payment details for death benefit claims

HESTA

This form should be completed by the person/s who has been approved by HESTA to receive payment of a HESTA member's superannuation death benefit. Type in your details or complete in pen using CAPITAL LETTERS. **The form must be completed in full.**

1. Personal details of deceased member

Member number

Given name/s

Family name

2. Personal details of eligible beneficiary

Beneficiary given name/s

Beneficiary family name

Beneficiary date of birth

DD / MM / YYYY

Beneficiary mobile or daytime phone number

Email

Beneficiary residential address (PO Box not accepted)

Suburb

State/Terr.

Postcode

3. Tax file number (TFN) of eligible beneficiary (optional)

Your case manager will tell you if we need your TFN to process the death claim payment.

My 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**

4. Bank account details

Payment will only be paid via electronic funds transfer (EFT). Provide all details as requested below.

Bank name/financial institution

Name of bank account holder

Note: Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders.

BSB

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Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA will not verify your bank account details.

Account number

To request an overseas transfer, please provide a document from your bank detailing the following: your account number, account name, bank name and address, the bank's SWIFT/BIC code and the International Bank Account Number (IBAN).

5. Beneficiary declaration

- I'm providing my bank details to enable HESTA to pay me a superannuation death benefit via EFT as an eligible beneficiary of the above named account.
- 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 understand if I don't provide you with all information requested in this form, you may not be able to accept or carry out my request.

Beneficiary signature

Date

D D M M Y Y Y Y

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

Need help with this form? Contact us 8am–8pm (AET) Monday to Friday.

contact us

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

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