



request family law information

This form is also known as a Form 6 Declaration in accordance with subsection 90XZB(2) and 90YZR(2) of the *Family Law Act 1975* (Cth) and regulation 102 of the *Family Law (Superannuation) Regulations 2025*. Use this form following the breakdown of a marriage or de facto relationship if you are a member, the spouse of a member, or a person who intends to enter into a superannuation agreement with a member, and you wish to seek information about a superannuation interest (under the *Family Law Act 1975*).

Type in your details or complete in pen using CAPITAL LETTERS. Print 'X' to mark boxes where applicable.
If you need any help completing this form you can call us on 1800 813 327.

1. Your details

Given name/s	Family name	
<input type="text"/>	<input type="text"/>	
Date of birth	Mobile or daytime phone number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	
Residential Address (PO Box not accepted)		
<input type="text"/>		
Suburb	State/Terr.	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (only complete if different from above)		
<input type="text"/>		
Suburb	State/Terr.	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

2. Reason for requesting the information

I'm asking for the information because (select one)

I am a member of HESTA

I am a spouse (includes defacto) of

(Member name), who is a member of HESTA

I am intending to enter into a superannuation agreement under Part VIII B or Part VIII C of the *Family Law Act 1975* (as applicable) with

(Member name), who is a member of HESTA

I require the information to (select one)

Assist me to properly negotiate a super agreement

Assist me in relation to a superannuation family law matter.

3. Details of HESTA member whose super information is being requested

Given name/s	Family name
<input type="text"/>	<input type="text"/>
Member number	Date of birth
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

4. Recipient details

I (your name)

request that you send the information to (select one)

Me, or

My lawyer

Lawyer's name

Lawyer's address

The information we will give you:

1. Member and account details, including member name, date joined fund and eligible service period.
2. Information about the value of the benefit, including a balance estimate at the date requested below.

Please provide a balance estimate at the following date

If we can't provide a balance estimate at the requested date, we will provide valuations as at dates before and after your requested date plus details of any rollovers, transfers and payments made during the period.

3. Preservation and tax components of the super benefit, which include:
 - preserved, restricted non-preserved and unrestricted non-preserved amounts, and
 - taxable and tax-free components.

5. Declaration

I declare that the details in section 2 are true and correct, to the best of my knowledge, and are given in support of my application to the trustee of HESTA for information about a superannuation interest. I understand that there may be serious penalties for making a false statement.

Privacy: I consent to the collection and use of my personal information by HESTA and have read and understood HESTA's Privacy Collection Statement, which is available at hesta.com.au/privacy or by calling 1800 813 327.

Signature

Date



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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