

Merge

My multiple Health Super accounts

This merge request form is to be used for members who have multiple Health Super memberships and who want to combine them into one account. Please note that active Defined Benefit accounts cannot be merged. However, Accumulation and Deferred Benefit accounts can be merged.

If you are changing your name or date of birth, please provide certified copies of official documentation i.e. your birth or marriage certificate. Refer to the Identification requirements brochure or Proof of ID page on our website healthsuper.com.au for further information.

Enter the member number(s) you would like to merge

Your 7 or 8 digit Health Super member number (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your 7 or 8 digit Health Super member number (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your 7 or 8 digit Health Super member number (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your 7 or 8 digit Health Super member number (4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your 7 or 8 digit Health Super member number (5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick to confirm - YES I would like to merge my account(s) into one Health Super account.

Your details

Given name(s) *	<input type="text"/>	Mr	Ms	Mrs	Miss	Dr	Other (specify)
Surname*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address*	<input type="text"/>						
City/Town*	<input type="text"/>	State*	<input type="text"/>	Postcode*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number (BH)	<input type="text"/>	Phone number (AH)	<input type="text"/>	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>						

If you would like Health Super to send communication or correspondence to a different address than the above, please provide details below:

Postal address	<input type="text"/>		
City/Town	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>

*Indicates mandatory fields. To avoid your request being delayed or not processed, please ensure that these fields are fully completed.

Previous name*

List your previous name (in full), if any.

Title	Given name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Please refer overleaf for proof of identification requirements.



Previous address(es)

DAT009 20091123

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List your previous addresses, if applicable.

Residential address (1)

City/Town

State

Postcode

Residential address (2)

City/Town

State

Postcode

Employer(s)

List your current and previous employers' details, if applicable.

Organisation name (1)

Date joined employer

D D M M Y Y Y Y

Organisation name (2)

Date joined employer

D D M M Y Y Y Y

Organisation name (3)

Date joined employer

D D M M Y Y Y Y

Attach proof of identification

If you have a duplicate record or accounts due to name changes or an incorrect date of birth, we require proof of identity to process your request.

If your name has changed, please provide proof of your name change, such as a certified copy of a marriage certificate.

If your date of birth has been recorded incorrectly, please provide proof of your date of birth such as a certified copy of your driver's licence, passport or birth certificate.

These identification requirements are in place to protect your superannuation account and prevent anybody gaining fraudulent access to your super benefits.

Refer to the Identification requirements brochure or Proof of ID page on our website healthsuper.com.au for further information about certifying identification.



The original form and original certified copies of your identification should be sent via our postal address:

Health Super Pty Ltd, Locked Bag 2900, COLLINS STREET WEST VIC 8007

Sign and date

I declare that the information given in this application is true and correct. I understand that my account balance(s) will be transferred and leave me with one active Health Super account. I understand the effects that the merge of my accounts will have on my insurance cover and account keeping fees.

Signature

Date

D D M M Y Y Y Y

PRIVACY

We collect your personal information for purposes detailed in Privacy Statements in Health Super's Member Guide (Product Disclosure Statement). To find out more, read our Privacy Policy on healthsuper.com.au. If you would like a copy, or if you would like to access or update the personal information we hold about you, please contact Health Super's Privacy Officer on 1800 331 719.

Issued by Health Super Pty Ltd (ABN 97 084 162 489, AFSL No. 246492) as Trustee of the Health Super Fund (ABN 88 293 440 675)