

Investment choice election form – Active Super choice

1. Personal details

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. 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.

INVESTMENT OPTIONS	PERCENTAGE ALLOCATION
Premixed options	
High growth	%
Balanced	%
Conservative balanced	%
Conservative	%
Single sector options	
Cash	%
TOTAL	100%

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
Premixed options	
High growth	%
Balanced	%
Conservative balanced	%
Conservative	%
Single sector options	
Cash	%
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.

3. 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 www.visionsuper.com.au/privacy.

Signature

Date



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 | www.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