binding death benefit nomination



Before completing the form, read Important information below and overleaf.

Complete all sections by typing in the information or if writing please do so in CAPITAL letters.

Print $^{\prime}\mathrm{X}^{\prime}$ to mark boxes where applicable. If you make an error, please comp	lete a new form. No alterations accepted.	
I would like this binding death benefit nomination to apply to my:		
HESTA super account - Member number:	HESTA Income Stream - Member number:	
HESTA Personal Super - Member number:	HESTA Term Allocated Pension - Member number:	
HESTA Corporate Super account - Member number:		
Note: if you wish to nominate different beneficiaries for each of your HEST	A accounts, you will need to complete a separate form for each account.	
Cross ONE box to: nominate OR renew OR cancel OR change	beneficiaries. If you cross more than one box your request will not be valid.	
1 Personal details		
Please ensure your personal details provided are as they currently ap complete a <i>Change of member details</i> form	pear on your HESTA account. If your details have changed please	
Title: Ms Mrs Miss Mr Dr Other Given name/s:		
Date of Birth: Family name:		
Address:		
2 Beneficiary details		
	w or your Legal Personal Representative. Your binding nomination must ned) in your presence at the same time and date as your declaration. s. If you have more than six beneficiaries please call us.	
FULL NAME 1	FULL NAME 6	
RESIDENTIAL OR EMAIL ADDRESS	RESIDENTIAL OR EMAIL ADDRESS	
MOBILE NUMBER	MOBILE NUMBER	
Beneficiary's relationship to you: Spouse Child Financially dependent/Interdependent Legal personal representative (of your estate)	Beneficiary's relationship to you: Spouse Child Financially dependent/Interdependent TOTAL (the % of all beneficiaries nominated MUST add up to 100%): % of benefit % %	
FULL NAME 2		
RESIDENTIAL OR EMAIL ADDRESS	Important information	
MOBILE NUMBER	To provide more certainty about who receives your benefit when you die, you can make a nomination which binds the Trustee of HESTA to	
Beneficiary's relationship to you: % of benefit	pay the person(s) you direct (providing you are still a member of the Fund when you die).	
Spouse Child Financially dependent/Interdependent %	The person(s) you nominate must be any one or more of the following:	
FULL NAME 3	your spouse* (including another person, whether of the same sex, or a different say with whom you are in a relationship that is registered.)	
RESIDENTIAL OR EMAIL ADDRESS	a different sex with whom you are in a relationship that is registered under a law of a state or territory, or, a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple)	
MOBILE NUMBER	your children* (including step, adopted, ex-nuptial, a child of your	
Beneficiary's relationship to you: % of benefit	spouse or someone who is your child within the meaning of the Family Law Act (1975)	
Spouse Child Financially dependent/Interdependent %	any person(s) financially dependant* or interdependent* on you	
FULL NAME 4	legal personal representative (LPR) of your estate (you do not need to provide the name of your LPR on this nomination. HESTA will determine	
RESIDENTIAL OR EMAIL ADDRESS	to pay your benefit to the confirmed executor or administrator of your estate at the time of passing, which may differ from the LPR you name).	
	*Evidence of this relationship will be required to be submitted as part of the	
MOBILE NUMBER	death claim process. If the person nominated no longer falls within one of the aforementioned categories at the time of your passing, your nomination	
Beneficiary's relationship to you: Spouse Child Fingnoially dependent/Interdependent %	will be invalid and the Trustee will determine distribution of the benefit.	
I manetally dependent/interdependent	Tax and death benefits	
FULL NAME 5	The definition of a dependant under tax law differs from the definition under superannuation law. Under tax law, children aged 18 and	
RESIDENTIAL OR EMAIL ADDRESS	over are not generally classed as tax-dependents and therefore benefits may be subject to tax. Similarly, taxes may be applied where	

% of benefit

You should consider the options available for binding nominations carefully. Read the How super works which forms part of the Product Disclosure Statement available at hesta.com.au/pds

you have nominated your legal personal representative.

Beneficiary's relationship to you:

Financially dependent/Interdependent

Spouse Child

At the time of a claim, a beneficiary may be entitled to choose to receive any income stream as a lump-sum payment or opt to continue the income stream if eligible. We recommend seeking financial advice as the tax treatment of benefits will depend on their personal circumstances.

How long is the nomination valid?

A binding nomination is valid for three years from the date it was signed. It is important to keep your nomination up to date to ensure your wishes are met.

You can renew, change or cancel your nomination at any time. If your nomination is valid, we must follow it no matter how your circumstances have changed. For example, if you nominate your husband or wife and you later separate, but have not yet obtained a divorce, your nomination remains valid and binds us unless you vary or cancel it, or it expires. You will be advised of your nomination each time we send your Annual Statement, and you will be provided with the opportunity to update it.

Your dependants may have the right to complain about a decision made by the Trustee. Visit **hesta.com.au/complaints** to learn more about disputing the Trustee's decision.

What is a valid nomination?

To make a nomination valid, your nomination must:

- · be made in writing on this form
- clearly set out the proportion of the benefit to be paid in full percentages (total must add up to 100%)
- be signed and dated by you in the presence of two witnesses over the age of 18 who are not nominated beneficiaries on the form at the same time you make your declaration
- be sent to us (a nomination will not be valid until we receive it)
- and received by HESTA prior to your passing.

Making and updating a binding nomination

To renew, change or make a new nomination you must tick the relevant box at the start of this form and write your chosen beneficiaries' details in Section 2. The 'percentage of benefit' column must total 100%. The form must be signed by you, dated and witnessed by two people who are not beneficiaries. Once accepted, this nomination will replace any existing nomination.

Cancelling a binding nomination

If you want to cancel a current binding nomination and not replace it, you must tick the relevant box at the beginning of the form. Please note the form must still be signed, dated and witnessed to cancel a previous nomination.

We will confirm your new or cancelled nomination in writing. We will also contact you and seek instructions before the expiry of an existing nomination.

Default option

If, at the time of your death:

- · you have not made a binding death nomination, or
- · your nomination has been cancelled, or
- your nomination is invalid (for example, it is not correctly signed or witnessed, it is more than three years old and has not been renewed, or if a nominated beneficiary no longer fall within one of the permitted categories)

the Trustee of HESTA will use its discretion in accordance with the Trust Deed to determine how your benefit should be paid.

Privacy

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. Scan and email all requirements to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

3 Member declaration

I understand and declare:

- my beneficiary(ies) must be my spouse, child, financial dependant and/or interdependent at the time of my death or a legal personal representative of my estate
- I have read the information on this form that sets out the
 terms upon which this nomination is made and am aware
 that my rights in relation to any binding death nomination are
 determined by the Trust Deed governing HESTA available at
 hesta.com.au/disclosures or by calling 1800 813 327 a binding
 nomination is only valid for three years from the date it is signed,
 confirmed or amended
- I may at any time cancel or change a binding nomination notice by submitting a new binding death benefit nomination
- if a binding nomination is invalid or has not been received by the Trustee of HESTA before I die, the death benefit will be determined by the Trustee of HESTA at its discretion in accordance with the Trust Deed
- this declaration must be signed by me in the presence of two witnesses over the age of 18, who are not beneficiaries on this form
- this nomination applies to all my investments within the HESTA account nominated on this form
- I have read and understood the HESTA Privacy Collection
 Statement which is available at hesta.com.au/privacy or
 by calling 1800 813 327 and consent to the Trustee of HESTA
 collecting, using and disclosing my personal information for the
 ongoing administration of membership by the fund administrator
 and other service providers.

and other service providers.	
Signature:	
Date:	
DDMMYYY	

Please ensure TWO witnesses sign this form **at the same time on the same date** as you sign this (in your presence). Scan and email all requirements to **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124**

4 Witness declaration Each witness declares that: I am over age 18

- I am not a beneficiary nominated on this form
- \cdot $\;$ The member signed this binding nomination in my presence

Please ensure the member signs the member declaration (see section 3) in your presence at the same time on the same date as this witnesses' declaration.

hesta@hesta.com.au | 1800 813 327 | Email forms to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124