

# convert from HESTA Transition to Retirement Income Stream to HESTA Income Stream

# HESTA

Use this form if you would like to move from a HESTA Transition to Retirement Income Stream to a HESTA Income Stream. Please consult a financial adviser before making a decision.

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.** Call us on 1300 734 479 if you have any questions.

## 1 Personal details

Member number:

Title: Ms  Mrs  Miss  Mr  Dr  Other

Given name/s:

Family name:

Date of birth:

Residential address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr. Postcode

Phone number:

Email:

**!** It is strongly recommended that you speak to a financial adviser prior to making any decisions in relation to your HESTA Income Stream account.

## 2 Eligibility to move to HESTA Income Stream

**!** Transition to Retirement members are only eligible to convert to a HESTA Income Stream if they can select one of the following options:

I have reached preservation age, have ceased employment and do not intend to be employed again

Date left employer:

I am aged 60-64 and I have ceased employment, with any employer, since turning age 60

Date left employer:

**Important note:** Your preservation age will be dependent on your date of birth (see 'other information about taxation of benefits' page for your preservation table in *Income Stream PDS*). Also if you have never been employed, benefits cannot be paid until you reach age 65.

## 3 Member declaration

- I declare I am the HESTA Transition to Retirement Income Stream member whose details appear on this form.
- I confirm the details I have supplied are true and correct, particularly confirming any declaration in section 2.
- I have read and understood HESTA's Privacy Collection Statement which is available at [hesta.com.au/privacy](https://hesta.com.au/privacy) or by calling 1300 734 479, and accept that the information on this form is true and correct to the best of my knowledge and belief. 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.
- I acknowledge HESTA has advised me to consider obtaining financial advice.
- I understand the conversion will be effective from the date of processing of the form.
- 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.

Signature:

Date:

### Return your completed form

Scan and email all requirements to [hestais@hesta.com.au](mailto:hestais@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

If you have any questions about completing this form, call us on 1300 734 479 between 8.00am and 8.00pm (AET).

## contact us

[hestais@hesta.com.au](mailto:hestais@hesta.com.au) | 1300 734 479 | **Email form to [hestais@hesta.com.au](mailto:hestais@hesta.com.au) or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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