



# HESTA income stream lump-sum withdrawal form



Use this form to make a lump-sum withdrawal from your HESTA Income Stream. Please consult a financial adviser before making a decision. 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.**

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

D

D

M

M

Y

Y

Y

Y

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. Nominate withdrawal type and the amount

! Select one option only.

X Option 1

I want the funds to be paid directly to me

Confirm the withdrawal amount (Choose one option only)

X A partial withdrawal of

\$

go to section 3 if you are a Transition to Retirement member otherwise go to section 5

X My entire account balance and close my account

go to section 3 if you are a Transition to Retirement member otherwise go to section 6

Funds will be deposited into your bank account. If you need to change your bank account details, you can complete the *HESTA income stream change of banking details form* available at [hesta.com.au/forms](https://hesta.com.au/forms).

or

X Option 2

I want to roll over to another fund

Confirm the roll over amount (Choose one option only)

X A partial withdrawal of

\$

X My entire account balance and close my account

go to section 4

3. Transition to Retirement members

Transition to Retirement members are only eligible for a cash withdrawal if they meet one of the following:

! Select one option only

X I've reached age 60 and am permanently retired

Date you left your employer:

D

D

M

M

Y

Y

Y

Y

X I'm aged 60 to 64 and I have ceased employment with any employer since turning age 60

Date you left your employer:

D

D

M

M

Y

Y

Y

Y

X I am aged 65 or older

X I wish to withdraw all my unrestricted non-preserved benefits

! If you have never been employed, preserved benefits cannot be paid until you reach age 65 or another condition of release.

X Please indicate here if you have never been employed

Page 1 of 2

#### 4. Transfer to another fund

Full name of nominated fund: (mandatory)

Phone number of new fund:

New fund member number: (mandatory)

Australian Business Number (ABN) of new fund: (mandatory)

Unique Superannuation Identifier: (USI)

☒ Make transfer to my self-managed super fund (SMSF)

Account name: (this must be the same as the SMSF)

BSB:

Account number:

Electronic service address: (ESA)

#### ! Important

A transfer to your SMSF transfer will be rejected if the details on this form don't match the ATO's records. Before you submit this form, contact the ATO to check the following details are recorded with them:

- your full name, date of birth and TFN
- your SMSF's name, ABN and bank account details
- you have an active ESA for your SMSF

#### 5. Choose the investment options your super is withdrawn from (optional for partial amounts)

If you've made an investment choice you can choose which options your super is withdrawn from. Otherwise it will be in proportion to the balance in each option. Please note, we will not recalculate the amount of your ongoing regular income payments until the next 1 July.

I wish to withdraw a total of \$  from the investment option(s) specified:

Investment options	Amount	% of total
Conservative	\$ <input type="text"/>	<input type="text"/> %
Balanced Growth	\$ <input type="text"/>	<input type="text"/> %
Indexed Balanced Growth	\$ <input type="text"/>	<input type="text"/> %
Sustainable Growth	\$ <input type="text"/>	<input type="text"/> %
High Growth	\$ <input type="text"/>	<input type="text"/> %

#### Investment options (continued)

	Amount	% of total
Cash and Term Deposits	\$ <input type="text"/>	<input type="text"/> %
Diversified Bonds	\$ <input type="text"/>	<input type="text"/> %
Property and Infrastructure	\$ <input type="text"/>	<input type="text"/> %
International Shares	\$ <input type="text"/>	<input type="text"/> %
Australian Shares	\$ <input type="text"/>	<input type="text"/> %
<b>TOTAL</b>	\$ <input type="text"/>	<input type="text"/> %

(Total must add up to 100%)

! Withdrawing money from the HESTA Income Stream may have tax implications. We strongly recommend you speak to a financial adviser before making any decisions.

#### 6. 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 acknowledge that, before I sign this form, I have read and understand the HESTA Income Stream Product Disclosure Statement available at [hesta.com.au/pds](https://hesta.com.au/pds) or by calling 1800 813 327 and understand that the information is a general outline of the investment options offered and does not constitute personal investment advice. I acknowledge the trustee of HESTA has advised me to consider obtaining financial advice.
- 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.
- 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.
- Where transferring to a SMSF, I confirm that I'm a member, trustee or director of corporate trustee of the SMSF.
- 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).

## 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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