

Colonial Mutual Superannuation Pty Limited ABN 56 006 831 983 AFSL 235025 The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035

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	

Any questions?



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

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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) 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)
3 – Additional contribution type (minimum \$100)¹

Total \$ 1. Please refer to the Annual Report for details of the charges that apply to your investment.

PSES

SPSS

PSTP

2. Please attach Rollover Benefit Statement

\$

\$

\$

Personal contribution

Spouse contribution

Transfer/Rollover²

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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	МЗ		
Commonwealth Balanced	PB		
Commonwealth Capital Secure	C3		
Commonwealth Savings	R3		
	Total		
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 benefit 	s only in li	mited circumstances.	
Member's signature Date			
X			
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	I, Commonwealth Financial	
Services HOMEBUSH NSW in the special Z991 envelope. Investment consultancy/branch			
Adviser ID/contact name		Adviser telephone number	
Date received			

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