




Commonwealth Personal Superannuation & Rollover Plan Switch & change of future investment strategy form

 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 C).

Account number

Mr Mrs Miss Ms Other

Given name(s)

Surname

Postal address

State Postcode

Daytime phone number

()

Evening phone number

()

Mobile number

Email address

Section B – Switching investment options and/or changing your future investment strategy

Switching investment options. Please tick (✓) the appropriate box.

I wish to switch my investment options.

Please complete both columns below headed 'Switch from' and 'Switch to'.

To fully switch out of an investment option(s), please place 100% or 'ALL' next to each investment option in the 'Switch from' column. If you nominate a percentage amount of less than 100% , we will only withdraw that percentage of the investment option, e.g. if you have \$20,000 in the investment option and specify 50%, we will withdraw \$10,000 from that investment option.

The total proceeds from your specified 'Switch from' investment option(s) will be used to buy the amounts indicated in the 'Switch to' column. Your 'Switch to' column must add up to 100% if using percentages, or the exact amount specified in A if using dollar amounts.

I wish to change where my future contributions are invested.

Please complete the right hand column below headed 'Future contributions'.

Investment option		Switch from	Switch to	Future contributions (%)
Commonwealth Australian Shares	PS	\$/%	\$/%	
Commonwealth Growth	PG	\$/%	\$/%	
Commonwealth Managed	M3	\$/%	\$/%	
Commonwealth Balanced	PB	\$/%	\$/%	
Commonwealth Capital Secure	C3	\$/%	\$/%	
Commonwealth Savings	R3	\$/%	\$/%	
Total		(A) \$/%	(B) \$/%	
			100%	100%

Please note: Minimum switch amount of \$1,000 applies. Switches are effected at the applicable withdrawal and deposit price.

Section C – 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