# TRANSFER OF CONTRIBUTORY MEMBERSHIP (FROM AN EXTERNAL FUND)



This form is for prospective members of the Active Super Retirement scheme.

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### **USE THIS FORM IF YOU:**

- were a contributing member of either the State Authorities Superannuation Scheme (SASS) or Energy Industries Retirement Scheme (EISS); and
- have transferred in employment to a Local Government employer; and
- commenced employment with your Local Government employer within three (3) months of terminating employment with your SASS or EISS employer; and
- have not applied for payment, or rollover, of any part of your SASS or EISS benefits (including the Basic Benefit).

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) or Member guide available at www.activesuper.com.au/pds

### IMPORTANT

An election to transfer membership should be made with three (3) months of commencing employment with your participating employer. The Trustee may, however, extend this period if satisfied that this is appropriate.

You can invest your super in **only ONE** of these investment options. If you do not make an election this component of your account will be invested in the default Growth option.

## INVESTMENT EFFECTIVE DATE

The effective date of your investment choice will be the first business day the Fund receives both this form and your funds.

If you have a nominated date, it will be your nominated date provided it is a business day after the Fund receives this form. If your nominated date is not a business day, the effective date will be the business day immediately following your nominated date.

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Title:	Ms	Mrs	Miss	Mr	M×	(		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. EMPLOYMENT DETAILS

Current employer:	
Date joined current employer:	
Previous SASS/EISS employer:	
Date terminated with this employer:	
Scheme:	SASS EISS Member number:

## 3. YOUR CHOICE OF INVESTMENT OPTION

You can invest your super in only one of these investment options:

Pre-mixed options	High growth	100%
	Growth	100%
	Balanced	100%
	Conservative balanced	100%
	Conservative	100%
Single sector option	Managed cash	100%
Date you wish your election to become effe	ective:	

## 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.

continued over...

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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#### **IMPORTANT**

You will retain:

- the original scheme entry date and 'service' accrual
- any special rights or options enjoyed in their previous scheme (eg, the option to receive a benefit as a pension)

The value of the accrued benefit with your former scheme (Including the Basic Benefit) will be transferred into your new scheme. The administrator of your former scheme will advise you of the amount transferred on your behalf.

You will then be required to contribute to the new scheme at the same rate as would have applied In your old scheme. Refer to the PDS for any differences between the schemes.

This section is to be completed by your current employer.

## 4. YOUR DECLARATION

## I declare and acknowledge that:

employment with:

Name of authorised officer:

Signed:

- 1. LGSS Pty Limited (ABN 68 078 003 497) (the "Trustee") can provide me with information but cannot give me investment advice and the PDS is a general guide and does not constitute investment advice;
- 2. the Trustee is not liable for my choice of investment option(s) and that professional financial advice may assist me in making my decision;
- 3. I may change my investment option(s) at any time;
- 4. I have fully read the important information, the relevant PDS and/or guide;
- 5. the information provided is true and correct;
- 6. personal information provided on this form will be used to action my request to transfer my accrued benefit to the Fund;
- 7. I have read the Fund's Privacy Policy which is available on request or on the Fund's website and understand how the Fund will use the personal information provided on this form.

Signed:		Date:	
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5. EMPLOYER	SIAILMENI		
confirm that:			
commenced			

Date:

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/