

IMPORTANT

Please ensure **a copy of your financial institution statement** OR **a deposit slip showing your BSB, Account Number and Account Name is attached.**

(Note: We do not need to see your account balance or transactions).

Your new banking details

I authorise HESTA Superannuation to deposit the benefit payable into my nominated financial institution, and I attach a copy of a recent statement or deposit slip confirming the following details (please complete):

Account name:

Bank name/branch:

Branch number (BSB):

Account number:

Name of claimant:

Signature of claimant:

Date:

Reference

Member name:

Member number:

contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the 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 to us.