

# 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:

- 15th of the month, OR  28th of the month, OR  
 Next available payment period  
(15th or 28th 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 the HESTA Privacy Collection Statement available at [hesta.com.au/privacy](https://hesta.com.au/privacy), and consent to the trustee of HESTA collecting, using and disclosing my personal information.
- 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**

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