

# Commonwealth Life Corporate Super Bonds/ Business Super Bonds

Commonwealth  
Financial Services



## Request for Withdrawal of Funds/Switch between Investment Options

The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA)  
Commonwealth Financial Services is a registered business of CMLA.

### Important information:

- Changes will be effective the date your completed documentation is received at our principal place of administration. If you have any questions about your policy, call us on **13 2015** between 8.30 am and 6 pm (Sydney time), Monday to Friday.
- Return to: Commonwealth Financial Services Reply Paid 3306 Sydney NSW 2001

### Section 1 – Trustee details (to be completed in all cases)

#### Policy Owner

I/We

#### Fund Name

As Trustee(s) of

Request The Colonial Mutual Life Assurance Society Limited to withdrawal/transfer funds (as specified below) in respect of Corporate Super Bonds/Business Super Bonds

Policy number

Contact telephone number

Current postal address

State

Postcode

Email address

### Section 2 – Withdrawal transactions (Please complete either A or B)

A.  **Partial Withdrawal** ▶ Enter details against appropriate options

		Amount (\$)
<input type="checkbox"/>	Growth CG/BG	\$ <input type="text"/>
<input type="checkbox"/>	Managed L3/P3	\$ <input type="text"/>
<input type="checkbox"/>	Balanced CB/BB	\$ <input type="text"/>
<input type="checkbox"/>	Capital Secure B3/E3	\$ <input type="text"/>
<b>Total</b>		\$ <input type="text"/>

B.  **Closure of Account (Policy Document and Policy Schedule must be attached).**

### Section 3 – Payment details (Please complete all details of your nominated Australian bank, building society or credit union account)

BSB/Account number

Financial Institution

Account name

#### Please note:

- Nominated account must be in the name of at least one policy owner.
- Direct credit is not available on Credit Card Accounts.
- You need to contact your financial institution to verify your account details (Due to Privacy Legislation we are unable to contact them on your behalf).

ABN for Superannuation Fund (where the monies are being paid to) \*

\* this section is compulsory

## Section 4 – Transfer transaction

Switch From		Amount (\$)
<input type="checkbox"/> Growth	CG/BG	\$
<input type="checkbox"/> Managed	L3/P3	\$
<input type="checkbox"/> Balanced	CB/BB	\$
<input type="checkbox"/> Capital Secure	B3/E3	\$
<b>Total</b>		\$

Switch To		Amount (\$)
<input type="checkbox"/> Growth	CG/BG	\$
<input type="checkbox"/> Managed	L3/P3	\$
<input type="checkbox"/> Balanced	CB/BB	\$
<input type="checkbox"/> Capital Secure	B3/E3	\$
<b>Total</b>		\$

## Section 5 – Policy Document and Policy Schedule

If you are requesting a full withdrawal only, please return the original Policy Document and Policy Schedule. In the event of your Policy document being lost, please complete the declaration in section 7.

Yes, I enclose the original Policy Document and Policy Schedule

## Section 6 – ID requirements

A certified copy of your driver's licence or passport needs to be provided.

A certified copy of your identification (ID) is required to verify that the photocopied ID provided is a true and correct copy of the original. The certifier's name, signature, occupation and if applicable, stamp must be shown on the copy that you send to us.

A stamp confirms the certifier's office. Your ID can be certified by a person performing any of the occupations or offices listed below:

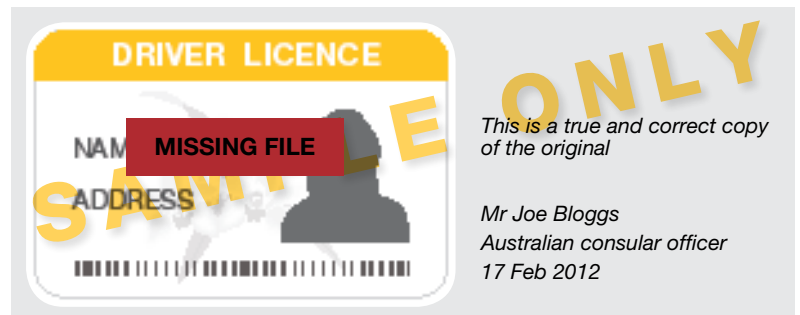
### Persons who can certify documents (this is not the exhaustive list of who can certify ID)

- A Person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- A judge of a court
- A magistrate
- A chief executive officer of a Commonwealth court
- A Registrar, or Deputy Registrar, of a court
- A Justice of the Peace
- A police officer
- A dentist
- A sheriff
- A notary public (for the purposes of the Statutory Declaration Regulations 1993)
- An agent of the Australian Postal Corporation (Postal Agent) who is in charge of an office supplying postal services to the public
- An Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1922)
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- Finance company officer with 2 or more years of continuous service
- Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants

### What the certifier needs to do to certify your photocopied ID

To certify your ID they need to:

- 1 Compare the photocopy to the ORIGINAL.
- 2 Stamp or write "This is a true and correct copy of the original" followed by their signature, printed name, qualification (e.g. police officer) and the date. A sample of how this would look is shown on the right hand side of this section.



**Section 7 – Signature(s) of Trustee(s) \***



**Important information:**

1. I declare that the answers given on this form are true and correct.
2. I understand that, unless this is a partial withdrawal, the payment of this benefit will be in full and final settlement of all my rights and interests in relation to the Policy.
3. I understand that once my withdrawal is finalised it will not be reversed.
4. If I am signing under a Power of Attorney, I have not received revocation of the Power.

**Please indicate in the tick box below if you have lost your Policy Schedule and Policy Document.**

I/We confirm that I/we have lost the Policy Schedule and Policy Document and declare:

The Policy Owner(s) is/are the legal owner(s) of the above named Policy.

I/We have made a thorough search for the Policy Schedule and Policy Document(s) and they cannot be found.

If a company trustee, an authorised officer(s) must sign **or** if individual trustees all (or the number authorised) must sign

Trustee(s) 1

Trustee(s) 2

Witness

Trustee(s) 3

Trustee(s) 4

Witness

Date signed

\* Please ensure all parties signing provide ID as detailed in Section 6.

**Bank use only – Office receiving lodgement**

Date

Investment consultancy / branch

Date stamp

Stamp

**Checklist for Office Receiving Lodgement**

- For **Withdrawal**, ensure sections 1, 2, 3, 5, 6, and 7 are completed
- For **Transfer between Investment Funds**, ensure sections 1, 6 and 7 are completed
- For **Closure of Policy**, ensure the Policy Document and Policy Schedule is attached (if a Policy Document and Policy Schedule cannot be located, then the Statutory Declaration in section 7 should be completed)
- Complete details above, particularly 'Date stamp'