

**1. Your former spouse's details**

Member number:

Title:

 Mr
  Mrs
  Miss
  Ms
  Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:

 State:  Postcode: 
**2. Your details**

Title:

 Mr
  Mrs
  Miss
  Ms
  Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:

 State:  Postcode: 

email address:

Contact phone number:

 Mobile number: 

Are you currently a member of Vision Super?

 Yes  No 

If yes, please provide your membership number

**3. Signature**

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 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