

third-party authorisation form



Complete this form if you would like to give permission for a third party, such as a financial planner, to access your HESTA account information. A third-party may only receive information and cannot make transactions. Authorisation will begin when your completed form is received by HESTA and expire 18 months from the date you signed the form, unless you revoke or change your authority earlier.

Complete all parts of this form in capital letters, using a black pen. Check you have signed and dated the form.

1 Your Member details

Given name/s:

Family name:

HESTA Member number:

Gender:

Female Male

HESTA Income Stream member number:

Date of birth:

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Email address:

2 Details of third parties

List the names of people and businesses you are providing authority to.

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

3 Declaration

- I authorise the named people in this form to access all information in relation to my HESTA accounts.
- I understand this authority will apply for 18 months from the date of my signature unless cancelled earlier by me before then.
- I am aware that as a member I have access to financial advice on my HESTA account through HESTA at no extra cost.
- I have read and understood the HESTA Privacy Collection Statement and consent to the Trustee of HESTA collecting, using and disclosing my personal information.

Member signature:

Date signed:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Return your completed form

Scan and email all requirements to hesta@hesta.com.au

or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/ Unit number/ Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/ Unit number/ Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

contact us

hesta@hesta.com.au | 1800 813 327 | **Email form to hesta@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 No. 235249, the 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 is your responsibility to notify that person about the disclosure of their personal information to us.