

Authority to accept contributions



1 Personal details

Title Mr / Mrs / Ms / Miss / Other _____ Date of birth ____ / ____ / ____

Given names _____

Surname _____

Postal address _____

Suburb / Town _____ State _____ Postcode _____

Telephone Home _____ Work _____ Mobile _____

Email _____

Membership number _____

2 Authority to accept employer and personal contributions

I authorise Local Super to accept contributions to my Marketlink account from the following employer(s):

I understand that Local Super cannot monitor or pursue the above named employer for payment of my contributions and that it is recommended that I monitor their payment.*

Contributions are credited to my Marketlink account using the applicable unit price(s) for my chosen investment option(s). I acknowledge that the Trustee does not accept any liability for any action I may take or fail to take in relation to my superannuation and recommends that before I make any decision I seek independent financial advice about my personal circumstances..

Signature _____ **Date** _____

* You can keep track of your employer's payments via www.localsuper.com.au, which provides you with secure access to your account details.

Privacy

Personal information on this form will be handled to process your request to receive contributions to your account. It may be disclosed to Local Super's administrator, insurers, your employer and other parties and business support service providers as required including the trustee of any other fund you may transfer to. By signing this form you consent to this handling of your personal information. If you do not give this information your request will not be processed. You may access your personal information by contacting Local Super on: 08 8100 9999 or 1800 882 988 (toll free).

Please send this form to:

Local Super
PO Box 18219
Collins Street East VIC 8003

If you have any questions please call us on 08 8100 9999 or 1800 882 988 (toll free).

