Complete Then photocopy for each super fund.

Separate Super Fund info needed

HESTA SUPER FUND
Your Health & Community Services Industry Fund

An Industry SuperFund

Transferring your super into HESTA

Completing this form

- Read the important information attached.
- Refer to instructions where indicated with a ❯

After completing this form

- Sign the authorisation.
- Send form and certified proof of identity documents to either your previous fund or to HESTA.

HESTA's address is: PO Box 600, Carlton South Vic 3053.

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.

Personal details

Title: Ms ☐ Mrs ☐ Miss ☐ Mr ☐ Other ☐

*Given name/s:

*Family name:

*Date of birth: *Gender: Female ☐ Male ☐

Tax file number:

Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your tax file number, but there may be consequences.

❯ See 'What happens if you do not quote your tax file number?' (page 6)

*Telephone number:

*Residential address:

Street no. Street name

Suburb

State/Territory Postcode

Email:

Previous name/address:

❯ If your name/address held by your previous fund is different to your current name/address, please give the previous details below.

Given name/s

Family name/s

Street no. Street name

Suburb

State/Territory Postcode

Fund details

Previous fund

*Fund name:

*Membership or account number:

Australian Business Number (ABN) if known:

if you can find these on mail

Superannuation Product Identification Number (SPIN) if known:

! If you have multiple account numbers, you must complete a separate form for each account you wish to transfer. (You can photocopy this form.)

To HESTA Super Fund

Fund name: HESTA Super Fund

Fund telephone number: 1800 813 327

*Membership or account number:

Australian business number (ABN): 64 971 749 321

Superannuation Product Identification Number (SPIN): HST0100AU

*Proof of identity

❯ See 'Completing proof of identity' (page 4)

☒ I have attached a certified copy of my photographic driver's license or passport

OR I have attached certified copies of both:

☐ birth/citizenship certificate or Centrelink pension card

AND

☐ Centrelink payment letter or government or local council notice (less than one year old) with my name and address

By signing this request form I make the following statements:

- I declare that I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- I discharge the superannuation provider of my previous fund of all further liability in respect of the benefits paid and transferred to HESTA
- HESTA may be required to deduct tax from the untaxed portion of the transferred benefits
- HESTA accepts no responsibility for my decision to transfer my benefits
- the money from this transfer will be invested according to my existing instructions to HESTA

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Date:

*Signature:

! **Warning: please double-check your proof of identity has been completed and certified correctly. We cannot process your request unless you have attached the certified identification documents listed above.**

Incomplete forms will be returned to you.

H.E.S.T. Australia Limited ABN 66 006 818 695 AFSL No. 235249 HESTA Super Fund ABN 64 971 749 321