

simply better together

Why combine your super accounts?

Had more than one job in your life?

Then there's a chance you have more than one super account. Multiple accounts means multiple fees and costs. That's why it's important to combine your super and keep it in one place.

5 reasons to combine your super with HESTA

1. We're the industry super fund dedicated to people in health and community services

We invest in and for people who make our world better to create 'super with impact'. We're building the financial confidence of our members, advocating for change and investing responsibly to deliver strong long-term returns.

2. Profit to members

We're an industry super fund. That means we work purely for you and profits go to members.

3. Don't pay multiple fees and costs

Every day you keep old super accounts open can cost you money in fees and costs.

4. Strong long-term returns

You'll be with a top performer. Our Balanced Growth investment option has delivered an average annualised return of 8.01% p.a. over 10 years[^].

5. Insurance

You'll have access to affordable cover that protects you and your family.





combine

Let us help you combine your super accounts into one HESTA account.

Lost track of your super?

We can help you track down any lost super and make sure you're getting the most out of your savings.

Combine online - it's easy

Find other super you might have and easily combine into your HESTA account. Just log in to your account and go to the 'Combine' tab. It will only take a few minutes. Make sure you have your identification details handy.

Go to my.hesta.com.au/login

Prefer pen and paper? Complete the attached form and send it to us.

combining your super

Complete the rollover initiation request overleaf to transfer your other super funds to HESTA

Before completing this form

- Read the important information below.
- Complete the *Choice of super fund request* form 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

- Refer to these instructions where a question has this icon:
- Type in information or if writing use CAPITAL LETTERS.

After completing this form

- Sign the authorisation.
- Review the checklist below.
- Scan and email, or mail the request form to your fund.

Important information

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

This form **can not** be used to:

- transfer benefits if you don't know where your super is
- transfer benefits 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
- 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 benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits 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.

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 may consider are:

- Differences in fees funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees 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 may wish to check the costs and amount of any cover offered.

What happens if I do not quote my tax file number (TFN)?

HESTA

We are authorised to collect your tax file number (TFN) under the *Superannuation Industry (Supervision) Act 1993* (*SIS*). Supplying your TFN is voluntary, and it is not an offence if you choose not to provide it.

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.

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

Checklist

- Have you read the important information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the form?
- Have you signed and dated the form?

Return your completed form

Scan and email all requirements to **hesta@hesta.com.au** or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL No. 235249, the Trustee of HESTA ABN 64 971 749 321. This information is of a general nature. It does not take into account your objectives, financial situation or specific needs. You should look at your own financial position and requirements before making a decision. You may wish to consult an adviser when doing this. The target market determination for HESTA products can be found at **hestacom.au/tmd**. Beforemaking a decision about HESTA products you should read the relevant Product Disclosure Statement (call 1800 813 327 or visit **hesta.com.au** for a copy), and consider any relevant risks (**hesta.com.au/understandingrisk**). The 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.

^{*}Visit **ato.gov.au** for the most current information on super contributions and tax.

rollover initiation request

Use this form to request a transfer of your super account from another fund to HESTA. You can also find and rollover any other super online at **hesta.com.au/login**

COMPLETING THIS FORM • Read the important information pages

Refer to instructions where indicated with:

- AFTER COMPLETING THIS FORM
 Sign the authorisation
- Send form to either your FROM (transferring) fund or your TO (receiving) fund

HESTA

Persono	ıl det	ails								Current addr	ress (r	esidenti	al, no PO. Bo	oxes)	
Title	Mr	Mrs	Ms		Other					*Address					
*Family no	ame									*Suburb					
*Given na	mes														
Other/pre	vious	names								*State/ Territory				*Postcode	
*Date of b (DD/MM/YY				1		1				Email					
Tax file nu	ŕ									Contact phone	numb	er			
you are n	ot ob	erannuatio liged to d pe tax coi	lisclose	your to			993,		Pre C	vious address If you know tho current residen	at the c				fferent to your
See	'Wha	t happens	s if I do I	not qua	ote my t	ax file n	umber	?'		Address					
*Gender		Male		Femo	le										
NB: * De	notes	mandato	rv field.	lf vou o	do not c	complete	e all of	the		Suburb					
		elds, there								State/ Territory				Postcode	
Fund de	tails														
FROM (1	Frans	ferring	Fund)							TO (Receiving	g Fun	d)			
*Fund na	me									*Fund name	H	ESTA			
Fund phc (if availab		Imber								Fund phone nu	mber	1800	813 327		
*Members	hip or	account n	lumber							*Membership or o	accour	lt number			
Australiar (if availab		ess Numbe	er							Australian Busine	ess Nun	nber	64 971 74	19 321	
Unique Su (if availab		nuation ide	entifier							Unique Superanr	nuation	identifier	HST0100	AU	
Type of ro	llover	Full roll	over												
		Partial I	rollover			amount (al rollove		omplete							
					\$										
		multiple ac eck with yo								eparate form for e	each ac	count you	wish to transfe	r.	
Authoris	satio	n													
	re I ho	request fo ive fully re prrect.							d	*Name (Print in	BLOC	K LETTER	5)		

- I am aware I may ask my superannuation provider for information about the effect this transfer may have on my benefits, and have obtained or do not require any futher information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my FROM fund of all further liability in respect of the benefits paid and transferred to my TO fund.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

*Name (Print in BLOCK LETTERS)
*Signature
*Date (DD/MM/YYY)

This page is intentionally blank