

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. Provide your Tax File Number (TFN)

I agree to provide my Tax File Number to the Trustee of the Fund and I acknowledge that, once provided, my Tax File Number may be passed to the Commissioner of Taxation or the trustee of another superannuation fund, or to a Retirement Savings Account provider to which my benefits have been transferred. I understand the purposes for which my Tax File Number may be used and that those purposes may change due to future legislation.

My Tax File Number is:

4. 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.



F I O

Please forward this completed form to:

memberservices@visionsuper.com.au | 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 team 1300 300 820

www.visionsuper.com.au