

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 BLOCK 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

Gender: F M

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 the HESTA Privacy Collection Statement and consent to the trustee of HESTA collecting, using and disclosing my personal information.
- 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 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

hesta@hesta.com.au | 1800 813 327 | **Email form to hestais@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, Trustee of Health Employees Superannuation Trust Australia (HESTA) ABN 64 971 749 321. 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.