

1. YOUR FORMER SPOUSE'S DETAILS

Member number:	<input type="text"/>						
Title:	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx	<input type="text"/>	Other
Surname:	<input type="text"/>						
Given name/s:	<input type="text"/>						
Date of birth:	<input type="text"/>						
Address:	<input type="text"/>						
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>		

2. YOUR DETAILS

Title:	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Mx	<input type="text"/>	Other
Surname:	<input type="text"/>						
Given name/s:	<input type="text"/>						
Date of birth:	<input type="text"/>						
Address:	<input type="text"/>						
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>		
Email address:	<input type="text"/>						
Contact phone number:	<input type="text"/>	Mobile number:	<input type="text"/>				
Are you currently a member of Vision Super?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
If yes, please provide your membership number:	<input type="text"/>						

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	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------

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

www.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