

Vision Personal forms

TICK WHEN COMPLETED	DOCUMENTS TO BE READ OR COMPLETED
1	Vision Personal application form – (mandatory) to become a member of the Vision Personal
2	Choice of Superannuation Fund Standard Choice Form – for employees who are able to choose their own superannuation fund
3	Important information about transferring your super
4	Request to transfer or rollover superannuation benefits into Vision Super – if you wish to transfer your other superannuation accounts into your Vision Personal
5	Insurance Application Form – if you wish to apply for insurance
6	Beneficiary Nomination Form – if you wish to make a beneficiary nomination
7	Investment Choice Form – you must complete this form with your investment choice

Certification of complying fund status

To whom it may concern:

This is to certify that:

- ▶ The Local Authorities Superannuation Fund (also known as Vision Super), is a complying superannuation fund (Registration Number R1000603) within the meaning of the Superannuation Industry (Supervision) Act 1993 (“SIS Act”).
- ▶ The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- ▶ The Fund is a resident regulated superannuation fund within the meaning of the SIS Act and has never received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA).
- ▶ The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the Superannuation Industry (Supervision) Regulations 1994.
- ▶ The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the SIS Act.

Noelle Kelleher

Company Secretary

For and on behalf of Vision Super Pty Ltd

Dated 14 July 2016

How to contact Vision Super



ADDRESS

Vision Super Pty Ltd
Level 15, 360 Collins Street
Melbourne Victoria 3000

POSTAL

PO Box 18041
Collins Street East
Melbourne Victoria 8003



TELEPHONE

Member Services 1300 300 820
Reception 03 9911 3111



EMAIL AND WEBSITE

memberservices@visionsuper.com.au
www.visionsuper.com.au

Local Authorities Superannuation Fund
Australian Business Number (ABN): 24 496 637 884
Unique Superannuation Identifier (USI): 24496637884003

Vision Personal application form



1. Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Residential address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

2. Provide your Tax File Number (TFN)

I declare I have read and understood the information provided regarding Tax File Numbers as contained in the Vision Personal Product Disclosure Statement. 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:

I consent to the Trustee using my personal details, including my TFN, to check with the Australian Taxation Office (ATO) for any other super I may have.

Signature Date

3. Member declaration

- ▶ I wish to apply to become a member of the Vision Personal
- ▶ I received, or have obtained the current Vision Personal Product Disclosure Statement (PDS) with this application form, personally, either in printed or electronic form
- ▶ I have read and understand the terms and conditions set out in the PDS and as such I am making an informed decision to join Vision Personal
- ▶ I have accessed (or understand I can access) further information (guides) about Vision Personal from the Vision Super website
- ▶ I am eligible to make superannuation contributions or have them made on my behalf
- ▶ I have read and understand Vision Super's privacy policy at www.visionsuper.com.au/privacy
- ▶ I understand that the investments of the Fund and any rate of return are not guaranteed
- ▶ I understand Vision Personal does not provide automatic insurance cover and that insurance cover is only available on application to the insurer
- ▶ I understand and accept that my benefits and interest in the Fund shall be administered by the Trustee in accordance with the Trust Deed as amended from time to time
- ▶ I understand that by joining Vision Personal, I am doing so on the basis that my account balance (including contributions) will be invested in the Sustainable balanced investment option until I make an investment choice. I understand that I can make an investment choice via the secure member's area of www.visionsuper.com.au or by completing and lodging an Investment Choice form.
- ▶ The information given above is true and correct to the best of my knowledge and belief.

Signature Date



P R A

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003	
Member Services team 1300 300 820	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	

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Super choice fund nomination form for Vision Personal members

As a Vision Personal member, if you'd like your employer to pay future Super Guarantee (SG) contributions into Vision Super on your behalf, please complete this form and hand it to your employer. Alternatively you can complete a Standard choice of fund form, which your employer can provide you, using the details provided below to complete Section B of that form. Some employees may not be able to choose their own superannuation fund. Please speak to your employer or visit the Australian Taxation Office website at www.ato.gov.au for more information.

1. Chosen fund details

Fund name:	<input type="text" value="Local Authorities Superannuation Fund (Vision Super)"/>
Member number:	<input type="text"/>
Member name:	<input type="text"/>
Fund ABN: (Australian Business Number)	<input type="text" value="24 496 637 884"/>
USI: (Unique Superannuation Number)	<input type="text" value="24496637884019"/>
Account name:	<input type="text" value="Vision Personal"/>

2. Authorisation

I request that all future employer SG contributions are to be made to my chosen fund specified in section 1 of this form.

Employee name:	<input type="text"/>
Employee payroll number: (if applicable)	<input type="text"/>

You must sign and date this form and give it to your employer for their records.

Signature:	<input type="text"/>
Date:	<input type="text"/>

Note to employers:

Choice of Fund legislation provides that an employee can nominate a chosen fund using a form other than the Standard Choice form issued by the Australian Taxation Office. The required letter of compliance and information about the ways you can contribute into Vision Super are located on the next page.

Please give this form to your **employer** – please **do not** send this form to Vision Super.
If you or your employer have any questions please contact Vision Super on 1300 300 820.

Employer use only

Date accepted

Date processed

Super choice fund nomination form for Vision Personal members



Letter of compliance

To whom it may concern:

This is to certify that,

- The Local Authorities Superannuation Fund (also known as Vision Super), is a complying superannuation fund (Registration Number R1000603) within the meaning of the Superannuation Industry (Supervision) Act 1993 ("SIS Act").
- The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- The Fund is a resident regulated superannuation fund within the meaning of the SIS Act and has never received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA).
- The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the Superannuation Industry (Supervision) Regulations 1994.
- The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the SIS Act.

Yours sincerely,

Noelle Kelleher
Company Secretary
Vision Super Pty Ltd
Dated 14 July 2016

Notes for employers

Acting on your employees' choice

Once an eligible employee chooses a super fund, you have up to two months to arrange payment into that fund.

Record keeping

You must keep records, of your employee's choice of super fund and receipts or other documents issued by the fund detailing your contributions. Records must be kept for 5 years. You also need to keep proof that the fund you are contributing to is a complying super fund. The required letter of compliance for Vision Super is included on this form.

Making contributions to Vision Super

Vision Super provides a number of options to suit your business needs. If you have any questions please contact our Employer hotline on 1300 304 947.

Vision Super Employer Online	BPAY®	Clearing house
<p>Employer Online is a payment and administration system for employers wishing to contribute to Vision Super. Employer online makes contribution payments quick and hassle free. Use the Employer Online site to:</p> <ul style="list-style-type: none"> > Remit contribution files > Update employees' details > Register new staff > Generate contribution reconciliation and member reports > Access employer super information and updates > Audit facility for third party verification of payments > Pay non-Vision Super contributions through the clearing house facility*. 	<p>To make contributions by BPAY®, select the bill payment option through your financial institution and provide the following information:</p> <p>Biller code: 16618</p> <p>Customer reference number that you can get by calling 1300 304 947</p> <p>The amount of contributions you are making.**</p>	<p>You may use any other SuperStream compliant clearing house to make superannuation contributions to the Vision Super Fund.</p>

*The Vision Super clearing house service is offered in conjunction with the Westpac Banking Corporation's ABN 33 007 457 141, AFS Licence Number: 233714 ('Westpac') PayDeduct platform and is designed to assist participating employers meet their obligations under the superannuation choice framework. Westpac is Vision Super's chosen payment partner. For more information on the Westpac PayDeduct platform please read the Westpac PayDeduct Product Disclosure Statement (PDS).

** Contributions via BPAY® must be accompanied by the electronic transmission of required member data to VisionSuper, using a SuperStream compliant payroll system or messaging portal.

IMPORTANT INFORMATION FOR COMPLETING TRANSFER FORM



1. THINGS YOU NEED TO CONSIDER WHEN TRANSFERRING YOUR SUPERANNUATION

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- Closure of account – This transfer may close your account (you will need to check this with your FROM fund).
- Fees – your FROM fund must give you information about any exit and withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing this form. The fees could include administration fees as well as exit or withdrawal fees. Your TO fund may also charge entry or deposit fees on transfer. Differences in fees funds charge have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- Death and disability benefits – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance, or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

2. THIS FORM CAN NOT BE USED TO:

- Transfer benefits if you don't know where your superannuation is
- Transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer superannuation from
- Change the fund to which your employer pays contributions on your behalf. The Standard Choice Form must be used
- Open a superannuation account, or
- Transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.

3. WHAT HAPPENS IF I DO NOT QUOTE MY TAX FILE NUMBER (TFN)

You are not obligated to provide your TFN to your superannuation fund. However, if you do not provide your TFN, your fund may be taxed at the highest marginal tax rate plus the Medicare levy on contributions made to your account in the year, compared to the concessional tax rate of 15%. Your fund will usually deduct this additional tax from your account.

If your superannuation fund does not have your TFN, you will not be able to make personal contributions to your superannuation account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future. Under the Superannuation Industry (Supervision) Act, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative changes. The TFN may be disclosed to another superannuation provider when your benefits are being transferred, unless you request in writing your TFN is not to be disclosed to any other trustee.

4. WHAT HAPPENS TO MY FUTURE EMPLOYER CONTRIBUTIONS?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your contributions are being paid, please complete the Standard Choice Form enclosed and return it to your employer.

IMPORTANT: PLEASE SEND ORIGINAL TO VISION SUPER

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Request to transfer or rollover superannuation benefits into Vision Super



* Denotes mandatory fields. If you do not complete these fields, processing of your request may be delayed.

1. Personal details

*Vision Super member number:

Title: Mr Mrs Miss Ms Other

*Surname:

*Given name/s:

*Date of birth:

*Address:

*Suburb: *State: *Postcode:

Contact email address:

Contact phone number:

Tax File Number:

2. FROM fund details (transfer my benefits from)

FROM:

*Fund name:

Fund address:

Fund phone number:

*Membership or account number:

Unique Superannuation Identifier (USI):

TO:

Australian Business Number (ABN)	Local Authorities Superannuation Fund
Fund Phone Number	24 496 637 884
Unique Superannuation Identifier (USI):	1300 300 820
	24496637884019

3. Transfer amount – Please indicate amount below

The whole balance of my account in the FROM fund

OR

The following amount in the FROM fund \$

Proof of Identity

Regulated superannuation funds must use the ATO's Super TFN Integrity Check (SuperTICK) service for member verification when transferring a member's benefit to another fund. This is a secure electronic service which assists superannuation funds in ensuring the integrity of the information we hold for you. In the event that this verification process is not sufficient for your FROM fund to process the rollover to Vision Super, you may be required to submit further identification documentation to your FROM fund.

If your FROM fund is a self-managed super fund, you may also be required to submit further identification documentation to Vision Super.



Request to transfer or rollover superannuation benefits into Vision Super



5. Authorisation

By signing this request form I am making the following statements:

1. I declare I have fully read this form and the information completed is true and correct.
2. I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
3. I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
4. I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name *Signature *Date

(Please print in BLOCK LETTERS)

6. Authorisation to release information

I hereby give authority to the Trustee of my OLD fund to give access to, or provide, any information relating to this rollover/transfer to any staff member of Vision Super requesting such information.

*Name *Signature *Date

(Please print in BLOCK LETTERS)

Certification of Complying Fund Status

To whom it may concern:

This is to certify that:

- ◆ The Local Authorities Superannuation Fund (also known as Vision Super), is a complying superannuation fund (Registration Number R1000603) within the meaning of the Superannuation Industry (Supervision) Act 1993 ("SIS Act").
- ◆ The Trustee of the Fund is Vision Super Pty Ltd (ABN 50 082 924 561), holder of Australian Financial Services Licence 225054 and RSE Licence Number L0000239.
- ◆ The Fund is a resident regulated superannuation fund within the meaning of the SIS Act and has never received a notice of non-compliance from the Australian Prudential Regulation Authority (APRA).
- ◆ The Fund is able to accept superannuation contributions for eligible persons. These contributions are maintained and subsequently paid only in accordance with the Superannuation Industry (Supervision) Regulations 1994.
- ◆ The Fund is not subject to, and has never previously been subject to, a direction under section 63 of the SIS Act.

Noelle Kelleher
Company Secretary
For and on behalf of Vision Super Pty Ltd

1. Personal details

Title Mr Mrs Miss Ms Other

Family name

Given names

Address

Suburb State Postcode

Contact number Date of birth Vision Super member no.

Employer name

Occupation

What is the average number of hours worked each week in your main occupation?

Are you currently employed (at the date of signing this document), working normal hours, and not absent from your normal duties due to illness or injury? Yes No

2. Eligibility for Professional Occupation Rating

You need to complete this section to determine if you qualify for premiums based on the professional occupation group.

- Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar "white collar" tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)? Yes No
- Do you hold a tertiary qualification, or belong to a professional body, or are you registered by a government body or are you in a management role? Yes No
- Are you gainfully employed, attending work and performing all the normal duties of your usual occupation and working normal hours without restriction due to sickness or injury? Yes No
- Are you earning in excess of \$80,000 per annum from your profession? Yes No

If you can answer "Yes" to each of the four questions above, you will qualify for cover under the Professional scales.

3. Death Only and/or Death and Disability cover

To apply for or increase your Death Only or Death and Disability Cover. You must complete the Personal Statement available from our website at www.visionsuper.com.au or by calling our Member Services team on 1300 300 820.

- Age-based cover (units of cover). Insert the number of units of cover you require:
 Death units Disability units (These will be in addition to any units of cover you already have).
- Fixed cover. Insert the dollar amount of cover you require: Cover must be in multiples of \$1,000.
 Death cover \$ Disability cover \$

You must choose EITHER age-based or fixed cover. You cannot have a combination of both. Fixed cover will replace any existing age-based cover. Maximum cover is \$5 million for Death Cover and \$2.5 million for Disability cover. Disability cover cannot exceed your Death cover amount.

4. Income Protection cover

To ensure you do not pay for income protection cover you may not require, please advise us of your current gross annual salary (this is your before-tax salary excluding Superannuation Guarantee contributions). An application for Income Protection cover requires you to complete a Personal Statement available from our website at www.visionsuper.com.au or by calling our Member Services team on 1300 300 820.

What is your salary? \$

Please select the level of cover you require: 75% of salary 85% of salary Other

The maximum amount of cover you may have is 85% of your annual income. The first 75% of your income would be paid to you, amounts in excess of 75% must be paid as a superannuation contribution to your Vision Super account.

Please indicate the waiting period you require: 60 days 30 days

Please indicate the benefit payment period you require: 2 years to age 65



5. Converting existing death and disability cover

- AGE-BASED COVER** – I wish to convert my existing death only/death and disability cover from fixed cover to **age-based cover**.
Please note: you will be allocated a sufficient number of units for your age rounded to the nearest unit to replace the fixed cover. Where the conversion results in a part unit the cover will be rounded down to the next whole unit.
- FIXED COVER** – I wish to convert my existing death only/death and disability cover from age-based cover to **fixed cover**.
Please note: you will be allocated a sufficient amount of fixed cover, rounded up to the next \$1,000 to replace the number of units you held.

6. Reduce cover – Please complete Section 7 if reducing cover to zero

I wish to reduce my current level of cover and require the following number of units/level of cover:

NEW LEVEL OF COVER REQUIRED	Units of cover (age-based):	OR	Fixed cover
Death	<input type="text"/>	units	\$ <input type="text"/>
Disability	<input type="text"/>	units	\$ <input type="text"/>
Income protection	<input type="text"/>	units	Not applicable

Please indicate the new level of cover you require. Fixed cover must be multiples of \$1,000. Your new level of disability cover (units or fixed) cannot exceed your death cover.

If you wish to increase your cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

7. Cancel existing insurance cover

Please select the cover you wish to cancel: Death and disability Death only Income protection cover

If you wish to reapply for cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

8. Your duty of disclosure

Before you become insured under a contract of life insurance the Trustee has a duty to disclose, under the Insurance Contracts Act 1984. In order for the Trustee to comply with this duty, you must disclose in this application form, every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure also applied before cover is renewed, varied or reinstated. The duty does not, however, require disclosure of a matter:

- ▶ That diminishes the risk to be undertaken by the insurer
- ▶ As to which the duty of disclosure is waived by the insurer
- ▶ That the insurer knows, or in the ordinary course of its business, ought to know
- ▶ That is common knowledge.

Non-disclosure

If the duty of disclosure is not complied with and the insurer would not have provided the insurance cover on any terms if the failure had not occurred, the insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the insurer may void the cover at any time. An insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

9. Declaration and signature

I declare the following:

- ▶ I have read and understood the insurance and privacy information within the Vision Personal Product Disclosure Statement (PDS) and consent to my personal information being used in accordance with the Vision Super Privacy Policy.
- ▶ I have read the duty of disclosure (above) and understand my obligations under the Insurance Contracts Act 1984.

Furthermore, I acknowledge that:

- ▶ I have read and understood the privacy statements in the Vision Personal PDS.
- ▶ I understand that by joining Vision Personal, I will not be given any automatic insurance cover. However, I may apply for insurance cover at any time.
- ▶ I understand that the insurer and the Trustee will not be able to process my application or administer my insurance under the Fund's insurance policies without this declaration.
- ▶ If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.
- ▶ I acknowledge that no insurance cover commences until this application is accepted by the insurer.
- ▶ I acknowledge that a copy of the Vision Super privacy policy is available from the Vision Super website at www.visionsuper.com.au or by calling Member Services on 1300 300 820.

Member's signature: Date:

Important information regarding binding death nominations

- ▶ Valid and effective binding death benefit nominations are usually binding on the Trustee and can provide greater certainty as to who receives your death benefit when you die (provided they are dependants and/or legal personal representatives at the date of death).
- ▶ Vision Super must pay your death benefit in accordance with a valid binding nomination to your nominated dependants and/or legal personal representative.
- ▶ To be valid, this form must be signed in the presence of two witnesses. These witnesses must be over age 18 and not be named as a beneficiary on this form.
- ▶ Please note your binding nomination will lapse every three years from the date you signed the form. It is your responsibility to ensure you confirm your binding nomination before this three-year period ends, however, before the three year period ends, we will send you documentation to provide you with an opportunity to confirm your, or make another binding death benefit nomination.
- ▶ If there are any significant changes to your family or personal circumstances, it is also important that you consider updating your binding nomination. These changes may include the death of a dependant, the birth of a child or the end of a relationship.
- ▶ You can update or revoke your binding nomination at any time by completing a new Binding death beneficiary form.
- ▶ Upon revoking your binding nomination (without making any new binding nomination) or if it is or becomes invalid or ineffective for any reason, your death benefit will generally be paid to your dependant's and/or your legal personal representative at the discretion of Vision Super's Trustee. Although it is not binding, an invalid nomination may still be an important consideration for Vision when determining the payment of your death benefit.

1. Personal details

Member number:

Title:

 Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb:

State:

Postcode:

Contact email address:

Contact phone number:

Mobile number:

Please note that this applies to Vision Personal.

Things you need to know when nominating a beneficiary

Binding nominations are subject to specific legislative requirements and conditions. Your nominated binding beneficiary/ies **MUST** be your legal personal representative (Estate), OR your dependant/s. They must meet this status for your nomination to be valid. Your nominated beneficiary/ies **MUST** be in the following relationship with you:

Legal Personal Representative (Estate) OR, your Dependant/s.

Dependants – dependant for death benefit purposes includes:

- ▶ Your spouse including a person who is legally married to you, a person with whom you have a relationship registered under State or Territory law or a person with whom you live on a genuine domestic basis in a relationship as a couple (such as opposite sex or same-sex de facto partners)
- ▶ Your child (of any age# including natural, adopted, step or ex-nuptial child and child of your spouse)
- ▶ A person whether related to you or not who, in the opinion of the Trustee, is or was, at any relevant time, wholly or partially financially dependent on you at the time of your death, and
- ▶ A person in an interdependency relationship with you, as evidenced by a close personal relationship, where one or each of you provide the other with financial support and/or domestic support and personal care and may live together.

An interdependency relationship can also exist if a close personal relationship exists but the other residential requirements for interdependency are not satisfied because of a physical, intellectual or psychiatric disability that requires a person to live in an institution.

There may be certain tax consequences of paying a death benefit to a child over age 18.

Legal Personal Representative – a Legal Personal Representative (LPR) is the person or organisation you appoint as the executor of your Will or who is appointed as an administrator of your estate if you do not have a valid Will.



B E N

Please forward this completed form to: PO Box 18041, Collins Street East, Melbourne VIC 8003

Member Services team 1300 300 820

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

June 2016

Binding death beneficiary nomination



2. Beneficiary details

I wish to nominate the following person/people: (please note your percentages must be whole numbers and total 100%).

Title	<input type="text"/>	Name	<input type="text"/>	Relationship (please tick one)
				<input type="checkbox"/> Legal personal representative/estate
Address	<input type="text"/>			<input type="checkbox"/> Spouse
				<input type="checkbox"/> Child
Date of birth	<input type="text"/>	Benefit	<input type="text"/>	<input type="checkbox"/> Interdependent relationship
			%	<input type="checkbox"/> Financial dependency
Title	<input type="text"/>	Name	<input type="text"/>	Relationship (please tick one)
				<input type="checkbox"/> Legal personal representative/estate
Address	<input type="text"/>			<input type="checkbox"/> Spouse
				<input type="checkbox"/> Child
Date of birth	<input type="text"/>	Benefit	<input type="text"/>	<input type="checkbox"/> Interdependent relationship
			%	<input type="checkbox"/> Financial dependency
Title	<input type="text"/>	Name	<input type="text"/>	Relationship (please tick one)
				<input type="checkbox"/> Legal personal representative/estate
Address	<input type="text"/>			<input type="checkbox"/> Spouse
				<input type="checkbox"/> Child
Date of birth	<input type="text"/>	Benefit	<input type="text"/>	<input type="checkbox"/> Interdependent relationship
			%	<input type="checkbox"/> Financial dependency
Title	<input type="text"/>	Name	<input type="text"/>	Relationship (please tick one)
				<input type="checkbox"/> Legal personal representative/estate
Address	<input type="text"/>			<input type="checkbox"/> Spouse
				<input type="checkbox"/> Child
Date of birth	<input type="text"/>	Benefit	<input type="text"/>	<input type="checkbox"/> Interdependent relationship
			%	<input type="checkbox"/> Financial dependency
				<input type="text" value="TOTAL = 100%"/>

If you wish to nominate more than four dependants, please list their details, your relationship and the percentage of your benefit on a separate sheet of paper and attach it to this form.

3. Member declaration

I hereby declare:

- 1) I understand that this nomination is binding and that the Trustee must pay my death benefit to my nominated dependants and/or legal personal representative as specified on this form, if the nomination is valid and effective at the date of my death while a member of the Fund and the law does not require otherwise.
- 2) I understand that it is my responsibility to ensure my nomination remains valid and effective and continues to reflect my wishes.
- 3) I understand that this nomination only has effect for a maximum period of three years from the date I sign this form and that I can confirm, amend or revoke this nomination at any time.
- 4) I have read and understood the information on binding nominations in this form.

4. Witness declaration

I hereby declare that I am aged 18 or over. I am not a beneficiary nominated on this form and I witnessed the member sign the binding nomination form.

Signature of witness 1:	Printed name:	Date:	Date of birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of witness 2:	Printed name:	Date:	Date of birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>		Date: <input type="text"/>

You must complete and send this form to the Trustee for it to have any effect.

Vision Personal investment choice election form



1. Personal details

Member number:

Title: Mr Mrs Miss Ms Other

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

email address:

Contact phone number: Mobile number:

3. Make an investment choice for Vision Personal – 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 (contributions and withdrawals), they will continue to be allocated as per your previous investment choice. For future transactions (if any) or default investment option (where applicable).

Future transactions: Complete this section if you wish to choose an investment option(s) for your future transactions (contributions and withdrawals). By only completing this section, future transactions made after the effective date of this switch will be affected, however the way your account balance is invested will remain unchanged.

INVESTMENT OPTIONS	PERCENTAGE ALLOCATION
Vision premixed options	
Sustainable balanced (Vision Personal only)	%
Conservative	%
Balanced	%
Balanced growth	%
Growth	%
Just shares	%
Vision single sector options	
Cash	%
Diversified bonds	%
Australian equities	%
International equities	%
Innovation and disruption	%
TOTAL 100%	

INVESTMENT OPTIONS	PERCENTAGE ALLOCATION
Vision premixed options	
Sustainable balanced (Vision Personal only)	%
Conservative	%
Balanced	%
Balanced growth	%
Growth	%
Just shares	%
Vision single sector options	
Cash	%
Diversified bonds	%
Australian equities	%
International equities	%
Innovation and disruption	%
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 until you submit a valid investment choice.

Please note: Investing in one or only a few asset classes, particularly those that are 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 our investment options) is set out in the Product Disclosure Statements (PDS) and associated guides (where applicable) relevant to your participation in the Fund. You should read the important investment information before making a decision.

4. Acknowledgement

I declare that I have obtained read and considered the information about investments, risks and fees and costs in the current Vision Personal Product Disclosure Statement and guides. 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.** 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.** Buy/sell spreads and indirect costs apply.

Signature Date

