FORM 226

Increase your income protection cover

1. Personal details

Member number:

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

Surname:

Given name/s:

Date of birth:

Address:

Suburb: State: Postcode:

Contact email address:

Contact phone number: Mobile number:

Employer name:

Occupation:

How many hours a week do you work on average in your main job?

What is your annual gross salary (before tax and excluding superannuation guarantee contributions)? $

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. Increase your income protection cover

Complete this section if your salary has increased within the last two months.

Increased salary

☐ My salary has increased in the last two months and I want to apply for an automatic increase of my income protection insurance

Proof of increased salary

☐ I have attached a letter from my employer with my new salary details **OR**

☐ My salary increase was due to an EBA (Note: Vision Super will already have your new salary details so there is no need to attach a letter)

3. Declaration and signature

I declare the following:

- I have read and understood the insurance information within the relevant Vision Super PDS.
- I consent to the collection, use and disclosure of my personal information in accordance with Vision Super's Personal Collection Statement and Privacy Policy at **visionsuper.com.au**.
- 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.

Signature: Date:

IMPORTANT: SEND YOUR COMPLETED FORM BACK TO US

Please post the original form to: Vision Super, PO Box 18041, Collins Street East, Melbourne VIC 8003
Or you can upload a scanned copy or photo of the original form at **visionsuper.com.au/upload-documents/**

Contact us		
Contact Centre: 1300 300 820	memberservices@visionsuper.com.au	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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