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## eft payment details for death benefit claims

This form should be completed by the person/s who has been approved by HESTA to receive payment of a HESTA member's superannuation death benefit. Type in your details or complete in pen using CAPITAL LETTERS. **The form must be completed in full.** 

1. Personal details of deceased member									
Member number	Given name/s		Family name						
2. Personal details of eligible ben	neficiary								
Beneficiary given name/s		Beneficiary fan	nily name						
Beneficiary date of birth   DD /   MM /	Beneficiary mobile or daytime pl	none number	Email						
Beneficiary residential address (PO E	Box not accepted)								
Suburb				State/Terr.	Postcode				
3. Bank account details									
Payment will only be paid via electronic funds transfer (EFT). Provide all details as requested below.									
Bank name/financial institution:		Name of bank	account holder:						

Note: Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders. BSB: Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA will not verify your bank details.

						you	r ma	oney
Acc	ount	num	oer:					

To request an overseas transfer, please provide a document from your bank detailing the following: your account number, account name, bank name and address, the bank's SWIFT/BIC code and the International Bank Account Number (IBAN).

## 4. Beneficiary declaration

- · I'm providing my bank details to enable HESTA to pay me a superannuation death benefit via EFT as an eligible beneficiary of the above named account.
- 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.

Date:

· I understand if I don't provide you with all information requested in this form, you may not be able to accept or carry out my request.



**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

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