

## Service fraction alteration



## 1. Employer details

Employer name:

Employer number:

## 2. The following employees have had a change in their service fraction as follows:

Membership number	Surname	Given name(s)	Old service fraction	New service fraction	Effective date

Name of authorised officer (please print)

Signature of authorised officer

Date

## Office use ONLY

Entered

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 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

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

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