



## third-party authorisation form

Complete this form to give permission for a third party, to access your HESTA account information. A third-party can only receive information about your account - they cannot make transactions. Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable. **The form must be completed in full.**

**Important note:** Authorisation will begin when your completed form is received by HESTA. This authority will expire 18 months from the date form is received. Once the authority expires your nominated person won't be able to access your account information unless a new authority is received.

1. Personal details

Member number/s:

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 (only complete if different from above):

Suburb

State/Terr.

Postcode

Mobile or daytime phone number:

Email:

2. Provide authority for an individual

Use this section of the form to authorise an individual personal representative to obtain access to information about your HESTA account/s

Given name/s:

Family name:

Relationship:

Email:

Mobile or daytime phone number:

Address:

Suburb

State/Terr.

Postcode

### 3. Provide authority for a financial adviser or business

Use this section of the form to authorise a financial representative or business to obtain access to information about your HESTA account/s.

Financial Adviser's name:

Business name:

Business ABN:

Business address:

Suburb

State/Terr.      Postcode

Financial Adviser mobile or daytime phone number:

Financial Adviser email:

ASIC Financial Adviser Register number:

Licensee name:

Licensee AFSL number:

I wish to provide authorisation for:

☒

All staff from the above company

☒

Only representatives of the above named company listed below

Representative 1

Representative 2

Representative 3

Representative 4

### 4. Member declaration

- I confirm the details I have supplied are true and correct.
- I acknowledge that, before I sign this form, I have read and understand the *HESTA Product Disclosure Statement* available at [hesta.com.au/pds](https://hesta.com.au/pds) or by calling 1800 813 327.
- 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.
- I understand this authority will apply for a period of 18 months from the date of my signature unless revoked by me earlier.
- I understand that if this authority expires then my nominated third party will not be able to obtain information about my account until a new authority has been provided.
- I understand that this authority only allows for my nominated third party to obtain information about my account and that they cannot make transactions.
- 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 1800 813 327 and consent to the Trustee of HESTA collecting, using and disclosing my personal information for the ongoing administration of membership by the fund administrator and other service providers.
- 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:

**Return your completed and signed form to**  
**[hesta@hesta.com.au](mailto:hesta@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 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | [hesta.com.au](https://hesta.com.au)

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