

change of member details form



Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable. **The form must be completed in full.**

You must attach the *Certifying your identification* form (see **hesta.com.au/forms**). You can update your non-binding beneficiary here but if you have more than three beneficiaries, update via your online account at **hesta.com.au/login**. If you want your nomination to be binding, you must complete the *Binding death benefit nomination* form at **hesta.com.au/forms**

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 section 2 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. Please check the form for eligibility requirements.

Your address and non-binding beneficiaries can easily be updated through your online account at **hesta.com.au/login**

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 for information on certifying your documents.

Please send certified copies: DO NOT send originals.

3. Non-binding beneficiary(ies)

Complete this section if you wish to change your non-binding 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)
- 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 representative include

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

Is my nomination binding?

The HESTA Trust Deed grants the Trustee discretion to determine to whom benefits will be paid to in the event of your death. Providing your non-binding beneficiaries is voluntary, but may be considered by the Trustee when making its decision in accordance with the Trust Deed. The HESTA Trust Deed is available at **hesta.com.au/disclosures** or by calling 1800 813 327.

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 your account online at hesta.com.au/login

Binding death benefit nominations (BDBN)

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

To make a BDBN you must complete a Binding death benefit nomination form found at **hesta.com.au/bindingnom**

1, Personal details	2. Your new details (continued)
These are the details HESTA currently holds.	Postal address (only complete if different from above):
Title: Ms Mrs Miss Mr Dr Mx Other	
Member number:	
Tierriber Taltiber	
Given name/s:	Suburb
divert harreys.	
Family name:	State/Terr. Postcode
ranky name.	
	Mobile or daytime phone number:
Date of birth:	
DDMMYYYY	Email:
Residential address (PO Box not accepted):	
	If your name has changed, provide your previous signature here:
	in your man or tangety promise your promote signature more
Suburb	
	3. Non-binding beneficiary(ies)
State/Terr. Postcode	I nominate the below person(s) as my non-binding beneficiary(ies)
	for the payment of my death benefit in HESTA. I understand my nomination may be considered by the Trustee, and the Trustee
Postal address (only complete if different from above):	is not bound by my nomination when exercising its absolute
	discretion to pay my benefit in accordance with the Trust Deed.
	Full name:
C. de velo	
Suburb	Residential address:
Chata /Tarra Dantarada	
State/Terr. Postcode	Mobile or day phone number (optional):
	5 4 4 1 2
Mobile or daytime phone number:	Email (optional):
Email:	Beneficiary's relationship to you: % of benefit
	Spouse Child Financially dependent/Interdependent
O Vermon and definite	Legal personal representative (of your estate)
2. Your new details	Full name:
Title: Ms Mrs Miss Mr Dr Mx Other	rati name.
Given name/s:	Residential address:
	Nesider mar dadress.
Family name:	Mobile or day phone number (optional):
	Mobile of day priorie namber (optional).
Date of birth:	Email (optional):
DDMMYYYY	Errait (Optional)
	Beneficiary's relationship to you: % of benefit
Residential address (PO Box not accepted):	Spouse Child
	Financially dependent/Interdependent
Suburb	
State/Terr. Postcode	

3. Non-binding beneficiary(ies) (continued)	4. Member declaration
Full name:	 I confirm the details I have supplied are true and correct and instruct the trustee of HESTA to process my request in accordance with the provisions of the HESTA Trust Deed available at hesta.com.au/disclosures or by calling 1800 813 327.
Residential address:	
Mobile or day phone number (optional):	 I acknowledge that, before I sign this form, I read and understand the HESTA Product Disclosure Statement available at hesta.com.au/pds or by calling 1800 813 327.
Email (optional):	 I understand if I do not provide you with all information requested in this form, you may not be able to accept or carry out my request.
Beneficiary's relationship to you: % of benefit Spouse Child Financially dependent/Interdependent % of benefit	 I have read and understood HESTA's Privacy Collection Statement which is available at hesta.com.au/privacy or by calling 1800 813 327. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers. By providing my email address and/or phone number, I nominate those as my up-to-date contact details, and consent to HESTA providing me with information about HESTA's products and services, as well as marketing communications including third party products and services.
Total (must add up to 100%)	
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:
	Date:
	D D M M Y Y Y

Return your completed and signed form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 35007, Collins St West VIC 8007. If you have any questions about completing this form, call us on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.

contact us

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