



Executive member guide.

Member forms

9 September 2016



Which forms do I need?

1 Membership form.

To join Hostplus Executive, please complete and return the Membership form.

2 Request to transfer your entire account balance into Hostplus Executive.

Complete this form to transfer superannuation you hold in other funds to Hostplus Executive.



1 Provide your personal details cont'd.

Have you previously been registered as a member of Hostplus?

Yes – please provide your Hostplus membership number.

No

I wish to transfer my Hostplus account into Hostplus Executive.

I consent to transfer my Hostplus account into Hostplus Executive including the transfer of my investment choice and account balance. I understand that should my insurance cover in my Hostplus account be higher than my Hostplus Executive insurance cover then this will be transferred across to my Hostplus Executive account.

I wish to retain my Hostplus account.

I understand that while retaining my Hostplus account I can only have one insurance arrangement and I consent to the cancellation of the lower value insurance of either my Hostplus or Hostplus Executive account. I also understand that I will pay member fees for both accounts.

2 Provide us with your Tax File Number (TFN).

Under the Superannuation Industry (Supervision) Act 1993, Hostplus is authorised to collect your Tax File Number and will use it only for lawful purposes. These purposes may vary in the future as a result of legislative change.

The trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless Hostplus is advised otherwise in writing.

While it is not an offence not to quote your TFN, generally there are significant consequences if your TFN is not quoted or incorrectly quoted. Providing your TFN to Hostplus will allow us to accept all types of contributions to your account. It also means the tax on contributions to your account will not increase other than the tax that may ordinarily apply, and no additional tax will be deducted when you start drawing down your superannuation benefits.

Providing your TFN will also make it easier to track different superannuation accounts in your name so you can receive all of your superannuation benefits when you retire.

My Tax File Number is:

3 Use of the ATO's Super Match 2 Facility.

The ATO has made this facility available to all Superannuation funds to:

- assist members in findings lost Superannuation;
- assist members in locating any unclaimed monies that the ATO may hold; and
- assist and better inform members of all their Superannuation interests.

By providing your consent to use your TFN for this purpose Hostplus will access this facility, consolidate any ATO held monies into your Hostplus account, and provide you with all applicable information on other superannuation accounts held by you, by either email or letter. Please note that your consent will be ongoing until it is revoked by you.

By ticking this box, I:

- agree to Hostplus using my TFN to access the ATO SuperMatch 2 system in order to seek information relating to me;
- authorise Hostplus to arrange the transfer of all identified ATO held monies into my Hostplus account; and
- acknowledge that this consent is ongoing until I revoke it with the fund.



Please sign the declaration at Step 10.

6.1 Personal statement.

i This section must be completed in all circumstances.

1. Have you previously elected not to be covered for any benefits provided under any Group Life policy issued by the Trustee of Hostplus?

Yes – you are not eligible for automatic default cover or cover under Sections 6.2 (Special Insurance Offer) and 6.4 (Special Insurance Offer - Salary Continuance) unless accepted by the insurer. Acceptance remains subject to underwriting.

No

2. Have you previously received, applied for, are eligible, or in the process of applying for a Terminal Illness benefit from any source?

Yes – please provide details of super fund/insurer name and when.

Date

Fund/Insurer name

You are not eligible for automatic default cover or cover under 6.2 (Special Insurance Offer) and 6.4 (Special Insurance Offer - Salary Continuance) unless accepted by the insurer. Acceptance remains subject to underwriting.

No

3. Have you previously received, applied for, are eligible, or in the process of applying for a Total and Permanent Disability (TPD) benefit from any source?

Yes – please provide details of super fund/insurer name and when.

Date

Fund/Insurer name

No

If you have answered 'yes' above, your insurance cover will be limited to Death only cover, at any time. You may however apply for TPD and Salary Continuance Cover and be eligible for this cover, if your application is accepted by the insurer.

!!! If you do not answer questions 1, 2 or 3 your response will be assumed to be 'NO'. However if you later lodge a Death or TPD claim and it is found that you have failed to disclose your personal circumstances or you have previously received, applied for or been eligible for a TPD benefit, your claim under Hostplus may not be considered.

4. Are you restricted, due to illness or injury from carrying out any of the identifiable duties of your current and normal occupation on a full time basis (even if you are not currently working on a full time basis)? Full time basis is considered to be at least 35 hours per week. Yes No

5. Are you contemplating or have you ever made a claim for sickness, accident or disability benefits, Workers' Compensation or any other form of compensation due to illness or injury? Yes No

6. Have you been restricted from work or unable to perform any of your regular duties for more than seven consecutive days over the past 12 months due to illness or injury (other than for colds or flu)? Yes No

7. Have you been diagnosed with an illness that in a doctor's opinion reduces your life expectancy to less than 3 years? Yes No

8. Are you currently contemplating any medical treatment or advice for any illness or injury for which you have not previously consulted a medical practitioner or an existing illness or injury, which appears to be deteriorating? Yes No

9. Have you had an application for Life, TPD, Trauma or Salary Continuance insurance declined by an insurer? Yes No

!!! If you answer yes to any of the questions 4-9 above, you will not be eligible to increase your cover under 6.2 or 6.4.

6.2 To apply for additional units – special offer for new Hostplus Executive members.

Complete this section to apply for additional units of Death only or Death and TPD cover. You cannot use this form to increase your Death cover if you answered 'yes' to question 1 or 2 in section 6.1 or your TPD cover if you have answered 'Yes' to question 3 in Section 6.1. Please note, members aged 65 or above are not eligible for the Special insurance offer upon joining.

Please note that if your employer has an ESA arrangement electing this option may override the arrangement your employer has in place.

Please indicate the total number of units that you require by placing a ✓ in the relevant box. If your application is accepted, your existing allocation of insurance units will be changed to reflect the number of units you have requested in this form.

If you are **under age 25**, indicate whether you would like a total of 8, 12 or 16 units of Death and TPD by placing a ✓ in the relevant box:

8 units Death and TPD 12 units Death and TPD 16 units Death and TPD

If you are aged **between 25 and 64**, indicate whether you would like a total of 12, 16 or 20 units of Death and TPD by placing a ✓ in the relevant box:

12 units Death and TPD 16 units Death and TPD 20 units Death and TPD

i If you require higher levels of cover than indicated above, please complete the Increase your insurance cover application (if applicable) form available at hostplus.com.au/executive

6.3 To apply to replace unitised cover with fixed cover (you must also complete section 6.5).

Complete this section if you would like to fix the number of units you have selected above or nominate a fixed level of Death and TPD. Please note that you cannot hold unitised and fixed cover at the same time. Members aged 65 or above, or those not eligible for default insurance cover will not be eligible for the Special Insurance Offer upon joining.

If you complete this section, your total cover will become fixed cover for Death and TPD cover.

Indicate the level of fixed Death and TPD cover you require by placing a ✓ in the relevant box. If your application is accepted, any existing allocation of insurance unit will be replaced with fixed cover.

1. Would you like to convert the total number of units you have selected in section 6.2 to fixed cover?

Yes – proceed to 6.5 No – proceed to question 2 in this section

2. Fixed amount of Death and TPD cover

\$100,000 \$200,000 \$300,000 \$400,000 \$500,000

If you require fixed cover of more than \$500,000, apply online at hostplus.com.au. Premium rates applicable for fixed cover will depend of the type of work you perform in your usual occupation (White, Light Blue or Heavy Blue collar).

6.4 Apply for Salary Continuance cover (you must also complete section 6.5).

Complete this section if you wish to obtain Salary Continuance cover.

Salary Continuance provides you with a benefit if you are unable to work due to injury or illness for longer than the waiting period.

By using this form, you can select a monthly benefit of up to \$4,000 per month (limited to 75% of salary), for up to two years. If you require more cover, or for a benefit period to age 65, apply online at hostplus.com.au.

- i) Please indicate the number of units of Salary Continuance cover you require by placing a ✓ in the relevant box. The table indicates the number of units that are required to insure each salary. You have the option to select Salary Continuance cover that relates to a lower salary than you receive.

Salary	Monthly benefit	Units	Place tick here
\$6,666	\$500	5	
\$13,333	\$1000	10	
\$20,000	\$1,500	15	
\$26,666	\$2000	20	
\$33,333	\$2500	25	
\$40,000	\$3000	30	
\$46,480	\$3500	35	
\$53,120	\$4000	40	

*Salary is your current annual income from your usual occupation, including tax and superannuation contributions, but excluding business expenses.
+The maximum monthly benefit you are entitled to cannot be higher than 90% of your monthly salary (75% being paid to you and 15% to your Hostplus account).

- ii) Nominate a waiting period by marking the appropriate box with a ✓:

30 days 60 days 90 days

* If you don't select a waiting period you will default to 90 days.

The waiting period is the period during which you must be totally or partially disabled before any benefit is payable. You are not entitled to any benefit for this period.

- iii) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)?

Yes – apply online at hostplus.com.au as your current application for Salary Continuance cover cannot proceed without more detailed information being provided.

No

6.5 Occupational rating.

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/Clerical (white collar) scale

- i) Are you employed for at least 15 hours per week on an ongoing basis?^ Yes No
- ii) Do you work in an office or similar environment?^ Yes No
- iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week.^ Yes No
- iv) Do you work in any of the following occupations?
- Management Clerical Marketing Administration Accounting

!!! ^ If you have answered 'no' to any of the above questions, you are not eligible for the management/clerical scale.

Standard/Light blue collar scale

Please select your occupation:

- | | |
|---|---|
| <input type="checkbox"/> Home Duties | <input type="checkbox"/> Hospitality Worker* |
| <input type="checkbox"/> Wait Staff/Waitress/Waiter* | <input type="checkbox"/> Shop Assistant/Retail Assistant |
| <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* | <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant |
| <input type="checkbox"/> Chef/ Apprentice Chef/Cook | <input type="checkbox"/> Sales Assistant/Attendant/Consultant |
| <input type="checkbox"/> Room Attendant/House Keeper/
Guest Service Agent/Attendant* | <input type="checkbox"/> Bottleshop Attendant* |
| <input type="checkbox"/> Food and Beverage Attendant* | <input type="checkbox"/> Barista* |

Heavy blue collar scale

Please select your occupation:

- | | |
|---|---|
| <input type="checkbox"/> Kitchen Hand/Crew | <input type="checkbox"/> Ski/Snowboard/Snow sports instructor |
| <input type="checkbox"/> Cleaner (Commercial) | <input type="checkbox"/> Fruit picker/Vineyard worker** |
| <input type="checkbox"/> Cellar Hand | <input type="checkbox"/> Gardener/Landscaper |
| <input type="checkbox"/> Security Officer/Guard (unarmed) | <input type="checkbox"/> Farmer/Farm Labourer |
| <input type="checkbox"/> Store Person | <input type="checkbox"/> Labourer |

* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Light Blue, Group Salary Continuance = Heavy blue collar.

** Please note that you are only eligible for Death and TPD cover.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation*

i If no selection is made your fixed cover amount will automatically default to the Heavy blue scale for Death and TPD cover unless the insurer deems an alternate occupational class applies. If however you fail to provide full details of your occupation you will not be eligible for Salary Continuance cover provided under Section 6.4 (Special Insurance Offering).

7 Nominate your preferred beneficiaries.

Please nominate who you would prefer your benefits to be paid to in the case of your death.

1	Given names*	<input type="text"/>	Share %*	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Surname*	<input type="text"/>					
	Nature of dependency (spouse, child, etc.) *	<input type="text"/>					
2	Given names*	<input type="text"/>	Share %*	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Surname*	<input type="text"/>					
	Nature of dependency (spouse, child, etc.) *	<input type="text"/>					
3	Given names*	<input type="text"/>	Share %*	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Surname*	<input type="text"/>					
	Nature of dependency (spouse, child, etc.) *	<input type="text"/>					
4	Given names*	<input type="text"/>	Share %*	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Surname*	<input type="text"/>					
	Nature of dependency (spouse, child, etc.) *	<input type="text"/>					
			Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

You can nominate more than four beneficiaries by attaching extra names to this form. You are able to nominate dependants (spouse, child, financial dependant, interdependent) or your legal personal representative who you would prefer to receive your superannuation benefits in the event of your death. Under the Hostplus Executive trust deed the trustee decides who receives your death benefit. However, the trustee will consider your nomination and other information on dependants obtained when any claim is lodged. It is your responsibility to inform your beneficiaries that you have provided Hostplus Executive with their personal information. You should refer them to the Hostplus privacy policy at hostplus.com.au/privacy


Binding death nominations

A binding death benefit nomination provides you with greater certainty about who will receive your benefit in the event of your death. In general, a binding nomination legally binds (instructs) the Hostplus trustee to pay your death benefit to the person(s) nominated as your beneficiary(ies). If you would like more information on binding death benefit nominations please refer to the Binding death benefit nomination brochure at hostplus.com.au/executive

8 Transferring other super accounts into Hostplus Executive.

If you have any other superannuation accounts, you may be paying two or more sets of administration fees. By transferring your other super accounts into Hostplus Executive you avoid paying multiple sets of fees.

If you wish to transfer your other superannuation into your Hostplus Executive account, and save on fees, simply complete the Request to transfer your entire account balance into Hostplus Executive form attached to this forms booklet. Hostplus Executive will not charge you to transfer your other superannuation into Hostplus Executive. You can also transfer your other superannuation benefits into Hostplus Executive using our online rollover tool available at hostplus.com.au/executive

 We recommend you speak with your superannuation provider(s) to obtain information on any fees and charges that may apply and the effect such transfer(s) may have on your insurance benefits.

If you have insurance cover through another superannuation fund you may be able to transfer this cover up to certain limits, into Hostplus. Conditions and other limitations apply. Please see the Hostplus Executive Member Guide for more information.

9 Topping up your super.

You can also top up your superannuation with personal contributions. Your savings will benefit from compound interest and add to your retirement benefit. You can also make personal contributions through:

- Direct Debit - the authority form is available at hostplus.com.au/executive
- BPAY® via Hostplus online account (Your PIN is sent with your welcome letter).
- Your employer can make contributions on your behalf

10 Your duty of disclosure.

i Hostplus has taken out a contract of insurance with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer') to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

A person who enters into a life insurance contract must, before entering into the contract, tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect their decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer accepts (or declines) their insurance application and issues confirmation in writing.

Please ensure that all applicable questions are fully answered.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures him or her for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives his or her duty to tell them about.

If you do not tell the insurer something that you know, or could reasonably be expected to know, this may affect the insurer's decision to provide the insurance and on what terms, and may be treated by the insurer as a failure by the person entering into the contract to tell the insurer something that he or she must disclose to the insurer.

The effect of non-disclosure by you

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. For example, Death, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed the information, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable had you told the insurer everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time

vary the contract in a way that places the insurer in the same position the insurer would have been in if the person had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Insurer Privacy Statement

Your privacy with MetLife Insurance Limited ('MetLife' or the 'Insurer')

If you make a claim under this policy the Insurer may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisors and the collection of personal data that MetLife believes is relevant. MetLife complies with the Privacy Act 1988 and the principles laid out in their privacy policy, which is readily available on request and also available online at www.metlife.com.au/privacy.

Hostplus Privacy Collection Statement

Hostplus is seeking to collect personal information from you so that it may set up a superannuation account for you as well as administer this superannuation account on an ongoing basis. The personal information we are seeking to collect from you is your name, address, date of birth, Tax File Number (TFN), contact details, occupation and employer, personal health information and your dependants. We need to collect the requested personal information from you for the following purposes:

- to establish and manage your superannuation account.
- to implement your investment choices.
- to establish and maintain your insurance protection.
- to process contributions, transfer monies or pay superannuation benefits to you.
- to report the investment performance of your account to you.
- to keep you up to date about other products and services available to you as a member of Hostplus (which may include direct marketing communications).

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 Australian Administration Services Pty Limited (AAS) ABN 62 003 429 114, mail houses, our insurer(s).

AAS (a company within the LINK Group of companies) may also disclose your personal information to overseas recipients. Please see the LINK Group's Privacy Policy at <http://www.linkgroup.com/privacy.html> for further information.

Declarations

I, whose signature appears below, declare that:

General – relating to your Hostplus Executive account

- I have received, read and understood the current Hostplus Executive Member Guide (Product Disclosure Statement) and the associated reference material available at hostplus.com.au and agree to be bound by it.
- I agree to be bound by the terms of the Hostplus trust deed upon joining Hostplus, and have been advised by the Trustee to obtain professional personal financial advice.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance or the repayment of capital of my Hostplus account.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in Hostplus.
- I undertake to provide the trustee with any further information it may request relating to my Hostplus membership and I will update the trustee if any of the information provided changes.
- I acknowledge that Hostplus Superannuation Fund is only available to Australian residents (Permanent or Temporary residents who have a valid visa to work in Australia) or those that are employed by an Australian Employer. Please check your permission to work in Australia prior to applying for Hostplus membership.

Privacy declarations

- I have read and understood the privacy policy of Hostplus and its service providers.
- I consent to allowing Hostplus to contact my employer/s (if applicable) to confirm my hours of work (if required).
- I consent to receiving information on new products, special offers and promotions from Hostplus, Hostplus industry parties and associations (direct marketing) unless advised otherwise by me.

Insurance declarations – please read “Your duty of disclosure” before signing

- I have read and understand my Duty of Disclosure and the consequences of failing to comply with this Duty. I understand that this Duty applies until formal notification of acceptance of my application.
- I understand that I must advise the Insurer of any changes in my health that would change the disclosures I have provided herein, from now until I am notified in writing that my application has been accepted.

- The answers to the questions in this application are true and correct, and I have not deliberately withheld any information material to the proposed insurance.
- I understand that my insurance cover will not become effective until the Cover Commencement Date, provided my account has adequate funds to meet the premium payable.
- I understand that if I am not At Work on the Cover Commencement Date, my cover will be Restricted Cover until such time as I satisfy the insurer’s requirements for Full cover (see Product Disclosure Statement and insurance policy for details).
- I understand increases or changes to insurance premiums may apply;
- I understand that if at the date my cover commences (Cover Commencement Date) I have a claim admitted (ie. accepted by an insurer), were eligible to receive a benefit, are in a waiting period for a benefit, and or in the process of claiming a benefit with respect to Terminal Illness from any source (‘Claiming Member’) that I will not be eligible for automatic default insurance cover, unless accepted by the insurer on written application by me. Acceptance remains subject to underwriting.
- I further acknowledge that if I have previously received, had a claim admitted or were eligible to receive a TPD benefit from any source, at the date my cover commences then my cover will be restricted to Death Only insurance at any time, except as underwritten by the insurer.
- I understand that if I obtain fixed Total and Permanent Disablement cover that this cover will reduce each year by 20% of the fixed Total and Permanent Disablement cover held at age 61, until my cover reaches zero at age 65.
- I have answered all questions in this application truthfully and correctly (to the best of my knowledge), and have disclosed everything I know that could affect Metlife’s decision to accept my application.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Hostplus’ insurance policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly and/ or I do not sign and date this form, my application will not be considered by the Insurer.
- I have received all the information I require to understand the choice I have made.

Signature of applicant*



Date*

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Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature. Please note: It is important that you answer all questions on this form. Membership cannot be approved unless this form is signed and dated.



When you have completed this form please send it to: Hostplus, Locked Bag 5046, Parramatta NSW 2124 or give it to your employer to send with their next contribution to the fund.

Membership form checklist.

Before you return your completed membership form, use the checklist below to ensure your form is processed promptly and we can get your super working for you without a hitch.

- Yes, I have provided my personal details in Step 1.
- Yes, I have provided my Tax File Number in Step 2.
- Yes, I have agreed to Hostplus Executive using my TFN to access the ATO Super Match 2 system in Step 3.
- Yes, I have provided my employer details and start date in Step 4.
- Yes, I have considered choosing insurance cover in Step 6.
- Yes, I have nominated my preferred beneficiaries in Step 7.
- Yes, I have signed and dated the Declaration in Step 10.
- Remember to complete the Request to transfer form in this booklet if you wish to consolidate.



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A guide to transferring your entire account balance into Hostplus.

9 September 2016

By completing the Request to transfer form, you're requesting the transfer of the **whole** balance of your superannuation benefits to Hostplus. The form **cannot** be used to transfer part of the balance of your superannuation benefits. The form will **not** change the fund to which your employer pays your contributions. The standard choice form must be used by you to change funds.

How to transfer.

Before completing the Request to transfer form:

Please ensure you read the important information below.

When completing the Request to transfer form:

- Refer to these instructions where a question shows a message like this: **i**
- Print clearly in BLOCK letters.

After completing this form:

- Sign the authorisation
- Send the Request to transfer form to Hostplus.

i This transfer may close your account (you will need to check this with your **from** fund).

- The Request to transfer form **cannot** be used to:
 - transfer part of the balance of your superannuation benefits – if you'd like to transfer part of your account into Hostplus, use the Transfer part of your account balance into Hostplus form
 - transfer benefits if you don't know where your superannuation is
 - transfer benefits from multiple funds on the one form – a separate form must be completed for each fund you wish to transfer superannuation from
 - change the fund to which your employer pays contributions on your behalf
 - open a superannuation account, or
 - transfer benefits under certain conditions or circumstances, for example if there is a superannuation agreement under the Family Law Act 1975 in place.
-

What happens to my future employer contributions?

Using the Request to transfer form to transfer your benefits will not change the fund to which your employer pays your contributions and may close the account you are transferring your benefits **from**.

If you wish to change the fund into which your contributions are being paid, you will need to speak to your employer about Super Choice. For the appropriate forms and information about whether you are eligible to choose the fund to which your employer contributions are made, visit www.superchoice.gov.au or call the Australian Taxation Office on 13 10 20.

Things you need to consider when transferring your superannuation.

When you transfer your superannuation, your entitlements under that fund may cease. You need to consider all relevant information before you make a decision to transfer your superannuation. If you ask for information, your superannuation provider must give it to you. Some of the points you may consider are:

- Fees – your **from** fund must give you information about any exit or withdrawal fees. If you are not aware of the fees that may apply, you should contact your fund for further information before completing the form. The fees could include administration fees as well as exit or withdrawal fees. The differences in fees that different funds charge can have a significant effect on what you will have to retire on. For example, a 1% increase in fees may significantly reduce your final benefit.
- Death and disability benefits – your **from** fund may insure you against death, illness or an accident which leaves you unable to return to work. If you choose to leave your current fund, you may lose any insurance entitlements you have. Hostplus may not offer the same insurance so it's important that you check the costs and amount of cover offered.
- If you have insurance cover through another Super Fund, you may be able to transfer your cover to Hostplus. To apply to transfer your existing insurance cover to Hostplus, please complete the Insurance Transfer Form.

What happens if I do not quote my Tax File Number (TFN)?

If you do not provide your TFN, contributions made to your account may be taxed at the highest marginal tax rate plus the Medicare levy, compared to the concessional tax rate of 15%. Hostplus may deduct this additional tax from your account.

If we do not have your TFN, you will not be able to make personal contributions to your Hostplus account. Choosing to quote your TFN will also make it easier to keep track of your superannuation in the future.

Under the Superannuation Industry (Supervision) Act 1993, Hostplus is authorised to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The TFN may be disclosed to another superannuation provider, when your benefits are being transferred, unless you request in writing that your TFN is not to be disclosed to any other trustee.

Your privacy.

Hostplus is seeking to collect personal information from you today so that we can transfer your superannuation to us. The personal information we are seeking to collect from you is your name, address, date of birth, Tax File Number (TFN) and contact details. We need to collect the requested personal information from you to give effect to your transfer instruction. If you do not provide us with this information, we may not be able to carry out these instructions.

The Hostplus privacy policy is available on the Hostplus website at hostplus.com.au/privacy and includes information about 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 Australian Administration Services Pty Limited (AAS) ABN 62 003 429 114, mail houses and the ATO. AAS may disclose your personal information to overseas recipients. Please see the ASS Privacy Policy at <http://www.linkgroup.com/privacy.html> for further information.

Have you changed your name or are you signing on behalf of another person?

If you have changed your name or are signing on behalf of the applicant, you will need to provide a certified linking document. A linking document is a document that proves a relationship exists between two (or more) names.

The following table contains information about suitable linking documents.

Purpose	Suitable linking documents
Change of name	<ul style="list-style-type: none">• Marriage certificate• Deed poll or change of name certificate from the Registry of Births, Deaths and Marriages
Signing on behalf of a member	<ul style="list-style-type: none">• Power of Attorney• Guardianship papers

Where do I send the form?

You can send your completed and signed form to:

Hostplus
Locked Bag 5046
Parramatta NSW 2124

Checklist.

- Have you read all the information?
- Have you considered where your future employer contributions will be paid?
- Have you completed all of the mandatory fields on the Request to transfer form?
- Have you signed and dated the form?

3 Fund details.

Where are you rolling from?

Fund name*

Member or account number

Fund ABN

Fund telephone number*

Unique Superannuation Identifier (USI)*

i If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer.

Where are you rolling to?

Fund name*

HOSTPLUS EXECUTIVE SUPERANNUATION

Member or account number*

Fund ABN

Fund telephone number

Unique Superannuation Identifier (USI)

4 Authorisation.

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct
- I am aware I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and do not require any further information
- I consent to my tax file number being disclosed for the purposes of consolidating my account
- I discharge the superannuation provider of my **from** fund of all further liability in respect of the benefits paid and transferred to Hostplus

I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Name* (Print in BLOCK letters)

Signature of applicant*

Date*



Faxed, scanned or photocopied forms cannot be processed. However, you may use photocopies of a blank form. You must complete a separate transfer form for every fund and every account within that fund that you are transferring from.

* Denotes mandatory field. If you do not complete all of the mandatory fields, there may be a delay in processing your request.



When you have completed this form please send it to: Hostplus, Locked Bag 5046, Parramatta NSW 2124

To the trustee of the old fund.

Statement of Compliance – Superannuation Industry (Supervision) Act 1993
The trustee of the Hostplus superannuation fund, Host-Plus Pty Limited, certifies that:

- the fund is a Resident Superannuation Fund under the above act, and that
- we have no reason to believe that the fund will not comply with the above Act and Regulations, and that
- the fund is not subject to a direction from the Australian Prudential Regulation Authority which prohibits the trustee from accepting employer contributions.

Payment instructions.

Please make the cheque payable to: 'Hostplus' – followed by your name.

Send the cheque and transfer payment details and any surcharge information to: Hostplus, Locked Bag 5046, Parramatta NSW 2124.

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Mail Locked Bag 5046, Parramatta NSW 2124

Phone 1300 467 875

Fax 1800 467 875

Email info@hostplus.com.au

hostplus.com.au

Issued by Host-Plus Pty Limited ABN 79 008 634 704
Australian Financial Services Licence No. 244392 as trustee for
the Hostplus Superannuation Fund ABN 68 657 495 890
Registrable Superannuation Entity Licence No. L0000093
Registrable Superannuation Entity No. R1000054
MySuper No. 68657495890198
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