type="text"/> %	<input type="text"/> %
Total percentage*:	<input type="text"/> %	<input type="text"/> %
Date contract to operate from:	<input type="text"/>	<input type="text"/>

*Please do not include Defined Benefit Plan member and employer contribution percentages

4. Signature of authorised officer

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.

Name of authorised officer

Signature of authorised officer

Date



B C

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

Phone 03 9911 3222

Regionals 1300 300 820

Fax 03 9911 3299

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