



HESTA term allocated pension (TAP) change of income payment amount and frequency

Use this form to change your TAP payment amount and/or frequency. Please consult a financial adviser before making a decision. Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable.

1. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

D

D

M

M

Y

Y

Y

Y

Residential address (PO Box not accepted):

Suburb

State / Terr.

Postcode

Postal address (complete only if different from above):

Suburb

State / Terr.

Postcode

Mobile or daytime phone number:

Email:

2. TAP payment amount

You must ensure that the amount selected is within the prescribed limits set by the Federal Government. Please refer to the *HESTA Term Allocated Pension (TAP) information sheet* or contact us on 1300 734 479 for details.

The amount I would like to receive is:

X

Government prescribed income payment
(Based on your selected term)

X

Select an income payment
(Between 90% and 110% of the prescribed annual income payment, and above the minimum income payment amount)

%

OR

\$

3. TAP payment frequency

I would like to receive my income payments:

! Select one option only.

X

fortnightly
Your payment will start with the next available fortnight.

X

monthly

X

half yearly

X

quarterly

X

yearly

Nominate a payment start date which can be the 15th or 28th of the month.

Nominate your payment start date:

If you don't nominate a payment date, your income payment will be the next available payment date. Your payment nomination will remain in place until you advise us in writing to change it.

4. Member declaration

I confirm that the details I have supplied are correct and request the Trustee to pay my income payments as requested and in accordance with the provisions of the Trust Deed available at hesta.com.au/disclosures or by calling 1800 813 327.

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 if I do not provide you with all information requested in this form, you may not be able to accept or carry out my request.

By providing my email address and/or phone number, I nominate those as my up-to-date contact details, and consent to HESTA providing me with information about HESTA's products and services, as well as marketing communications including third party products and services.

Signature:

Date:

D

D

M

M

Y

Y

Y

Y

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

If you have any questions about completing this form, call us on 1300 734 479 between 8.00am and 8.00pm (AET) Monday to Friday.

contact us

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

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