




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

 This form may be lodged at any Commonwealth Bank Branch or posted to:
Commonwealth Bank Superannuation Savings Account Reply Paid 3306 Sydney NSW 2001
Please note: Changes will be made effective the date your completed documentation is received at our principal office of administration, or at any Commonwealth Bank Branch.


Section 1 – Personal details (must be completed)


Please complete the name and address that the Commonwealth Bank currently has on record for your Superannuation Savings Account.

Account number			Date of birth
<input type="text"/>			<input type="text" value="DD/MM/YYYY"/>
Title	Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address			
<input type="text"/>			
		State	Postcode
<input type="text"/>			
Postal address (if applicable)			
<input type="text"/>			
		State	Postcode
Daytime phone number	Evening phone number	Mobile phone number	
<input type="text" value="()"/>	<input type="text" value="()"/>	<input type="text"/>	
Email address			
<input type="text"/>			

Section 2 – Change of name

Are you changing your name details?


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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Old signature	New signature	
<input type="text" value="X"/>	<input type="text" value="X"/>	

Section 3 – Change of address and/or telephone number

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

No  Go to Section 4

Yes  Please provide details below

New residential address			
<input type="text"/>			
		State	Postcode
<input type="text"/>			
New postal address (if applicable)			
<input type="text"/>			
		State	Postcode
New daytime phone number	New evening phone number	New mobile phone number	
<input type="text" value="()"/>	<input type="text" value="()"/>	<input type="text"/>	
New email address			
<input type="text"/>			

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 7

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, 3, 4, 5 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 referable 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

I want the Commonwealth Bank to change the Account details as I have indicated under the appropriate form section.

I declare that answers given on this form are true and correct.

Print name

Signature

Date

Section 7 – Bank use only

Date received

Branch name

Contact name

Contact number

Please make sure this form is fully completed and send original to: **2052-011 Commonwealth Financial Services**