



Commonwealth Personal Superannuation & Rollover Plan Notification of change of details



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

Commonwealth Financial Services
GPO Box 3306
SYDNEY NSW 2001.

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

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

Section A – Personal (to be completed in all cases together with Section E).

Account number

(If you are changing your name and/or address, please write your name and/or address last notified to Commonwealth Financial Services.)

Mr Mrs Miss Ms Other

Given name(s)

Surname

Postal address

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | | |
| <input type="text"/> | | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> |

Daytime phone number

Evening phone number

Mobile number

Email address

Section B – Change of name*

New name*

Mr Mrs Miss Ms Other

Given name(s)

Surname

Old signature

New signature

*** Please attach evidence of name change i.e. certified copy of Deed Poll, Marriage Certificate, etc.
We cannot accept a fax for your name change**

Section C – Change of address and contact details

New postal address

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | | |
| <input type="text"/> | | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> |

New street address

| | | |
|----------------------|--|----------------------|
| <input type="text"/> | | |
| <input type="text"/> | | <input type="text"/> |
| <input type="text"/> | | <input type="text"/> |

Daytime phone number

Evening phone number

Mobile number

Email address

Section D – Nomination of Beneficiary (non-binding)

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

- I wish to nominate a beneficiary on my account (Please read the section 'Important information about beneficiary nominations' and then complete 'Indicate how you would like your benefit to be paid' below) **and/or**
- I wish to revoke any previous beneficiary nomination made in respect of my account.

Indicate how you would like your benefit to be paid

- Lump sum beneficiary** – I request my beneficiary as named below to be paid a lump sum on my death.
You can nominate more than one lump sum beneficiary by attaching a signed notice with all beneficiary details and the whole percentage amount applicable to each

- Legal Personal Representative** – (your estate)

Important information about beneficiary nominations Who is a dependant?

A dependant is:

- A spouse*;
- A child (includes an adopted child, stepchild, ex-nuptial child, a child of your spouse and someone who is your child within the meaning of the Family Law Act 1975);
- 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

Date of birth

Address

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | State | Postcode |

Relationship (please tick ✓ one)

Spouse Child Financial dependant Interdependent

Please note: Your nomination will be used as a guide by the Trustee as to whom your benefit should be paid, but it is not binding on the Trustee. The Trustee has absolute discretion in determining to whom your benefits will be paid on your death.

* This includes (a) another person (whether of the same sex or different sex) with whom you are in a relationship that is registered under a law of a State or Territory prescribed for the purposes of section 22B of the Acts Interpretation Act 1901 as a kind of relationship prescribed for the purposes of that section; and (b) another person who although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.

Section E – 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.

Member's signature

Date

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, or fax it to 1800 002 715.

Date received

Adviser ID/Contact name

Investment consultancy/branch

Adviser phone number