

# HESTA term allocated pension change of income payment amount and frequency

# HESTA

## 1 Personal details

Member number:

Given name/s:

Family name:

Telephone number:

## 2 Term allocated pension payment details

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 Product Disclosure Statement or contact us on 1300 734 479 for details.

The amount I would like to receive is:

**Government prescribed Income Payment**  
(Based on your selected term)

**Select an Income Payment**  
(Between 90% and 110% of the prescribed Annual Income Payment, and above the Minimum Income Payment amount)

% OR \$

## 3 Pension payment frequency

**Note:** If you do not nominate the frequency of your income payments, your income will be paid annually on 30 June.

I would like to receive my income payments:

Please select one option only.

Fortnightly  Monthly  Quarterly  
 Half yearly  Yearly

Please nominate your payment start date:

For monthly, quarterly, half-yearly or yearly payments only, please nominate a payment date:

15<sup>th</sup> of the month, OR  28<sup>th</sup> of the month, OR

Next available payment period  
(15<sup>th</sup> or 28<sup>th</sup> of the month)

**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. Please note: yearly payments cannot be paid on the 15<sup>th</sup> July.**

## 4 Member declaration

- I declare that I am the HESTA Term Allocated Pension member whose details appear on this form.
- 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.
- I have read and understood HESTA's Privacy Collection Statement, which is available at [hesta.com.au/privacy](https://hesta.com.au/privacy) or by calling 1300 734 479, and accept that the information on this form is true and correct to the best of my knowledge and belief. 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 if I do not provide you with the information requested in this form, you may not be able to accept or carry out my requests or instructions.

Member Signature:

Date:

### Return your completed form

Scan and email all requirements to [hestais@hesta.com.au](mailto:hestais@hesta.com.au) or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

We cannot accept faxed requests.

**!** Changing your HESTA Term Allocated Pension income payments may have tax implications. It is strongly recommended that you speak to a financial adviser prior to making any decisions in relation to your HESTA Term Allocated Pension account.

## contact us

[hestais@hesta.com.au](mailto:hestais@hesta.com.au) | 1300 734 479 | Email form to [hestais@hesta.com.au](mailto:hestais@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 235249, the 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](https://hesta.com.au/privacy) or by calling 1800 813 327.