

# third-party authorisation form



Complete this form if you would like to give permission for a third party, to access your HESTA account information. A third-party can only receive information about your account - they cannot make transactions.

**Important note:** Authorisation will begin when your completed form is received by HESTA. This authority will expire 18 months from the date form is received. Once the authority expires your nominated person won't be able to access your account information unless a new authority is received.

**Complete all parts of this by typing information or if writing use CAPITAL LETTERS. Check you have signed and dated the form.**

## 1 Your Member details

Given name/s:

Family name:

HESTA Member number:

HESTA Income Stream member number:

Date of birth:

DD MM YYYY

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Email address:

## 2 Details of third parties

**List the names of people and businesses you are providing authority to.**

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.      Postcode  
     

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:  
 PO Box/Unit number/Street number

Street name

Suburb

State/Terr.      Postcode  
     

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

Given name/s:

Family name:

Business name: (if authorised person is a financial adviser/accountant):

Business address:  
 PO Box/Unit number/Street number

Street name

Suburb

State/Terr.      Postcode  
     

Authorised person's phone number:

Authorised person's email address:

Authorised person's signature:

- I am aware that as a member I have access to financial advice on my HESTA account through HESTA at no extra cost.
  - I authorise the named people in this form to access all information in relation to my HESTA accounts.
  - I understand this authority, if given for a financial adviser, will not expire and will apply to my account unless revoked by me.
  - I understand this authority, if given to someone who is not a financial adviser, will only apply for a period of 18 months from the date of my signature unless revoked by me earlier.
  - I understand that if this authority expires then my nominated third party will not be able to obtain information about my account until a new authority has been provided.
  - I understand that this authority only allows for my nominated third party to obtain information about my account and that they cannot make transactions.
  - I have read and understood the HESTA Privacy Collection Statement and consent to the Trustee of HESTA collecting, using and disclosing my personal information.
- Member signature:
- Date signed:

**Return your completed form**  
 Scan and email all requirements to [hesta@hesta.com.au](mailto:hesta@hesta.com.au)  
 or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

**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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