

This form enables existing members to update certain details on their member account. Complete all parts of this form in capital letters, using a black pen, and mail to **HESTA, Locked Bag 5136, Parramatta, NSW 2124**. Check that you have signed and dated the declaration and that all certified documentation is attached if applicable.

You must attach the *Certifying your ID* form (see [hesta.com.au/certifyingid](https://hesta.com.au/certifyingid)) and attachments specified within it if you are changing your name or date of birth. You can update your preferred beneficiary here but if you have more than three beneficiaries, update via Member Online. If you want your nomination to be binding, you must complete the *Binding death benefit nomination* form at [hesta.com.au/bindingnomination](https://hesta.com.au/bindingnomination)

## How to fill in this form

### 1 Your existing member details with HESTA

Complete this section in full. Do not use initials. Your full name and date of birth will help us accurately identify your account.

### 2 Your new details

Complete this section for changes to your member details.

You can also provide consent for us to verify your identity electronically with an accompanying *Certifying your Identification* form (at [hesta.com.au/certifyingid](https://hesta.com.au/certifyingid)). Please check the form for eligibility requirements.

Your address and preferred beneficiaries can easily be updated through Member Online ([hesta.com.au/mol](https://hesta.com.au/mol)).

#### Proving your identity

If you've changed your name, you are required to provide certified documents as evidence of the change that show your original name and your new name – for example, your birth certificate and your marriage certificate.

If your date of birth needs correcting, you are required to provide certified documents as evidence of your correct date of birth – for example, your birth certificate or your Driver licence.

#### What is a certified copy?

A certified copy is a photocopy of the original document which has been signed by a person verifying the copy is a true copy of the original. The certification for the *Change of member details* form must include the **certifying officer's signature, printed name, address and type of authority** (e.g. Justice of the Peace), as well as the **date**.

See the *Certifying your identification* form online at [hesta.com.au/certifyingid](https://hesta.com.au/certifyingid) for information on certifying your documents.

Please send certified copies: **DO NOT** send originals.

### 3 Preferred beneficiary(ies)

Complete this section if you wish to change your nominated beneficiary(ies).

#### Who may be nominated?

You can nominate your dependants or your legal personal representative.

Your dependants include:

- your spouse (which includes 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 child (which includes an adopted child, a step-child, an ex-nuptial child, a child of your spouse or someone who is your child within the meaning of the *Family Law Act 1975*)

### 3 Preferred beneficiary(ies) (continued)

- a person who is wholly or partially financially dependent on you
- a person with whom you have an interdependency relationship.

An interdependency relationship is defined as:

- a close personal relationship between two people who live together, where one or each provides the other with financial support, and one or each provides the other with domestic support and personal care, **or**
- a close personal relationship that does not satisfy the other criteria because one or both people suffer from a physical, intellectual or psychiatric disability.

Your legal personal representatives include:

- the executor of your will, **or**
- the administrator of your estate.

#### Is my nomination binding?

The Trustee has the final decision as to whom benefits are paid, but will consider the people named as being dependent on you. Providing this information is optional, but it helps the Trustee to make a decision in accordance with the Trust Deed.

It's important you keep your nomination up to date, particularly if your family or marital circumstances change. If you would like your HESTA super benefit divided between more than three people, please provide their details on another copy of this form, or on a signed and dated piece of paper marked with your name and account number, and attach it to this form. You may also update your nominations through Member Online at [hesta.com.au/mol](https://hesta.com.au/mol)

If you'd like to make a nomination which binds the Trustee of HESTA to pay the person(s) you nominate, please complete a *Binding death benefit nomination* form at [hesta.com.au/bindingnomination](https://hesta.com.au/bindingnomination)

### 4 Additional information

#### Changing your insurance and investment details

Most members receive standard insurance cover and are invested in the default investment option, Core Pool, when they join.

Your most recent member statement will detail your current insurance and investment options and you can check or change your details, investments and insurance cover options via Member Online ([hesta.com.au/mol](https://hesta.com.au/mol))

## 1 Your existing member details with HESTA

Completing this section in full will help us identify your account.

Member number:

Date of birth:

Title: Ms  Mrs  Miss  Mr  Dr  Other

Given name/s:

Family name:

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

## 2 Your new details (see previous page for more info)

Completing this section in full will help us administer your account. Suitable certified proof must be supplied with this form.

Date of birth:

Title: Ms  Mrs  Miss  Mr  Dr  Other

Gender: F  M

Given name/s:

Family name:

If your name has changed, provide your previous signature here:

Residential address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

## 2 Your new details (continued)

Postal address: (if different from residential):

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

Best contact number:

Email:

## 3 Preferred beneficiary(ies) (see previous page for more info)

I nominate the below person(s) as my preferred beneficiary(ies) for the payment of my death benefit in HESTA. I understand my nomination will be used by the Trustee as a guide and the Trustee is not bound by my nomination when exercising its absolute discretion to pay my benefit through HESTA.

Full name:

Residential address:

Relationship to you:

% of benefit

Full name:

Residential address:

Relationship to you:

% of benefit

Full name:

Residential address:

Relationship to you:

% of benefit

**Total** (must add up to 100%):

## 4 Declaration

I declare that I have read all the information supplied and that the details on this form are correct. I have read and understood the HESTA Privacy Collection Statement, and consent to the Trustee of HESTA collecting, using and disclosing my personal information.

Member's signature:

Date:

## contact us

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