

binding death benefit nomination



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

Complete all sections by typing in the information or if writing please do so in CAPITAL letters. Print 'X' to mark boxes where applicable. If you make an error, please complete a new form. **No alterations accepted.**

Apply this binding death benef	it nomination to	my:				
HESTA super account - Member	er number:		HESTA Income Stream - Member number:			
HESTA Personal Super - Memb	per number:		HESTA Term Allocated Pension - Member number:			
HESTA Corporate Super accou	unt - Member nur	mber:				
Note: if you wish to nominate differ Cross ONE box only to: nominate			STA accounts, you will need to complete a separate for neficiaries.	rm for each account.		
1. Personal details			2. Beneficiary details (continued)			
Given name/s:			FULL NAME 4			
			RESIDENTIAL OR EMAIL ADDRESS			
Family name:						
			MOBILE NUMBER			
Date of birth:			Beneficiary's relationship to you:	% of benefit		
			Spouse Child Financially dependent/Interdependent			
Residential address (PO Box not	accepted):					
			FULL NAME 4			
Suburb	State/Terr.	Postcode	RESIDENTIAL OR EMAIL ADDRESS			
			MOBILE NUMBER			
Postal address (only complete if	different from a	(bove):	Beneficiary's relationship to you:	% of benefit		
, , , , , , , , , , , , , , , , , , ,		,	Spouse Child			
Suburb	State/Terr.	Postcode	Financially dependent/Interdependent			
			TOTAL (the % of all beneficiaries			
Mobile or daytime phone numb	er:		nominated MUST add up to 100%):			
			Important information			
			·			
2. Beneficiary details			To provide more certainty about who receives you die, you can make a nomination which binds the 1			
Each nominated beneficiary must below or your Legal Personal Repr	resentative. Your I	oinding death	pay the person(s) you direct.	611 611		
benefit nomination form must be signed by TWO witnesses (who are not nominated beneficiaries) in your presence at the same time and			The person(s) you nominate must be any one or m • your spouse* (including another person, wheth	•		
date as your declaration. If you ha			a different sex with whom you are in a relations	ship that is registered		
please call us.			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			
FULL NAME 1			a relationship as a couple)			
RESIDENTIAL OR EMAIL ADDRESS			 your child* (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) 			
MOBILE NUMBER						
Beneficiary's relationship to you:		% of benefit	any person(s) financially dependant* or interde leaal personal representative (LPR) of your estate	•		
Spouse Child Financially dependent/Interdep	ondont		provide the name of your LPR on this nomination. HESTA will determine			
Legal personal representative (c			to pay your benefit to the confirmed executor or a estate at the time of passing, which may differ fro			
FULL NAME 2			*Evidence of this relationship will be required to be su	ubmitted as part of the		
RESIDENTIAL OR EMAIL ADDRESS			death claim process. If the person nominated no longer falls within one of the aforementioned categories at the time of your passing, your nomination			
RESIDENTIAL OR EMAIL A	NDDKE22		will be invalid and the Trustee will determine distribut			
MOBILE NUMBER			Tax and death benefits			
Beneficiary's relationship to you:		% of benefit	The definition of a dependant under tax law diffe			
Spouse Child Financially dependent/Interdependent				under superannuation law. Under tax law, children aged 18 and over are not generally classed as tax-dependents and therefore		
FULL NAME 3			benefits may be subject to tax. Similarly, taxes mo	y be applied where		
			you have nominated your legal personal represe	ntative.		
RESIDENTIAL OR EMAIL ADDRESS			You should consider the options available for binding death benefit nominations carefully. Read the <i>How super works</i> which forms part of			
MOBILE NUMBER	the Product Disclosure Statement available at hes					
Beneficiary's relationship to you:		% of benefit				
Spouse Child Financially dependent/Interdep	endent					
			Please turn over to read and sign member and	witness declaration		

At the time of a claim, a beneficiary may be entitled to elect an 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.

How long is the nomination valid for?

A binding death benefit nomination is valid for three years from the date it was signed or last renewed. It is important to keep your nomination up to date to ensure your wishes are met.

You can change or cancel your nomination at any time. If your nomination is valid, other than in very specific circumstances, 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 us unless you vary or cancel it, or it expires. You will be advised of your nomination each time we send your Annual Statement, and you will be provided with the opportunity to update it.

What is a valid nomination?

For a nomination to be valid, it must:

- be made in writing on this form
- clearly set out the proportion of the benefit to be paid (total must add up exactly 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 at the same time you make your declaration
- be sent to us (a nomination will not be valid until we receive it) and received by HESTA prior to your passing.

Making and updating a binding death benefit nomination

To 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 dependant and/or interdependent at the time of my death or a legal personal representative of my estate
- I have read the information on this form that sets out the terms upon which this nomination is made and am aware that my rights in relation to any binding death benefit nomination are determined by the Trust Deed governing HESTA available at hesta.com.au/disclosures or by calling 1800 813 327
- a binding death benefit 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 death benefit nomination notice by submitting a new binding death benefit nomination
- if a binding death benefit 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 in accordance with the Trust Deed
- 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

Signature:

Date:

DDMMYYYY

Please ensure TWO witnesses sign this form **at the same time and on the same date** as you sign this (in your presence).

Return your completed and signed form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 35007, Collins St West VIC 8007.

Cancelling a binding death benefit nomination

If you want to cancel a current binding death benefit 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 notify you before the expiry of an existing nomination.

Renewing your binding death benefit nomination

If you have an existing binding death benefit nomination, we'll send a Renewal of binding death benefit nomination form to you to complete around two months before your current nomination/s expires. If you'd like to renew your binding death benefit nomination earlier, please fill out this form.

Default option

If, at the time of your death:

- · you have not made a binding death benefit nomination, or
- your nomination has been cancelled, or

4. Witness declaration

Each witness declares that:

I am over age 18

 your nomination is invalid (for example, it was not correctly signed or witnessed, it is more than three years since it was signed or last renewed, or if a nominated beneficiary is no longer a dependant.)

the Trustee of HESTA will use its discretion in accordance with the Trust Deed 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** 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.

Signature of witness one:	
Signature of Withess One.	
Print name:	
Date:	
DDMMYYYY	
Phone number:	
Signature of witness two:	
Print name:	

contact us

🙎 hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au

Phone number: