



Salarylink membership transfer to a new employer

i Complete this form with the assistance of your new Salarylink employer if you have a Salarylink benefit.

Hostplus Member number

If you are leaving your current employment to join another eligible Salarylink employer, your current membership may be continued by completion of this form (subject to approval by the Trustee).

Some important information to note before making a decision to continue your Salarylink membership:

- You should not complete this form if you wish to access any of your super (if applicable) when you cease employment with your previous Employer.
- If the break of service between employment is greater than 4 weeks and no more than 3 months, approval from the Trustee will be required and implications to Salarylink insurance may be applicable.
- If the break of service between employment is greater than 3 months your membership cannot be transferred and your Salarylink account will be finalised.
- If you transfer your membership but do not recommence Salarylink contributions:
 - your Salarylink death and TPD cover will be converted to units of standard death and TPD insurance (rounded down) in your Hostplus accumulation balance. Premiums will apply, and any additional death and TPD insurance cover you have through your Hostplus accumulation balance will continue; and
 - your Salarylink income protection will be converted to units of \$500 per month (rounded down) of standard income protection through your Hostplus accumulation balance. Premiums will apply.
- Once your Salarylink account is finalised it will not be possible to rejoin Salarylink as it is closed to new members.

For more information please refer to our Statewide Product Legacy Guide, available at hostplus.com.au/pds.

Please note:

1. Any period during which you were not employed by a participating Salarylink employer will not be counted for the purpose of determining any Salarylink benefit payable (if any).
2. If you have received a Salarylink benefit as a result of leaving employment, you will be required to repay this benefit to Statewide Super upon starting employment with your new employer.
3. If you are a Salarylink member and are transferring to a NT Municipal Council (excluding Shires), you will need to make an election regarding what you would like us to do with your super. You have the option to continue as a Salarylink member. Contact us for more information.

1 Your details.

Title Mr Mrs Miss Ms Other

Given names

Surname

Date of birth Gender Male Female

Under the Superannuation Industry (Supervision) Act 1993, Hostplus is authorised to collect, use and disclose your tax file number (TFN). Hostplus may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you request in writing that your TFN not be disclosed to any other superannuation provider. Declining to quote your TFN to Hostplus is not an offence. However, giving your TFN to Hostplus will have the following advantages: 1) Hostplus will be able to accept all permitted types of contributions to your account/s; 2) other than the tax that may ordinarily apply, you will not pay more tax than you need to - this affects both contributions to your superannuation and benefit payments when you start drawing down your superannuation benefits; and 3) it will make it much easier to find different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

Tax File Number

Postal address

Suburb State P/C

Country

Email address

Business phone Home phone Mobile phone

Old employer Date ceased

New employer Date commenced

2 Former Local Super members – choose your contribution rate.

Please nominate your contribution rate and return to your payroll officer. If you do not wish to contribute please put '0' in the total contribution rate field.

***Salarylink (minimum 1%/maximum 10% – see Important information on the following page)**

Member voluntary (after-tax) contributions %

Salary sacrifice (before-tax) contributions % %

Hostplus Accumulation Account

Member voluntary (after-tax) contributions %

Salary sacrifice (before-tax) contributions % %

Total contribution rate %

Please note that any salary sacrifice contributions will be grossed up by 15% tax when remitted to us by your payroll officer.

For regular personal (salary sacrifice and member voluntary) contributions the minimum rate for Northern Territory municipal employees (excluding Shires) is 2.5% of your salary. There is no maximum rate – up to any whole percentage. However, please be mindful of the current contributions caps.

*Salarylink is not available to new entrants



Important information for Salarylink members only.

Changing your Salarylink contribution rate may change your insurance cover.

Ceasing Salarylink contributions will change your insurance cover arrangements with the Trustee. Please contact us before ceasing Salarylink contributions for further details.

If you are recommencing Salarylink contributions, you may be required to provide information for the insurer to assess your insurability for any additional cover.

Until your application has been assessed and accepted by the Trustee or it's insurer, any additional Salarylink insurance will be limited to accident cover only. Refer to the Statewide Product Legacy Guide available at hostplus.com.au/pds or contact us for further details.

3 Privacy.

Hostplus is seeking to collect your personal information in order to carry out your instructions in this form. If you do not provide us with the information requested, we may not be able to carry out instructions or provide the services you require. For further information about how personal information is handled and how you can access and correct your personal information, you can view the Hostplus Privacy Policy at hostplus.com.au/privacy or by calling us on 1300 467 875.

4 Member declaration.

- I request the approval of the Trustee to continue my membership as permitted by Hostplus' Trust Deed.
- I understand that for more information I can refer to the Statewide Product Legacy Guide.
- I understand that my contribution arrangements as per Section 2 will be effective from my next pay date after my employer has authorised this change, provided that date is five or more working days from the date of authorisation or such later date as specified by my employer.
- I understand that contributions credited to my Hostplus account use the applicable unit price(s) for my chosen investment option(s).
- I acknowledge that the Trustee does not accept any liability for any action I may take or fail to take in relation to my superannuation and recommends that before I make any decision I seek independent financial advice about my personal circumstances.
- I consent to the collection, use and disclosure of my personal and sensitive information under the *Privacy Act 1988*.

Signature



Date

Name (print)

Please return this form to your payroll officer.

5 Employer authorisation to be completed by your new employer.

Date member commenced employment:	Date <input type="text"/>
Date personal contributions commenced (if applicable):	Date <input type="text"/>
Current actual salary (Please use 'superannuation salary'): For part time employees please advise full time equivalent salary.	\$ <input type="text"/>
Payroll number:	<input type="text"/>

Employment status

<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time (proportion of normal hours worked)	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="checkbox"/> Casual	<input type="checkbox"/> Other	
<input type="checkbox"/> Elected member and SG contribution is required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> SG/Award contributions are required to be paid to another fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Salary sacrifice (before-tax) arrangements that apply have been approved by an authorised employer representative.

Signature of authorised officer on behalf of employer

Date

Name of authorised officer (print)

Name of employer



It is important that you answer all questions on this form. In confidence when completed.



When you have completed this form please send it to: hpdbadmin@hostplus.com.au, alternatively a printed and signed form can be posted to **Hostplus, Locked bag 5046, Parramatta NSW 2124**