

# binding death benefit nomination

# HESTA

Before completing the form, read **Important information below and overleaf**.

Complete all sections in capital letters, using a black or blue pen. Print 'X' to mark boxes where applicable. Do NOT use liquid paper or correction tape.

## I would like this binding death benefit nomination to apply to my:

<input type="checkbox"/> HESTA super account - Member number: <input type="text"/>	<input type="checkbox"/> HESTA Income Stream - Member number: <input type="text"/>
<input type="checkbox"/> HESTA Personal Super - Member number: <input type="text"/>	<input type="checkbox"/> HESTA Term Allocated Pension - Member number: <input type="text"/>
<input type="checkbox"/> HESTA Corporate Super account - Member number: <input type="text"/>	

Note: if you wish to nominate different beneficiaries for each of your HESTA accounts, you will need to complete a separate form for each account.

Tick **ONE** box to: nominate  OR renew  OR cancel  OR change  beneficiaries. If you tick more than one box your request will not be valid.

## 1 Personal details

Title: Ms  Mrs  Miss  Mr  Dr  Other  Given name/s:

Date of Birth:         Family name:

Address:

## 2 Beneficiary details

Each nominated beneficiary must be a dependant as described below or your Legal Personal Representative. Your binding nomination must be signed by TWO witnesses (other than any of the beneficiaries named) in your presence at the same time and date as your declaration. Please use whole numbers, not decimals for the benefit percentages. If you have more than six beneficiaries please call us. **Do not complete this section if cancelling but, complete sections 3 and 4 overleaf.**

FULL NAME 1	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	
<input type="checkbox"/> Legal personal representative	
FULL NAME 2	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	
FULL NAME 3	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	
FULL NAME 4	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	
FULL NAME 5	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	

FULL NAME 6	
RESIDENTIAL ADDRESS	
MOBILE NUMBER	
Beneficiary's relationship to you:	% of benefit
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Financially dependent/Interdependent	
<b>TOTAL</b> (must add up to 100%):	<input type="text"/> <input type="text"/> <input type="text"/> %

## Important information

To provide more certainty about who receives your benefit when you die, you can make a nomination which binds the Trustee of HESTA to pay the person(s) you direct (providing you are still a member of the Fund when you die).

The person(s) you nominate must be any one or more of the following:

- your spouse (including another person, whether of the same sex, or a different sex with whom you are in a relationship that is registered under a law of a state or territory, or, a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple)
- your children (including step, adopted, ex-nuptial, a child of your spouse or someone who is your child within the meaning of the *Family Law Act (1975)*)
- any person(s) financially dependent or interdependent on you
- your legal personal representative, which means the executor or administrator of your estate.

### Tax and death benefits

The definition of a dependant under tax law differs from the definition under superannuation law. Under tax law, children aged 18 and over are not classed as tax-dependants and therefore benefits may be subject to tax. Similarly, taxes may be applied where you have nominated your legal personal representative.

If a nominated beneficiary no longer falls within one of the aforementioned categories at the time of your death, your nomination will be invalid and the Trustee will determine distribution of the benefit.

You should consider the options available for binding nominations carefully. Read the *How super works* which forms part of the Product Disclosure Statement available at [hesta.com.au/pds](https://hesta.com.au/pds)

At the time of a claim, a beneficiary may be entitled to choose to receive the income stream as a lump-sum payment or opt to continue the income stream if eligible. We recommend seeking financial advice as the tax treatment of benefits will depend on their personal circumstances.

Please turn over to read and sign member and witness declaration.

## How long is the nomination valid?

A binding nomination is valid for three years from the date it was signed. It is important to keep your nomination up to date to ensure your wishes are met. You can renew, change or cancel your nomination at any time. If your nomination is valid, we must follow it no matter how your circumstances have changed. For example, if you nominate your husband or wife and you later separate, but have not yet obtained a divorce, your nomination remains valid and binds you unless you vary or cancel it, or it expires. You will be advised of your nomination each time we send your Member Annual Statement, and you will be provided with the opportunity to update it.

Your dependants have the right to complain about a decision made by the Trustee. Visit [hesta.com.au/complaints](https://hesta.com.au/complaints) to learn more about disputing the Trustee's decision.

## What is a valid nomination?

To make a nomination valid, your nomination must:

- be made in writing on this form
- clearly set out the proportion of the benefit to be paid in full percentages (total must add up to 100%)
- be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated beneficiaries on the form
- be signed and dated on the same date by the two witnesses in your presence at the same time you make your declaration
- be sent to us (a nomination will not be valid until we receive it).

## Making and updating a binding nomination

To renew, change or make a new nomination you must tick the relevant box at the start of this form and write your chosen beneficiaries' details in Section 2. The 'percentage of benefit' column must total 100%. The form must be signed by you, dated and witnessed by two people who are not beneficiaries. Once accepted, this nomination will replace any existing nomination.

### 3 Member declaration

#### I understand and declare:

- my beneficiary(ies) must be my spouse, child, financial dependent and/or interdependent, or a legal personal representative of my estate at the time of my death
- I have read the information on this form that sets out the terms upon which this nomination is made and I will be bound by the provisions of the HESTA Trust Deed relating to binding death benefit nominations
- a binding nomination is only valid for three years from the date it is signed, confirmed or amended
- I may at any time cancel or change a binding nomination notice by submitting a new binding death benefit nomination
- if a binding nomination is invalid or has not been received by the Trustee of HESTA before I die, the death benefit will be determined by the Trustee of HESTA at its discretion
- this declaration must be signed by me in the presence of two witnesses over the age of 18, who are not beneficiaries on this form
- this nomination applies to all my investments within the HESTA account nominated on this form.
- I have read and understood the HESTA Privacy Collection Statement and consent to the trustee of HESTA collecting, using and disclosing my personal information.

Signature:

Date:

Please ensure TWO witnesses sign this form **at the same time on the same date** as you sign this (in your presence). Scan and email all requirements to [hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

## Cancelling a binding nomination

If you want to cancel a current binding nomination and not replace it, you must tick the relevant box at the beginning of the form. Please note the form must still be signed, dated and witnessed to cancel a previous nomination.

We will confirm your new or cancelled nomination in writing. We will also contact you and seek instructions before the expiry of an existing nomination.

## Default option

If, at the time of your death:

- you have not made a binding death nomination, or
- your nomination has been cancelled, or
- your nomination is invalid (for example, it is not correctly signed or witnessed, it is more than three years old and has not been renewed, or if a nominated beneficiary no longer fall within one of the permitted categories)

the Trustee of HESTA will use its discretion to determine how your benefit should be paid.

## Privacy

The information you provide on this form, and any subsequent information you provide to us or our service providers in relation to this form, is collected in accordance with the HESTA Privacy Collection Statement available at [hesta.com.au/privacy](https://hesta.com.au/privacy) or by calling 1800 813 327.

Where you provide us with personal information about another person, it is your responsibility to notify that person about the disclosure of their personal information to us. Scan and email all requirements to [hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

### 4 Witness declaration

**Each witness declares that: I am over age 18, I am not a beneficiary nominated on this form and the member signed this binding nomination in my presence.** Please ensure the member signs the member declaration (see section 3) in your presence **at the same time on the same date** as this witnesses' declaration.

Signature of witness one:

Print name:

Date:

Phone number:

Date of birth:

Signature of witness two:

Print name:

Date:

Phone number:

Date of birth:

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | Email forms to [hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

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