

Change of benefit class or employment

M05A

Employer stamp



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

Personal details LGIASuper respects your privacy. All personal information collected is protected in line with LGIASuper's Privacy policy.

Surname

Given name/s

Member number

Election to make member contributions

I wish to begin contributing 6% of annual salary to LGIASuper from the following date and acknowledge that I have received a copy of the relevant Product Disclosure Statement.

Effective date for when contributions are to start

/ /

Member's signature

Date

/ /

To be completed by employer

Change of benefit class or employment basis

1. Member contributions will start 12 months from the date the member 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)

☐☐

Class 3 (SG only)

☐☐

Class 1 (full contributions)

☐☐

Annual salary (if changing from Class 3 or 4). **Note:** Actual salary must be provided if employee is part time.

\$

Date change is effective

/ /

Change part time/full-time rate—proportion of full-time hours worked

%

Authorised signature for employer

Employer stamp

Date

/ /

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