

Third-party authorisation form



This form allows you to give permission for a third party, such as a financial planner, to access your HESTA account information. Once your completed form has been received by HESTA, this authorisation will expire 13 months from the date of signing.

Complete all parts of this form in capital letters, using a black pen. Check you have signed and dated the form.

1 Your member details with HESTA

Given name/s:

Family name:

Member number:

Date of birth:

Postal address:

Street no. Street name

Suburb

State/Territory

Postcode

2 Authorisation

I hereby provide third-party enquiry authorisation to each person listed. Each authority will expire 13 months from the date of signing, or your earlier revalidation.

1 Given name/s:

Family name:

Business name (if authorised person is a financial adviser/accountant):

Business address:

Street no. Street name

Suburb

State/Territory

Postcode

Authorised person's phone number:

Authorised person's signature:

2 Given name/s:

Family name:

Business name (if authorised person is a financial adviser/accountant):

Business address:

Street no. Street name

Suburb

State/Territory

Postcode

Authorised person's phone number:

Authorised person's signature:

3 Given name/s:

Family name:

Business name (if authorised person is a financial adviser/accountant):

Business address:

Street no. Street name

Suburb

State/Territory

Postcode

Authorised person's phone number:

Authorised person's signature:

4 Given name/s:

Family name:

Business name (if authorised person is a financial adviser/accountant):

Business address:

Street no. Street name

Suburb

State/Territory

Postcode

Authorised person's phone number:

Authorised person's signature:

5 Given name/s:

Family name:

Business name (if authorised person is a financial adviser/accountant):

Business address:

Street no. Street name

Suburb

State/Territory

Postcode

Authorised person's phone number:

Authorised person's signature:

3 Declaration

- I am aware that as a member I have access to financial advice on my existing HESTA account through HESTA Superannuation Advisers at no extra cost
- I understand if I transfer the full balance of my HESTA super account to another super fund, any insurance entitlements I have through HESTA will cease
- I understand I can apply for additional insurance through HESTA that covers me 24 hours a day, seven days a week
- I am aware the HESTA Super Income Stream is available for me to access income in retirement or transition-to-retirement
- I am aware I have access to transition-to-retirement advice through HESTA Superannuation Advisers at a fixed dollar fee of \$495, with no ongoing asset-based or account-based advice fees
- I understand this authority will apply for 13 months unless cancelled earlier by me before then

Member signature:

Date:

Return your completed form to:

HESTA Super Fund
PO Box 600
Carlton South VIC 3053

or

hesta@hesta.com.au

or

Fax: 1300 368 636