

Use this form if you wish to have regular super contributions deducted from your pay.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes.

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

1. YOUR DETAILS

Member no.	<input type="text"/>	Date of birth (DD MM YY)	<input type="text"/>
Payroll no.	<input type="text"/>	Title (e.g. Ms)	<input type="text"/>
Given name(s)	<input type="text"/>		
Family name	<input type="text"/>		
Email	<input type="text"/>		
Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Phone (mobile)	<input type="text"/>		
Postal Address			
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>
Residential address	<input type="checkbox"/> select if same as postal address above		
No./Street	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>

IMPORTANT

There are limits referred to as 'caps' to the amount of concessional and nonconcessional contributions that you or your employer can make to any superannuation fund each financial year. There may be penalties if you exceed these limits.

2. REGULAR CONTRIBUTIONS (BY PAYROLL DEDUCTION)

Please use a (✓) to mark the appropriate option(s) and enter the contribution amount below:

Concessional contributions

Optional employer contributions (pre-tax or salary sacrifice)
How much do you want your employer to deduct from your gross salary or wages?
\$ per week fortnight month

Non-concessional contributions

Optional member contributions (after tax)
How much do you want deducted from your net salary/wages?
\$ per week fortnight month

* Optional employer contributions are subject to employer's agreement.

3. APPLICANT DECLARATION

By signing this form I am making the following statements:

- I declare that I have fully read the important notes, the relevant PDS and/or Fact Sheet;
- I declare that the information provided is true and correct;
- I understand that personal information provided on this form will be used to action my request;

Signed

Date (DD MM YY)

**This form must be given to your payroll officer or HR department.
Please do not return this form to Active Super.**

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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