



Contribution rate change



Please print clearly using BLOCK LETTERS and black pen only. Place a cross (X) in the boxes provided, where applicable. If a question does not apply to you, simply leave it blank.

Hostplus Member number

This form should **not** be used if you are transferring to a new Salarylink employer. For this please complete the 'Salarylink membership transfer to a new employer' form.

Call 1300 467 875 for a copy.

1 Your details.

Title Please specify
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

2 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 below)**

Member voluntary (after-tax) contributions	%	
Salary sacrifice (before-tax) contributions	%	%

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

Hostplus Accumulation Account

Member voluntary (after-tax) contributions	%	
Salary sacrifice (before-tax) contributions	%	%

Total contribution rate		%
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*Salarylink is not available to new entrants



Important information for Salarylink members only.

Changing your Salarylink contribution rate may change your insurance cover. Please contact us before changing your Salarylink contributions for further details.

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.

Please complete the Declaration (section 3) and return this form to your payroll officer.

3 Declaration.

- I consent to the collection, use and disclosure of my personal and sensitive information under Hostplus' Privacy Policy which is available at hostplus.com.au/privacy.
- By providing my email address I agree this is my preferred method to receive communication from Hostplus regarding my account, as well as any updates from the fund. If you would like to change the way Hostplus communicates with you, you can login to Member Online and update your communication preferences or call **1300 467 875**.

Signature

Date

Name (print)

4 Employer authorisation.

Employment status

Effective Date

☐

Full time

☐

Part-time (proportion of normal hours worked)

%

☐

Casual

☐

Other

Date

The new contribution rate has been noted and will take effect from:

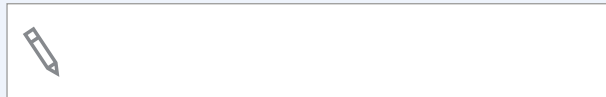
Date

Full-time equivalent Superannuation Salary (pa) and effective date:

\$

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

Signature of authorised officer



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