

## IMPORTANT

Please ensure the information you have provided is correct as it may not be possible to recover your money if it is paid to an unintended recipient. HESTA takes no responsibility for incorrect bank details being provided.

## Your new banking details

**I authorise HESTA Superannuation to deposit the benefit payable into my nominated financial institution, and I confirm that the details provided are true and correct.**

Account name:

Bank name/branch:

Branch number (BSB):

Account number:

Name of claimant:

Signature of claimant:

Date:

## Reference

Member name:

Member number:

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | **Email form to [hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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