LGSP
WA LOCAL SUPER

FUTURE CONTRIBUTION FORM
EMPLOYER USE ONLY

Date Stamp (Internal Office Use Only)

Please fill this form with a Black pen using BLOCK letters
Please fill circles like this ● NOT like this ⊗ ✓

→ Please complete this form if you wish to update your membership / future contribution options.

Section 1 Your personal details

Client Number

Salutation Mr ○ Mrs ○ Ms ○ Dr ○ Other ○ If Other, Please Specify

Surname

Given name(s)

Date of birth (dd/mm/yyyy) / /

Gender ○ Male ○ Female

Address Line 1

Address Line 2

Suburb State Postcode

Phone (Day) Home Phone Number

Mobile

Email

Section 2 Change in membership contribution option

By salary sacrifice (ie. before tax)

○ 1% ○ 2% ○ 3% ○ 4% ○ 5% ○ 6%

Other if higher %

OR please specify a dollar amount:

$ pa

AND / OR

By deduction (ie. on an after tax basis):

○ 1% ○ 2% ○ 3% ○ 4% ○ 5% ○ 6%

Other if higher %

OR please specify a dollar amount:

$ pa

Section 3 Acknowledgement & declaration (this section MUST be signed by the member)

→ I understand that in completing and signing this form that any previous member contribution options will be overridden by the new details on this form.

→ I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Trust Deed and Rules in all respects.

Member Signature

Date / /

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