



# Fund Switch Request

## Commonwealth Investment Funds



Please use BLACK PEN and BLOCK LETTERS when completing this form

### Section 1 – Investor details

Account number

#### Investor 1

Title  Given name(s)  Surname  Date of birth

Company name/Other investors  Daytime telephone  Evening telephone  Mobile telephone

Postal address

State  Postcode

Email Address

#### Investor 2

Title  Given name(s)  Surname  Date of birth

Company name/Other investors  Daytime telephone  Evening telephone  Mobile telephone

Postal address

State  Postcode

Email Address

### Section 2 – Switch amount

#### Important notes:

- Please specify the amount or percentage of monies to be switched between each Fund.
- Minimum switch to/from Commonwealth Investment Funds is **\$1,000**.
- Minimum balance to remain in any fund is **\$1,000**.

Switch from Investment details	\$	or %
0101 Australian Share Fund		
0103 Balanced Fund		
0105 Share Income Fund		
0106 Bond Fund		
0107 Growth Fund		
0108 Income Fund		
0110 International Share Fund		
0111 Property Securities Fund		
<b>Total:</b>	<b>\$</b>	

Switch to Investment details	\$	or %
0101 Australian Share Fund		
0103 Balanced Fund		
0105 Share Income Fund		
0106 Bond Fund		
0107 Growth Fund		
0108 Income Fund		
0110 International Share Fund		
0111 Property Securities Fund		
<b>Total:</b>	<b>\$</b>	

#### Signature(s) for Fund Switch

Signature 1  Date  Signature 2  Date

#### Please note:

- a** For accounts held in more than one name, all investors must sign this form unless a nomination for 'Any one investor to sign' has been previously made; **and**
- b** This form can be signed by the investors authorised attorney. Please note that a certified Power of Attorney must be forwarded with the request and the attorney must state that he/she has not received notification of revocation of that power.

**Section 2 – Switch amount (continued)**

**How to switch funds**

- Fax this form to: **1800 002 715** or
- Lodge at any Commonwealth Bank branch or
- Mail this completed form to: **Commonwealth Financial Services Reply Paid 3306 Sydney NSW 2001**

**Bank use only**

**Branch instruction checklist**

- ensure all details on this form are completed
- original form to be faxed immediately to 1800 002 715

Staff name:

Staff title:

Branch name:

Staff signature:

Date:

[ ]

Bank Stamp

[ ]