

Request to transfer into Hostplus.

November 2025



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

1 Personal details

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Dr

Other

Gender

☐

Male

☐

Female

Given names*

Surname*

Other/previous names

My Tax File Number is:*

Phone number

Date of birth*



While you are not legally required to disclose your TFN under the Superannuation Industry (Supervision) Act 1993, failing to do so may result in tax implications and may prevent the transfer from being completed.

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**.

2 Residential details

Street address*

Suburb

State

P/C



If you know that the address held by your from fund is different to your current residential address, please give details below.

Previous address

Suburb

State

P/C

3 Fund details

Where are you rolling from?

☐ Other super fund

Fund name*

Member or account number*

Fund ABN*

Fund telephone number*

Unique Superannuation Identifier (USI)*

☐ Self-managed super fund (SMSF)

SMSF name*

Australian Business Number (ABN)*

Electronic Service Address (ESA)*

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

H	O	S	T	P	L	U	S		S	U	P	E	R	A	N	N	U	A	T	I	O	N		F	U	N	D			
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Member or account number*

Fund ABN

6	8	6	5	7	4	9	5	8	9	0
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Fund telephone number

1	3	0	0	4	6	7	8	7	5
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Unique Superannuation Identifier (USI)

H	O	S	0	1	0	0	A	U
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4 Amount

☐ Whole – I'd like to transfer the whole balance of this account. This means you're asking us to close your other super account.

☐ Partial – I'd like to transfer a nominated amount: \$

Before combining (consolidating) super from your other super account, you should consider any fees and costs that may apply and the effect a transfer may have on benefits in your other fund such as insurance cover. If you want to transfer insurance cover you have with your other super account to Hostplus, you'll need to transfer it before you combine your super.

5 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 understand this transfer request will not change the fund my employer contributes to. To change where my employer pays contributions, I must speak with my employer about Super Choice. For forms and eligibility information, I can visit superchoice.gov.au or call the ATO on 13 10 20
- 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*