

Tick when completed	Documents to be read or completed
	1 Vision Personal application form – (mandatory) to become a member of the Vision Personal
	2 Choice of Superannuation Fund Standard Choice Form – for employees who are able to choose their own superannuation fund
	3 Important information about transferring your super
	4 Request to transfer or rollover superannuation benefits into Vision Super – if you wish to transfer your other superannuation accounts into your Vision Personal
	5 Insurance Application Form – if you wish to apply for insurance
	6 Beneficiary Nomination Form – if you wish to make a beneficiary nomination
	7 Investment Choice Form – you must complete this form with your investment choice

Certification of complying fund status

To whom it may concern:

This is to certify that,

- > The Local Authorities Superannuation Fund (also known as Vision Super), is a complying superannuation fund (Registration Number R1000603) within the meaning of the *Superannuation Industry (Supervision) Act 1993* ('SIS Act').
- > The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- > The Fund is a resident regulated superannuation fund within the meaning of the *SIS Act* and has never received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA).
- > The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the *Superannuation Industry (Supervision) Regulations 1994*.
- > The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the *SIS Act*.

Noelle Kelleher

Company Secretary

For and on behalf of Vision Super Pty Ltd

Dated 1 October 2024

Here to help

Telephone 1300 300 820 (8:30am to 6:00pm)

Monday – Friday (not including Victorian public holidays)

Email memberservices@visionsuper.com.au

Visit visionsuper.com.au

Write PO Box 18041, Collins Street East, VIC 8003

ABN 50 082 924 561 AFSL 225054

RSE L0000239 USI 24496637884020

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Vision Personal application form



Page 1 of 1

1. Personal details

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Home address:

Suburb: State: Postcode:

Email address:

Contact phone number: Mobile number:

2. Provide your Tax File Number (TFN)

I declare I have read and understood the information provided regarding Tax File Numbers as contained in the Vision Personal Product Disclosure Statement. 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:

Signature: Date:

3. Do you identify as an Aboriginal and/or Torres Strait Islander? (optional)

☐ Yes ☐ No ☐ Prefer not to say

We're asking this question because we know there is a gap in superannuation outcomes for Aboriginal and Torres Strait Islander Australians, and that Aboriginal and Torres Strait Islander Australians face barriers in accessing their super. You don't have to answer, but if you choose to do so, your answer can help our staff to consider any cultural and language needs you may have.

4. Member declaration

- I wish to apply to become a member of the Vision Personal
- I received, or have obtained the current Vision Personal Product Disclosure Statement (PDS) with this application form, personally, either in printed or electronic form
- I have read and understand the terms and conditions set out in the PDS and as such I am making an informed decision to join Vision Personal
- I have accessed (or understand I can access) further information (guides) about Vision Personal from the Vision Super website
- I am eligible to make superannuation contributions or have them made on my behalf
- I have read and understand Vision Super's privacy policy at visionsuper.com.au/privacy
- I understand that the investments of the Fund and any rate of return are not guaranteed
- I understand Vision Personal does not provide automatic insurance cover and that insurance cover is only available on application to the insurer
- I understand and accept that my benefits and interest in the Fund shall be administered by the Trustee in accordance with the Trust Deed as amended from time to time
- I understand that by joining Vision Personal, I am doing so on the basis that my account balance (including contributions) will be invested in the Balanced low cost investment option until I make an investment choice. I understand that I can make an investment choice via the secure member's area of visionsuper.com.au or by completing and lodging an Investment Choice form.
- The information given above is true and correct to the best of my knowledge and belief.

Signature: Date:



P R A

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

Contact Centre: 1300 300 820 memberservices@visionsuper.com.au 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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Super choice fund nomination form for Vision Personal members



Page 1 of 2

As a Vision Personal member, if you'd like your employer to pay future Super Guarantee (SG) contributions into Vision Super on your behalf, please complete this form and hand it to your employer. Alternatively you can complete a Standard choice of fund form, which your employer can provide you, using the details provided below to complete Section B of that form. Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit the Australian Taxation Office website at www.ato.gov.au for more information.

1. Chosen fund details

Fund name:	Local Authorities Superannuation Fund (Vision Super)
Member number:	
Member name:	
Fund ABN: (Australian Business Number)	24 496 637 884
USI: (Unique Superannuation Number)	24496637884003
Account name:	Vision Personal

2. Authorisation

I request that all future employer SG contributions are to be made to my chosen fund specified in section 1 of this form.

Employee name:	
Employee payroll number: (if applicable)	

You must sign and date this form and give it to your employer for their records.

Signature:	
Date:	

Note to employers:

If an employee does not choose their own super fund, and the ATO has advised the employee does not have a stapled super fund (for new employees from 1 November 2021), you can meet your SG obligations by paying super guarantee contributions on their behalf to the fund you have nominated above or another fund that meets the choice requirements. The required letter of compliance and ways you can contribute into Vision Super are located on the next page.

Please give this form to your **employer** – please **do not** send this form to Vision Super.
If you or your employer have any questions please contact Vision Super on 1300 300 820.

Employer use only

Date accepted

Date processed

Super choice fund nomination form for Vision Personal members



Letter of compliance

To whom it may concern:

This is to certify that,

- > The Local Authorities Superannuation Fund (also known as Vision Super), is a complying superannuation fund (Registration Number R1000603) within the meaning of the *Superannuation Industry (Supervision) Act 1993* ('SIS Act').
- > The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- > The Fund is a resident regulated superannuation fund within the meaning of the *SIS Act* and has never received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA).
- > The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the Superannuation Industry (Supervision) Regulations 1994.
- > The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the *SIS Act*.

Yours sincerely,

Noelle Kelleher
Company Secretary
Vision Super Pty Ltd
Dated 11 May 2022

Notes for employers

Acting on your employees' choice

Payment of contributions

New employees from 1 November 2021:

If you haven't received a completed form from a new employee and a super contribution is due, to avoid penalties you must request the employee's stapled super fund from the ATO and make the payment to that fund by the due date.

- > If the ATO advises the employee does not have a stapled super fund, you can make the payment to your nominated default super fund or another fund that meets the choice of fund rules.
- > In the two months after you receive a new employee's completed form, super contributions should be made to the employee's chosen fund or their stapled super fund. You can only make contributions to your nominated fund if the ATO advises there is no stapled super fund.

Once an eligible employee chooses a super fund, you have up to two months to arrange payment into that fund.

Notes for employers continued

Record keeping

You must keep records, of your employee's choice of super fund and receipts or other documents issued by the fund detailing your contributions. Records must be kept for 5 years.

You also need to keep proof that the fund you are contributing to is a complying super fund. The required letter of compliance for Vision Super is included on this form.

Making contributions to Vision Super

Vision Super provides a number of options to suit your business needs. If you have any questions please contact our Employer hotline on **1300 304 947**.

Vision Super Employer Online	BPAY®	Clearing house
Employer Online is a payment and administration system for employers wishing to contribute to Vision Super. Employer online makes contribution payments quick and hassle free. Use the Employer Online site to: <ul style="list-style-type: none">> Remit contribution files> Update employees' details> Register new staff> Generate contribution reconciliation and member reports> Access employer super information and updates> Audit facility for third party verification of payments> Pay non-Vision Super contributions through the clearing house facility*.	To make contributions by BPAY®, select the bill payment option through your financial institution and provide the following information: Bill code: 16618 Customer reference number that you can get by calling 1300 304 947 The amount of contributions you are making.**	You may use any other SuperStream compliant clearing house to make superannuation contributions to the Vision Super Fund.

*The Vision Super clearing house service is offered in conjunction with the Westpac Banking Corporation's ABN 33 007 457 141, AFS Licence Number: 233714 ('Westpac') PayDeduct platform and is designed to assist participating employers meet their obligations under the superannuation choice framework. Westpac is Vision Super's chosen payment partner. For more information on the Westpac PayDeduct platform please read the Westpac PayDeduct Product Disclosure Statement (PDS).

** Contributions via BPAY® must be accompanied by the electronic transmission of required member data to VisionSuper, using a SuperStream compliant payroll system or messaging portal.

1. THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- > Closure of account – This transfer may close your account (you will need to check this with your FROM fund).
- > Fees – your FROM fund must give you information about any exit and withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees funds charge have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- > Death and disability benefits – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

2. THIS FORM CAN NOT BE USED TO:

- > Transfer benefits if you don't know where your superannuation is
- > Transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- > Change the fund to which your employer pays contributions on your behalf. The Standard Choice Form must be used
- > Open a superannuation account, or
- > Transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the *Family Law Act 1975* in place.

3. WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund will usually deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future. Under the *Superannuation Industry (Supervision) Act*, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative changes. The TFN may be disclosed to another superannuation provider when your benefits are being transferred, unless you request in writing your TFN is not to be disclosed to any other trustee.

4. WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your contributions are being paid, please complete the Standard Choice Form enclosed and return it to your employer.

IMPORTANT: PLEASE SEND ORIGINAL TO VISION SUPER

This page has intentionally been left blank.

Request to transfer or rollover superannuation benefits into Vision Super

*Denotes mandatory fields. If you do not complete these fields, processing of your request may be delayed.

Page 1 of 2

1. Personal details

*Vision Super member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

*Surname:

*Given name/s:

*Date of birth:

*Home address:

*Suburb: *State: Postcode:

Email address:

Contact phone number:

Tax File Number:

2. FROM fund details (transfer my benefits from)

FROM:

*Fund name:

Fund address:

Fund phone number:

*Membership or account number:

Unique Superannuation Identifier (USI):

TO:

Local Authorities Superannuation Fund
Australian Business Number (ABN) 24 496 637 884
Fund Phone Number 1300 300 820
Unique Superannuation Identifier (USI): 24496637884003

3. Transfer amount – Please indicate amount below

☐ The whole balance of my account in the FROM fund

OR

☐ The following amount in the FROM fund \$

4. Proof of Identity

Regulated superannuation funds must use the ATO's Super TFN Integrity Check (SuperTICK) service for member verification when transferring a member's benefit to another fund. This is a secure electronic service which assists superannuation funds in ensuring the integrity of the information we hold for you. In the event that this verification process is not sufficient for your FROM fund to process the rollover to Vision Super, you may be required to submit further identification documentation to your FROM fund.

If your FROM fund is a self-managed super fund, you may also be required to submit further identification documentation to Vision Super.



M T R

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

Contact Centre: 1300 300 820 | memberservices@visionsuper.com.au | 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

Request to transfer or rollover superannuation benefits into Vision Super



5. Authorisation

By signing this request form I am making the following statements:

1. I declare I have fully read this form and the information completed is true and correct.
2. I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
3. I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
4. I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name *Signature *Date
(Please print in BLOCK LETTERS)

6. Authorisation to release information

I hereby give authority to the Trustee of my OLD fund to give access to, or provide, any information relating to this rollover/transfer to any staff member of Vision Super requesting such information.

*Name *Signature *Date
(Please print in BLOCK LETTERS)

Certification of Complying Fund Status

To whom it may concern:

This is to certify that,

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Noelle Kelleher
Company Secretary
For and on behalf of Vision Super Pty Ltd

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

Contact Centre: 1300 300 820	memberservices@visionsuper.com.au	visionsuper.com.au
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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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Insurance application form

1. Personal details

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Family name

Given names

Address

Suburb State Postcode

Contact number Date of birth Vision Super member no.

Employer name

Occupation

What is the average number of hours worked each week in your main occupation?

Are you currently employed (at the date of signing this document), working normal hours, and not absent from your normal duties due to illness or injury?

Yes ☐ No ☐

2. Eligibility for Professional Occupation Rating

You need to complete this section to determine if you qualify for premiums based on the professional occupation group.

- Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)? Yes ☐ No ☐
- Do you hold a tertiary qualification, or belong to a professional body, or are you registered by a government body or are you in a management role? Yes ☐ No ☐
- Are you gainfully employed, attending work and performing all the normal duties of your usual occupation and working normal hours without restriction due to sickness or injury? Yes ☐ No ☐
- Are you earning in excess of \$80,000 per annum from your profession? Yes ☐ No ☐

If you can answer 'Yes' to each of the four questions above, you will qualify for cover under the Professional scales.

3. Death Only and/or Death and Disability cover

To apply for or increase your Death Only or Death and Disability Cover. You must complete the Personal Statement available from our website at www.visionsuper.com.au or by calling our Member Services team on **1300 300 820**.

- ☐ Age-based cover (units of cover). Insert the number of units of cover you require:
Death units Disability units (These will be in addition to any units of cover you already have).
- ☐ Fixed cover. Insert the dollar amount of cover you require: Cover must be in multiples of \$1,000.
Death cover \$ Disability cover \$

You must choose **either** age-based or fixed cover. You cannot have a combination of both. Fixed cover will replace any existing age-based cover. Maximum cover is \$5 million for Death Cover and \$2.5 million for Disability cover. Disability cover cannot exceed your Death cover amount.

4. Income Protection cover

To ensure you do not pay for income protection cover you may not require, please advise us of your current gross annual salary (this is your before-tax salary excluding Superannuation Guarantee contributions). An application for Income Protection cover requires you to complete a Personal Statement available from our website at visionsuper.com.au or by calling our Member Services team on **1300 300 820**.

What is your salary? \$

Please select the level of cover you require: 75% of salary ☐ 85% of salary ☐

The maximum amount of cover you may have is 85% of your annual income. The first 75% of your income would be paid to you, amounts in excess of 75% must be paid as a superannuation contribution to your Vision Super account.

Please indicate the waiting period you require: 60 days ☐ 30 days ☐

Please indicate the benefit payment period you require: 2 years ☐ to age 65 ☐



I N S

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

Contact Centre: 1300 300 820 memberservices@visionsuper.com.au visionsuper.com.au

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Insurance application form

5. Converting existing death and disability cover

- ☐ **AGE-BASED COVER** – I wish to convert my existing death only/death and disability cover from fixed cover to **age-based cover**.
Please note: you will be allocated a sufficient number of units for your age rounded to the nearest unit to replace the fixed cover.
Where the conversion results in a part unit the cover will be rounded down to the next whole unit.
- ☐ **FIXED COVER** – I wish to convert my existing death only/death and disability cover from age-based cover to **fixed cover**.
Please note: you will be allocated a sufficient amount of fixed cover, rounded up to the next \$1,000 to replace the number of units you held.

6. Reduce cover – Please complete Section 7 if reducing cover to zero

I wish to reduce my current level of cover and require the following number of units/level of cover:

NEW LEVEL OF COVER REQUIRED	Units of cover (age-based):	OR	Fixed cover
Death	<input type="text"/> units		\$ <input type="text"/>
Disability	<input type="text"/> units		\$ <input type="text"/>
Income protection	<input type="text"/> units		Not applicable

Please indicate the new level of cover you require. Fixed cover must be multiples of \$1,000. Your new level of disability cover (units or fixed) cannot exceed your death cover.

If you wish to increase your cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

7. Cancel existing insurance cover

Please select the cover you wish to cancel: ☐ Death and disability ☐ Death only ☐ Income protection cover

If you wish to reapply for cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

8. Your duty of disclosure

Before you become insured under a contract of life insurance the Trustee has a duty to disclose, under the *Insurance Contracts Act 1984*. In order for the Trustee to comply with this duty, you must disclose in this application form, every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure also applied before cover is renewed, varied or reinstated. The duty does not, however, require disclosure of a matter:

- > That diminishes the risk to be undertaken by the insurer
- > As to which the duty of disclosure is waived by the insurer
- > That the insurer knows, or in the ordinary course of its business, ought to know
- > That is common knowledge.

Non-disclosure

If the duty of disclosure is not complied with and the insurer would not have provided the insurance cover on any terms if the failure had not occurred, the insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the insurer may void the cover at any time. An insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

9. Insurance election

Super funds are required to cancel insurance cover if an account is inactive for 16 continuous months (meaning no contributions or rollovers have been received) unless an election is made to keep the insurance cover. Tick the box if you would like to make this election:

- ☐ I elect to maintain all my current and future insurance even if my account is deemed 'inactive' at any time in the future.
I understand insurance premiums will be deducted until such time I cancel my insurance.

10. Declaration and signature

I declare the following:

- > I have read and understood the insurance and privacy information within the Vision Personal Product Disclosure Statement (PDS) and consent to my personal information being used in accordance with the Vision Super Privacy Policy.
- > I have read the duty of disclosure (above) and understand my obligations under the *Insurance Contracts Act 1984*.

Furthermore, I acknowledge that all statements and declarations are true and correct:

- > All statements and declarations are true and correct.
- > I understand that the insurer and the Trustee will not be able to process my application or administer my insurance under the Fund's insurance policies without this declaration.
- > If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.
- > I acknowledge that no insurance cover commences until this application is accepted by the insurer.
- > I acknowledge that a copy of the Vision Super privacy policy is available from the Vision Super website at visionsuper.com.au or by calling Member Services on 1300 300 820.

Member's signature:

Date:

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

Contact Centre: 1300 300 820 memberservices@visionsuper.com.au 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

Beneficiary nomination form

IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

Please note that if you are a defined benefit member, you **cannot nominate beneficiaries** for your defined benefit account, which **must be paid to your estate**.

You can use this form to:

- Make a **binding** beneficiary nomination, which means Vision Super must pay your death benefit in accordance with your wishes (provided the nomination is valid at the time it is made)
- **Revoke** an existing beneficiary nomination
- Make a **preferred** beneficiary nomination, which means Vision Super will consider your wishes but can exercise its discretion about who to pay your death benefit to and how much each beneficiary receives.

Who can you nominate as a beneficiary?

You can nominate your dependants or your Estate.

You can nominate:

1. Your dependants as per the *Superannuation Industry (Supervision) Act 1993*:
 - a. Your spouse or partner – whether you are married or not, a partner you live with in a genuine domestic relationship as a couple, including same-sex partners.
 - b. Your children, including adopted children and your spouse's/partner's children. If your children are over 18, there may be tax consequences of paying them a death benefit.
 - c. A person in an interdependent relationship with you, where you have a close personal relationship with each other, and you live together and provide each other with financial and/or domestic support and personal care. You may also have an interdependent relationship if you satisfy all of the other criteria, but do not live together because of a disability that requires one or both of you to live in a medical facility.
 - d. A person who is financially dependant on you
2. Your estate – Vision Super will deal with the Legal Personal Representative, who is the person appointed to that role by being named as the executor in the Will or if there is no Will, by being appointed administrator of the estate by the Supreme Court.

How to make a binding beneficiary nomination

- Complete sections 1, 2, 3, 4, 5 and 6 of this form.
- You need two adults over the age of 18 to witness your signature. They must see you sign the form, and then sign the form themselves. They cannot be your beneficiaries.
- You will need to renew your binding nomination every three years from the date you sign it to keep it valid. You may also need to update your beneficiary nomination if your circumstances change – for example, you get married or start living with a partner, have a child, or one of your beneficiaries is no longer dependant on you or dies.
- You must post the original form back to Vision Super – we cannot accept faxed or emailed forms as we need to see the original signatures.

How to make a preferred beneficiary nomination

- Complete sections 1, 2, 3, 4 and 7 of this form.
- Preferred nominations are not binding on Vision Super, but they are an important consideration when Vision Super has to pay your benefit.

How to revoke a beneficiary nomination

You can revoke your beneficiary nomination at any time by completing a new Beneficiary nomination form.

When will a binding nomination be invalid?

A binding nomination will normally become invalid or ineffective when one of the following happens:

- Three years have lapsed from the date the Binding nomination form was signed
- Any nominated beneficiary dies before you die
- Any nominated beneficiary is not a dependant at the time of your death. For example, if your spouse is nominated and you are divorced or your de facto relationship ended.

Also the trustee is not required to pay the death benefit in accordance with a valid and effective binding nomination in some circumstances including if:

- The trustee is subject to a court order and doing so would breach the court order, or
- The trustee is aware that the giving of, or failure to amend or revoke a nomination was a breach of a court order.

This page has intentionally been left blank.

Beneficiary nomination form

Binding and preferred beneficiary nominations are explained at visionsuper.com.au/super/beneficiaries/

1. Personal details

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

2. Account details – Please tick all account/s for which this nomination applies:

- ☐ Vision Super Saver
 ☐ Vision Personal
 ☐ Vision ASU plan
 ☐ Vision Super Account Based pension (including Three Bucket pension)
 ☐ Vision Super Non-commutable Account Based pension
- ☐ Vision Term Allocated pension
 ☐ Non-commutable Term Allocated pension
 ☐ Vision Growth pension

* Please note that if you have nominated a reversionary beneficiary for your Vision Super Pension plan and it is still valid it will override your nomination of a binding or preferred beneficiary.

3. I want to make a:

- ☐ **Binding** beneficiary nomination (complete sections 4, 5 and 6) or
 ☐ **Preferred** beneficiary nomination (complete sections 4 and 7)

4. Nomination details

Full name	<input type="text"/>	Relationship (please tick one)	Benefit <input type="text"/> %
Address	<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant relationship <input type="checkbox"/> Financial dependant	
Date of birth	<input type="text"/>		
Full name	<input type="text"/>	Relationship (please tick one)	Benefit <input type="text"/> %
Address	<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant relationship <input type="checkbox"/> Financial dependant	
Date of birth	<input type="text"/>		
Full name	<input type="text"/>	Relationship (please tick one)	Benefit <input type="text"/> %
Address	<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant relationship <input type="checkbox"/> Financial dependant	
Date of birth	<input type="text"/>		
Full name	<input type="text"/>	Relationship (please tick one)	Benefit <input type="text"/> %
Address	<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependant relationship <input type="checkbox"/> Financial dependant	
Date of birth	<input type="text"/>		
My Estate			Benefit <input type="text"/> %

Should you wish to nominate additional beneficiaries please add them on a separate piece of paper and attach to this form.

TOTAL = 100%

continued over



B E N

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

Contact Centre: 1300 300 820 | memberservices@visionsuper.com.au | 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

Beneficiary nomination form

5. Binding death beneficiary declaration

1. I understand that this nomination is binding and that the Trustee must pay my death benefit to my nominated dependants and/or to my Estate as specified on this form.
2. I understand that it is my responsibility to ensure my nomination remains valid and continues to reflect my wishes.
3. I understand that my nomination will be valid for three years from the date I sign this form.
4. I have read and understood the information on binding nominations in the relevant Product Disclosure Statement.

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the *Privacy Act 1988* and Vision Super's privacy policy, which is available on request or on the Vision Super website.

Signature: Date[^]: [^] Must be the same date as witnesses' signature.

6. Witness declaration – for Binding nominations only

I hereby declare that I am over the age of 18 years. I am not a beneficiary nominated on this form and I witnessed the member sign the binding nomination form.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of witness 1:	Printed name:	Date of birth:	Date*:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of witness 2:	Printed name:	Date of birth:	Date*:

*** MUST BE THE SAME DATE AS MEMBER'S SIGNATURE OTHERWISE NOMINATION WILL NOT BE VALID.**

7. Preferred beneficiary declaration

I understand that this nomination is not binding on the Trustee and is a preferred beneficiary nomination only. Death benefits from Vision Super Saver, Vision Personal Plan, Vision Partner Plan, Vision ASU plan and Vision income streams will be paid to, or applied for the benefit of:

- My dependants and/or
- My estate

The Trustee will determine in what proportions (if any) your benefit is paid. Please refer to page 1 for who is considered a dependant.

This information is collected for the sole purpose of managing and paying superannuation benefits and entitlements and will be protected in accordance with the *Privacy Act 1988* and Vision Super's privacy policy, which is available on request or on the Vision Super website.

Signature: Date:

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

Contact Centre: 1300 300 820	memberservices@visionsuper.com.au	visionsuper.com.au
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Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the
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Investment choice election form – accumulation plans

1. Personal details

Page 1 of 2

Member number:

Title: ☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

Email address:

Contact phone number: Mobile number:

2. Make an investment choice

Please choose your current plan type:

☐ Vision Super Saver ☐ Vision Personal plan ☐ ASU plan

3. Please invest my account as follows

Account balance: Please indicate below how you would like your account balance invested. Only your account balance at the time of your switch being processed will change. If you do not provide instructions for your future transactions (including contributions), they will continue to be allocated as per your previous future transaction investment choice.

Future transactions: Complete this section if you wish to choose an investment option(s) for your future transactions (including contributions). By only completing this section, transactions (including contributions) made after the effective date of this switch will be affected, however your account balance investment choice(s) will remain unchanged.

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

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

If your total does not equal 100% the form will be returned to you for correction and your existing investment choice will continue to apply.

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.

continued over



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 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

Investment choice election form – accumulation plans

4. Acknowledgement

I declare that I have read and considered the relevant Vision Super 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. Forms validly completed will 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 visionsuper.com.au/privacy

Signature

Date