

Superannuation Savings Account Maintenance and Miscellaneous Changes form

Issued by Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (Commonwealth Bank), the retirement savings account provider for the Commonwealth Bank Superannuation Savings Account (Superannuation Savings Account) which is administered by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).



You may lodge this form by posting to:

Commonwealth Bank Superannuation Savings Account, Locked Bag 5429, Parramatta NSW 2124

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

Section 1 – Personal details (must be completed)

Please complete the name and address that the Superannuation Savings Account has on record for you.

Account number

Date of birth

Title

Given name(s)

Surname

Residential address

State

Postcode

Postal address (if applicable)

State

Postcode

Daytime phone number


Evening phone number

Mobile phone number

Email address

Section 2 – Change of name

Are you changing your name?

No  Go to Section 3

Yes  Please attach evidence of name change, e.g. certified copy of Deed Poll, Marriage Certificate, etc.

New title

New given name(s)

New surname

Old signature

New signature

Section 3 – Change of address and/or telephone number

Are you changing your address and/or phone number(s)?

No  Go to Section 4

Yes  Please provide details below

New residential address

State

Postcode

New postal address (if applicable)

State

Postcode

New daytime phone number

New evening phone number

New mobile phone number

New email address

Section 4 – Fixed Term option

If your account balance is over \$5,000, you have the option of placing some or all of your money in a fixed term investment with a fixed rate of interest. Each fixed term deposit must be a minimum of \$5,000.

Do you wish to make a fixed term deposit?

No ▶ Go to Section 6

Yes ▶ Please provide details below

Please nominate the amount you want to deposit* in the fixed term investment. \$

Please specify the term of the fixed investment in complete years, e.g. 1, 2 or 3 years years

Please nominate how you would like the interest to be credited to your account :

paid into the standard rate option.

paid into the fixed term option at six monthly intervals (this will be the default option if you do not advise preference).

* Please note that your deposit may be subject to deduction of any taxes, government charges and fees which are applicable to your account.

Section 5 – Tax File Number (TFN)

Please note that it is not an offence not to quote your TFN. Under the Retirement Savings Accounts Act 1997, we are authorised to collect your TFN which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

We may disclose your TFN to another superannuation fund when your benefits are being transferred, unless you write to us and request that your TFN not be disclosed to any other superannuation provider.

For all withdrawals except rollovers, we will deduct any tax payable at the rates applicable to superannuation benefits. Please note that if we do not have your TFN and you are aged under 60, we are required to withhold tax at the highest marginal tax rate (plus Medicare Levy) on the Taxable component of your benefit.

If you have not previously provided us with your TFN and wish to do so now, please tick (✓) the box below and quote your TFN:

Yes I agree to provide my TFN which is

If you are rolling over, please tick the box below if you do not want us to pass on your TFN to your nominated superannuation fund or retirement savings account provider.

I do not want to pass on my TFN

Section 6 – Client declaration and Acknowledgement

- I declare that the information provided on this form is correct.
- I request that your records be updated to reflect the changes indicated.

Print name

Signature

Date