

## 1. Personal details

Member number:

Title:  Ms  Mrs  Miss  Mr  Mx  Other

Surname:

Given name/s:

Date of birth:

Address:

Email address:

Contact phone number:  Mobile number

## 2. Please invest my account as follows

**Please indicate below how you would like your account balance invested. You may choose one or a combination of investment options. If your total does not equal 100% the form will be returned to you for correction.**

INVESTMENT OPTIONS	PERCENTAGE ALLOCATION
<b>Vision Super premixed options</b>	
Conservative	%
Balanced	%
Balanced low cost	%
Balanced growth	%
Growth	%
Just shares	%
<b>Vision Super single sector options</b>	
Cash	%
Diversified bonds	%
Australian equities	%
International equities	%
Innovation and disruption	%
<b>TOTAL 100%</b>	

**Please note:** Investing in one or only a few asset classes, particularly those with higher risk, means the chance of a negative return is higher in the shorter-term, even though the chance of a higher return in the long-term may be greater. More information about how we invest your money (including information on all investment options) is set out in our Product Disclosure Statements. You should read the important investment information before making a decision.

## 3. Acknowledgement

I declare that I have read and considered the relevant Vision Super information booklet/Product Disclosure Statement. I understand that Vision Super will endeavour to put this change into effect within three business days. I also understand that this election will:

1. Remain in force until a new election is made;
2. Only take effect if received in our office by 5:00pm on a normal business day;
3. Apply only to the account/s specified above;
4. I am responsible for any investment choices I make as the Trustee does not review my investment choices to determine whether there are appropriate;
5. I have read and understand Vision Super's privacy policy at [www.visionsuper.com.au/privacy](http://www.visionsuper.com.au/privacy)

Signature  Date



M I C

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

Contact Centre: 1300 300 820 | [memberservices@visionsuper.com.au](mailto:memberservices@visionsuper.com.au) | [www.visionsuper.com.au](http://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