



Salarylink membership transfer to a new employer

i Complete this form with the assistance of your new Salarylink employer if you have a Salarylink benefit.

Hostplus Member number

If you are leaving your current employment to join another eligible Salarylink employer, your current membership may be continued by completion of this form (subject to approval by the Trustee).

Some important information to note before making a decision to continue your Salarylink membership:

- You should not complete this form if you wish to access any of your super (if applicable) when you cease employment with your previous Employer.
- If the break of service between employment is greater than 4 weeks and no more than 3 months, approval from the Trustee will be required and implications to Salarylink insurance may be applicable.
- If the break of service between employment is greater than 3 months your membership cannot be transferred and your Salarylink account will be finalised.
- If you transfer your membership but do not recommence Salarylink contributions:
 - your Salarylink death and TPD cover will be converted to units of Hostplus death and TPD insurance cover to the greater of:
 1. the number of units equivalent to the amount of cover previously held (excluding interim cover) immediately prior to you ceasing to be Salarylink member (rounded up to the nearest whole unit*), and
 2. Automatic age-based cover based on your age next birthday in your accumulation account.

If you currently hold Fixed cover through your accumulation balance, your converted cover will also be changed to Fixed cover.

Premiums will apply, and any additional death and TPD insurance cover you have through your accumulation balance will continue, and

- your Salarylink income protection will be converted to equivalent amount of fixed income protection cover (rounded up to nearest \$100 per month) with a waiting period of 60 days and a maximum benefit period of 2 years through your accumulation balance. Premiums apply.
- Once your Salarylink account is finalised it will not be possible to rejoin Salarylink as it is closed to new members.

For more information please refer to our Statewide Product Legacy Guide, available at hostplus.com.au/pds.

* Subject to the minimum automatic age-based cover

Please note:

1. Any period during which you were not employed by a participating Salarylink employer will not be counted for the purpose of determining any Salarylink benefit payable (if any).
2. If you have received a Salarylink benefit as a result of leaving employment, you will be required to repay this benefit to Statewide Super upon starting employment with your new employer.
3. If you are a Salarylink member and are transferring to a NT Municipal Council (excluding Shires), you will need to make an election regarding what you would like us to do with your super. You have the option to continue as a Salarylink member. Contact us for more information.



Important information for Salarylink members only.

Changing your Salarylink contribution rate may change your insurance cover.

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.

3 Privacy.

Hostplus is seeking to collect your personal information in order to carry out your instructions in this form. If you do not provide us with the information requested, we may not be able to carry out instructions or provide the services you require. For further information about how personal information is handled and how you can access and correct your personal information, you can view the Hostplus Privacy Policy at hostplus.com.au/privacy or by calling us on 1300 467 875.

4 Member declaration.

- I request the approval of the Trustee to continue my membership as permitted by Hostplus' Trust Deed.
- I understand that for more information I can refer to the Statewide Product Legacy Guide.
- I understand that my contribution arrangements as per Section 2 will be effective from my next pay date after my employer has authorised this change, provided that date is five or more working days from the date of authorisation or such later date as specified by my employer.
- I understand that contributions credited to my Hostplus account use the applicable unit price(s) for my chosen investment option(s).
- I acknowledge that the Trustee does not accept any liability for any action I may take or fail to take in relation to my superannuation and recommends that before I make any decision I seek independent financial advice about my personal circumstances.
- I consent to the collection, use and disclosure of my personal and sensitive information under the *Privacy Act 1988*.

Signature

Date

Name (print)

Please return this form to your payroll officer.

5 Employer authorisation to be completed by your new employer.

Date member commenced employment: Date

Date personal contributions commenced (if applicable): Date

Current actual salary (Please use 'superannuation salary'):
For part time employees please advise full time equivalent salary. \$

Payroll number:

Employment status

Full time Part-time (proportion of normal hours worked) %

Casual Other

Elected member and SG contribution is required: Yes No

SG/Award contributions are required to be paid to another fund? Yes No

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

Signature of authorised officer on behalf of employer

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**