# Joining HESTA as an employee

HESTA product disclosure statement

19 April 2025

### what's inside?

1.	about HESTA	2
2.	how super works	3
3.	benefits of investing with HESTA	4
4.	risks of super	5
5.	how we invest your money	6
6.	fees and costs	8
7.	how super is taxed	10
8.	insurance in your super	11
9.	how to open an account	15
10.	other information	16
how to join		HESTA forms section



### 1. about HESTA

#### HESTA is a specialist industry super fund with deep connections to health and community services and those who, like them, make our world better.

HESTA has more than one million members and \$88 billion in assets. HESTA is run by people like you. Founded in 1987, our Trustee H.E.S.T. Australia Ltd is made up of an equal number of directors appointed by industry employer and employee organisations, and two independent directors.

Information about Trustee and Executive remuneration is disclosed in the Annual Financial Report available online at hesta.com.au/reports. Other disclosure documents (e.g. trust deed) can be found online at hesta.com.au/disclosures. To see the product dashboard for Balanced Growth, the HESTA MySuper authorised default investment option, go to hesta.com.au/dashboard. For a summary of other investment options offered by HESTA, go to section 5 of this Product Disclosure Statement (PDS). The target market determination that applies to this product can be found at hesta.com.au/tmd.

This PDS is for people joining HESTA as an employee of a participating employer of HESTA, or where your non-participating employer will pay superannuation contributions to HESTA for you. If you are self-employed or work in your own business, or your employer will not be contributing to HESTA, contact us for a copy of the HESTA Personal Super PDS.

Information in this PDS is current at the date of preparation 9 April 2025. Information in this PDS that is not materially adverse may change from time to time and can be found anytime on our website at hesta.com.au/pds

A paper or electronic copy of the updated information will be made available to you upon request, without charge, by calling 1800 813 327. We may from time to time issue a new PDS which will be available on our website or by calling 1800 813 327.

The persons included in this document have provided their consent to the materials and statements attributed to them, in the form

and context in which they appear and have not withdrawn this consent as at the date of preparation.

This PDS is a summary of significant information and other references to important information (each of which forms part of this PDS). You can access this information via the links referred to throughout the PDS (or call 1800 813 327 or visit **hesta.com.au/pds** for a copy). You should read that information before making a decision about this product.

The information provided in this PDS is general information only and does not take account your personal financial situation or needs. You should obtain financial advice tailored to your personal circumstances. This PDS does not constitute an offer in any jurisdiction other than Australia.

This document does not relate to the HESTA Income Stream Refer to the HESTA Income Stream PDS available online at hesta.com.au/ispds

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249 HESTA Trustee of HESTA ABN 64 971 749 321.





### 2. how super works

Super is a means of saving for your retirement that is, in part, compulsory. To encourage you to save for your retirement, the Federal Government provides a range of incentives for savings in super. This means super is taxed differently to other investments and there can be significant tax advantages (see page 10 for more about how super is taxed).

Examples of some of the contributions available to a member include:

- employer contributions
- · voluntary after-tax contributions
- voluntary before-tax contributions (which includes salary sacrifice)
- · government co-contributions.

There are some limitations on contributions, including the amount you can contribute, the age at which you can continue making contributions, and whether your existing account balance may impact your ability to make certain types of contributions in the future.

Generally, it's compulsory for an employer to make contributions to an employee's super account and most employees have the right to choose which fund the compulsory contributions are made. If you change jobs the fund your employer contributes to will depend on whether you or the Australian Taxation Office (ATO) have instructed them to pay into an existing super account you hold. Your employer may contribute to their selected default fund if you don't have an existing super fund or you haven't chosen a super fund.

Annual statements, confirmation of transactions, significant event notices and other legislated disclosures will be available to you digitally rather than sending them to your postal address. We will notify you in writing when this information is made available via HESTA's member online portal, app or website, and outline how you can access it.

If you'd prefer to receive your information in paper form by posted mail, you can change your preferences in the 'Personal details' section of your online account, or by calling us on 1800 813 327. We send communications to you according to the preference you choose. However, there may be times when we need to communicate with you in another way.

Investment of the money in your super account is based on the investment strategy of your choice, or the default option if you have not made a choice (see pages 6-7).

Withdrawal of money from super is generally used for retirement and may be taken either as a lump sum or as an income stream. You can only withdraw your super in limited circumstances before reaching your preservation age.

#### How amounts are allocated to accounts

Amounts received by HESTA are held in a trust account before they are allocated to a member's account. HESTA retains the interest (if any) earned on amounts held within the trust account. We allocate amounts to the relevant HESTA member's account using the calculated unit price of the investment option(s) effective the day the amounts are received. If the amounts cannot be allocated, we will refund or transfer to ASIC as required by law.

You should read the important information about how super works before making a decision. Go to hesta.com.au/pds and read How super works. The material relating to how super works may change between the time when you read this PDS and the day when you acquire the product.

# 3. benefits of investing with HESTA



#### One million strong

HESTA has more than one million members and \$88 billion in assets. We're a specialist industry super fund with deep connections to health and community services and those who, like them, make our world better. Together, we can work for real world impact. Find out more at hesta.com.au



#### History of strong long-term investment performance

Over a 10-year period, our default investment option Balanced Growth, has delivered above its long-term investment objective.\* For information on the current and historical performance of all HESTA investment options, visit hesta.com.au/returns



#### Super with impact™

Super with impact<sup>™</sup> is the positive outcome we create by supporting our members to face the future with confidence, being a gutsy advocate for a fair and healthy community and delivering investment excellence with impact. Find out more at hesta.com.au/impact



#### A truly national fund

Our team of Business Relationship Managers, Member Education Managers and Superannuation Advisers support HESTA members and employers throughout Australia. Find out more at **hesta.com.au/service** 



#### Competitive default insurance

Members who are eligible can access competitive default insurance to protect their income and their family. Find out more by reading *Insurance options* at **hesta.com.au/pds** 



#### 24/7 access to your account

You can access and manage your HESTA account via our website and the HESTA App. Register for online access today and download the HESTA App from hesta.com.au/register, App Store or Google Play

**The recognition you deserve -** We work with key organisations to present awards to Australia's top nurses and midwives, early childhood educators and people working in aged care, allied health, and the community sector. Visit **hesta.com.au/awards** for more information on the programs we run to support your industry.

### HESTA AWARDS

<sup>\*</sup>Calculated for the 10-year period to 31 December 2024. Past performance is not a reliable indicator of future performance.

### 4. risks of super

Super allows you to save for your retirement in a low-cost, tax-effective way. However, it's important to note that the amount of your super benefit at retirement may not meet your expectations due to the impact of risk factors.

#### Investment risk

All investments carry risk. Different investment options may carry different levels of risk, depending on the assets that make up the option. Investments with the highest targeted long-term returns may also carry the highest level of short-term risk. It is important to understand that investment risk includes:

- the value of investments will vary
- the level of returns will vary and future returns may differ from past returns
- returns are not guaranteed and you may lose some of your money.

#### Other risks

Superannuation is savings for your retirement. You should also be aware of the risk that:

- superannuation and tax laws may change in the future
- the amount of your super benefit at retirement (including contributions and returns) may not be enough to provide adequately for your retirement.

#### Risk and you

How these risks may affect you will vary depending on a range of factors including:

- · your age
- · your investment timeframe
- where other parts of your wealth are invested
- your risk tolerance.

You should read the important information about risks of super before making a decision. Go to hesta.com.au/pds and read Risks of super. The material relating to risks of super may change between the time when you read this PDS and the day when you acquire the product.

### 5. how we invest your money

This section provides a summary of how we invest your money.

#### Investment choices

You can choose one or more of the following types of investment strategies, including combining Ready-Made Options with Your Choice Options.

Туре	Description	Investment choices
Default	If you don't make a choice, all your super is invested in the default option. Your super will stay in the default option unless you decide to change.	Balanced Growth
Ready-Made	Choose from five different Ready-Made Options. The options are invested in a carefully selected mix of asset classes, each with a different performance goal and risk profile.	Conservative Balanced Growth Indexed Balanced Growth Sustainable Growth High Growth
Your Choice	Design your own asset mix by choosing how much you want invested in one or more of five Your Choice Options.	Cash and Term Deposits Diversified Bonds Property and Infrastructure International Shares Australian Shares

You must consider the likely investment return, risk and your investment timeframe when choosing a default product or other investment options to invest in.

#### Investment switching

You can switch investment options by using your online account, or by completing the **Investment Choice application form** Go to **hesta.com.au/login** to log in or register. There is no fee to switch investment options. For more information about investment options with HESTA, go to **hesta.com.au/pds** and read *Investment choices*. We strongly recommend you seek financial advice before changing your investment choice.

### Changes we make to investment options

At times we may add to, close or change our investment options in accordance with the HESTA investment strategy. We will notify you of any significant changes. Where the changes are not material, you can find updates on the HESTA website.

#### Responsible investment

Environmental, social and governance (ESG) factors are considered in investment decision making and active ownership.

Our Responsible Investment Policy available at hesta.com.au/responsible outlines our principles and commitments that direct our approach to responsible investment.

You should read the important information about how we invest your money before making a decision. Go to **hesta.com.au/pds** and read *Investment choices*. The material relating to how we invest your money may change between the time when you read this PDS and the day when you acquire the product.

#### **MySuper**

MySuper is a superannuation initiative by the Australian Government requiring default super products to meet certain prescribed conditions. HESTA MySuper members are members who do not make a choice where to invest their money or actively choose to invest all their money in Balanced Growth. All other members are not HESTA MySuper members.

### Default option: Balanced Growth (MySuper-authorised)

Balanced Growth is designed to provide a diversified portfolio across a range of asset classes including shares, debt (bonds and credit) and infrastructure, with some property,

private equity, alternatives, and cash investments. Below are the strategic asset allocations and investment return objectives for Balanced Growth.

For details of all investment options, read Investment choices at **hesta.com.au/pds** 

You should read the important information about each investment option before making a decision. Go to **hesta.com.au/pds** and read *Investment choices*. The material relating to investment options may change between the time when you read this PDS and the day when you acquire the product.

#### Investment details for Balanced Growth

Mix of assets	Strategic asset allocation and range		
	Allocation	Range	
Australian shares	22%	15 - 40%	
International shares	31%	15 - 45%	
Private equity	5%	0 - 15%	
Alternatives	2%	0 - 15%	
Infrastructure	10%	5 - 25%	
Property	6%	0 - 20%	
Global debt	19%	0 - 35%	
Cash	5%	0 - 30%	
Investment return objective long term (10 years)	CPI + 3	5% (p.a.)	
Minimum suggested timeframe	5 to 7	years	
Probable number of negative annual returns over any 20 year period	4 to les	ss than 6	
Risk level <sup>1</sup>	Н	igh	
Typical investor type	Amb	vitious	

<sup>1</sup> The risk level relates to the Standard Risk Measure. This allows you to compare investment options that are expected to deliver a similar number of negative annual returns over any 20-year period.

### 6. fees and costs

#### Did you know?

Small differences in both investment performance and fees and costs can have a substantial impact on your long term returns. For example, total annual fees and costs of 2% of your account balance, rather than 1%, could reduce your final return by up to 20% over a 30-year period (for example, reduce it from \$100,000 to \$80,000). You should consider whether features such as superior investment performance or the provision of better member services justify higher fees and costs. You or your employer, as applicable, may be able to negotiate to pay lower fees. Ask the fund or your financial adviser<sup>1</sup>.

#### To find out more

If you would like to find out more, or see the impact of the fees based on your own circumstances, the Australian Securities and Investments Commission (ASIC) MoneySmart website (www.moneysmart.gov.au) has a superannuation calculator to help you check out different fee options.

1 The inclusion of this statement is a legal requirement. HESTA fees are not negotiable.

#### Fees and costs summary

The information in this Fees and costs summary relates to Balanced Growth and can be used to compare costs between different superannuation products. Fees and costs may be paid directly from your account or deducted from investment returns.

Balanced Growth (HESTA <i>MySuper</i> )			
Type of fee or cost Amount		How and when paid	
Ongoing annual fees	and costs <sup>1</sup>		
Administration fees and costs	\$1.00 per week plus 0.15% p.a. of your account balance (subject to fee cap*)	The \$1.00 and the 0.15% are calculated daily, and deducted monthly from your account, usually two business days after the end of each calendar month or when you close your account.  *The percentage-based administration fees and costs is not charged on any amount of your account balance in excess of \$500,000.	
	plus 0.04% p.a.	Additional administration costs may be paid from fund assets, not your account. The amount shown is based on the costs deducted for the 12 months to 30 June 2024.	
Investment fees and costs <sup>2</sup>	0.58% p.a.	Deducted from the valuation of investments before daily unit prices are calculated.	
Transaction costs	0.04% p.a.	Deducted from the valuation of investments before daily unit prices are calculated.	
Member activity relat	Member activity related fees and costs		
Buy-sell spread	\$0	N/A	
Switching fee	\$0	N/A	
Other fees and costs <sup>3</sup>	sts³ Activity fees, advice fees for personal advice and insurance fees may apply.		

<sup>1</sup> If your account balance for a product offered by HESTA is less than \$6,000 at the end of the HESTA income year, certain fees and costs charged to you in relation to administration and investment are capped at 3% of your account balance. Any amount charged in excess of that cap must be refunded.

- 2 Investment fees and costs includes an amount of 0.19% for performance fees. The calculation basis for this amount is set out under 'Additional explanation of fees and costs'.
- 3 See 'Additional explanation of fees and costs' in Fees and costs at **hesta.com.au/pds** for more information about these fees.

#### Example of annual fees and costs of a superannuation product

This table gives an example of how the ongoing annual fees and costs for Balanced Growth (HESTA *MySuper*) for this superannuation product can affect your superannuation investment over a 1-year period. You should use this table to compare this superannuation product with other superannuation products.

EXAMPLE Balanced Growth (HESTA <i>MySuper</i> )		BALANCE of \$50,000	
Administration fees and costs	\$1.00 per week plus 0.15% p.a. of your account balance plus 0.04% p.a. paid from fund assets	For every \$50,000 you have in Balanced Growth, you will be charged or have deducted from your investment \$95¹ in administration fees and costs, plus \$52 regardless of your balance.	
PLUS Investment fees and costs	0.58% p.a.	<b>And</b> , you will be charged or have deducted from your investment <b>\$290</b> in investment fees and costs.	
<b>PLUS</b> Transaction costs	0.04% p.a.	<b>And</b> , you will be charged or have deducted from your investment <b>\$20</b> in transaction costs.	
<b>EQUALS</b> Cost of product		If your balance was \$50,000, at the beginning of the year, then for that year you will be charged fees and costs of <b>\$457</b> <sup>2</sup> for Balanced Growth.	

<sup>1</sup> This amount includes \$20 paid from fund assets (the Fund Development Reserve) and not your account.

2 Additional fees may apply.

You should read the important information about fees and costs before making a decision. Go to **hesta.com.au/pds** and read *Fees and costs*. The material relating to fees and costs may change between the time when you read this PDS and the day when you acquire the product.

#### Additional explanation of fees and costs

Administration fees and costs deducted from your account are paid into the Fund Development Reserve. The Fund then pays its administration costs (including trustee fees) from this reserve. We reserve the right to change fees and costs at any time without members' consent. Where there is an increase in fees, we will notify you at least 30 days before the increase. Where there is an increase in costs not charged directly to your account, we will notify you as soon as practicable after those costs are known.

Investment fees and costs and transaction costs are indicative only and are based on costs for the year ended 30 June 2024, including several components which are estimates. The actual amount you will be charged in subsequent financial years will depend on the actual costs incurred in those years. Past costs may not necessarily be an indicator of future costs. The definitions for each fee type is set out in *Fees and costs* available at **hesta.com.au/pds** 

(1) HESTA members have access to the HESTA help and advice service. By agreement, a fee may be paid from your account for advice services. The amount of the fee will vary depending on the nature of the advice and will be disclosed in the Statement of Advice provided to you.

Use the Superannuation calculator on the ASIC MoneySmart website to show the effect of fees and costs on your account balance. Go to **moneysmart.gov.au** 

### 7. how super is taxed

Generally, there are three times when your super may be subject to tax.

- 1. **Contributions** into your super that are made before tax is taken out of your pay (such as employer contributions and salary sacrifice) are generally taxed at 15%. The tax is deducted from your account. The tax may be different if you have exceeded a contribution cap or are a low or very high-income earner. Contributions into your super that are made from your after-tax savings are not taxed. You may be able to claim a tax deduction on personal contributions made to HESTA. These contributions will be taxed in the fund at 15%. Eligible members claiming a tax deduction for personal contributions must lodge an Australian Taxation Office (ATO) Notice of intent to claim or vary a deduction for personal super contributions form (NAT 71121) with us by the date you lodge your tax return, the last day of the income year after the income year in which you made the contribution/s, or before you withdraw your super from HESTA (whichever date is earlier). For more information and to download the form, visit ato.gov.au/super
- Investment earnings in super are taxed at a maximum rate of 15%. The final tax rate may be less than 15% after tax

- concessions, offsets and credits are applied. The tax is deducted from investment earnings before unit prices are calculated.
- Withdrawals from your account may be taxed if you are less than 60 years old. Tax will be withheld at the time of payment. Generally, no tax will apply to withdrawals once you turn 60.
- 1 There is a cap on the amount of contributions that can be made to your account at these tax rates. There will be tax consequences if you exceed the contribution caps. See How super is taxed at hesta.com.au/pds for details.
- (TFN) when you join HESTA.

  If you don't provide your TFN, you may pay extra tax on your contributions and you may not be able to make some types of contributions. Not providing your TFN will also make it more difficult to trace different super accounts in your name and you may miss out on some of your super benefits when you retire. You can provide us with your TFN on the member application form or online at hesta.com.au/tfn

You should read the important information about how super is taxed before making a decision. Go to **hesta.com.au/pds** and read *How super is taxed*. The material relating to how super is taxed may change between the time when you read this PDS and the day when you acquire the product.

### 8. insurance in your super

This section provides a summary of insurance available through your super. HESTA gives you access to three different types of insurance cover, Income Protection (IP), Death, and Total and Permanent Disablement (TPD) Cover. Insurance costs depend on your age, occupation category, type of cover and the amount of cover you have.

### Insurance eligibility and commencement

We provide Default Cover (Death and IP cover) automatically when you meet the eligibility requirements below unless you have told us you do not want this cover:

- · you are aged 25 or over; and
- your account balance has been \$6,000 or more since joining; and
- your account is not inactive (see page 14 for a definition of inactive); and
- your account has received an employer superannuation guarantee (SG) contribution within the last 120 days.
   Otherwise, Default Cover starts when the next employer SG contribution is received into your account.

If you have previously received a Total and Permanent Disablement or terminal illness benefit under another policy, you will not be eligible for any cover.

You can request to start Default Cover before you meet the automatic commencement criteria.

Insurance cover is available if you are aged 15 or over on your last birthday and are:

- · less than age 67 for IP cover
- less than age 75 for Death cover
- less than age 70 for TPD cover

We provide TPD cover on an optional basis.

If you request within 90 days of joining HESTA, Default Cover will commence on the later of:

- the day we receive your request if you have money in your account; and
- when an employer SG contribution is applied to your account.

You can do this via your online account at **hesta.com.au/login** 

If you request cover after 90 days of joining HESTA but before Default Cover starts automatically, you can apply through our Insurer, via your online account or complete the Getting default insurance cover more than 90 days after joining form available at hesta.com.au/forms. Cover will commence the day your application is accepted, subject to you having a positive account balance.

At the date of this publication, insurance is available to HESTA members through AIA Australia Ltd ABN 79 004 837 861 AFSL No. 230043 ('HESTA's insurer', 'the insurer', 'our insurer').

#### **Default Cover and cost**

Default Cover is the cover you receive automatically when you are eligible. Each type of cover is provided in 'units', with each unit providing an amount of cover. At HESTA, our Default Cover is 2 units of Death Cover and 2 units of IP Cover. Default IP Cover has a benefit payment period of up to five years payable after a 90-day waiting period with cover expiring at age 67.

The cost of cover is based on your age, your cover amount and your occupation category. Your occupation category when your Default Cover commences is classified as General, which reflects the wider insured HESTA membership who typically work in occupations considered blue collar in nature. The cost is calculated daily and deducted monthly in arrears from your HESTA Super account, usually two business days after the end of each month. The amount deducted for any given month is based on the number of days in the month that you were insured. Insurance fees include the costs paid to the insurer (including stamp duty and taxes) and insurance administration costs.

The weekly insurance fees are rounded to two decimal places for presentation purposes. Actual fees are deducted monthly from your account and will differ from those shown here. The fund claims a tax deduction on the insurance fees, and this is passed to insured members in their account as a credit of 15% of the insurance fee.

The table (below) shows the amount of Death and IP Cover and the weekly cost of that cover at various ages.

See the full tables in HESTA *Insurance options* at **hesta.com.au/pds** 

There is a cost to providing insurance and insurance fees are deducted directly from your account unless you are not eligible for cover, opt out, cancel the cover or cover ceases due to your account being inactive.

Age at last birthday	Total Default IP cover per month \$ (2 units)	Total Default Death cover \$ (2 units)	Gross IP insurance fee per week \$ (2 units)	Gross Death Cover insurance fee per week \$ (2 units)	Total gross insurance fee per week \$
15	1,000	50,000	0.17	0.21	0.38
20	1,000	50,000	0.20	0.20	0.40
25	1,000	134,900	0.31	0.33	0.64
30	1,000	134,900	0.66	0.73	1.39
35	1,000	185,600	1.37	1.26	2.63
40	1,000	170,000	2.44	2.41	4.85
45	1,000	114,000	4.11	2.78	6.89
50	1,000	76,800	5.74	2.79	8.53
55	1,000	50,400	7.49	2.64	10.13
60	1,000	34,200	9.61	2.38	11.99
65	1,000	17,400	0.52	1.60	2.12
70	N/A	8,400	N/A	1.14	1.14

#### **Limitations on Default Cover**

Generally Default Cover will be restricted to New Events Cover (limited to illnesses or injuries that occur after cover has commenced) if any of these scenarios apply:

- when cover starts automatically or you choose within 90 days of joining for cover to start. New Events Cover will apply until you are in Active Employment<sup>1</sup> for 30 consecutive days;
- you have previously been a member of HESTA who opted out or cancelled insurance cover;
- you joined HESTA more than six months after the later of starting employment with a Fund Employer<sup>1</sup>, or your employer becoming a Participating Employer<sup>1</sup>, New Events Cover will apply for 24 months from the date cover starts.

New Events Cover can be removed by completing a Short Personal Health Statement in the *New HESTA member application form*. Removal of the restriction is subject to insurer approval.

1 For an explanation of Active Employment, Fund Employer and Participating Employer see Insurance options at hesta.com.au/pds

#### Your insurance choices

Default Cover isn't your only option. Some of your options include changing your cover type, number of units, varying your IP cover, requesting to change your occupation category or applying for fixed cover.

HESTA also gives you the option to apply for TPD cover (which must be combined with Death Cover). See *Insurance options* at hesta.com.au/pds for full details.

#### Voluntary cover option

New members who elect insurance cover, and members whose Default Cover has commenced automatically for the first time, have up to 90 days to apply for up to 10 additional units for a total of 12 units (including Default Cover of Death and/or IP Cover) by completing the Short Personal Health Statement (5B) in the New HESTA member application form or online via your member account. Cover is subject to insurer acceptance.

### Changing or cancelling insurance cover

You can change your cover at any time by applying online at hesta.com.au/login
Applications for cover will be subject to a full assessment of your health and insurer approval. Exclusions and fee loadings may apply. You can opt-out, cancel or reduce your cover at any time by going online at hesta.com.au/login or complete and return the Insurance alteration form available at hesta.com.au/forms or over the phone by calling 1800 813 327.

#### **IP Cover choices**

If the Default IP Cover (benefit payment period of up to five years, payable after a 90-day waiting period with cover ending at age 67) is not suitable, you can also change your benefit payment period to age 60, to age 67 or up to two years. Waiting periods can be changed to 60 or 30 days. Cover can end at age 60. These options will affect the IP Cover fee per unit. Generally, insurer approval will be required. See page 14 for details of Default IP Cover.

#### Office-based occupation category

When members are provided with Default Cover, the cost of the cover provided is based on the General occupation category. This reflects the wider insured HESTA membership who typically work in occupations considered blue collar in nature. Members who satisfy certain occupational criteria can apply for the Office-based occupation category which has a lower insurance fee scale better reflecting their occupational duties. For full details of the criteria, please refer to *Insurance options* at hesta.com.au/pds Members can apply to change their occupation category from

General to Office-based by satisfactorily completing an application online at hesta.com.au/login or by completing the Insurance alteration form at hesta.com.au/forms Any change in occupation scale takes effect from when your application is approved by the insurer.

#### **Fixed Cover**

You may also choose to fix the amount of your Death and optional TPD Cover (where you apply for this cover). Fixed Death Cover allows you to maintain the same amount of cover until the cover ceases (age 75 for Death). Fixed TPD Cover maintains your cover amount until age 60, at which point cover will decrease every year from age 61 until age 70 when cover ceases. Converting your cover to fixed cover is subject to insurer approval.

For full details on fixed cover read *Insurance* options at **hesta.com.au/pds** 

#### **Maximum Cover**

When applying for any mix of IP Cover, Death Cover or TPD Cover, it can only be up to the maximum cover shown below. Full details of the cover options and applicable insurance fees can be found in the *Insurance options* at hesta.com.au/pds

Type of Cover	Maximum Cover
IP Cover	\$25,000 per month, capped at 85% of your Pre-Disability Income
Death Cover (including Terminal Illness¹)	\$3 million
TPD Cover	\$2 million

1 A life expectancy of 24 months or less applies for Terminal Illness to age 69 and under, and 6 months or less if you are aged between 70 and up to age 75 (benefit expiry age)

### Other information about insurance through HESTA

#### Parental leave

Insurance fees can be waived while cover continues for up to 12 months while you are on parental leave approved by your employer. Refer to the *Parental leave factsheet* at **hesta.com.au/forms** for more information.

#### Transferring cover

If you already have IP, Death or TPD Cover through another master trust, superannuation fund or individual retail policy you can apply to transfer it to HESTA subject to insurer approval. You must be under the relevant cover expiry age to transfer cover. Refer to Insurance options at hesta.com.au/pds and Insurance transfer form at hesta.com.au/forms for more information.

#### Inactivity

If you do not receive a contribution or roll in for 16 consecutive months your account will be considered 'inactive' and any insurance cover you have will cease. You can choose to maintain your insurance cover in the Preferences section of your online account before your cover ceases.

There is an option in your application form to maintain your insurance cover even if your account becomes inactive. For further information on inactivity see *Insurance options* at hesta.com.au/pds

#### Multiple accounts

As a member, you are only entitled to insurance cover on one account — generally your first account. See *Other information* for further details about what will happen if you have multiple accounts.

#### **Exclusions**

- 1 You will not be covered for illnesses and injuries as a result of certain events.
- Please read Insurance options at hesta.com.au/pds to obtain more detailed information regarding optional

cover, cover limits, cover costs, eligibility, terms and conditions (including commencement of cover) and exclusions. This information may affect your entitlement to cover and should be considered before you decide whether the insurance provided through HESTA is appropriate for you.

#### **Details on Default IP Cover**

Default IP Cover ends at age 67 and has a benefit payment period of up to five years, payable after a 90-day waiting period¹, during which you cannot work as a result of injury or illness. However, you may be entitled to a partial disability benefit at the end of the waiting period¹ if you return to work in a reduced capacity subject to being totally disabled for a minimum of 7 out of 12 consecutive days at the start of the waiting period.¹ Access to partial disability benefits is limited to the first 24 months of any claim.

Other eligibility requirements apply. Members with IP Cover may also be eligible for a lump-sum Permanent Incapacity Support Benefit of \$10,200 after a qualifying period, provided they satisfy the relevant policy definition. Full details of this benefit can be found in the *Insurance options* at hesta.com.au/pds

1 Waiting period means the number of consecutive days you must be disabled until a total disability or partial disability benefit would be payable. For a full definition, refer to *Insurance options* at hesta.com.au/pds

You should read the important information about insurance in your super before making a decision. Go to **hesta.com.au/pds** and read *Insurance options*. The material relating to insurance in your super may change between the time when you read this PDS and the day when you acquire the product.

### 9. how to open an account

There are two ways to open a HESTA account:

- Your employer may have already opened an account for you by making contributions. There are some preferences you can change via your online account. Register or log in at hesta.com.au/login
- You can also complete the New HESTA member application with this PDS or online at hesta.com.au/join

If you are already a HESTA member, you don't need to reapply. Just give your HESTA member number to your new employer using the *Choice of super fund request* form in this PDS.

#### Cooling off

### For participating employers and their employees

Where you join HESTA through a participating employer you do not have any cooling off rights. A 14-day cooling-off period applies to all employers who apply to become a participating employer. The 14-day period begins on the earlier of: the date the employer receives confirmation of participation in HESTA, or five business days after an application for participation in HESTA is accepted. Employers can exercise their cooling off rights by notifying us by mail or email. If cooling off rights are exercised, we will transfer your money to a complying fund nominated by your employer within one month. The amount we transfer may be less than the amount invested due to investment performance, fees or taxes.

### For employees of non-participating employers

Where you apply to join HESTA and your employer is not a participating employer, you have a cooling-off period in which to decide if HESTA is right for you. The 14-day cooling-off period commences on the earlier of the date when you receive confirmation of your membership or the end of the fifth business day after your membership begins.

During this cooling-off period you can cancel your membership by emailing or writing to us. You won't have to pay any fees or costs, but your payment amount may be adjusted for any increase or decrease in investment value, the cost of insurance and any tax paid. In other circumstances, where payments are returned because they cannot be allocated to an account, no earnings are applied.

If your initial payment was a preserved or restricted non-preserved sum, it can't be refunded to you, but must be transferred to another complying super fund of your choice.

#### **Complaints**

If at any time after opening your account you are not satisfied, you may make a complaint by contacting us. Refer to **hesta.com.au/complaints** for full details, or call us on 1800 813 327

You may also be able to escalate your complaint to the Australian Financial Complaints Authority (AFCA) at afca.org.au

You should read the important information about how to make a complaint before making a decision. Go to **hesta.com.au/pds** and read *How to make a complaint*. The material relating to how to make a complaint may change between the time when you read this PDS and the day when you acquire the product.

### 10. other information

We are required to transfer your account to the Australian Taxation Office (ATO) in certain circumstances, such as if you are a former temporary Australian resident. We are not required to provide an exit statement if you are a former temporary resident and we transfer your account to the ATO. However, you can contact us to receive information about the transfer, enabling you to apply to the ATO to claim your benefit. For more information, contact the ATO on 13 10 20.

See the Other information fact sheet at hesta.com.au/factsheets for details about:

- when we may need to transfer your super to the ATO
- when we may be required to release your benefit to a bankruptcy trustee under bankruptcy law
- when we may be required to split your benefit with your spouse under family law
- what we will do when returning contributions we cannot accept
- what happens if we change our rules
- what will happen if you have multiple accounts
- when we may automatically close your account or withdraw your application
- when your membership of HESTA commences

The information in the fact sheet does not form part of this PDS.

### choice of super fund request



Use this form if you want your employer to pay your super into HESTA.

Type in the information or if writing use CAPITAL LETTERS - and ensure you sign and date the form.

#### **Employee to complete**

1 Details of my chosen supe	er fund			
I request that all future super con Name:	ntributions be paid to: Address:			
HESTA	LOCKED BAG 35007, COLLING ST WEST VIC 8007			
Member number (if known):				
Fund Australian Business Number 6 9 7 1 7 9 9	er (ABN): Unique Superannuation Identifier (USI):  3 2 1			
2 Appropriate documentatio	on .			
<ul> <li>✓ I have attached a letter from the Trustee:</li> <li>• stating that it is a complying fund and that they will accept contributions from my employer, and</li> <li>• details about how my employer can make contributions to this Fund (see 'making contribution to HESTA').</li> <li>3 Personal details</li> </ul>				
Given name/s:				
Family name:				
Signature:	Date:			
1 Do not send this form to HESTA	A. Give this form to your employer.			

#### For employer records

Date valid choice is accepted:

Date you act on your employee's valid choice:

#### Note to employers

- ① Do not send this form to HESTA.

  You must keep it for your own records for five years
- HESTA will become a chosen fund for the employee two months after the employee gives this notice to you, or earlier at your discretion.

### contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au

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 or by calling 1800 813 327.



Locked Bag 35007 Collins St West VIC 8007 hesta@hesta.com.au hesta.com.au

Provide this letter and the information over the page to your employer with your *Choice of super fund request* form

19 April 2025

To whom it may concern

I confirm the following details on behalf of H.E.S.T. Australia Limited, the Trustee of HESTA:

- HESTA is a complying fund. HESTA is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act) and is not subject to a direction under section 63 of the Act. HESTA is an authorised MySuper provider and also meets the minimum statutory insurance requirements for Choice of Fund.
- HESTA will accept contributions. HESTA is able to accept contributions from employers on behalf of their employees. If you wish to register as a HESTA employer visit hesta.com.au/employerjoin. HESTA will also accept employer contributions for members with a HESTA Personal Super account.
- Making contributions to HESTA. Payments can be made through the QuickSuper\* clearing house (SuperStream compliant and available free to HESTA employers) or another SuperStream compliant clearing house.
   For more information go to hesta.com.au/making-payments.

Fund Name: HESTA

Australian Business Number (ABN): 64 971 749 321
Unique Superannuation Identifier (USI): HST0100AU

More details can be found at **hesta.com.au** or call 1800 813 327.

<sup>\*</sup> QuickSuper is a facility offered and owned by Westpac Banking Corporation ABN 33 007 457 141, AFSL 233714. HESTA incurs a fee for use of QuickSuper, but no cost is passed on to HESTA employers for use of the facility. Westpac's terms and conditions applicable to the QuickSuper service are available after your eligibility for the free clearing house service is assessed by HESTA. H.E.S.T. Australia Ltd doesn't accept liability for loss or damage incurred as a result of services provided by QuickSuper



### new HESTA member application



Why paper? Join online at hesta.com.au/join

Self-employed or unemployed? You will need to fill out the new HESTA Personal Super member application form found in the HESTA Personal Super PDS. Visit hesta.com.au/pds

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
Title: Ms Mrs Miss Mr Dr Mx Other 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. Tax file number (TFN)
We are authorised by law to ask for your TFN. You do not have to provide it but if you don't, you may end up paying more tax than you need to. To find out more about how your TFN is used, disclosed or what may happen if you don't provide it go to hesta.com.au/tfn
My TFN is:

#### Are you already a HESTA member?

YES - Do not complete this form: instead, advise your employer of your HESTA member number by using the Choice of super fund request form at hesta.com.au/forms. Call 1800 813 327 if you need your member number.

NO - Complete this form, scan and email all requirements to hesta@hesta.com.au, or mail to: HESTA, Locked Bag 35007, Collins St West VIC 8007

#### 2. Tax file number (TFN) (Continued)

I authorise HESTA to use my TFN for the purpose of using the ATO SuperMatch service to locate my other superannuation accounts and reunite any identified ATO held monies with my HESTA account. My consent will be stored by HESTA for future searches until revoked by me.

Yes No.

You can withdraw your consent at any time in the future by contacting us on 1800 813 327.

#### 3. After-tax contributions

There are very good reasons to make after-tax contributions to your super. Go to **hesta.com.au/boostmysuper** or use the super calculator to estimate how your after-tax contributions (from your take-home pay) may affect your benefit when you retire, at hesta.com.au/calculator

There are a number of ways to make after tax contributions:

- 1. employer pay deduction (please ask your employer)
- 2. BPAY® (log in to hesta.com.au/login to access your BPAY® details) Registered to BPAY Pty Ltd ABN 69 079 137 518

4.	Emp	lo	yer d	leta	ils
		_			-

The name of my current employer is:

My employer's HESTA employer number is:
(if not known, please ask your employer. Where this is not known please leave blank.) $$
I start/started work with my current employer on:

#### 5. Insurance

#### **Application eligibility**

All members who want insurance cover must answer the following question:

Have you ever received a

Total and Permanent Disability (TPD)

or terminal illness benefit from any insurance policy?

(If you answer 'yes' to this question, or do not answer this question, you will not be eligible for any cover).

### contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au

No

Yes

#### 5. Insurance (continued)

#### Your duty to take reasonable care

HESTA has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming an insured member, you are bound by the terms and conditions of this contract of insurance.

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty applies to a new contract of insurance and also applies when you're extending or making changes to existing insurance, and reinstating insurance.

#### If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. There are different actions the insurer can take as set out in the Insurance Contracts Act 1984 (Cth). These are intended to put them in the position they would have been in if the duty had been met

These actions include your cover being avoided (treated as if it never existed), or changing its terms. Not meeting your legal duty may also result in a claim being declined or a benefit being reduced.

Before the insurer takes any of these actions, they will explain their reasons and what you can do if you disagree.

Please note there may be circumstances where they later investigate whether the information you gave them was true. For example, when a claim is made.

#### Guidance for answering the insurer's questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- · think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- · answer every question.
- · answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- · review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

#### Changes before your cover starts

Before your cover starts, the insurer may ask about any changes to your situation which the insurer reasonably considers to be relevant in assessing your application that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

#### If you need help

It's important you understand the information in this form and the questions that are being asked. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding the process of applying for insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

#### Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us as soon as reasonably practical and we'll let you know whether it has any impact on your cover.

#### 5. Insurance (continued)

#### **PART A: Your cover option**

You can choose when cover starts by electing one of the options below. If you do not make an election, if eligible, you will get automatic cover.

#### **Automatic Default Cover**

Default Cover will automatically start once you are aged 25 or more and have had an account balance of at least \$6,000 since joining and received an employer superannuation guarantee (SG) contribution within the last 120 days, otherwise Default Cover starts when the next SG contribution is received in your account.

#### I want cover sooner

I want Default Cover to start when my first employer SG contribution is received.

#### I do not want Default Cover.

If you subsequently wish to have cover through HESTA, you will need to complete a Full Personal Health Statement and may be declined cover or have cover issued on non-standard terms.

#### Voluntary cover option

If you have chosen Default cover to start now you can (subject to policy conditions) increase your cover to up to 12 units of Death and/or IP Cover if you are able to answer 'No' to all questions in the Short Personal Health Statement in Part B.

To apply for more than 10 additional units of cover complete the insurance cover application online at hesta.com.au/login

Increase my IP Cover to	(up to 1	12) units of cover in
total. I acknowledge that k	penefits o	cannot exceed 85% of
my pre-disability income, v	vhich is	\$
per annum.		

Increase my Death Cover to	)
----------------------------	---

(up to 12) units of cover.

#### or

#### Change my cover

You can go to your online account at hesta.com.au/login anytime to change your cover, apply for more cover or reduce your cover.

#### **PART B: Short Personal Health Statement**

Only complete these questions if you want additional units of cover or to remove a New Events restriction if one applies. You must be able to answer 'No' to all guestions to be eligible for the additional cover (subject to the policy conditions).

#### At the date of signing this application:

(a)	Are you currently absent from work,	Ye
	working reduced hours or performing	
	fewer tasks at work because you are sick	
	or injured?	

(b)	In the last two years have you been
	absent from work, worked reduced
	hours or performed fewer tasks at work
	because you are sick or injured?

	Yes	No
ork		

No

(c) Have you been paid or lodged a claim for

	minal illness, trauma or disability benefit	s fro	om:	
i.	a superannuation fund?		Yes	No
ii.	a life insurance company?		Yes	No
iii.	any state or federal government body such as workers compensation, social security, veterans affairs or motor accident scheme?		Yes	No
	e you eligible to be paid a terminal ess, trauma or disability benefit?		Yes	No
Otl	ner than a cold or flu and oral		Yes	No

(d)	Are you	u eligible	e to be	paid	a terminal
	illness,	trauma	or disc	ability	benefit?

(e)	Other than a cold or flu and oral
	contraceptives, in the last 12 months
	have you been advised to start or
	increase any treatment or medication

(f)	Are you currently in the process of
	applying for insurance cover through
	an insurance company or
	superannuation fund?

#### 5. Insurance (continued) 5. Insurance (continued) This obligation applies to all insurance cover relating to this (g) Have you had any insurance applications Yes No previously declined or offered cover with application. This means you could be placed in a position where you exclusions and/or loadings through a life have no insurance cover if we later find you have not answered all insurance company or any superannuation fund? questions fully and accurately. Your duty to take reasonable care continues until you receive written **Part C: Occupation Category** confirmation your application has been accepted. You must contact If your occupation is considered to be office-based, you may be the insurer if there are changes in your health or circumstances that eligible to reduce the insurance fee you pay. If your application may be relevant to the insurer's decision on your application. is accepted, the terms and conditions that apply to your current The full duty to take reasonable care is contained within this insurance will continue. Any change takes effect from when it is document and it is important you read it carefully. approved by the insurer. Having read the above, I declare the information I have I wish to apply for the office-based occupation scale. provided is honest, true and complete. Signature: Please answer the following statements: (a) I work in a predominantly office-Yes No based environment which requires no manual work. Examples include clerical, professional and Date: administrative roles such as business analyst, office manager, lawyer, computer analyst, doctor, real estate agent, social work, clerk. 6. Investment choice (b) All of the following apply to me: You will automatically be invested in Balanced Growth - our Yes No i. I earn at least \$100,000 per MySuper-authorised investment option. Once your membership annum (pro rata for part time)^ is created, you can change your investment options by logging including Reportable Fringe Benefits but excluding any into your online account - go to hesta.com.au/login superannuation guarantee contributions; and See 'How we invest your money' in the HESTA PDS and Yes No The duties of my occupation are consider seeking financial advice before making a decision. limited to professional or managerial For more information on investments, read *Investment choices* duties and are undertaken for at least at hesta.com.au/pds 80% in an office environment; and 7. Beneficiary details No iii. I hold a degree which is necessary to Yes perform my occupation, or have Please nominate who will receive your benefit if you pass away. 10 years' service in a senior management or executive role, If you don't nominate a beneficiary, or you make a non-binding or I am a member of a professional body or government nomination, HESTA will make the decision about who receives your institute which is necessary to perform my occupation. death benefit. If your nomination is unclear (i.e. no selection or ^ For example, if you work 3 days per week and earn \$63,000 selecting more than one option), your account will be set up with per annum, your full time equivalent would be \$105,000, so you no beneficiary nomination. You will have the option of adding nonshould tick the Yes box. binding or binding death benefit nomination at a later stage. For more information, see How super works at hesta.com.au/pds If you are unsure if you qualify, contact AIA on 1800 043 782 or for further information please read Insurance cover for office-Select one option only. based occupations available at hesta.com.au/forms Binding death benefit nomination (BDBN) Part D: Keeping your insurance with HESTA To provide greater certainty about who receives your benefit If your account becomes inactive we are required to cancel your when you die, you can make a BDBN which binds the Trustee of insurance. 'Inactive' means you have not received a contribution, HESTA to pay your benefit to the person(s) you choose (providing rollover (to combine super) or other transfer for 16 consecutive you are still a member of HESTA when you die). months. You can make an election to maintain cover if you To make a BDBN you must complete a Binding death benefit become inactive. If you do choose to keep your insurance with nomination form found at hesta.com.au/bindingnom HESTA, you will also be excluded from being transferred to the ATO if you are deemed 'inactive low-balance'. This occurs when Non-binding nomination your balance is under \$6,000 and you are 'inactive'. I nominate the below person(s) as my non-binding beneficiary(ies) for the payment of my death benefit in HESTA. I understand my I want to keep my insurance cover if I become inactive. nomination may be considered by the Trustee, and the Trustee is not bound by my nomination when exercising its absolute discretion to pay my benefit in accordance with the Trust Deed. Part E: Insurance declaration Important: Before you complete this section, read 'Your Full name duty to take reasonable care' and the declaration in this section. By signing this section, you will be authorising any medical practitioner you have ever consulted or whom you Residential address: may consult in the future to provide your medical details to HESTA's Trustee, HESTA's insurer or to a court or legal tribunal. New HESTA members automatically receive (subject to the policy Mobile or day phone number (optional) conditions) Default Income Protection (IP) and Death Cover when they become eligible. See 'Insurance in your super' of the HESTA Email (optional): PDS for details of conditions, fees and benefits. You are applying to enter into a contract of insurance. As such, you have a duty to take reasonable care to not make a Beneficiary's relationship to you: % of benefit misrepresentation to the insurer. Failing to provide the insurer with Spouse Child full and accurate information could result in your insurance cover Financially dependent/Interdependent

being avoided or varied and any claim for benefits could be

denied, so it is vital you answer all questions fully and accurately.

Legal personal representative (of your estate)

Residential address:  Mobile or day phone number (optional):  Beneficiary's relationship to you:  Sopration will be deemed incompleter:  Full name:  Beneficiary's relationship to you:  Sopration will be deemed incompleter:  Pull name:  Beneficiary's relationship to you:  Residential address:  Mobile or day phone number (optional):  Email:  Sopration will be deemed incompleter:  P. Financial adviser details (if applicable):  Louthorse my financial adviser to obtain research information underly to promise my benefit in submitted to the new resonation for my benefit in submitted adviser's name:  Business aBN:  Business aBN:  Business aBN:  Business address:  Suburb:  Total (must add up to 100%)  Where you provide us with personal information about methor personal it a your responsability to notify that deeps on about the disclosure of their personal information to us.  8. Member declaration  This application form is attached to a Product Disclosure  Statement (RS), but is a summory of important information relating to HESTA. This meterial will help you to understand the product and declare if it is appropriate for your needs. HESTA residently used in the provision for the instance of the company of important information relating to HESTA. This meterial will help you to understand the product and declare if it is appropriate for your needs. HESTA residently used to the provision of the HESTA excepts your application from rembership to profit and entire information point provision from the control of the instance of the company of important information and other service provision of my membership to by the fund administration and other service provisions of the HESTA residence of and understands the provisions of the HESTA for process my recounts in the provisions of the HESTA for process my recounts in the provisions of the HESTA for process my recounts in the provisions of the HESTA for the end and understand with the provisions of the HESTA for process my recounts in the provisions of the HESTA for process my req	7. Beneficiary details (continued)	8. Member declaration (continued)
Date   Date	Full name:	Signature:
Date   Date		
Date   Date	Residential address:	
Mobile or day phone number (aptionar)  Beneficiary's relationship to you  Sof benefit  Spouse   Child  Filt name  Filt name  Residential address  Mobile or day phone number (aptionar)  Beneficiary's relationship to you  Residential address  Mobile or day phone number (aptionar)  Beneficiary's relationship to you  Sof benefit  Spouse   Child  Email (aptionar)  Beneficiary's relationship to you  Sof benefit  Spouse   Child  Spou	nostao iliai saai soo	
Signature of parent or guardian (if under 15 years of age) or your application will be deemed incomplete:    Separate   Child   Financial year   C		
Beneficiary's relationship to you   State benefit	Mobile or day phone number (optional):	
Beneficiary's relationship to you Stort benefit Spouse   Chirid Innancially dependent/Interdependent   Innancially devices name  Besidential address:  Mobile or day phone number (optional)  Beneficiary's relationship to you Stort benefit Spouse   Chirid Innancially dependent/Interdependent   Innancially dependent   Innancially d		Signature of parent or guardian (if under 15 years of age)
Spouse   Child   Chi	Email (optional):	or your application will be deemed incomplete:
Spouse   Child   Chi		
Spouse   Child   Chi	Beneficiary's relationship to you: % of benefit	
Prinancially dependent/Interdependent  Full name  Pull name  Residential address:  Mobile or day phone number (optional):  Beneficiary's relationship to you  Beneficiary's relationship to you  Beneficiary's relationship to you  Beneficiary's relationship to you  Solution of the provided and water to the provided and for the provided and for the provided and for the provided and the provided of the original place of the presental the provided and the provided of the presental the provided and the provided and the provided of the provided and the provided of the provided of the provided of the provided and the provided of the provided of the provided and the provided of the provided and the provided of the provided of the provided and the provided of the provided of the provided and the provided of the pr		
Residential address:  Mobile or day phone number (optional):  Beneficiary's relationship to you:  Solutions address:  Business ABN:  Business ABN:  Business ABN:  Business ABN:  Total (must add up to 100%)  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.  8. Member declaration  This application form is attached to a Product Disclosure Statement (PDS) which is a summary of important information relating to HESTA. This material will help you to understand the product and decide if it is appropriate for your needs. HESTA recommends that, before you set its Tapplication for membership, your rights as a member will be determined by the Trust Decid querient [HESTA available at hestacomough with its evailable in the state commounds which is evailable in the state commounds in occordance with the rules outlined in insurance invalid and insurance invalid and insurance in that it become eligible for will commence in occordance with the rules outlined in insurance in that it become eligible for will commence in occordance with the rules outlined in insurance in that it become eligible for will commence in occordance with the rules outlined in insurance in that are not entered in the state of the s		9. Financial adviser details (if applicable)
Residential address  Mobile or day phone number (optional):  Email (optional):  Beneficiary's relationship to you: % of benefit   Susiness ABN:  Business ABN:  Suburb:  State (First Absolute (First		I authorise my financial adviser to obtain relevant information
Financial adviser's name  Residential address:  Mobile or day phone number (optional):  Beneficiary's relationship to you:  Sof benefit  Spouse   Child   Financially dependent/interdependent   Suburb:  Total (must add up to 100%)  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.  8. Member declaration  This application form is attached to a Product Disclosure Statement (PDS) which is a summary of important information relating to HESTA. This material will help you to understand the product and decide if it is appropriate for your needs. HESTA well are understand the PDS. If HESTA concepts your application for membership, your rights as a member will be determined by the Trust Bot Dead querning HESTA available at hesta.com.  I have read and understood HESTA's Privacy Collection Statement which is available of the stacemounty frivacy or by calling 1600 813 527.  Note: If you are under 15 years of age, a parent or guardian must also sign that the right of the mission of the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membership by the furshed for the engaging administration of my membersh	Full name:	
Residential address  Mobile or day phone number (optional):  Email (optional):  Beneficiary's relationship to you:  SpouseChilid		
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read and understand the PDS. If HESTA accepts your application for membership, your rights as a member will be determined by the Trust Deed governing HESTA available at hesta.com.au/disclosures or by calling 1800 813 327.  Note: if you are under IS years of age, a parent or guardian must also sign this form to confirm your HESTA account choices.  I have read and understood HESTA's Privacy Collection Statement which is available at 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.  I understand that insurance that I become eligible for will commence in accordance with the rules outlined in Insurance options available at hesta.com.au/pds or by calling 1800 813 327.  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.  I acknowledge that, before I sign this form, I have read and understand the HESTA PST graphled at hesta con author same at the same with the read and understand the HESTA PST graphled at hesta con author same at the same with the read and understand the HESTA PST graphled at hesta con author same at the same with the read and understand the HESTA PST graphled at hesta con author same authorisation for:  I wish to provide authorisation for:  All staff from the above company  Only representatives of the above named company listed below  Representative 1  Representative 3	product and decide if it is appropriate for your needs. HESTA	Licensee Name
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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  Return your completed and signed form to	requested in this form, you may not be able to accept or carry	Return your completed and signed form to
out my request.  hesta@hesta.com.gu or mail to: HESTA_Locked Bag 35007	out my request.	
nominate those as my up-to-date contact details, and		Collins St West VIC 8007.
consent to HESTA providing me with information about	consent to HESTA providing me with information about	
HESTA's products and services, as well as marketing on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to communications including third party products and services.		



## 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.** 

Apply this binding death ben	efit nomination to	my:		
HESTA super account - Mem	nber number:		HESTA Income Stream - Member number:	
HESTA Personal Super - Mer	mber number:		HESTA Term Allocated Pension - Member number:	
HESTA Corporate Super acc	<b>count</b> - Member num	ıber:		
Note: if you wish to nominate dif Cross ONE box only to: nominate			STA accounts, you will need to complete a separate for neficiaries.	rm for each account.
1. Personal details			2. Beneficiary details (continued)	
Given name/s:			FULL NAME 4	
			DECIDENTIAL OD EMAIL ADDRECS	
Family name:			RESIDENTIAL OR EMAIL ADDRESS	
			MOBILE NUMBER	
Date of birth:			Beneficiary's relationship to you:	% of benefit
			Spouse Child Financially dependent/Interdependent	
Residential address (PO Box n	not accepted):		FILL MANAGE /	
			FULL NAME 4	
Suburb	State/Terr.	Postcode	RESIDENTIAL OR EMAIL ADDRESS	
			MOBILE NUMBER	
Postal address (only complete	e if different from ab	oove):	Beneficiary's relationship to you:	% of benefit
		,	Spouse Child	
Suburb	State/Terr.	Postcode	Financially dependent/Interdependent	
			<b>TOTAL</b> (the % of all beneficiaries nominated MUST add up to 100%):	
Mobile or daytime phone num	nber:		nominated Most add up to 100%):	
			Important information	
0.0.0			To provide more certainty about who receives you	ır banafit whan yayı
2. Beneficiary details		no el conile o el	die, you can make a nomination which binds the	
Each nominated beneficiary mu below or your Legal Personal Re	epresentative. Your bi	inding death	pay the person(s) you direct.	ooro of the fall accine
benefit nomination form must be not nominated beneficiaries) in			The person(s) you nominate must be any one or n • your spouse* (including another person, wheth	•
date as your declaration. If you please call us.			a different sex with whom you are in a relation:	ship that is registered
FULL NAME 1			under a law of a state or territory, or, a person legally married to you, lives with you on a geni	
			a relationship as a couple)	l a abild of your
RESIDENTIAL OR EMAIL	ADDRESS		<ul> <li>your child* (including step, adopted, ex-nuptia spouse or someone who is your child within the</li> </ul>	
MOBILE NUMBER			Family Law Act (1975)	1 14
Beneficiary's relationship to you	;	% of benefit	<ul> <li>any person(s) financially dependant* or interd</li> <li>legal personal representative (LPR) of your estate</li> </ul>	
Spouse Child Financially dependent/Interde	ependent		provide the name of your LPR on this nomination	HESTA will determine
Legal personal representative			to pay your benefit to the confirmed executor or estate at the time of passing, which may differ fro	
FULL NAME 2			*Evidence of this relationship will be required to be s	
RESIDENTIAL OR EMAIL	ADDDESS		death claim process. If the person nominated no lor the aforementioned categories at the time of your p	
	. ADDRESS		will be invalid and the Trustee will determine distribu	
MOBILE NUMBER			Tax and death benefits	
Beneficiary's relationship to you:  Spouse Child	:	% of benefit	The definition of a dependant under tax law diffe	
Financially dependent/Interde	ependent		under superannuation law. Under tax law, child over are not generally classed as tax-dependent	
FULL NAME 3			benefits may be subject to tax. Similarly, taxes may you have nominated your legal personal represe	
	4000000			
KESIDEN HAL OR EMAIL	ESIDENTIAL OR EMAIL ADDRESS  You should consider the options available for binding death benefit nominations carefully. Read the <i>How super works</i> which forms part of			
MOBILE NUMBER			the Product Disclosure Statement available at her	
Beneficiary's relationship to you	:	% of benefit		
Spouse Child Financially dependent/Interde	ependent		Plages turn over to read and size march as are	l witness deslaration
			Please turn over to read and sign member and	withess decidration

At the time of a claim, a beneficiary may be entitled to elect an 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 for?

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

You can change or cancel your nomination at any time. If your nomination is valid, other than in very specific circumstances, 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.

#### What is a valid nomination?

For a nomination to be valid, it must:

- be made in writing on this form
- clearly set out the proportion of the benefit to be paid (total must add up exactly 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 death benefit nomination

To 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.

#### 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 benefit nomination are determined by the Trust Deed governing HESTA available at hesta.com.au/disclosures or by calling 1800 813 327
- a binding death benefit 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 death benefit nomination notice by submitting a new binding death benefit nomination
- if a binding death benefit 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

Signature:

Date:

DDMMYYY

Please ensure TWO witnesses sign this form **at the same time and on the same date** as you sign this (in your presence).

Return your completed and signed form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 35007, Collins St West VIC 8007.

#### Cancelling a binding death benefit nomination

If you want to cancel a current binding death benefit 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 notify you before the expiry of an existing nomination.

#### Renewing your binding death benefit nomination

If you have an existing binding death benefit nomination, we'll send a Renewal of binding death benefit nomination form to you to complete around two months before your current nomination/s expires. If you'd like to renew your binding death benefit nomination earlier, please fill out this form.

#### Default option

If, at the time of your death:

- · you have not made a binding death benefit nomination, or
- your nomination has been cancelled, or

4. Witness declaration

 your nomination is invalid (for example, it was not correctly signed or witnessed, it is more than three years since it was signed or last renewed, or if a nominated beneficiary is no longer a dependant.)

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** 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.

Each witness declares that:
· I am over age 18
I am not a beneficiary nominated on this form
The member signed this binding death benefit nomination in
my presence
Signature of witness one:
Print name:
Date:
DDMMYYYY
Phone number:
Signature of witness two:
Print name:
Date:
Phone number:
THORE HUMBER

### contact us

🙎 hesta@hesta.com.au | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | hesta.com.au

### combining your super into HESTA



Complete the rollover initiation request overleaf to transfer your super benefits from another fund to HESTA

#### Before completing this form

- Read the important information below.
- Complete and return the Choice of super fund request form to your employer if you would like HESTA to receive future Superannuation Guarantee contributions.
- You can also find and rollover any other super online at hesta.com.au/login

#### When completing this form

Type in information or if writing use CAPITAL LETTERS.

#### After completing this form

- · Sign the authorisation.
- Scan and email, or mail the request form.

#### Important information

This transfer may close your account (you will need to check this with your FROM fund).

This form cannot be used to:

- · transfer your super if you don't know where it is
- transfer your super from multiple funds on this one form a separate form must be completed for each fund you wish to transfer super from
- transfer your super to an SMSF or APRA fund
- change the fund to which your employer pays contributions on your behalf. The Choice of super fund request form must be used by you to change funds
- · open a superannuation account, or
- transfer benefits under certain conditions or circumstances, for example if there is a super agreement under the Family Law Act 1975 in place.

#### What happens to my future employer contributions?

Using this form to transfer your super will not change the fund to which your employer pays your contributions and may close the account you are transferring your super FROM.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about choice.

For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit **ato.gov.au** or call 13 10 20.

#### Important things you need to consider when transferring your super

When you transfer your super, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your super. If you ask for information, your super provider must give it to you. Some of the points you should consider are:

- differences in fees and costs funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees and costs may significantly reduce your final benefit.
- death and disability benefits your FROM fund may insure you against death, illness or an accident which leaves you unable to return to work.
   If you choose to leave your current fund, you may lose any insurance entitlements you have. Other funds may not offer insurance or may require you to pass a medical examination before they cover you. When considering a new fund, you should check the costs and amount of any cover offered.

#### Things you need to know

We are authorised to collect your tax file number (TFN) under the *Superannuation Industry (Supervision) Act 1993*. Supplying your TFN is voluntary, and it is not an offence if you choose not to provide it. But if you don't, you may end up paying more tax than you need to. You must supply your TFN to enable your HESTA account to accept after-tax contributions.

We are required by law to take the necessary steps to properly safeguard your TFN, and our intention is to use it only for lawful superannuation purposes, including to facilitate the search for and consolidation of your superannuation accounts, by seeking information from the Australian Taxation Office (ATO) and/or a superannuation entity.\*

A record of your TFN will be made for ongoing taxation and superannuation purposes. We may disclose your TFN to another superannuation provider if your benefits are transferred, unless you instruct us in writing not to disclose it to any other fund.

\*Please note: Future legislation may result in changes to these purposes.

#### Why should I provide my TFN?

HESTA will be able to accept all permitted types of contributions to your account.

Other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits, and it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

#### You can change your married name online

All you need to do is log in to your online account then click on **Profile** and navigate to **Change your name**.

You will be asked to verify some personal details, provide your Australian marriage certificate and then you can enter your married surname — and you are done!

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

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names. The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	Marriage certificate, deed poll or change of name certificate from the Births, Deaths and Marriages Registration Office
Signed on behalf of the applicant	Guardianship papers or Power of Attorney

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



# rollover initiation request



Use this form if you would like to request a transfer of your super account from another fund to HESTA.

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.

Personal details						
Member number		*Residential address (PO Box not accepted)				
*Date of birth						
*Given names		*State/Terr.			*Postcode	
*Family name		D 11 11 (				
Mobile or daytime phone number		Postal address (only complete if different from above)				
priorie number						
We are authorised by law to ask for your to provide it but if you don't, you may end		*Suburb				
than you need to. See Why we ask for your TFN at hesta.com.au/tfn for further details.		*State/Terr.			*Postcode	
MY TFN is:		State/Terr.			FOSICOGE	
Fund details						
FROM 1 (Other fund)		TO (Receiving fund)				
The trustee of your FROM fund may request furtinformation/evidence from you to help confirm y						
*Fund name		*Fund name	HESTA			
Fund phone number		Fund phone numb	nd phone number 1800 813 327			
*Member or account number		*Membership or ac	r account number			
Australian Business Number (ABN)		Australian Business	Number	64 971 7	<i>49 321</i>	
Unique Superannuation Identifier		Unique Superannuation Identifier		HST0100AU		
(USI)						
or FROM 2 - Self-managed super fu	ınd (SMSF)	Type of rellever	Full rollover	Tr	ansfer amount (only complete	
*Account name (this must be the same as the SMSF)		Type of rollover	Full rollover	fc	r partial rollovers)	
		_	Partial rollover	\$		
Australian Business Number (ABN)		Important	a raincted if the	datails on this	form don't match the ATO's	
					ATO to check the following details birth, TFN, your SMSF's name, ABN	
(ESA)		and bank account				
A separate form must be completed for each	fund you wish to transfer super	from.				
Authorisation						
By signing this request form I am making the following statements:			*Name (Print in BLOCK LETTERS)			
<ul> <li>I declare I have fully read this form and and correct.</li> </ul>	the information completed is	s true	( )		•,	
<ul> <li>I am aware I should ask my superannua effect this transfer may have on my bene</li> </ul>	•		*Signature			
any further information.  • I consent to my tax file number being dis	sclosed for the purposes of c	onsolidating	2.9			
my account.  • I request and consent to the transfer of :		_				
authorise the superannuation provider of	his transfer.	*Date				
• I have read and understood HESTA's Privacy Collection Statement which is						

personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.