

combining your super

Complete the *rollover initiation request* overleaf to transfer your other super funds to HESTA

HESTA

Before completing this form

- Read the important information below.
- Complete the *Choice of super fund request* form if you would like HESTA to receive future Superannuation Guarantee contributions.
- You can also find and rollover any other super online at hesta.com.au/login

When completing this form

- Refer to these instructions where a question has this icon: 
- Print clearly in BLOCK LETTERS.

After completing this form

- Sign the authorisation.
- Review the checklist below.
- Scan and email, or mail the request form to your fund.

Important information

This transfer may close your account (you will need to check this with your FROM fund).

This form **can not** be used to:

- transfer benefits if you don't know where your super is
- transfer benefits from multiple funds on this one form – a separate form must be completed for each fund you wish to transfer super from
- transfer your super to an SMSF
- change the fund to which your employer pays contributions on your behalf. The *Choice of super fund request* form must be used by you to change funds
- open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a super agreement under the *Family Law Act 1975* in place.

What happens to my future employer contributions?

Using this form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits FROM.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about choice.

For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit ato.gov.au or call 13 10 20.

Things you need to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you. Some of the points you may consider are:

- Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- Death and disability benefits – your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance or may require you to pass a medical examination before they cover you. When considering a new fund, you may wish to check the costs and amount of any cover offered.

What happens if I do not quote my tax file number (TFN)?

We are authorised to collect your tax file number (TFN) under the *Superannuation Industry (Supervision) Act 1993* (SIS). Supplying your TFN is voluntary, and it is not an offence if you choose not to provide it.

We are required by law to take the necessary steps to properly safeguard your TFN, and our intention is to use it only for lawful superannuation purposes, including to facilitate the search for and consolidation of your superannuation accounts, by seeking information from the Australian Taxation Office (ATO) and/or a superannuation entity.* A record of your TFN will be made for ongoing taxation and superannuation purposes.

We may disclose your TFN to another superannuation provider if your benefits are transferred, unless you instruct us in writing not to disclose it to any other fund.

*Please note: Future legislation may result in changes to these purposes.

Why should I provide my TFN?

- HESTA will be able to accept all permitted types of contributions to your account,
- other than the tax that may ordinarily apply, you will not pay more tax than you need to – this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and
- it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

Checklist

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

Return your completed form

Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

*Visit ato.gov.au for the most current information on super contributions and tax.

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rollover initiation request

HESTA

Use this form to request a transfer of your super account from another fund to HESTA.
You can also find and rollover any other super online at hesta.com.au/login

COMPLETING THIS FORM

- Read the important information pages
- Refer to instructions where indicated with: ➔
- This form is only for whole (not part) balance transfers

AFTER COMPLETING THIS FORM

- Sign the authorisation
- Send form to either your FROM (transferring) fund or your TO (receiving) fund

Personal details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
*Family name	<input type="text"/>							
*Given names	<input type="text"/>							
Other/previous names	<input type="text"/>							
*Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Tax file number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be tax consequences.

➔ See 'What happens if I do not quote my tax file number?'

*Gender Male Female

NB: * Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Current address (residential, no PO. Boxes)

*Address	<input type="text"/>		
*Suburb	<input type="text"/>		
*State/Territory	<input type="text"/>	*Postcode	<input type="text"/>
Email	<input type="text"/>		
Contact phone number	<input type="text"/>		

Previous address

➔ If you know that the address held by your FROM fund is different to your current residential address, give details below.

Address	<input type="text"/>		
Suburb	<input type="text"/>		
State/Territory	<input type="text"/>	Postcode	<input type="text"/>

Fund details

FROM (Transferring Fund)

*Fund name	<input type="text"/>	
Fund phone number (if available)	<input type="text"/>	
*Membership or account number	<input type="text"/>	
Australian Business Number (if available)	<input type="text"/>	
Unique Superannuation identifier (if available)	<input type="text"/>	
Type of rollover	Full rollover	<input type="checkbox"/>
	Partial rollover	<input type="checkbox"/>
	Transfer amount (only complete for partial rollovers)	<input type="text"/>
	\$	<input type="text"/>

➔ If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer. You must check with your TO fund to ensure they can accept this transfer.

TO (Receiving Fund)

*Fund name	<i>HESTA</i>
Fund phone number	<i>1800 813 327</i>
*Membership or account number	<input type="text"/>
Australian Business Number	<i>64 971 749 321</i>
Unique Superannuation identifier	<i>HST0100AU</i>

Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for information about the effect this transfer may have on my benefits, and have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name (Print in BLOCK LETTERS)

*Signature

*Date (DD/MM/YYYY)