change of member details form



This form enables existing members to update certain details on their member account. Complete all parts of this form by typing in your details or if writing use CAPITAL LETTERS. Scan and email all requirements to **hesta@hesta.com.au** or mail to: **HESTA, Locked Bag 5136, Parramatta NSW 2124.** Check that you have signed and dated the declaration and that all certified documentation is attached if applicable.

You must attach the *Certifying your ID* form (see **hesta.com.au/certifyingID**) and attachments specified within it if you are changing your name or date of birth. You can update your preferred beneficiary here but if you have more than three beneficiaries, update via your account online at **my.hesta.com.au** If you want your nomination to be binding, you must complete the *Binding death benefit nomination* form at **hesta.com.au/bindingnomination**

How to fill in this form

1 Your existing member details with HESTA

Complete this section in full. Do not use initials. Your full name and date of birth will help us accurately identify your account.

2 Your new details

Complete this section for changes to your member details.

You can also provide consent for us to verify your identity electronically with an accompanying *Certifying your Identification* form (at **hesta.com.au/certifyingID**). Please check the form for eligibility requirements.

Your address and preferred beneficiaries can easily be updated through your account online at **my.hesta.com.au**

Proving your identity

If you've changed your name, you are required to provide certified documents as evidence of the change that show your original name and your new name – for example, your birth certificate and your marriage certificate.

If your date of birth needs correcting, you are required to provide certified documents as evidence of your correct date of birth — for example, your birth certificate or your Driver licence.

What is a certified copy?

A certified copy is a photocopy of the original document which has been signed by a person verifying the copy is a true copy of the original. The certification for the *Change* of member details form must include the **certifying**

officer's signature, printed name, address and type of authority (e.g. Justice of the Peace), as well as the date.

See the *Certifying your identification* form online at **hesta.com.au/certifyingID** for information on certifying your documents.

Please send certified copies: DO NOT send originals.

3 Preferred beneficiary(ies)

Complete this section if you wish to change your nominated beneficiary(ies).

Who may be nominated?

You can nominate your dependants or your legal personal representative.

Your dependants include:

- your spouse (which includes another person, whether of the same sex or 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)
- your child (which includes an adopted child, a stepchild, an ex-nuptial child, a child of your spouse or someone who is your child within the meaning of the Family Law Act 1975)

3 Preferred beneficiary(ies) (continued)

- a person who is wholly or partially financially dependent on you
- a person with whom you have an interdependency relationship.

An interdependency relationship is defined as:

- a close personal relationship between two people who live together, where one or each provides the other with financial support, and one or each provides the other with domestic support and personal care, **or**
- a close personal relationship that does not satisfy the other criteria because one or both people suffer from a physical, intellectual or psychiatric disability.

Your legal personal representatives include:

- the executor of your will, or
- the administrator of your estate.

Is my nomination binding?

The HESTA Trust Deed grants the Trustee discretion to determine to whom benefits will be paid to in the event of your death. Providing your preferred beneficiaries is voluntary, but may be considered by the Trustee when making its decision in accordance with the Trust Deed. The HESTA Trust Deed is available at **hesta.com.au/ disclosures** or by calling 1800 813 327.

It's important you keep your nomination up to date, particularly if your family or marital circumstances change. If you would like your HESTA super benefit divided between more than three people, please provide their details on another copy of this form, or on a signed and dated piece of paper marked with your name and account number, and attach it to this form. You may also update your nominations through your account online at **my.hesta.com.au**

If you'd like to make a nomination which binds the Trustee of HESTA to pay the person(s) you nominate, please complete a *Binding death benefit nomination* form at **hesta.com.au/bindingnomination**

4 Additional information

Changing your insurance and investment details

Most members receive standard insurance cover and are invested in the default investment option, Balanced Growth, when they join.

Your most recent member statement will detail your current insurance and investment options and you can check or change your details, investments and insurance cover options through your account online at **my.hesta.com.au**

| 1 Your existing member details with HESTA | 2 Your new details (continued) | |
|---|---|------------------------|
| Completing this section in full will help us identify your account. | Postal address: (if different from residential): | |
| Member number: | PO Box/Unit number/Street number | |
| | | |
| | Street name | |
| Date of birth: | | |
| | | |
| Title: Ms Mrs Miss Mr Dr Other | Suburb | |
| Given name/s: | | |
| | State/Terr. Postcode | |
| Family name: | | |
| | Best contact number: | |
| | | |
| Postal address: PO Box/Unit number/Street number | Email: | |
| | | |
| | | |
| Street name | | |
| | 3 Preferred beneficiary(ies) (see previou | s page for more info) |
| Suburb | I nominate the below person(s) as my preferred benef | |
| | of my death benefit in HESTA. I understand my nomin- by the Trustee, and the Trustee is not bound by my no | |
| Chake /Tarman Darker da | its absolute discretion to pay my benefit in accordance | e with the Trust Deed. |
| State/Terr. Postcode | Please use whole numbers, not decimals for the bene | fit percentages. |
| | Full name: | |
| | | |
| | Residential address: | |
| 2 Your new details (see previous page for more info) | | |
| Completing this section in full will help us administer your account. | Relationship to you: | % of benefit |
| Suitable certified proof must be supplied with this form. | | |
| Date of birth: | | % |
| | Full name: | |
| Title: Ms Mrs Miss Mr Dr Other | | |
| Given name/s: | Residential address: | |
| | | |
| Family name: | Relationship to you: | % of benefit |
| | | |
| If your name has changed, provide your previous signature here: | | % |
| n your hand had changed, provide your provide signature here. | Full name: | |
| | | |
| Residential address: | Residential address: | |
| PO Box/Unit number/Street number | | |
| | Deletierekie te oreo | |
| Street name | Relationship to you: | % of benefit |
| Street name | | % |
| | | |
| Suburb | Total (must add up to 100%): | % |
| | | |
| State/Terr. Postcode | 4 Declaration | |
| | I have read and understood HESTA's Privacy Coll | |
| | is available at hesta.com.au/privacy or by calling 1800 813 327 and accept that the information on this form is true and correct to the best | |
| | of my knowledge and belief. I consent to my personal information being | |
| | collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers. | |
| | Member's signature: | |
| | | |
| | | |
| | | |
| | Date: | |

contact us

Issued by H.E.S.T. Australia Ltd ABN 66 006 818 695 AFSL 235249, the Trustee of HESTA ABN 64 971 749 321. 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.