

Claiming a death benefit guide

This document will guide you through the death benefit claims process and outline the documents and information needed.

Losing a loved one can be an extremely challenging and emotional time.* We're here to help you through the process of making a claim and will strive to have this claim paid as quickly as possible.

What is a death benefit?

A death benefit is a payment made after a member passes away. It consists of:

- their super account balance, plus
- any insurance cover they may have had at the time of their death.

Death benefits don't automatically form part of a deceased member's estate and are not always paid in line with a member's wishes in their Will.

We can only pay a death benefit as allowed by:

- the *Superannuation Industry Supervision (SIS) Act 1993* (the Act governing management of superannuation funds),
- the HESTA Trust Deed (the legal document which sets out the rules of the Fund) available at hesta.com.au/disclosures or by calling 1800 813 327, and
- the *Income Tax Assessment Act (ITAA) 1997*.

How is a death benefit paid?

It can be paid as either:

- a lump sum, or
- via an income stream for certain eligible dependants, or
- as a rollover to another super fund.

For more information about the HESTA Income Stream, go to hesta.com.au/income-stream

Who can claim a benefit?

There are strict legislative requirements and fund rules that guide how we decide who can receive a member's death benefit.

We can only pay a death benefit to eligible dependants of the member or their legal personal representative (LPR). If a dependant or an LPR can not be identified after making reasonable enquiries, we may pay the benefit to another person.

Who is a dependant?

A dependant can be:

- a spouse (includes same-sex and de facto spouse)
- a child including an adult child, adopted child, a stepchild, an ex-nuptial child of the member, and a child of the member's spouse. There is no age limit on the definition of a child. This means that an adult child can apply to claim a benefit, but minor children and financially dependent children will be considered first. When we decide to pay a child under the age of 18, we may need the surviving parent or guardian to accept the benefit in trust for the minor child/children. This may require that a trust account be set up for the child/children
- any person who was financially dependent on the member to help them meet their daily living expenses and any shared financial commitments
- any person who had an interdependency relationship with the member at the time of their death.

* HESTA's Vulnerable Members Policy sets our commitments and expectations for dealing with members who are experiencing difficulty and require extra care. You can view the policy at hesta.com.au/about-us/disclosures under More Information.

What is financial dependency?

A financial dependant is generally a person who would have continued to rely on the member for financial support, but for the member's death. This requires the provision of regular financial contributions for everyday living expenses, even if the amounts are small. It may include paying all or part of the following: rent/mortgage; food, clothing, utilities, or insurance costs; repairs or alterations to the home; medical expenses; and child support payments.

What is an 'interdependency relationship'?

Two people may have an interdependency relationship if they have a close personal relationship, live together, and one or both provides the other with financial support, domestic support and/or personal care.

A close personal relationship may be considered an interdependency relationship if either or both persons have a physical, intellectual or psychiatric disability.

An interdependency relationship does not generally apply to housemates, parents or adult children.

What is a legal personal representative (LPR)?

Generally, this is the person who is managing the deceased member's estate. The LPR is either:

- the executor, if the deceased member left a valid Will, who will be granted Probate (authorising the executor to manage distribution of the member's estate in accordance with the Will), or
- the administrator, if the deceased member died without a Will, who has been granted Letters of Administration.

Tax on lump-sum payments

Any tax withheld is based on the circumstances of the person to whom it is paid to and may be different for each beneficiary. Tax is not calculated or withheld on the 'taxed' component of the deceased member's superannuation balance.

| Paid to: | Is tax payable? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dependant of the deceased member including: <ul style="list-style-type: none">• spouse or former spouse• a child (under 18)• any person financially dependent on the deceased member at the time of death• any person in an interdependency relationship with the deceased member at time of death. | No |
| Non-dependant (includes a child above the age of 18) | Yes |
| Legal Personal Representative | Tax payable will depend on whether the beneficiary is a dependant or non-dependant of the deceased. While HESTA does not deduct tax, the Estate may do so at the time the benefit is paid to the beneficiaries of the Will. |

For more information about tax rates that would apply, go to ato.gov.au

What if the member has made a binding death benefit nomination?

A binding death benefit nomination is a formal and legal instruction from the member to HESTA directing us who and in what proportion we must pay their superannuation benefit to when they die.

The nomination must be valid at the time it was made and at the time of the member's death.

A binding death benefit nomination will generally be valid, if:

- it hasn't expired at the time of the member's death
- the people nominated were dependants or LPR of the member at the time of the member's death
- it was received by HESTA before the member's death.

If the deceased member did not make a binding death benefit nomination or the nomination is not valid, we'll need to consider all dependants and personal relationships of the member when deciding who the benefit can be paid to.

If the member had a valid binding death benefit nomination in place when they passed away, we will just validate that each person still qualifies as a beneficiary under superannuation law, and then simply make the payment in line with the nomination.

If you are unsure whether there was a binding death benefit nomination, contact us to find out. We may not require a full claim form, rather only the documents in the Document Checklist, depending on the nominated person's relationship to the deceased.

What happens when a death benefit claim is made?

Upon notification of a member's death, our *Death benefit claim form* is sent to potential claimant/s. The form is designed to collect information about the member's personal relationships so that we can identify all the relevant interested parties who can be considered according to the Trust Deed. The form may not be required where the member had a valid binding death benefit nomination at the time of their death.

The claims process



1. Claim lodgment:

To start your claim, complete and submit the online Death benefit claim notification form available on hesta.com.au/death-claim, or call us on 1800 813 327, Monday to Friday 9am - 5pm AET

You'll need to have the late member's super account information ready so we can make sure we are referring to the right person. This includes their member number, date of birth and date of death.

The information you will need to provide for assessment of the claim will depend on your relationship to the deceased member. Review the Document Checklist at the end of this Guide for the list of documents you will need to provide with your claim form.

We know that the loss of a loved one can be an extremely challenging and emotional time. We are here to support you through the process of making a claim. If you have any questions, need help filling out the form or have trouble obtaining any of the required documents, contact us.



2. Claim assessment:

When we receive formal notification of death, the claim will be assigned to a Case Manager, who will review the late member's account and be in touch. We will also switch the member's account

to the HESTA Cash and Term Deposits option so the account balance is less likely to be impacted by any investment market movements.

While we try to collect as much information that might be needed through the initial forms, sometimes where there are multiple potential beneficiaries or family complexities, clarification or other documentation may be required. We'll keep you updated throughout the assessment and ensure you understand why we might be asking for certain information. The Trustee will only ask for information that it needs to be able to reach a decision about the eligible beneficiaries and the distribution of the payment.

It is important that we receive accurate and complete information to avoid delays.

At the same time as we assess the deceased member's personal relationships, we will also submit the claim to our insurer to assess whether an insurance benefit is payable.

If approved, the insurance benefit will be added to the late member's account from the date it is received from the insurer. Any insured benefit or additional contribution is also invested in the Cash and Term Deposits option.

If the insurer declines the claim, we will review the insurer's decision to make sure that it is consistent with the terms of the policy and is a fair and reasonable outcome. If we disagree with the insurer we will refer the claim back for further consideration until we are satisfied with the decision. If we agree with the insurer's decision to decline the claim, we will advise you directly and explain the reasons for the decline.

We aim to assess new information we receive within 5 business days.



3. Decision:

Once we have the information we need, the Trustee will assess and decide who the benefit will be paid to, and in what portion if there are multiple beneficiaries.

The proposed decision will be provided in writing to all parties that submitted an interest to claim. In some circumstances we will give 28 days to accept the decision or lodge an objection. If an objection is raised, we'll consider the objection and any evidence supporting it. We have 90 days from the expiry of the 28 day period to review the claim and either confirm or vary our original decision. The benefit will not be paid until we confirm or vary our decision. If any parties remain dissatisfied with the outcome, they can lodge a further objection with the Australian Financial Complaints Authority (AFCA) for an independent review. If no objections are received within the 28 day period the claim will proceed with payment.



4. Payment:

We pay death benefits electronically. We'll ask all beneficiaries to provide their preferred banking details by completing a payment form.



We take all measures to resolve all claims as quickly as possible. Depending on the number of persons claiming the benefit and how quickly we can obtain the necessary information to make a decision, it can take approximately 3-6 months to fully assess a claim. For complex cases, involving multiple beneficiaries, it may take longer.

More information on dependants

De-facto

Under superannuation law, a spouse includes a person who is legally married to the deceased member; or a person who, although not legally married to the person, lived with the person on a domestic basis in a relationship as a couple.

When reviewing whether two people were living with each other on a genuine domestic basis in a relationship as a couple, we consider:

- the duration of the relationship;
- the nature and extent of the common residence;
- whether a sexual relationship exists;
- the degree of financial dependence or interdependence;
- the ownership, use and acquisition of property or any other assets;
- the degree of mutual and future commitments to a shared life;
- the care and support of children; and
- the reputation and public aspects of the relationship.



Susan is in a relationship with John and they have resided together for over 12 months.

While they don't share all of their finances, John and Susan both contribute to the living expenses and are public about their intention to continue their relationship.

Susan has not made a binding death benefit nomination on her HESTA account.

Susan has three adult children from a previous relationship, who are all financially independent.

We will consider whether John and Susan lived together on a genuine domestic basis in a relationship as a couple. As part of this consideration, we may ask for evidence that John and Susan were living together and sharing responsibility for their living expenses. We may also ask John and people in John and Susan's life to confirm the nature of the relationship.

Did you know?

Susan could have completed a binding death nomination and provided HESTA with instructions on how she wanted her benefit paid.

For more information about nominating beneficiaries go to [hesta.com.au/bdn](https://www.hesta.com.au/bdn)

Financial dependency

Anyone who was being financially supported by the deceased member just before the member died, and who had a reasonable expectation that this support would be ongoing, would generally have high priority in the distribution of a death benefit.

This may include a surviving spouse, minor children or adult children who were receiving ongoing and regular financial support from the member with an expectation for it to continue.

In most cases a child under age 18 is financially dependent however a child of any age can provide evidence of ongoing financial support such as further education expenses.

The extent and expected duration of financial support is a relevant factor we'll consider. For this reason, a surviving spouse who reasonably might have expected to share in the deceased member's retirement income, is often allocated a larger portion.



Jane is a HESTA member.

Jane's adult daughter Samantha lives on government income support benefits and Jane supports Samantha by regularly paying for her rent and depositing money into her bank account.

Jane passes away unexpectedly. Without a valid binding nomination on Jane's account, Samantha needs to provide evidence in the form of regular deposits from Jane and payment of expenses to show she relied on her mum for financial support with no expectation of repayment of this support. HESTA may acknowledge that Samantha is a financial dependant.

Interdependency

Two persons are considered to have an interdependency relationship if:

- they have a close personal relationship, and
- they live together, and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with support and care of a type and quality normally provided in a close personal relationship, rather than by a friend or flatmate.

An interdependency relationship may also exist if two people have a "close personal relationship" which does not meet the other criteria, because:

- they are temporarily living apart; or
- either or both of them suffer from a disability.

Children are generally not considered to have an interdependency relationship with their parents. However, in some circumstances parents caring for a disabled child or a child suffering from a serious illness, whether an adult or minor child, may be considered interdependent. In these cases, a parent will usually provide extraordinary support that surpasses the support provided in a normal parent/child relationship. Equally, a child may live with an aged or frail parent, and have a permanent commitment to caring for the parent for the parent's lifetime.



Patricia and Jean are sisters who live together.

They share expenses and have a close relationship. Patricia is a HESTA member.

Patricia is diagnosed with a chronic medical illness and Jean takes Patricia to her medical appointments. Jean continues to provide Patricia with everyday needs care, such as (but not limited to) contributing to household expenses such as rent/mortgage, utilities and groceries, cooking meals, personal hygiene, and emotional support, while she is unwell.

Sadly, Patricia passes away. After reviewing all of the evidence, HESTA may recognise that Jean and Patricia had an interdependency relationship.

Document checklist

Before submitting a claim, review the below list to ensure that you have collected all required documents. If you have trouble obtaining any of these documents, please contact us so we can assist.

| Evidence of | Documents and considerations |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deceased member death and identity | <ul style="list-style-type: none">• A certified copy of the death certificate with the cause of death included.• A certified copy of the deceased member's proof of age. This can be a passport, driver licence or proof of age card. |
| Will | <ul style="list-style-type: none">• A certified copy of the late member's Will, if there is one. |
| Spouse | <ul style="list-style-type: none">• A certified copy of the Marriage Certificate.• A certified copy of the Decree Nisi/Divorce Certificate (if applicable). |
| De facto | <ul style="list-style-type: none">• Proof of registration of the relationship under a law of a State or Territory (if applicable).• A statutory declaration completed by two of the following: the de-facto, family members, friends or legal adviser/accountant/minister of religion, verifying the member lived with the person on a genuine domestic basis as a couple, including the nature and duration of the relationship.• To support your claim, please provide the following documents where they apply to your relationship:<ul style="list-style-type: none">(a) evidence of joint finances including copies of bank statements, mortgage/lease, household utilities;(b) evidence of joint loan documents for major assets like homes, cars or major appliances, that may be in both names;(c) proof you have told government, public or commercial bodies about the existence of your relationship. |
| Child | <ul style="list-style-type: none">• A certified copy of the birth or adoption certificate(s).• For adult children we will also require evidence of financial dependency if claiming to have been financially dependent – refer to Financial Dependency.• For stepchild or ex-nuptial child, marriage certificates and birth certificates to show the relationship between the deceased member and the parent of the stepchild. |
| Interdependency | <ul style="list-style-type: none">• Fully completed Interdependency Questionnaire including execution of the statutory declaration at the end of the Claim Form.• A statutory declaration providing detail on the nature of the relationship, such as the nature of financial, emotional, domestic or personal care support that was provided; any care of support of children; and ownership of or use of property together. |
| Financial dependency | <ul style="list-style-type: none">• A statutory declaration/s providing details as to how the claimant relied on the member to meet or assist in meeting daily living expenses, such as utility and household expenses, rent and shared financial commitments (mortgage payments and other loans). The statutory declaration should clearly state the frequency and the amount of financial support provided by the deceased member. To support your claim, please provide evidence of financial support. This may be copies of bank statements that demonstrate regular transfers from the deceased member or evidence of payment of expenses, including joint rent/mortgage, banks or utility statements. |
| Legal Personal Representative | <ul style="list-style-type: none">• A certified copy of the late member's Will, if there is one.• A certified copy of the Grant of Probate or Letters of Administration. If you have not yet received Grant of Probate or Letters of Administration, let us know when you expect to receive them. Alternatively, if you do not intend to apply, please let us know why. Note that we generally require either Probate or Letters of Administration before we make a decision to pay the benefit to the deceased member's estate. |


Before submitting this claim, have you:


- Completed all parts and signed the form?
- Provided a certified copy of the full death certificate?
- Provided a certified copy of the deceased member's proof of age document?
- If married, provided a certified copy of the deceased member's marriage certificate?
- Provided a certified copy of the deceased member's Will (if any)?
- Provided a certified copy of the Grant of Probate or Letters of Administration (if any)?
- Provided a certified copy of the children's birth certificate (if any)?
- Completed the *Certificating your identification* form?
- Provided any additional documentation that may be relevant to the nature of your relationship to the deceased per the above Document Checklist?

We're here to help you

If you have any queries or need help with making a death claim, please contact us.

 hesta.com.au/contact

 **1800 813 327** or **+ 61 3 9957 0064**
(if calling from overseas)

 **Send your claim. Scan and email all requirements to hesta@hesta.com.au or mail to: Locked Bag 35007 Collins St West VIC 8007**



death benefit claim form

Tips to help you complete this form:

1. Read the attached *Claiming a death benefit guide*.
2. Use the checklist on the previous page of the *Claiming a death benefit guide* to ensure you've provided all necessary documents.

If multiple persons would like to make a claim, each person must fill out section E and F and provide any required documentation dependent on their relationship to the deceased per the Document Checklist in the *Claiming a death benefit guide*.

Got any questions?

Call us on **1800 813 327** or if calling from overseas **+61 3 9957 0064**

Under superannuation law, HESTA is required to inform all potential beneficiaries of the proposed payment. This means a person's name and details of their relationship with or dependence on the deceased member may be disclosed to other claimants. This information may also be disclosed to HESTA's legal advisers, the Australian Financial Complaints Authority (AFCA) or a court.

Section A: Details of deceased member

Title: Ms Mrs Miss Mr Dr Other Given name/s:

Date of Birth: Family name:

Residential address (PO Box not accepted)

Suburb State/Terr. Postcode

Date of death: Member number:

Who did the member live with at the time of death:
Spouse/defacto Children No one Other If other please provide details of this person in Section B

Section B: Personal details of dependants

1. Provide details of the deceased member's spouse/defacto
If the deceased member did not have a spouse or defacto at the time of death, please enter N/A.

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Given Name | <input type="text"/> |
| Family Name | <input type="text"/> |
| Residential Address | <input type="text"/> |
| Email | <input type="text"/> |
| Mobile or daytime phone number | <input type="text"/> |
| Relationship to the deceased member | Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> |
| Commencement of relationship | <input type="text"/> |
| Living with the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financially dependent on the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section B continued: Personal details of dependants

2. Provide details of the deceased member's children.

If the child is a minor please provide details of the person who is the legal guardian or person caring for the child.

| | Dependant 1 | Dependant 2 | Dependant 3 |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Given Name | | | |
| Family Name | | | |
| Date of Birth | | | |
| Residential Address | | | |
| Email | | | |
| Mobile or daytime phone number | | | |
| Relationship to the deceased member | | | |
| If child is a minor, please provide Given Name and Family Name of legal guardian/person caring for the child | | | |
| Financially dependent on the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Living with the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Dependant 4 | Dependant 5 | Dependant 6 |
| Given Name | | | |
| Family Name | | | |
| Date of Birth | | | |
| Residential Address | | | |
| Email | | | |
| Mobile or daytime phone number | | | |
| Relationship to the deceased member | | | |
| If child is a minor, please provide Given Name and Family Name of legal guardian/person caring for the child | | | |
| Financially dependent on the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Living with the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Provide details of any other person (other than those provided above) who was financially dependent on or in an interdependent relationship with the deceased member at the time of death.

Refer to the Claiming a death benefit guide for information on who may qualify as a financial dependant or interdependant. To assist us in assessing the claim in a timely manner please provide documents evidencing the nature of the dependency per the Documents Checklist. For any person who was in an interdependent relationship with the deceased, please provide details regarding the circumstances of the relationship in section C.

| | Dependant 1 | Dependant 2 | Dependant 3 |
|----------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Given Name | | | |
| Family Name | | | |
| Residential Address | | | |
| Email | | | |
| Mobile or daytime phone number | | | |
| Relationship to the deceased member | | | |
| Living with the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Financially dependent on the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In an interdependent relationship with the deceased member at the time of death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section C: Personal details of interdependants

Each person who had an interdependant relationship with the deceased member and wishes to claim a death benefit has to complete the following. Please copy this page to enable each person to complete their individual claim.

Title: Ms Mrs Miss Mr Dr Other Given name/s:

Date of Birth: Family name:

Residential address (PO Box not accepted)

Suburb State/Terr. Postcode

Date of birth: Mobile or daytime phone number: Email:

Please answer the following:

- Did you have a close personal relationship with the deceased member? Yes No
- What was your relationship with the deceased member?
- What was the duration of your relationship?
- Were you living together at the time of death? Yes* No
- Did one or each of you provide the other with financial support? Yes* No
- Did one or each of you provide the other with domestic support and personal care? Yes* No
- Did you and the deceased member have the ownership of or use of acquired property? Yes* No
- Did you and the deceased member have a mutual commitment to a shared life? Yes* No
- Did both of you care for and support your children? Yes* No
- Did both of you enjoy the reputation and public recognition of this relationship? Yes* No
- Did you and the deceased member provide each other with emotional support? Yes No
- Was the relationship a one of convenience? Yes No
- Did either you or the deceased member have a disability? Yes* No

***If you answered 'Yes' please attach evidence to support this claim.**

Section D: Details of the Estate

- Is there a Will? Yes* No Don't know
- If 'Yes', has Probate been applied for? Yes No
- If Probate has been applied for, has Probate been received? Yes* No
- If there is no Will, are Letters of Administration being applied for? Yes No Don't know
- If 'Yes', have Letters of Administration been received? Yes* No

***Please provide a certified copy of the Will, Probate or Letters of Administration.**

Please provide details of Legal Personal Representative.

Given name/s: Family name:

Mobile or daytime phone number: Email:

Residential address (PO Box not accepted)

Suburb State/Terr. Postcode

Section E: Details of the person making the claim

Please complete this section if you want to be included as an eligible beneficiary. By selecting **no** and signing this form you agree to waive any right to be considered by HESTA for distribution of a death benefit payment. You may also not be permitted to object to a decision on the claim.

Do you wish to make a claim? Yes No

Title: Ms Mrs Miss Mr Dr Other Given name/s:

Date of Birth: Family name:

Residential address (PO Box not accepted)

Suburb State/Terr. Postcode

Mobile or daytime phone number: Email:

Relationship to the deceased member:

Section F: Statutory declaration

You must complete the Statutory Declaration which must be signed and witnessed by an authorised person.

I, FULL NAME OCCUPATION

of RESIDENTIAL ADDRESS

make the following declaration under section 9 of the *Statutory Declarations Act 1959*:

- To the best of my knowledge, all information given on this application is true and correct, and
- I believe that the statements in this declaration are true in every particular, and I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, the punishment for which is imprisonment for a term of 4 years.

Person making this declaration:

Signature:

EMAIL

PHONE

declared at: PLACE

Date:

before me: FULL NAME

Signature:

EMAIL

PHONE

Qualification of signatory:

Contact address of signatory:

A statutory declaration under section 9 of the *Statutory Declarations Act 1959* may be made in accordance with the law of the Commonwealth. Some examples of people who can witness this Statutory Declaration are: Justice of the Peace, a Legal Practitioner holding a current practicing certificate, a Notary Public or Police officer.

 Return your completed and signed form to hesta@hesta.com.au or mail to: Locked Bag 35007 Collins St West VIC 8007.

Need help with this form? Contact us 8am–8pm (AET) Monday to Friday.

contact us

1800 813 327 | Locked Bag 35007 Collins St West VIC 8007 | hesta.com.au/contact

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certifying your identification

Name:

Member number (if known):

Proving your identity

You need to provide us with identification documents. This is to protect you from the risk of identity fraud, and to ensure your super is paid to you. There are three ways you can provide us with your identification. You can:

1. provide document details and your consent for us to verify your identity electronically, or
2. scan your certified identification documents and email all requirements to: hesta@hesta.com.au, (you will need to provide a copy of a bank statement issued within the last three months if you select this option), or
3. provide certified documents in hard copy and mail all requirements to **Locked Bag 35007 Collins St West VIC 8007**.

Your ID and account details must match - if you need to change your name, you'll need to provide a completed *Change of member details* form which you can find at hesta.com.au/forms

Option 1: Electronic proof of identity

If you choose this option you do not have to attach any certified documents. We will do all the checks for you.

Electronic verification

Please provide at least **TWO** of the following for verification.

Full name as appears on my Medicare card:

My Medicare number is:

Exp. date:

I am person number on this Medicare Card

Full name as appears on my Australian driver licence:

My Australian driver licence number is:

Card number: see *Driver licence card number* under Proof of identification at hesta.com.au/forms-brochures

Exp. date:

State of issue:

Full name as appears on my Australian passport:

My Australian passport number is:

Exp. date:

Place of birth:

Family name at birth (not shown on your passport):

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 choose this option you must attach all certified documents.

! If you decide to email your requirements, you will need to include a copy of a bank statement issued within the last three months.

! If you are providing documents via hard copy, you don't need to sign this document in the **Verification of identification** section below. You only need to sign if you would like HESTA to electronically verify your ID when your certified documents can't prove your identity.

Acceptable documents

Either

A certified copy of a primary photographic identification document:

- current photographic driver 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
- a 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 confirm that I am authorised to provide the personal details presented and I consent to the Trustee of HESTA ("HESTA") collecting, using and disclosing my personal and identification information to third parties for the purpose of exercising, on my behalf, my right under the *Australian Privacy Act 1988*, to access personal information held about me by those third parties and verify that my information matches the official record data via third party systems, for the purpose of verifying my identity*. I consent to HESTA and third parties to which my personal information is shared, retaining and using that information for the purpose of monitoring and improving their verification services. I understand that if I do not provide this consent, you may be unable to assess my application.

Signature:

Date:

*For more information about the DVS or other third-party systems used to verify your identity, visit idmatch.gov.au

Have you changed your name or are you signing on behalf of another person?

If you've changed your name 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 or Power of Attorney documents.

! If you can't provide the identification documents we've asked for, give us a call on 1800 813 327 to discuss alternatives.

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?

Samantha 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
Date: 31 July 2015 Registration no: 222222

Who can certify my identification document?

For a full listing of people who can certify your documents, see Part 2 of Schedule 1 of the *Statutory Declarations Regulations 2023*. Some of the people who can certify documents are:

- a medical practitioner
- a nurse
- an optometrist
- a psychologist
- a pharmacist
- a chiropractor
- a veterinary surgeon
- an accountant (member of ATMA, CA ANZ, CPA or IPA)
- a teacher permanently employed on a full time or part time basis at a school or tertiary institution
- a notary public
- a police officer
- a Justice of the Peace
- a magistrate
- a marriage celebrant
- a member of the Governance Institute of Australia Ltd
- a SES employee of the Commonwealth.

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.



Return your completed and signed form to hesta@hesta.com.au or mail to: Locked Bag 35007 Collins St West VIC 8007.

Need help with this form? Contact us 8am–8pm (AET) Monday to Friday.

contact us

1800 813 327 | Locked Bag 35007 Collins St West VIC 8007 | hesta.com.au/contact

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