

The Colonial Mutual Superannuation Pty Limited ABN 56 006 831 983 AFSL 235025 The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035

## **Commonwealth PensionSelect Notification of change of details**

This form may be lodged with any Commonwealth Financial Planner or posted to: Commonwealth Financial Services

GPO Box 3306 SYDNEY NSW 2001.

Alternatively, you can fax this form to 1800 002 715.

Please note: Changes will be made effective the date your completed documentation is received at our principal office of administration.

f changing your name and	or address, please write your	name and/or address last r	notified to Common	wealth Financial Service
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Section D – Nomination of beneficiary (non-binding)
Do not complete this section if you have a reversionary beneficiary (binding) in place. This information is available on your Annual Statement or simply call <b>13 2015</b> , between 8.30am and 6pm (Sydney time), Monday to Friday. Please ( $\checkmark$ ) tick the appropriate box, complete details and sign in Section H.
I wish to nominate a beneficiary on my account (please read the section 'Important information about beneficiary nominations' and then complete 'Indicate how you would like your benefit to be paid' below) <b>and/or</b>
☐ I wish to revoke any previous beneficiary nomination made in respect of my account
Important information about beneficiary nominations
The Trustee has absolute discretion when distributing death benefits but will take your nomination into account. You may nominate anyone who is a 'dependant' as defined in the Trust Deed and/or your estate (i.e. your legal personal representative). If the person whose name is specified below differs from a previous appointment made by you, the previous appointment(s) will be automatically revoked.
Who is a dependant?
Under the Fund Trust Deed, a dependant includes:
• a spouse, including a person (whether of the same or a different sex) with whom you are living on a genuine domestic basis in a relationship as a couple and a person with whom you are in a relationship registered under State or Territory law
• a child of any age (including an adopted child, step child or an ex-nuptial child, a child of your spouse and your child within the meaning of the Family Law Act 1975)
a person with whom you have an interdependency relationship
a person financially dependent on you.
Under superannuation law, an 'interdependency relationship' will exist where two people (whether or not related by family) meet all of the following conditions:
they have a close personal relationship
they live together
<ul> <li>one or each of them provides the other with financial support, and</li> </ul>
<ul> <li>one or each of them provides the other with domestic support and personal care.</li> </ul>
There may also be an interdependency relationship where two people have a close personal relationship and either or both of them suffer from a physical, intellectual or psychiatric disability. In this circumstance, there is no requirement for cohabitation or for provision of financial or domestic support.
Indicate how you would like your benefit to be paid  ☐ Lump sum nomination

Full name	Relationship to your (spouse, child, interdependant, financial dependant)	Date of birth	Share of benefit
			%
			%
			%
			%
My Estate (i.e. legal personal representative)		%	
			100%

☐ Pension nomination (a pension cannot be paid to your Legal Personal Representative)

	Relationship to your (spouse, child,		Share of
Full name	interdependant, financial dependant)	Date of birth	benefit
			100%

Although children generally qualify as dependants, a child aged 18 or over can only receive a pension if the child is financially dependent on you at your death and under age 25, or suffers from certain types of disability. Where a child aged 18 or over receives a pension, unless the child suffers from a relevant disability, the pension must be cashed as a lump sum when the child turns 25.

Please note: Upon notification of your death, we will move your whole account balance to the Commonwealth Savings investment option. Your benefit will remain in this investment option until such time as the Trustee makes a decision as to who will receive your benefits.

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Section E – Gross pension amount per annum/indexation rate
Please alter my pension payment as follows. Please (✔) tick the appropriate box.
☐ Minimum pension
or per annum per payment
□ Specified amount
Optional Annual Indexation Rate
(0-5%) whole numbers only  (max 5%)
Please note: pension payment being received must be above the legislated minimum levels.
Section F – Payment frequency  Please alter the frequency of my pension payments to:
(If a change prevents payment of minimum annual income an additional 'Special' payment may be required)
M T W T F  ☐ Fortnightly Please nominate day of payment ☐ ☐ ☐ ☐ ☐
Monthly
□ Quarterly
☐ Half yearly
☐ Yearly
Section G – Payment instructions
Please credit my account
Name of account
BSB Account identification number
Bank Branch
Dalik
Section H – Declaration and acknowledgement
<ul> <li>I declare that the information provided on this form is correct;</li> <li>I request that your records be updated to reflect the changes indicated.</li> </ul>
Member's signature Date
X
Bank use only
Please make sure this notification is fully completed, dated below and send it today to <b>2380 001, Commonwealth Financial</b> Services HOMEBUSH NSW in the special Z991 envelope, or fax it to 1800 002 715. (Please do not both fax and send this form)
Date received Adviser /branch
Adviser ID /Contact name Adviser phone number

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