

1. YOUR FORMER SPOUSE'S DETAILS

Page 1 of 1

Member number:

Title:

☐ Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Mx Other

Surname:

Given name/s:

 Date of birth:

Address:

Suburb:

 State: Postcode:

2. YOUR DETAILS

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:

Are you currently a member of Vision Super?

☐ Yes ☐ No

If yes, please provide your membership number:

3. CONTACT DETAILS FOR YOUR REPRESENTATIVE (IF YOU CHOOSE TO USE A REPRESENTATIVE)

Full name of representative
(if applicable):Type of representative
(if applicable):
☐ Legal representative ☐ Support worker Other (please specify)

Address:

Suburb:

 State: Postcode:

Email address:

Contact phone number:

 Mobile number:

4. 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:

5. 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

Contact Centre: 1300 547 873

hello@activesuper.com.au

activesuper.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



F I O