



# employer refund and reclassification form

Use this form to request a refund of contributions made to a HESTA member’s account in the past 12 months. Type the details or complete in pen using CAPITAL LETTERS. **The form must be completed in full.**

1. Employer details

HESTA employer number

Employer ABN

Employer name

Employer contact person/Director information

Employer mobile or daytime phone number

Email

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If requesting a refund, please move to **Step 2 - Contribution refund**.

If requesting a reclassification, please move to **Step 3 - Contribution reclassification**.

2. Contribution refund

Use this table to provide information on the contributions you wish to be refunded due to administration error where the contribution was paid in the past 12 months. If the contribution was paid more than 12 months ago, please contact us to discuss your options.

Please indicate the reason for the refund request according to the below codes:

**A – Overpayment**

**B – Incorrect member or fund**

| HESTA member number | Member name (Given name and Family name) | Date of birth | Payment date | Payment period (start and end date) | Original amount/ type           | Correct amount/ type           | Reason code | Notes |
|---------------------|--|---------------|--------------|-------------------------------------|---------------------------------|--------------------------------|-------------|-------|
| EXAMPLE 12345678    | Samantha Jones                           | 31/02/1985    | 03/04/2025   | 17/03/25-31/03/25                   | \$100 Super-annuation Guarantee | \$75 Super-annuation Guarantee | A           |       |
|                     |  |               |              |                                     |                                 |                                |             |       |
|                     |  |               |              |                                     |                                 |                                |             |       |
|                     |  |               |              |                                     |                                 |                                |             |       |
|                     |  |               |              |                                     |                                 |                                |             |       |
|                     |  |               |              |                                     |                                 |                                |             |       |

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To ensure we can process your request, please enclose a copy of correspondence you (the employer) will issue to the impacted member(s).

If the total refund amount exceeds \$1000 or applies to 5 or more members, a Statutory Declaration explaining the error needs to be completed by a director or authorised contact of the employer.

Contribution refunds will be returned in the same method they were received (via SuperStream).

### 3. Contribution reclassification

| HESTA member number | Member name (Given name and Family name) | Date of birth | Payment date | Payment period (start and end date) | Correct payment period (start and end date) | Original contribution type    | Correct contribution type |
|---------------------|--|---------------|--------------|-------------------------------------|---|-------------------------------|---------------------------|
| EXAMPLE 12345678    | Samantha Jones                           | 31/02/1985    | 03/04/2025   | 17/03/25-31/03/25                   | 20/04/25-31/04/25                           | \$20 Superannuation Guarantee | \$20 Salary Sacrifice     |
|                     |  |               |              |                                     |   |                               |                           |
|                     |  |               |              |                                     |   |                               |                           |
|                     |  |               |              |                                     |   |                               |                           |
|                     |  |               |              |                                     |   |                               |                           |
|                     |  |               |              |                                     |   |                               |                           |
|                     |  |               |              |                                     |   |                               |                           |

### 4. Declaration

By signing the form, I confirm:

- the information in the form is true and the contribution refund request is due to administrative error
- I am a nominated contact or director for the Employer and authorised to make this request
- I understand that I'm (the Employer) responsible for notifying and correcting any lodgement with the Australian Taxation Office that may be required as a result of the application being accepted by the Trustee
- nothing in this request detracts from the duties of the employer under any of the provisions or entitlements of its employees
- the Employer will continue to meet its superannuation contribution obligations for its employees while the Trustee considers this request
- under current regulatory guidance, the Trustee may only refund a contribution where an administrative error has occurred, and the Trustee continues to hold the funds. Refund amounts may be net of any tax, fees and charges, or investment returns

Print name

Signature

Date

D

D

M

M

Y

Y

Y

Y

 **Return your completed and signed form to [hesta@hesta.com.au](mailto: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](https://hesta.com.au/contact)

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