

# → Change of benefit class or employment

Use this form to let LGsuper know when an employee has had a change of employment and should have different super arrangements.

**Personal details** LGsuper respects privacy. All personal information collected is protected in line with the National Privacy Principles and LGsuper's Privacy policy.

Member's last name

Member's given names

Member number

## Election to make member contributions

I wish to begin contributing 6% of annual salary to LGsuper from the following date and acknowledge that I have received a copy of the *Accumulation account guide (PDS)*.

Effective date

Member's signature

Date

## To be completed by employer

### Change of benefit class or employment basis

1. Member contributions will commence 12 months from the date joined Class 3 unless otherwise advised.
2. Member section must be completed for changes to Class 1.

	Tick box	
	From*	To
Class 4 (casual - SG only)	<input type="checkbox"/>	<input type="checkbox"/>
Class 3 (SG only)	<input type="checkbox"/>	<input type="checkbox"/>
Class 1 (Full contributions)	<input type="checkbox"/>	<input type="checkbox"/>
Annual salary (if changing from Class 3 or 4)*	<input type="text" value="\$"/>	
Date change is effective	<input type="text"/>	
Change part time/full time rate - proportion of full-time hours worked	<input type="text"/> %	

Authorised signature for employer

Employer stamp

Date