



# HESTA income stream change of banking details form

# HESTA

Use this form to update banking details on your income stream account. 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.**

Please note, you must ensure the bank details you provide are 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 account details.

## 1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

Residential address (PO Box not accepted):

Suburb

State/Terr.

Postcode

Postal address (only complete if different from above):

Suburb

State/Terr.

Postcode

Mobile or daytime phone number:

Email:

## 2. 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:

Account number:

**!** 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.

## 3. Member declaration

- 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 available at [hesta.com.au/disclosures](https://hesta.com.au/disclosures) or by calling 1800 813 327.
- 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.
- 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. 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.
- By providing my email address and/or phone number, I nominate those as my up-to-date contact details, and consent to HESTA providing me with information about HESTA's products and services, as well as marketing communications including third party products and services.

Signature:

Date:

**Return your completed and signed form to  
[hestais@hesta.com.au](mailto:hestais@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 1300 734 479 between 8.00am and 8.00pm (AET) Monday to Friday.

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | [hesta.com.au](https://hesta.com.au)

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