

## payment details for death benefit claims



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 fam	nily name
	Beneficiary mobile or daytime pl	none number	Email
DD / MM / YYYY			
Beneficiary residential address (PO Box not accepted)			
Culpunda			Charles/Tours Decklare de
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	k account holder
Note: Your nominated bank account	t must be held in your name or.	if it is a joint acc	count, you must be one of the account holders.
BSB  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			
, recount riding of			
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 B	ank 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.			
with the provisions of the HESTAT	rust Deed.		e of HESTA to process my request in accordance
	with all information requested in	Ť	nay not be able to accept or carry out my request.
Beneficiary signature		Date	
		PDD	1MYYYY
Return your completed and s	signed form to hesta@hesta.com	.au or mail to: Le	ocked 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