



Commonwealth Rollover Fund and Commonwealth Life Roll-Over Bond Change of Details Form



This form may be lodged with any Commonwealth Bank branch or posted to:

Commonwealth Financial Services
GPO Box 3306
SYDNEY NSW 2001.

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

Section 1 – Personal details

Indicate your product type

CRF CLROB

Policy number

Title Mr Mrs Miss Ms Other

Given name(s)

Surname

Postal address

	State	Postcode

Daytime phone number

 ()

Evening phone number

 ()

Email address

Section 2 – Switch Investment options

Please specify amount/s or proportion/s ('All' or 'Remainder') you wish to be switched between investment options within your policy and sign in Section E.

Switch from

Savings [^]	\$	
Capital Secure	\$	
Balanced [^]	\$	
Managed	\$	
Growth [^]	\$	
Total	A\$	*

Switch to

Savings [^]	\$	
Capital Secure	\$	
Balanced [^]	\$	
Managed	\$	
Growth [^]	\$	
Total	B\$	*

*** Totals A and B must agree. Minimum total transfer amount is \$2,000.**

Switches between investment options are effected at the Withdrawal and Deposit Prices, for the relevant investment options, which are applicable on the day when CMLA or its agent (including Commonwealth Bank) receives this form.

For **CLROB** policy owners under 55 years of age, a switch fee may apply. Please see your policy document for further information.

[^]The Savings, Balanced and Growth investment options are not available for **CLROB** policies.

Section 3 – Change of name/Change of address

Please alter your records to show my new name and/or address/es, as recorded above in Section 1, 'Personal details'.
For change of name, please sign your old and new signatures for verification and our records.

Old signature

New signature

Please ensure this form is signed and dated overleaf. Please attach evidence of name change, such as certified copy of your Marriage Certificate, etc. We cannot accept a fax for your name change.

Section 4 – Nominated beneficiary

Please tick (✓) the appropriate box, complete details and sign in Section 5.

- I wish to nominate a beneficiary on my policy (Please read 'Important information about beneficiary nominations' below before you nominate a beneficiary) **and/or**
- I wish to revoke any previous beneficiary nomination made in respect of my policy.

Important information about beneficiary nominations.

You can nominate **one** 'dependant' as a beneficiary to receive your benefit in the event of your death.

Who is a dependant?

A dependant includes:

- A spouse* (legal, de facto or former spouse);
- A child (includes an adopted child, stepchild, ex-nuptial child, a child of the person's spouse and someone who is a child of the person within the meaning of the Family Law Act 1975), under the age of 18;
- Any person who is financially dependent on you;
- Any person with whom you have an interdependency relationship.

What is an interdependency relationship?

Two people are said to have an interdependency relationship if:

- They have a close personal relationship; and
- Live together; and
- One or each provides the other with financial support; and
- One or each of them provides the other with domestic support and personal care.

Two people who have a close personal relationship but who cannot satisfy all of the other requirements of an interdependency relationship because of a physical, intellectual or psychiatric disability, still have an interdependency relationship.

If the person whose name is specified below differs from a previous appointment made by you, the previous appointment(s) will be automatically revoked.

Full name of beneficiary

Relationship (please tick ✓ one)

- Spouse Child Financial dependant Interdependent

* This includes another person (whether of the same sex or different sex) with whom the person is in a relationship that is registered under a law of a State or Territory and this another person who, although not legally married to the person, lives with the person on a genuine domestic basis in relationship as a couple.

Section 5 – Signature

1. If this form is signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that Power. (A certified copy of the Power of Attorney should be submitted with this form unless already sighted by CMLA).
2. I hereby make the appointment and/or revocation as provided for in Section 4 headed 'Nominated Beneficiary' (if applicable).
3. I declare that the information provided in this form is correct and complete.

Signature

Date

For any enquiries contact us on: 13 20 15, between 8.30am and 6pm (Sydney time), Monday to Friday.

Office Receiving Lodgement

Date Lodged

DD / MM / YYYY

Investment Consultancy/Branch

Date stamp

Date stamp

Checklist for Office Receiving Lodgement	Please tick (✓)
For Switch investment options , ensure parts 1, 2 and 5 are completed	<input type="checkbox"/>
For Change of Name and/or address , ensure parts 1, 3 and 5 are completed	<input type="checkbox"/>
For Change in Beneficiary nomination , ensure parts 1, 4 and 5 are completed	<input type="checkbox"/>
Complete details above, particularly 'Date Lodged'	<input type="checkbox"/>
Same day, forward to 2380-001 Commonwealth Financial Services Processing Centre, LIDCOMBE NSW 2141 , or fax it to 1800 002 715	<input type="checkbox"/>