HOSTPLUS

Office use only

Pension plan change of payment details form.

September 2025

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 (*).**

1 Provide your existing member details

* 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 MUFG Pension & Market Services (MUFG), mail houses and the ATO. MUFG may disclose your personal information to overseas recipients. Please see the MUFG Privacy Policy at www.mpms.mufg.com/docs/Privacy-Policy.pdf for further information.

2 Provide your new details (if required)

Change my payment amount to:

☐ The standard minimum amount allowed under government legislation.

OR

☐ Maximum amount (this option 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 minimum allowable payment, or if you're receiving a Transition to Retirement pension or Term Allocated Pension, between your minimum and maximum allowable payment).

3 Select your new payment frequency (if required)

Change my payment frequency to:

☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Month for half yearly and yearly payments ____________

For **monthly** payments, please choose from the options below

☐ 15th of each month (Unavailable in July) **OR**

☐ End of month

Your payment nominations will remain in place until you advise us in writing to change them. Payments will begin from the next scheduled frequency.

4 Provide your new bank account details (if required)

Change my bank account to:

Name of bank, building society or credit union*

Branch address*

Suburb State P/C

Name account is held in*

BSB number* Account number*

Please supply a copy of your bank statement verifying that the above listed bank account is in your name or if held jointly, you must be one of the account holders.

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**.

Signature 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 to:
Hostplus Pension, Locked Bag 5046, Parramatta NSW 2124.

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