





## 5 Sign the declaration.

- I declare that I am the Hostplus Pension plan member whose details appear on this form.
- Confirm that the details I have supplied are correct and request Hostplus to pay the benefit as requested and in accordance with the provisions of the trust deed (subject to any preservation requirements that might apply).
- Consent to Hostplus collecting, using, storing and disclosing the information supplied by me for the purposes of administering my membership in accordance with the Hostplus privacy policy.\*
- Acknowledge that Hostplus may require additional proof of identity in certain circumstances under the AML/CTF Act 2006.
- Changes in this form are binding and irrevocable until I make future changes.
- Understand that if I do not provide you with the information requested in this form, you may not be able to accept or carry out my requests or instructions.

\* Your personal information will not be used or disclosed for any other purpose without your consent, except where required by law. You are able to gain access to this information.

For more information on privacy or to obtain a copy of our privacy policy, visit [hostplus.com.au](http://hostplus.com.au) or call **1300 348 546**.

Signature of applicant\*



Date\*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.

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



On completion, please send your original application (no stamp required) to:  
Hostplus Pension, Locked Bag 5046, Parramatta NSW 2124.

