

# 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 select mode of payment required)

Credit my/our cheque /savings account

BSB/Account number

Financial Institution

Account name

Or,

Issue a cheque in favour of

**Please note:** We cannot pay withdrawal proceeds to a third party (by either cheque or to a bank account).

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

If you are requesting a full withdrawal only, please return the original Policy document.

Yes, I enclose the original Policy document

In the event of your Policy document being lost, please complete Section 8 of this form.

## 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 occupants or offices listed below:

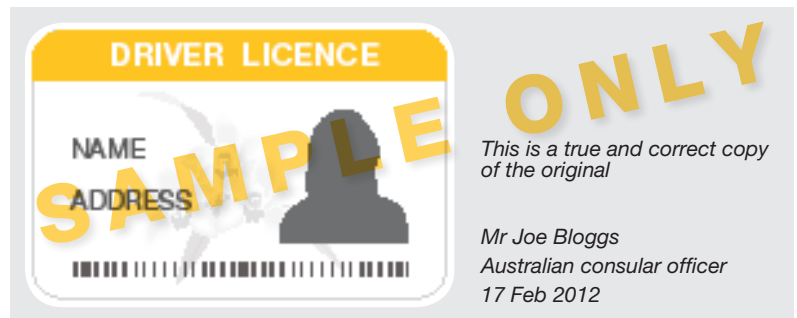
### Persons who can certify documents (this is not the exhaustive list of who can certify ID)

- 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.

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

Trustee(s) 1 <input type="text"/>	Trustee(s) 2 <input type="text"/>	Witness <input type="text"/>
Trustee(s) 3 <input type="text"/>	Trustee(s) 4 <input type="text"/>	Witness <input type="text"/>

Date signed

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

**Section 8 – Lost/Destroyed Policy application and Statutory declaration**

This section only needs to be completed if you cannot find your original Certificate or Policy Document.

**Commonwealth of Australia  
STATUTORY DECLARATION  
Statutory Declarations Act 1959**

**Section A**

Insert the name, address and occupation of person making the declaration

I,

make the following declaration under the Statutory Declarations Act 1959:

- A replacement policy needs to be issued. (Please complete Section B).  
 A replacement policy does not need to be issued. (Please complete Section B).

**Please note:**

Under the Life Insurance Act 1995, and depending on the value of the policy, CMLA may be required, at least 10 days before satisfying the claim or request, to advertise its intention to do so in a newspaper circulating in the area in which the policy holder resides (for a deceased person, resided at the time of death), or in which the life company considers the document to have been lost or destroyed.

**Section B**

I/We, name(s) of policy owner(s)

Name of person making declaration (for completion only where the policy owner(s) is a company)

Address of person making declaration

Occupation of person making declaration

do solemnly and sincerely declare that:

a. The policy owner(s) named above is/are the legal owner(s) of Policy number

(The Policy) issued on the life of

by

b. The Policy is not currently the subject of an assignment, transfer, charge or lien and the policy owner(s) has/have not in any way parted with their interest in it;

c. The statement(s) ticked below is/are correct:

- I/We have made a thorough search for the Policy and it cannot be found; or  
 The policy owner(s) never received the Policy; or  
 I/We declare that the Policy was destroyed in the following circumstances

d. I/We will forward the Policy to CMLA for cancellation if found; and

e. I/We agree to indemnify CMLA for any liability it may incur by relying on this declaration.

I/We understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the Statutory Declarations Act 1959, and I believe that the statements in this declaration are true in every particular.

Signature of person(s) making declaration

Place, day, month and year

Declared at

Signature of person before whom the declaration is made (see over)

Full name, qualification and address of person before whom the declaration is made (in printed letters)



**Please note:** A person who intentionally makes a false statement in a Statutory Declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see Section 11 of the Statutory Declarations Act 1959. Chapter 2 of the Criminal Code Act 1995 applies to all offences against the Statutory Declarations Act 1959 – see Section 5A of the Statutory Declarations Act 1959.

**Bank use only – Office receiving lodgement**

Date

DD / MM / YYYY

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, 4, 5, 6 and 7 are completed
- For **Closure of Policy**, ensure the Policy Document is attached (if a Policy Document cannot be located, then the Statutory Declaration in section 8 should be completed)
- Complete details above, particularly 'Date stamp'

Same day forward to: **Commonwealth Financial Services, GPO BOX 3306, Sydney NSW 2001**

**Or,**

Internal mail forward to: **2380 – 001, Commonwealth Financial Services**