

1. YOUR 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"/>		
Postal address:	<input type="text"/>		
Suburb:	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Residential address (if different from postal address):	<input type="text"/>		
Suburb:	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
Email address:	<input type="text"/>		
Phone (home):	<input type="text"/>	Phone (work):	<input type="text"/>
Phone (mobile):	<input type="text"/>		

2. OPT IN TO BASIC INSURANCE COVER

In accordance with the Putting Members' Interests First (PMIF) legislation, new members joining the Fund must be at least 25 years of age and have a super balance of at least \$6,000 to obtain Basic insurance cover automatically. If you are aged 15 or over* and wish to obtain Basic insurance cover before you become eligible for it automatically, mark the box below. Please note that when you opt in to receive Basic insurance cover, it will not be cancelled in the future, even if your account becomes inactive, unless you tell us that you wish to cancel your cover. Your insurance may still be cancelled if your account has insufficient money to continue to pay for your insurance premiums.

- ☐ **I choose to receive basic insurance cover and keep my cover even if:**
- I'm under the age of 25.
 - My super account balance is under \$6,000.
 - My super account becomes inactive (ie it receives no contributions or rollovers in 16 months).

* If you are under the age of 15, insurance is not available to you. You may elect to opt-in to receive insurance once you turn 15.

3. KEEP EXISTING INSURANCE COVER

Your insurance will be cancelled if your super account becomes inactive (ie it receives no contributions or rollovers in over 16 months), unless you tick the appropriate box below.

Tick both boxes if you have basic and voluntary cover and want to keep each of them.

- ☐ I choose to keep my **basic cover** even if my super account becomes inactive.
- ☐ I choose to keep my **voluntary cover** even if my super account becomes inactive.

VISION SUPER IS ONE OF AUSTRALIA'S OLDEST SUPER FUNDS.

We are an industry super fund, that has been supporting workers with super since 1947. Our focus is improving your returns and keeping your administration fees and costs low to help you grow your retirement benefits. Active Super is part of Vision Super.

4. YOUR DECLARATION

I declare that:

- I understand how this choice might affect my benefits and I don't need further information.
- The information provided is true and correct.
- I consent to the collection, use and disclosure of my personal information in accordance with Vision Super's Personal Collection Statement and Privacy Policy at visionsuper.com.au/privacy-policy/.
- I've read and understood the Product Disclosure Statement and relevant fact sheets, including the terms and conditions of my insurance. Eg the types of cover, when it starts and ends, and how it can be cancelled.

Name

Signature of member

Date

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail PO Box 18041, Collins Street East, Melbourne VIC 8003
Email insurance@visionsuper.com.au



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
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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