

## Stop – thought about BPAY?

**Members of Commonwealth Personal Superannuation and Rollover Plan can pay into their account via BPAY.**

Contributions via BPAY are effective the day of payment (compared to a later date if made via internal mail).

### What you need to do

Firstly, ask the member if they're registered for online or telephone banking.

- If they don't have access, assist them in setting this up.
- If they do have access you can help them make payments by BPAY in branch.

### BPAY in 2 easy steps

To make a BPAY payment, the member needs to:

1. Log on to NetBank or call telephone banking
2. Enter their customer reference number (the member's account number) and the relevant Biller Code (see table below).

Contribution type	Biller Code
Personal contributions	131045
Spouse contributions	131029
Voluntary employer contributions*	131052
SG employer contributions	131037

\*Use this Biller Code for salary sacrifice contributions

### Any questions?



Please call our Customer Contact Centre on **13 2015** between 8.30am and 6pm (Monday to Friday) for assistance with BPAY contributions.



# Commonwealth Personal Superannuation and Rollover Plan Additional Contribution Form



This form may be lodged with any Commonwealth Financial Planner or posted to:

**Commonwealth Financial Services**  
GPO Box 3306  
Sydney NSW 2001

This form can also be faxed to **1800 002 715**, or email a scanned copy to **service@cba.com.au**

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

If you would like further information about this form, simply call our Customer Contact Centre on **13 2015** between 8:30am and 6pm (Sydney time), Monday to Friday.

## 1 – Personal (to be completed in all cases together with Section 5)

Account number

Title  Mr  Mrs  Miss  Ms  Other

Given name(s)  Surname

Postal address

State  Postcode

Daytime telephone  Evening telephone  Mobile number

Email address

## 2 – Eligibility to contribute

**Please state the basis upon which you are making the contribution, or having the contributions made on your behalf.**

- I am under age 65
- I am aged 65-74, and in the financial year ending 30th June 20 , I have worked in paid employment for at least 40 hours in a period of not more than 30 consecutive days (for the purpose of personal contributions, spouse contributions and voluntary employer contributions including salary sacrifice)
- I am aged over 70 and having mandated employer being made on my behalf.

## 3 – Additional contribution type (minimum \$100)<sup>1</sup>

Personal contribution	\$ <input type="text"/>	PSES
Spouse contribution	\$ <input type="text"/>	SPSS
Employer contribution	\$ <input type="text"/>	SGCS
Transfer/Rollover <sup>2</sup>	\$ <input type="text"/>	PSTP
<b>Total</b>	\$ <input type="text"/>	

1. Please refer to the Annual Report for details of the charges that apply to your investment.
2. Please attach Rollover Benefit Statement

#### 4 – Investment options

Please allocate my additional contribution as follows:

Current investment option(s)

or

Investment Option		Investments \$ or %
Commonwealth Australian Shares	PS	
Commonwealth Growth	PG	
Commonwealth Managed	M3	
Commonwealth Balanced	PB	
Commonwealth Capital Secure	C3	
Commonwealth Savings	R3	
<b>Total</b>		

**Contributions are processed using the deposit price(s) applicable on the day your fully completed request is received at our principal office of administration.**

#### 5 – Declaration and acknowledgement

I declare that:

- the information provided on this form is correct.
- investment by me or on my behalf satisfies superannuation law regarding contribution or rollover/transfer eligibility requirements.
- I understand that my contributions will be preserved and that I can cash my benefits only in limited circumstances.

Member's signature

Date

#### Bank staff instructions

Ensure amount to be deposited is for at least \$100

- Complete **Office Use Only** section.
- If contribution is Rollover/Transaction amount, a Rollover Benefit Statement must be attached.
- Any cheques must be drawn in favour of **The Colonial Mutual Life Assurance Society Limited**.
- Same day - forward the form (together with any applicable documentation) to **2380 001, Commonwealth Financial Services, HOMEBUSH NSW in the special Z991 envelope**.

#### Bank use only

Please make sure this Notification is fully completed, dated below and send it today to **2380 001, Commonwealth Financial Services HOMEBUSH NSW** in the special Z991 envelope.

Investment consultancy/branch

Adviser ID/contact name

Adviser telephone number

Date received