

# HESTA Income Stream consolidation form



Use this form to combine your existing HESTA Income Stream account with your HESTA super account or other HESTA Income Stream accounts into a new Income Stream account. **NOTE: if you are currently in receipt of Centrelink payments or commenced an Income Stream prior to January 2015, please contact Centrelink before completing this form to understand any potential impacts of combining your accounts.**

### 1 Member details

Title: Ms  Mrs  Miss  Mr  Dr  Other

Given name/s:

Family name:

Date of birth:  
D  D  M  M  Y  Y  Y  Y

Mother's maiden name: (Information collected for security reasons only)

Residential address:  
PO Box / Unit number / Street number

Street name

Suburb

State/Terr.      Postcode

Telephone number (business hours):

Telephone number (after hours):

Mobile:

Email:

By providing your email, you agree to receive electronic communication of materials in future, that might otherwise have been sent on paper.

We are authorised to seek your tax file number (TFN). Advising us of your TFN is voluntary, and it is not an offence if you choose not to provide it. Please read 'Giving us your tax file number' on page 38 of the HESTA Income Stream PDS for more information or [hesta.com.au/tfn](http://hesta.com.au/tfn).

Tax file number:

Exemption (please see the TFN declaration at [ato.gov.au](http://ato.gov.au)):

### 2 Account details

Please fill out the details of your HESTA super account and the amount you would like to transfer to your HESTA Income Stream, or the details of your current HESTA Income Streams that you would like to combine.

#### PART A: Transfer your HESTA super account

HESTA member number:

**Please select one option only.**

Do NOT select the first option if you are rebooting or intending to continue making contributions to a TTR.

**Transfer entire balance**  
Please transfer the total balance of my HESTA account to my HESTA Income Stream and close my HESTA super account, **or**

**Transfer entire balance less \$6,000 to keep my HESTA account open and retain any insurance**  
Please retain \$6,000 in my HESTA super account and transfer the remainder to my HESTA Income Stream, **or**

**Transfer a specified amount\***  
Please transfer the amount of \$  from my HESTA super account to my HESTA Income Stream.  
\*A minimum \$6,000 must be left in your HESTA account.

#### PART B: Combine your HESTA Income Stream accounts

Member number:	Amount:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> \$ <input type="text"/>
<input checked="" type="checkbox"/> Transfer entire balance	
Member number:	Amount:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> \$ <input type="text"/>
<input checked="" type="checkbox"/> Transfer entire balance	

### 3 Investment strategy

Do you wish to transfer the investment strategy on your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes     No - Please complete Appendix A, page 3

If Yes and you are combining multiple HESTA Income Stream accounts, please provide the membership number of the account with the investment strategy to be maintained.

Member number:

### 4 Payment drawdown strategy

Do you wish to transfer the payment drawdown strategy on your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes     No - Please complete Appendix B, page 3

If Yes and you are combining multiple HESTA Income Stream accounts, please provide the membership number of the account with the drawdown strategy to be maintained.

Member number:

5239 11/23 ISS6

## contact us

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

## 5 Income stream payment details

Do you wish to transfer the income stream payment details on your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes  No - Please complete Appendix C, page 4

If Yes and you are combining multiple HESTA Income Stream accounts, please provide the member number of the account with the payment details to be maintained.

Member number (if known):

## 6 Income stream payment frequency

Do you wish to transfer the payment frequency of your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes  No - Please complete Appendix D, page 4

If Yes and you are combining multiple HESTA Income Stream accounts, please provide the member number of the account with the payment frequency to be maintained.

Member number (if known):

## 7 Bank account details

Do you wish to transfer the bank account details of your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes  No - Please complete Appendix E, page 4

If Yes and you are combining multiple HESTA Income Stream accounts, please provide the member number of the account with the bank account details to be maintained.

Member number (if known):

## 8 Beneficiary details

Do you wish to transfer the details of your preferred beneficiaries on your current HESTA Income Stream account to your new HESTA Income Stream account?

Yes  No - Please complete Appendix F.

If Yes and you are combining multiple HESTA Income Stream accounts please provide the member number of the account with the preferred beneficiaries to be maintained.

Member number (if known):

If you currently have a binding nomination or reversionary beneficiary you must complete Appendix F.

Unfortunately these details cannot be transferred between accounts.

## 9 Signature and declarations

This application form is attached to the *Income Stream Product Disclosure Statement (PDS)* available at [hesta.com.au/pds](https://hesta.com.au/pds) which is a summary of important information relating to the HESTA Income Stream. The PDS will help you to understand the product and decide whether it is appropriate for your needs.

HESTA recommends that, before you sign this application form, you read and understand the PDS to which this application is attached. If HESTA accepts your application, your rights as a member will be determined by the Trust Deed governing HESTA available at [hesta.com.au/disclosures](https://hesta.com.au/disclosures) or by calling 1300 734 479.

**Please select one option only.**

I declare that, with regard to my eligibility to become a member, one of the following is true:

Reached preservation age and employed

I have reached my preservation age but have not ceased gainful employment, **or**

## 9 Signature and declarations (continued)

Reached preservation age and no longer employed

I have reached my preservation age and am no longer gainfully employed. I am not intending to rejoin the workforce, full time or part time, at any time in the future, **or**

60 years of age and ceased employment

I am 60 years of age or older and I have ceased an employment arrangement since turning 60, **or**

Have been declared totally and permanently disabled/incapacitated

I have been declared totally and permanently disabled/incapacitated and have provided the Trustee with two medical certificates to that effect, **or**

Age 65 or over

I am aged 65 or more.

**In signing this application form, I declare that:**

- all details in this application are true and correct
- the whole of my investment is made up of one or more rollover benefits
- I am eligible to receive superannuation benefits in accordance with Superannuation Industry Supervision Regulations (see page 59 of the PDS 'Eligibility – temporary residents')
- I have no unresolved claims for tax deduction of personal contributions (see the *Deduction for personal super contributions* form on the ATO website [ato.gov.au](https://ato.gov.au) and if required please seek advice from a licensed tax adviser prior to combining your accounts)
- if this application is signed under Power of Attorney, the Attorney declares that no notice of revocation of that Power of Attorney has been received (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it)
- I understand that if I transfer the full account balance from my HESTA super account to the HESTA Income Stream, any HESTA insurance entitlements I may have will cease
- the Trustee of HESTA has no responsibility for my decision to transfer benefits except to the extent that I have received personal financial product advice from HESTA in respect of the creation of my HESTA Income Stream
- I understand that once I submit my application, my membership of HESTA Income Stream will commence on the date all requested transfer amounts are received
- 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 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
- the bank account details I have provided are correct and I acknowledge that HESTA will not verify these details
- I am aware I may ask for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits and insurance, and do not require any further information.

Signature:

Name (in block letters):

Date:

## 10 Adviser use only

Adviser/Planner's name:

Adviser/Planner's company:

Adviser/Planner's address:

Phone number:

Fax number:

Email (optional):

Adviser stamp:

### Appendix A: Investment options

Please select one option only.

**Ready-Made Strategy**

**I would like to invest in the HESTA Income Stream Ready-Made Strategy (default).**

If you choose this option, you **cannot** combine it with other HESTA Income Stream investment options or choose where payments are drawn from. Your drawdown sequence will be as shown on page 23 of the HESTA Income Stream PDS. If you have chosen this option, please do not fill in anything further in Appendix A or B.

OR

**Create my own strategy**

I would like to choose from the HESTA Income Stream investment options.

#### Step 1: Investment options

Investment options	% of total
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Indexed Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Sustainable Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash and Term Deposits	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Bonds	<input type="text"/> <input type="text"/> <input type="text"/> %
Property and Infrastructure	<input type="text"/> <input type="text"/> <input type="text"/> %
International Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total (must add up to 100%)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

**Note:** If you do not make a valid investment selection, your money will be invested in the HESTA Income Stream Ready-Made Strategy (the default option – see pages 22-28 of the PDS).

### Appendix B: Payment drawdown details

#### Step 2: Payment drawdown details

**Note:** If you do not make a valid nomination below, payment will be drawn down in the same proportion as your initial investment allocation.

**These options are not available if you have chosen the HESTA Income Stream Ready-Made Strategy.**

Indicate how you would like to drawdown your payments.

Please select one option only.

**Option 1: Withdraw payments in proportion to your investment balance**

Choose to have the income payments withdrawn from each investment in proportion to the balance in each investment option at the time of payment.

**Option 2: Specify the order of payments**

Choose the order of investments from which you would like to drawdown your income payments (e.g. 1 to 10).

#### Investment options hierarchy order

Conservative	<input type="text"/>
Balanced Growth	<input type="text"/>
Indexed Balanced Growth	<input type="text"/>
Sustainable Growth	<input type="text"/>
High Growth	<input type="text"/>
Cash and Term Deposits	<input type="text"/>
Diversified Bonds	<input type="text"/>
Property and Infrastructure	<input type="text"/>
International Shares	<input type="text"/>
Australian Shares	<input type="text"/>

**Option 3: Nominate the percentage to be withdrawn**

Specify which investment(s) you want your income drawn from and what percentage you want drawn from each.

#### Investment options

#### Percentage

Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Indexed Balanced Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Sustainable Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
High Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Cash and Term Deposits	<input type="text"/> <input type="text"/> <input type="text"/> %
Diversified Bonds	<input type="text"/> <input type="text"/> <input type="text"/> %
Property and Infrastructure	<input type="text"/> <input type="text"/> <input type="text"/> %
International Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
Australian Shares	<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total (must add up to 100%)</b>	<input type="text"/> <input type="text"/> <input type="text"/> %

## Appendix C: Income Stream payment details

If you do not nominate a payment amount, we will pay the minimum amount the government requires you to withdraw.

**Please select one option only.**

The amount I would like to receive is:

**Minimum amount (default)**

The minimum amount approved under government legislation (see 'Working out your minimum payment amount' on pages 46-47 of the PDS before choosing this option), **OR**

**Maximum amount (Transition to retirement (TTR) members under 65 only)**

10% of my account balance for a full year. If you have selected the maximum, please choose one of the following options:

- the full maximum for the first financial year  
 the maximum for the remainder of this financial year on a pro-rata basis (default), **OR**

**Nominate a specific amount**

Nominate an amount that will result in an annual amount that is between my minimum and maximum income limits \$  (per income payment) **OR**

**Nominated amount + CPI (TTR members cannot exceed 10%)**

Nominate an amount within your minimum and maximum income limits that will be increased in line with CPI each year \$  (per income payment) **OR**

**Nominated amount + indexation (TTR members cannot exceed 10%)**

Nominate an amount within your minimum and maximum income limits that will be indexed each year \$  (per income payment) **OR**

Please select the level of indexation each year:

- 1%  2%  3%  4%  5%

**Note:** If you invest between 1 June and 30 June, your minimum amount is zero. You may choose not to receive a payment until the next financial year by ticking here:

## Appendix D: Income Stream payment frequency

**Note:** If you do not nominate the frequency of your income payments, your income will be paid annually on 30 June.

I would like to receive my income payments:

- fortnightly  monthly  quarterly  
 half yearly  yearly

Please nominate your payment start date:

For monthly, quarterly, half-yearly or yearly payments only, please nominate a payment date:

- 15<sup>th</sup> of the month, **OR**  28<sup>th</sup> of the month, **OR**  
 Next available payment period (15<sup>th</sup> or 28<sup>th</sup> of the month)

**The exception to this, is the month of July, where yearly payments will only be made on the 28<sup>th</sup> day of the month. If you don't nominate a payment date, your income payment will be the next available payment date. Your payment nomination will remain in place until you advise us in writing to change it.**

## Appendix E: Bank account details

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.

**Please pay my income stream as follows**

Name of bank/building society/credit union:

## Appendix E: Bank account details (continued)

Name account is held in:

Branch number (BSB):    Account number:

**I confirm that the bank account is in my name (or jointly) and the details provided above are correct. (Ensure you provide a copy of your bank statement to verify details.)**

**!** 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 takes no responsibility for incorrect bank details being provided.

## Appendix F: Beneficiary details

Please advise how you want your account handled after your death. If you don't nominate a beneficiary option, the balance of your account will be paid as determined by the Trustee on your death in accordance with the Trust Deed. If your nomination is unclear (i.e. no selection or selecting more than one option), your account will be set up with no beneficiary nomination. You will have the option of adding preferred or binding beneficiaries at a later stage. See pages 49-51 of the *HESTA Income Stream PDS*.

**Please select one option only.**

**Reversionary beneficiary**

(Income stream to continue to be paid after your death. See PDS, page 55)

**Note:** You can nominate one beneficiary **only** to receive an income stream upon your death. This cannot be changed and must be completed at account setup.

Ms  Mrs  Miss  Mr  Dr  Other

Given name/s:

Family name:

Date of birth:

Gender:

Female  Male

Relationship to you:

(Must be your dependant at the time of your death)

**OR**

**Preferred beneficiary** (See page 55 of the PDS for details.)

Name:

Relationship to you:

% of benefit:

%

Name:

Relationship to you:

% of benefit:

%

Name:

Relationship to you:

% of benefit:

%

(If you have more nominations, please write them on a separate sheet, sign and date it and attach to this application)

**Total** (must add up to 100%)

%

**OR**

**Binding nomination**

(See page 54 of the PDS for details. Complete the *Binding death benefit nomination* form on the next page.) Binding death nominations can be amended in writing at any time. In all cases, they **MUST** be confirmed no later than the end of the three-year period after the day it was first signed, notified, last confirmed or amended by the member making the nomination. Beneficiaries of valid binding nominations can receive payment as a lump sum or continuing income stream. If the binding death nomination is not confirmed or amended within this three-year period, it will expire and the Trustee will determine who your benefit goes to.

# binding death benefit nomination

Before completing the form, read **Important information below and overleaf**.

Complete all sections by typing in the information or if writing please do so in CAPITAL letters.

Print 'X' to mark boxes where applicable. If you make an error, please complete a new form. No alterations accepted.

## I would like this binding death benefit nomination to apply to my:

<input type="checkbox"/> HESTA super account - Member number: <input type="text"/>	<input type="checkbox"/> HESTA Income Stream - Member number: <input type="text"/>
<input type="checkbox"/> HESTA Personal Super - Member number: <input type="text"/>	<input type="checkbox"/> HESTA Term Allocated Pension - Member number: <input type="text"/>
<input type="checkbox"/> HESTA Corporate Super account - Member number: <input type="text"/>	

Note: if you wish to nominate different beneficiaries for each of your HESTA accounts, you will need to complete a separate form for each account.

**Cross ONE box to:** nominate  OR renew  OR cancel  OR change  beneficiaries. If you cross more than one box your request will not be valid.

## 1 Personal details

Please ensure your personal details provided are as they currently appear on your HESTA account. If your details have changed please complete a *Change of member details form*

Title: Ms  Mrs  Miss  Mr  Dr  Other  Given name/s:

Date of Birth:         Family name:

Address:

## 2 Beneficiary details

Each nominated beneficiary must be a dependant as described below or your Legal Personal Representative. Your binding nomination must be signed by TWO witnesses (other than any of the beneficiaries named) in your presence at the same time and date as your declaration. **Please use whole numbers, not decimals for the benefit percentages.** If you have more than six beneficiaries please call us.

FULL NAME 1

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent  Legal personal representative (of your estate)

% of benefit    %

FULL NAME 2

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent

% of benefit    %

FULL NAME 3

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent

% of benefit    %

FULL NAME 4

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent

% of benefit    %

FULL NAME 5

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent

% of benefit    %

FULL NAME 6

RESIDENTIAL OR EMAIL ADDRESS

MOBILE NUMBER

Beneficiary's relationship to you:  Spouse  Child  Financially dependent/Interdependent

% of benefit    %

**TOTAL** (the % of all beneficiaries nominated MUST add up to 100%):    %

## Important information

To provide more certainty about who receives your benefit when you die, you can make a nomination which binds the Trustee of HESTA to pay the person(s) you direct (providing you are still a member of the Fund when you die).

The person(s) you nominate must be any one or more of the following:

- your spouse\* (including another person, whether of the same sex, or a different sex with whom you are in a relationship that is registered under a law of a state or territory, or, a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple)
- your children\* (including step, adopted, ex-nuptial, a child of your spouse or someone who is your child within the meaning of the *Family Law Act (1975)*)
- any person(s) financially dependant\* or interdependent\* on you
- legal personal representative (LPR) of your estate (you do not need to provide the name of your LPR on this nomination. HESTA will determine to pay your benefit to the confirmed executor or administrator of your estate at the time of passing, which may differ from the LPR you name).

\*Evidence of this relationship will be required to be submitted as part of the death claim process. If the person nominated no longer falls within one of the aforementioned categories at the time of your passing, your nomination will be invalid and the Trustee will determine distribution of the benefit.

### Tax and death benefits

The definition of a dependant under tax law differs from the definition under superannuation law. Under tax law, children aged 18 and over are not generally classed as tax-dependents and therefore benefits may be subject to tax. Similarly, taxes may be applied where you have nominated your legal personal representative.

You should consider the options available for binding nominations carefully. Read the *How super works* which forms part of the Product Disclosure Statement available at [hesta.com.au/pds](https://hesta.com.au/pds)



At the time of a claim, a beneficiary may be entitled to choose to receive any income stream as a lump-sum payment or opt to continue the income stream if eligible. We recommend seeking financial advice as the tax treatment of benefits will depend on their personal circumstances.

### How long is the nomination valid?

A binding nomination is valid for three years from the date it was signed. It is important to keep your nomination up to date to ensure your wishes are met.

You can renew, change or cancel your nomination at any time. If your nomination is valid, we must follow it no matter how your circumstances have changed. For example, if you nominate your husband or wife and you later separate, but have not yet obtained a divorce, your nomination remains valid and binds us unless you vary or cancel it, or it expires. You will be advised of your nomination each time we send your Annual Statement, and you will be provided with the opportunity to update it.

Your dependants may have the right to complain about a decision made by the Trustee. Visit [hesta.com.au/complaints](https://hesta.com.au/complaints) to learn more about disputing the Trustee's decision.

### What is a valid nomination?

To make a nomination valid, your nomination must:

- be made in writing on this form
- clearly set out the proportion of the benefit to be paid in full percentages (total must add up to 100%)
- be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated beneficiaries on the form at the same time you make your declaration
- be sent to us (a nomination will not be valid until we receive it)
- and received by HESTA prior to your passing.

### Making and updating a binding nomination

To renew, change or make a new nomination you must tick the relevant box at the start of this form and write your chosen beneficiaries' details in Section 2. The 'percentage of benefit' column must total 100%. The form must be signed by you, dated and witnessed by two people who are not beneficiaries. Once accepted, this nomination will replace any existing nomination.

### Cancelling a binding nomination

If you want to cancel a current binding nomination and not replace it, you must tick the relevant box at the beginning of the form. Please note the form must still be signed, dated and witnessed to cancel a previous nomination.

We will confirm your new or cancelled nomination in writing. We will also contact you and seek instructions before the expiry of an existing nomination.

### Default option

If, at the time of your death:

- you have not made a binding death nomination, or
- your nomination has been cancelled, or
- your nomination is invalid (for example, it is not correctly signed or witnessed, it is more than three years old and has not been renewed, or if a nominated beneficiary no longer fall within one of the permitted categories)

the Trustee of HESTA will use its discretion in accordance with the Trust Deed to determine how your benefit should be paid.

### Privacy

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

## 3 Member declaration

### I understand and declare:

- my beneficiary(ies) must be my spouse, child, financial dependant and/or interdependent at the time of my death or a legal personal representative of my estate
- I have read the information on this form that sets out the terms upon which this nomination is made and am aware that my rights in relation to any binding death nomination are determined by the Trust Deed governing HESTA available at [hesta.com.au/disclosures](https://hesta.com.au/disclosures) or by calling 1800 813 327 a binding nomination is only valid for three years from the date it is signed, confirmed or amended
- I may at any time cancel or change a binding nomination notice by submitting a new binding death benefit nomination
- if a binding nomination is invalid or has not been received by the Trustee of HESTA before I die, the death benefit will be determined by the Trustee of HESTA at its discretion in accordance with the Trust Deed
- this declaration must be signed by me in the presence of two witnesses over the age of 18, who are not beneficiaries on this form
- this nomination applies to all my investments within the HESTA account nominated on this form
- 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 1800 813 327 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.

Signature:

Date:

Please ensure TWO witnesses sign this form **at the same time on the same date** as you sign this (in your presence). Scan and email all requirements to [hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

## 4 Witness declaration

### Each witness declares that:

- I am over age 18
- I am not a beneficiary nominated on this form
- The member signed this binding nomination in my presence

Please ensure the member signs the member declaration (see section 3) in your presence at the same time on the same date as this witnesses' declaration.

Signature of witness one:

Print name:

Date:

Phone number:

Signature of witness two:

Print name:

Date:

Phone number:

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | Email forms to [hesta@hesta.com.au](mailto:hesta@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 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](https://hesta.com.au/privacy) or by calling 1800 813 327. Where you provide us with personal information about another person, it's your responsibility to notify that person about the disclosure of their personal information.

Name:

Member number (if known):



## Proving your identity

To protect you from the risk of identity fraud, you will need to provide certified identification to make a change of name or details, benefit claim, open a HESTA Income Stream or apply for refund of contributions. You can provide certified documents in hard copy or you can provide consent for us to verify your identity electronically with your accompanying application form.

If you are providing ID for an IP or TPD claim, and to avoid any delays in processing your request, send all requirements to: **AIA Australia, PO Box 6111, Melbourne VIC 3004.**

If you are providing ID for any other claim, and to avoid any delays in processing your request, scan and email all requirements to: **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.**

Type in the information or if writing please do so in CAPITAL letters.

### Option 1: Electronic proof of identity

Please provide at least **TWO** of the following for verification.

#### Electronic verification

If you select this option you do not have to attach any certified documents. We will do all the checks for you.

I authorise the use of the below information for this purpose (complete 'Verification of identification' on this form):

My Medicare number is:

Exp. date:

I am person number  on this Medicare card

My Australian Driver licence number is:

Card number: (see *Driver licence card number* under Proof of identification at [hesta.com.au/forms-brochures](https://hesta.com.au/forms-brochures))

Exp. date:

State of issue:

My Australian passport number is:

Exp. date:

Place of birth:

Country of residence:

Name on citizenship document (if applicable):

Family name at birth:

### Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

#### Hard copy verification

If you select this option you must attach all certified documents.

### Acceptable documents

#### Either

A certified copy of a primary photographic identification document:

- current photographic driver's licence issued under state or territory law (copy of the front and back)
- current passport (including English translation where required).

#### or

A certified copy of a primary non-photographic identification document:

- birth certificate
- citizenship certificate issued by the Commonwealth of Australia
- pension card issued by Centrelink that entitles you to financial benefits.

#### and

A certified copy of a secondary identification document:

- a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address.
- notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
  - Tax Office notice of assessment
  - a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

### Verification of identification

I consent to the Trustee of HESTA verifying my identification via electronic means including in the event my certified documents have not been correctly certified or if I apply for IP or TPD and have been approved for payment.

Signature:

Date signed:

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

If you've changed your name or are signing on behalf of the applicant, you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (eg Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers and Power of Attorney documents.

## How to certify

The person authorised to sight and certify documents must:

- sight the ORIGINAL and the copy and make sure they are identical, and
- write or stamp 'certified true copy' on all copied pages followed by their signature, printed name, qualification (eg. Justice of the Peace), registration number (if applicable) and date.

## What does a certified document look like?

Samantha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.



*"I certify that this document is a true copy of the original"*

Name: Kate Anderson      Qualification: JP  
Date: 31 July 2015      Registration no: 222222

## Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

## Who can certify my identification document?

For a full listing of people who can certify your documents, see Schedule 2 of the *Statutory Declarations Regulations 2018*. Some of the people who can certify copies of originals as true copies are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed full time or part time basis at a school or tertiary institution
- an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a bank officer with 2 or more continuous years of service
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a permanent employee of the Australian Postal Corporation with 5 or more years of continuous service
- a SES employee of the Commonwealth.

## What if I don't certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Alternatively you can give your consent for electronic verification of your documents to be completed in the event that your documents have not been correctly certified, please sign the consent section under 'Verification of identification'.

## Return your completed form

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

## contact us

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

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