Complete this form if you are the reversionary beneficiary of a TAP member who has died, so that the payments may continue to you.

### 1 Your details

<table>
<thead>
<tr>
<th>Title:</th>
<th>Ms [ ]</th>
<th>Mrs [ ]</th>
<th>Miss [ ]</th>
<th>Mr [ ]</th>
<th>Dr [ ]</th>
<th>Other [ ]</th>
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<tbody>
<tr>
<td>Gender:</td>
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<td>Given name/s:</td>
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<td>Family name:</td>
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<td>Mother’s maiden name: (information collected for security reasons only)</td>
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<td>Residential address: PO Box / Unit number / Street number</td>
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<td>Street name:</td>
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<td>Suburb:</td>
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<td>State/Terr. Postcode:</td>
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<td>Telephone number (business hours):</td>
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<td>Telephone number (after hours):</td>
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<td>Mobile:</td>
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</tbody>
</table>

By providing your email, you agree to receive electronic communication of materials that might otherwise have been sent in paper from us in the future.

[X] I want to access my account online.

If you apply for online access, we’ll forward you instructions and a temporary password.

### Tax file number (TFN):

Exemption (please see the TFN declaration)

It’s beneficial to provide your tax file number to your super fund. But supplying your TFN is voluntary, and it’s not an offence if you choose not to provide it.

Here are some great reasons to provide your 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.

### Giving us your tax file number

We are authorised to seek your tax file number (TFN) under the Superannuation Industry (Supervision) Act 1993. Advising us of your TFN is voluntary, and it is not an offence if you choose not to provide it.

The main advantage of providing your TFN is that no additional tax will be deducted when you start withdrawing your super benefits (other than any tax usually deducted from super).

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.* 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.

*These purposes may change in future as a result of legislative changes.
I have filled out the form Certifying your identification attached (Ensure you send this form in with your application.)
6 Pension payment details
If you do not nominate a payment amount, we will pay the amount the government requires you to withdraw.

Please select one option only.

- Government prescribed amount (Based on your remaining term), OR
- Minimum amount (Your Government prescribed amount less 10%), OR
- Maximum amount (Your Government prescribed amount plus 10%), OR
- Select an amount: Select an amount between the minimum and maximum payment amount $

5 Term
Select the number of years your term allocated pension will be paid based on your life expectancy.

Please select one option only.

- Minimum term
- Maximum term
- Select a term between the minimum and maximum terms

6 Bank account details
Your nominated bank account must be held in your name or, if it is a joint account, you must be one of the account holders.

Please pay my pension payment as follows
Name of bank/building society/credit union:
Name account is held in:
Branch number (BSB): Account number:

I confirm that the bank account is in my name (or jointly) and the details provided above are correct.
(You may be required to provide a copy of your bank statement.)

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

I would like to receive my payments:

- 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 15th July.

8 Beneficiary details
Please advise how you want your account handled after your death. If you don’t nominate a beneficiary option, the balance of your account will be paid as determined by the Trustee on your death. If your nomination is unclear (i.e. no selection or selecting more than one option), your account will be set up with no beneficiary nomination. You will have the option of adding non-binding or binding beneficiaries at a later stage. Contact us for more information.

Please select one option only.

- Preferred beneficiary (Contact us for more details.)
  Name:
  Relationship to you: % of benefit:

Name:
Relationship to you: % of benefit:

Name:
Relationship to you: % of benefit:

Name:
Relationship to you: % of benefit:

(If you have more nominations, please write them on a separate sheet, sign and date it and attach to this application)

Total (must add up to 100%)

OR

- Binding nomination (Contact us for more details. Complete the ‘Binding death benefit nomination form’).

Binding death nominations can be amended in writing at any time. In all cases, they MUST be confirmed no later than the end of the three-year period after the day it was first signed, notified, last confirmed or amended by the member making the nomination. Beneficiaries of valid binding nominations can receive payment as a lump sum or continuing income stream. If the binding death nomination is not confirmed or amended within this three-year period, it will revert to a preferred beneficiary nomination.
Financial adviser access (if applicable)

I authorise my financial planner (named at the end of this application) to obtain relevant information and/or to monitor my account on my behalf. This authority continues until revoked in writing by me.

I agree to the deduction of the financial planning fee charged for service by my HESTA Superannuation Adviser or Financial Planner for advice about my application to join the HESTA Term Allocated Pension in the amount of $ to be deducted from my account upon establishment.

Signature and declarations

In signing this application form, I declare that:

• all details in this form are true and correct
• I have read the HESTA TAP Product Disclosure Statement and Significant Event Notices on hesta.com.au and agree to be bound by the provisions of the Trust Deed (as amended) governing the Fund
• I have no unresolved claims for tax deduction of personal contributions
• if this application is signed under Power of Attorney, the Attorney declares that no notice of revocation of that Power of Attorney has been received (a certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it)
• I have attached certified copies of all required identification documents (see ‘Certifying your identification’) or provided details for electronic verification
• I have read and understood the HESTA Privacy Collection Statement and consent to the trustee of HESTA collecting, using and disclosing my personal information
• The Trustee of HESTA has no responsibility to verify the bank account details I have provided are correct, if I have not attached a copy of my bank statement or a deposit slip.

Signature:

Name (in block letters):

Date:

Please mark the box if you do not consent to us using this information to provide additional services to you. Your private information will not be provided to any third parties.
## Important information

To provide more certainty about who receives your benefit when you die, you can make a nomination which binds the Trustee of HESTA to pay the person(s) you direct (providing you are still a member of the Fund when you die).

The person(s) you nominate must be any one or more of the following:

- your current spouse (including another person, whether of the same sex, or a different sex with whom you are in a relationship that is registered under a law of a state or territory, or, a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple)
- your children (including step, adopted, ex-nuptial, a child of your spouse or someone who is your child within the meaning of the Family Law Act 1975)
- any person(s) financially dependent or interdependent on you
- your legal personal representative, which means the executor or administrator of your estate.

### Tax and death benefits

The definition of a dependant under tax law differs from the definition under superannuation law. Under tax law, children aged 18 and over are not classed as tax-dependants and therefore benefits may be subject to tax. Similarly, taxes may be applied where you have nominated your legal personal representative.

If a nominated beneficiary is not alive or no longer dependent and within one of these categories at the time of your death, the Trustee will determine distribution of the benefit.


At the time of a claim, a beneficiary may be entitled to choose to receive the income stream as a lump-sum payment or opt to continue the income stream if eligible. We recommend seeking financial advice as the tax treatment of benefits will depend on their personal circumstances.
How long is the nomination valid?
A binding nomination is valid for three years from the date it was signed. It is important to keep your nomination up to date to ensure your wishes are met.
You can renew, change or cancel your nomination at any time. If your nomination is valid, we must follow it no matter how your circumstances have changed.
In this situation, you may be advised of your nomination each time we send your Member Annual Statement, and you will be provided with the opportunity to update it.

What is a valid nomination?
To make a nomination valid, your nomination must:

• be made in writing on the form
• clearly set out the proportion of the benefit to be paid in full percentages (total must add up to 100%)
• be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated beneficiaries on the form
• be signed and dated on the same date by the two witnesses in your presence at the same time you make your declaration
• be sent to us (a nomination will not be valid until we receive it).

Making and updating a binding nomination
To renew, change or make a new nomination you must tick the relevant box at the start of this form and write your chosen beneficiaries’ details in Section 2. The ‘percentage of benefit’ column must total 100%. The form must be signed by you, dated and witnessed by two people who are not beneficiaries. Once accepted, this nomination will replace any existing nomination.

Cancelling a binding nomination
If you want to cancel a current binding nomination and not replace it, you must tick the relevant box at the beginning of the form. Please note the form must still be signed, dated and witnessed to cancel a previous nomination.
We will confirm your new or cancelled nomination in writing. We will also contact you and seek instructions before the expiry of an existing nomination.

Default option
If, at the time of your death:

• you have not made a binding death nomination, or
• your nomination has been cancelled, or
• your nomination is wholly or partially invalid (for example, it is not correctly signed or witnessed, it is more than three years old and has not been renewed, or if any of the people nominated die before you or no longer fall within one of the permitted categories)

The Trustee of HESTA will use its discretion to determine how your benefit should be paid.

Privacy
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 or by calling 1800 813 327.
Where you provide us with personal information about another person, it is your responsibility to notify that person about the disclosure of their personal information to us.

Please return the completed form to:
HESTA, Locked Bag 5136, Parramatta NSW 2124

3 Member declaration
I understand and declare:

• my beneficiary(ies) must be my spouse, child, financial dependent and/or interdependent, or a legal personal representative of my estate at the time of my death
• I have read the information on this form that sets out the terms upon which this nomination is made and I will be bound by the provisions of the HESTA Trust Deed relating to binding death benefit nominations
• a binding nomination is only valid for three years from the date it is signed, confirmed or amended
• I may at any time cancel or change a binding nomination notice by submitting a new binding death benefit nomination
• if a binding nomination is invalid or has not been received by the Trustee of HESTA before I die, the death benefit will be determined by the Trustee of HESTA at its discretion
• this declaration must be signed by me in the presence of two witnesses over the age of 18, who are not beneficiaries on this form
• this nomination applies to all my investments within the HESTA account nominated on this form.
• I have read and understood the HESTA Privacy Collection Statement and consent to the trustee of HESTA collecting, using and disclosing my personal information.

Signature: __________________________
Date: ________________

Please ensure TWO witnesses sign this form: at the same time on the same date as you sign this (in your presence), then post to
HESTA, Locked Bag 5136, Parramatta NSW 2124

I declare that I am over age 18, I am not a beneficiary nominated on this form and the member signed this binding nomination in my presence. Please ensure the member signs the member declaration (see section 3) in your presence at the same time on the same date as this witnesses’ declaration.

Signature of witness one:
Date: ________________
Phone number: ________________
Print name: __________________________

Signature of witness two:
Date: ________________
Phone number: ________________
Print name: __________________________

contact us
hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au

Issued by HE S.T. Australia Ltd ABN 66 006 818 695 AFSL No 235249, Trustee of Health Employees Superannuation Trust Australia (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 or by calling 1800 813 327. Where you provide us with personal information about another person, it’s your responsibility to notify that person about the disclosure of their personal information.
Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name?

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your date of birth?

Month

Year

Day

6 On what basis are you paid? (select only one)

Full-time employment

Part-time employment

Labour hire

Superannuation or annuity income stream

Casual employment

7 Are you: (select only one)

An Australian resident for tax purposes

A foreign resident for tax purposes

OR A working holiday maker

8 Do you want to claim the tax-free threshold from this payer?

Answer here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

Yes

No

9 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes

No

(b) Do you have a Financial Supplement debt?

Yes

No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date

You MUST SIGN here

There are penalties for deliberately making a false or misleading statement.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don’t have an ABN or withholding payer number, have you applied for one?

Yes

No

3 What is your legal name or registered business name (or your individual name if not in business)?

4 What is your business address?

Suburb/town/locality

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature

Date

Return the completed original ATO copy to:

Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

IMPORTANT

See next page for:

- payer obligations
- lodging online.
Option 2: Provide certified copies of ID documents

This step-by-step guide details the types of documents we can accept as proof of your identity and what you need to do to certify them correctly.

- Hard copy verification
  - If you select this option you must attach all certified documents.

Acceptable documents

Either

A certified copy of a primary photographic identification document:
- current photographic driver’s licence issued under state or territory law (copy of the front and back)
- current passport (including English translation where required).

or

A certified copy of a primary non-photographic identification document:
- birth certificate
- citizenship certificate issued by the Commonwealth of Australia
- pension card issued by Centrelink that entitles you to financial benefits.

and

A certified copy of a secondary identification document:
- a notice issued by a local government body or utilities provider within the preceding three months that shows your name and residential address.
- notice issued by Commonwealth, state or territory government within the past 12 months that shows your name and residential address. For example:
  - Tax Office notice of assessment
  - a notice recording the provision of financial benefits i.e. a Centrelink assistance payment.

Verification of Identification

- I consent to the Trustee of HESTA verifying my identification via electronic means in the event my certified documents have not been correctly certified.

Signature: 

Date signed: 

Mail to: 

HESTA
Locked Bag 5136, Parramatta, NSW 2124.

For insurance claims

If you are making a claim, you will need to choose Option 2 (certified copies of ID documents). These documents will be shared with our Insurer as part of your claims process.

For IP and TPD Claims, you will need to send your claim forms and certified ID back to: AIA Australia, PO Box 611, Melbourne VIC 3004.

For Terminal Illness (TI) claims send your ID to: HESTA Locked Bag 5136, Parramatta NSW 2124.
Have you changed your name or are you signing on behalf of another person?

If you've changed your name or are signing on behalf of the applicant, you'll need to provide a certified linking document proving a relationship exists between two (or more) names.

For a change of name you can request linking documents (eg Marriage certificate, Deed poll, Change of name certificate, Divorce decree or Registered relationship certificate) from the Births Deaths and Marriages Registration Office.

If you are signing on behalf of the applicant, you will need to provide Guardianship papers and Power of Attorney documents.

How to certify

The person authorised to sight and certify documents must:

• sight the ORIGINAL and the copy and make sure they are identical, and
• write or stamp ‘certified true copy’ on all copied pages followed by their signature, printed name, qualification (e.g. Justice of the Peace), registration number (if applicable) and date.

What does a certified document look like?

Samatha Sample has provided a photocopy of her identification that included signature, full name, date of birth, and current residential address.

- The certifying authority has sighted the original identification, and confirmed that the copy is a true copy.
- Details for the certifying authority are included: full name, qualification, registration number (if applicable), date and signature.

“I certify that this document is a true copy of the original”

Name: Kate Anderson
Qualification: JP
Registration no: 222222
Date: 31 July 2015

Do proof of identity and/or linking documents need to be translated?

If your proof of identity and/or linking documents are in a language that is not understood by the person carrying out the verification, they must be accompanied by an English translation prepared by an accredited translator.

Who can certify my identification document?

For a full listing of people who can certify your documents, see Statutory Declarations Regulations 1993. Some of the people who can certify copies of originals as true copies are:

• a medical practitioner
• a nurse
• an optometrist
• a psychologist
• a pharmacist
• a chiropactor
• a veterinary surgeon
• an accountant (member of CA, CPA or IPA)
• a full-time teacher employed at a school or tertiary institution
• an officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having five or more years continuous service with one or more licensees
• a notary public officer
• a police officer
• a Justice of the Peace
• a magistrate
• a chief executive officer of a Commonwealth court.

What if I don’t certify my identity documents correctly?

If the identification documents you send with your application are not certified or incorrectly certified, we may call you to verify your identity over the phone. If you're unable to give us enough information to identify you over the phone, you may need to resend certified proof of identity documents. This will lead to delays in processing your application.

Alternatively you can give your consent for electronic verification of your documents to be completed in the event that your documents have not been correctly certified, please sign the consent section under ‘Verification of identification’.

contact us

hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au