

Pension plan change of payment details form.

October 2023

Complete this form to change how much you receive from your Hostplus Pension, Transition to Retirement, or Term Allocated Pension account, how often you receive it and/or your bank account details.

This form must be completed in full. Please use BLOCK letters and dark ink. Complete all fields marked with an asterisk (*).

Provide your existing member det	tails.	* Mandatory fields
Pension plan membership number	Date of birth*	
Title Mr Mrs Ms Dr	Other	
Given names*		
Surname*		
A/H phone number*	B/H phone number*	
Mobile phone*		
Current address*		
Suburb	State P/C	
Email address*		

Your privacy

Hostplus is seeking to collect personal information from you so we may identify and update your pension account on an ongoing basis. The personal information we are seeking to collect from you is your name, address, date of birth, contact details and your bank account details. We need to collect the requested personal information from you for the purposes of processing your pension payment or pay benefits to you. If you do not provide this information, we will be unable to update your details.

The Hostplus privacy policy is available on the Hostplus website at hostplus.com.au/privacy and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy.

Hostplus usually discloses your personal information to our administrator Australian Administration Services (AAS), mail houses and the ATO. Australian Administration Services (AAS) may disclose your personal information to overseas recipients. Please see the Australian Administration Services (AAS) Privacy Policy at www.aas.com.au/privacy-policy.html for further information.

Change my payment amount to:	
The standard minimum amo	ount allowed under government legislation.
OR	
Maximum amount (this optic	on is only available for Transition to Retirement and Term Allocated Pension accounts).
OR	
a new selected amount:	Annual \$
	OR per payment \$
(must be greater than your minimu	ım allowable payment, or if you're receiving a Transition to Retirement pension or Term Allocated
Pension, between your minimum ar	
Select your new payment frequ	lency (if required).
Change my payment frequency to:	
Fortnightly Monthly	Quarterly Half-yearly Yearly
For monthly payments, please choo	ose the starting date
15th of each month (Unavailable	le for yearly payments in July) OR
End of month Starting mor	nth for payment
Your payment nominations will rem	nain in place until you advise us in writing to change them.
	· · ·
Provide your new bank account	details (if required).
Change my bank account to:	
Name of bank, building society or credit un	nion*
Branch address*	
Branch address*	
Suburb	State P/C
Name account is held in*	
BSB number* Account	nt number*
	statement verifying that the above listed bank account is in your name or if held
jointly, you must be one of the acco	ount notaers.

Provide your new details (if required).

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 or call 1300 348 546.

ignature of applicant*	
	Date*

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.