

ELECTION TO REDUCE CONTRIBUTION RATE DUE TO FINANCIAL HARDSHIP – ACTIVE SUPER RETIREMENT SCHEME

If you're a member of the Retirement Scheme and would like to reduce your contribution rate on the grounds of financial hardship, please complete and send us this form.

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1. YOUR DETAILS

Make sure you consider the relevant Product Disclosure Statement (PDS) or Member guide available at www.activesuper.com.au/pds before making a decision.

NOTE

This document must be signed in the presence of an authorised witness.

Member number:

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

Surname:

Given name/s:

Date of birth:

Postal address:

Suburb: State: Postcode:

Residential address (if different from postal):

Suburb: State: Postcode:

Email address:

Phone (home): Phone (work):

Phone (mobile):

2. YOUR DECLARATION

If you are reducing your contribution rate to 0%, please complete and include a Budget Planner. You can get a template from www.moneysmart.gov.au/budgeting/budget-planner

IMPORTANT

If approved, this election will only remain in force until the next adjustment date, i.e. the next 1 April.

I do solemnly declare that:

I would suffer financial hardship if I were to continue with my contribution rate of: %
and accordingly elect to vary my contribution rate to: %

I make this solemn declaration conscientiously, believing the same to be true and by virtue of the provisions of the *Oaths Act 1900 (NSW)*.

Declared at (Suburb/City/Town): In the State of:

Signed: on date:

continued over...

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.

Contact Us: 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

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2. YOUR DECLARATION (CONTINUED)

Reason for reduction – submission to the Trustee:

For your request to be assessed, you **must** state the reason for reducing your contribution rate.

AUTHORISED WITNESSES

- Solicitor or barrister who has a current practising certificate (whether NSW or other State/Territory)
- Justice of the Peace
- Notary public
- Commissioner of the court for taking affidavits
- Person by law who may administer an oath

Please use (✓) to satisfy the requirements of both 1 and 2.

in the presence of an authorised witness, who states:

I, (name of authorised witness):

(qualifications of authorised witness):

certify the following matters concerning the making of this statutory declaration by the person who made it:

1. ☐ I saw the face of the person.

OR

☐ I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

2. ☐ I have known the person for at least 12 months.

OR

☐ I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was a:

(Describe identification document relied on)

Signed
(authorised witness):

on date:

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 Fund's website.

SEND YOUR COMPLETED FORM BACK TO US VIA:

Mail PO Box 18041, Collins Street East, Melbourne VIC 8003
Please mail original documents as they are required for proof of identity.
Please **do not** email.

File upload Secure file upload at www.visionsuper.com.au/upload-documents/