

Member identification – referral form.

When to use this form

Hostplus understands that not everyone has identification documents that would enable them to meet our standard Hostplus ID requirements. Hostplus adopts a flexible approach to help us identify you through alternate methods.

Use this form to provide confirmation of your identity by way of a community referral.

How to complete the form

Section 1: For a new or existing member and witness to complete

All sections with an * must be completed and must have original signatures and dates written.

Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.



You only need to complete Section 1 and sign it in front of an authorised witness. See section: Witness your documents for further information.

Section 2: For an Authorised Referee and witness to complete

Your Authorised Referee must fully complete section 2 and return the form either to you or is able to send it directly to us.

An Authorised Referee must be over the age of 18 years and is a person who personally knows you and is either a:

- Chairperson, Secretary or CEO of an incorporated Indigenous organisation (including land councils, community councils or housing organisations)
- · Community Development Programme provider
- a police officer
- a community leader/elder
- · a religious leader
- · a school principal
- a health professional (for example a general practitioner, psychologist, or counsellor)
- a manager or warden of a refuge or shelter accommodation or homeless shelter
- a financial counsellor/legal aid or community lawyer
- other social support services such as family violence workers, social workers, case managers or youth services

Witness your document(s)



A witness is required for section 1 and section 2 and can be the same or different person/s. The witness cannot be the authorised referee in section 2.

Take your original forms and any supporting documents to a person who is an authorised and independent witness.

Who can witness my document?

Only certain people are authorised to witness documents. For a complete list of people permitted to witness documents, visit hostplus.com.au/id. A few common examples are:

- Police officer
- Agent of the Australian Postal Corporation who is in charge of, or a permanent employee with two or more years of continuous service with, an office supplying postal services to the public
- Pharmacist
- Legal practitioner
- Medical practitioner (eg. local GP)
- Justice of the Peace

Privacy policy

Hostplus is seeking to collect personal information in order to identify you. If you do not provide us with the information requested, we may not be able to 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.



Return the form and certified copies of any supporting documents you may wish to include to Hostplus via post to: Locked Baq 5046, Parramatta NSW 2124.



If you need help with this form, please contact our Service Centre on **1300 467 875** between 8am-8pm AEST/AEDT.

For new or existing member and witness to complete Form must be completed in full using BLOCK letters in black or blue pen. If you need help with this form, please contact our Service Centre on 1300 467 875 between 8am-8pm AEST/AEDT. Membership number Date of birth* Gender* Male Female Undefined Family name* First given name* Second given name (if any) Other names used or known by Home phone Mobile phone Email address* Current address* Suburb State Postcode Last previous address (if an existing member of Hostplus) Suburb Postcode State Important - Declaration* Please read the following carefully before signing. · I declare that the information I have supplied in this form is complete, true and correct in every detail, to the best of my knowledge. · I acknowledge that I have physically signed this document and by doing so I acknowledge that providing false or misleading information, producing false or misleading documents in support of this claim and providing or receiving service using a false member name may incur criminal or civil penalties under Part 12 of the Anti-Money Laundering and Counter-Terrorism ACT 2006 (Cth).

I have read and understood the Hostplus Privacy Policy (hostplus.com.au/privacy).				
Signature (must be signed in front of witness)*				
B	Date*			
Witness to complete				
Full name of witness*				
Current position/title held*				
Witness stamp or registration number*				
Signature*				
	Date*			

Information for the Referee (please read before completing Section 2)



You must meet one of the categories listed above to be an Authorised Referee.

This form can only be used if the person named in Section 1 is personally known to you and you can corroborate their statement that they have insufficient identity documents available as set out in the Hostplus ID requirements guide.

You must (at a minimum) confirm:

- your knowledge of the person's name and any other names the person uses or has used
- your knowledge of the person's address
- your knowledge of the person's birth date (actual or approximate)
- how you know the person
- · how long you have known them; and
- your knowledge of:
- the person's circumstances that have resulted in limited access to identification documents
- relevant additional matters such as the existence of any family violence and or intervention order, or family violence related conviction against a current or former partner

Witness your document(s).

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Who can witness my document?

Only certain people are authorised to witness documents. For a complete list of people permitted to witness documents, visit hostplus.com.au/id. A few common examples are:

- Police officer
- Agent of the Australian Postal Corporation who is in charge of, or a permanent employee with two or more years of continuous service with, an office supplying postal services to the public
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Member applicant details

Membership number	Date of birth	Gen	der	
			Male Femal	Undefined
Family name				
First given name				
Second given name (if any)				
Other names used or known by				
outer names used of known by				
Referee details				
Full Name				
Full Name				
Type of referee / Title in Organisation				
Full Name Type of referee / Title in Organisation Organisation (if applicable)				

	Cartement by Ference		
	I confirm that:		
	I am an authorised referee (as listed on the previous page).		
	 I have known the member for: Years (or) Months The names listed on this form are all of the names that I am aware that the member has been known by. 		
	The addresses listed on this form are addresses where I am aware the member has resided.		
	I am aware of the member's circumstances that have resulted in limited access to identification documents.		
	Please provide any additional information such as how you know the member and any information in relation to the limited		
	existence or lack of identity documents for the member.		
	Important – Declaration		
	Please read the following carefully before signing.		
	I declare that the information I have supplied in this form is complete, true and correct in every detail, to the best of my knowledge.		
•	 I acknowledge that I have physically signed this document and by doing so I acknowledge that providing false or misleading information, producing false or misleading documents in support of this claim and providing or receiving service using a false member 		
	name may incur criminal or civil penalties under Part 12 of the Anti-Money Laundering and Counter-Terrorism ACT 2006 (Cth).		
	I have read and understood the Hostplus Privacy Policy (hostplus.com.au/privacy).		
	Signature (must be signed in front of witness)*		
	₽ Date*		
	Witness to complete*		
	Witness to complete*		
	Full name of witness*		
	Current position/title held*		
	Witness stamp or registration number*		
	Signature*		
	Ph Date*		