

CHANGE OF DETAILS INVESTMENT GROWTH BOND



THIS FORM SHOULD BE USED FOR POLICIES OPENED ON OR AFTER 18 MARCH 2013.

Please write in **BLOCK** letters and use a **black** ballpoint pen.

* Fields marked with an asterisk (*) must be completed for the purposes of anti-money laundering and counter-terrorism financing laws and the Foreign Account Tax Compliance Act (FATCA).

SECTION I - NEW PERSONAL OR COMPANY DETAILS (APPLICANT)

Policy Number

Bond Owner 1

Title Mr Mrs Miss Ms Other Date of birth*

Given name(s)* Surname*

Other names known by (if any) **or** Full Company/Business Trust name

Residential/Business address (PO Box is not acceptable)*

<input type="text"/>		
State	Postcode	Country

Home number Business number Mobile Facsimile

Bond Owner 2

Title Mr Mrs Miss Ms Other Date of birth*

Given name(s)* Surname*

Other names known by (if any) **or** Full Company/Business Trust name

Residential/Business address (PO Box is not acceptable)*

<input type="text"/>		
State	Postcode	Country

Home number Business number Mobile Facsimile

SECTION 2 - NEW AUTOMATIC WITHDRAWAL FACILITY DETAILS (AVAILABLE TO INVESTMENT OF AT LEAST \$10,000)

Please complete the banking details to enable funds to be deposited into an account.
 Note: we will not pay automatic regular withdrawals by cheque.

Please nominate the Investment option for the automatic withdrawal.

Tick this box to indicate that you wish the automatic withdrawal to deduct from the next available investment option. If there are insufficient funds available the automatic withdrawal facility will cease.

Investment option	Amount of each payment (minimum \$500 per option)
	\$
	\$
	\$

Frequency (please indicate (✓))

Monthly Quarterly Half-yearly Yearly

Note: If an Investment option is not nominated the automatic withdrawal will be deducted on a pro-rata basis.

Name of financial institution

Account name (must be in the name of the Bond Owner(s)) BSB (Branch Number) Account Number

First withdrawal date Last withdrawal date (if required)

 Rate of increase in payments Nil or % each year

SECTION 3 - SWITCHING INVESTMENT OPTIONS (FUNDS)

Please complete the amount you wish to switch in the 'Switch from' and 'Switch to' columns.
 Ensure the totals of each column are equal. **The minimum switch is \$200 per Fund.**

Investment option	Switch from	Switch to
NC – Cash (3NCS)	\$	\$
NC – Global Fixed Interest (3NFI)	\$	\$
NC – Conservative (3NCO)	\$	\$
NC – Diversified (3NDI)	\$	\$
NC – Managed (3NBA)	\$	\$
NC – Growth (3NGR)	\$	\$
NC – Global Property (3NPR)	\$	\$
NC – Australian Shares (3NAU)	\$	\$
NC – International Shares (3NIN)	\$	\$

* If you switch the full amount and you previously nominated your Adviser Service Fee to be deducted from the 'Switch from' investment option we will now deduct the Adviser Service Fee from the 'Switch to' investment option.

SECTION 4 - ADDITIONAL INVESTMENTS

Minimum is \$200 per Fund. The minimum initial investment is \$1,000. Cash deposits will not be accepted.

Investment option	Amount
NC – Cash (3NCS)	\$
NC – Global Fixed Interest (3NFI)	\$
NC – Conservative (3NCO)	\$
NC – Diversified (3NDI)	\$
NC – Managed (3NBA)	\$
NC – Growth (3NGR)	\$
NC – Global Property (3NPR)	\$
NC – Australian Shares (3NAU)	\$
NC – International Shares (3NIN)	\$

Please indicate (✓) how will you be paying

Cheque (Please attach with this form)

BPAY® (Important: please refer to the PDS before using BPAY®)

© Registered to BPAY Pty Ltd ABN 69 079 137 518

SECTION 5 - ADVISER SERVICE FEE(S)

This section must be completed in all circumstances.

I wish to cease the adviser service fee arrangement on my policy ▶ Go to Section 6

I wish to vary the adviser service fee arrangement on my policy ▶ Complete the details below in Section 5

Complete this section if you consent for CMLA to pay your adviser(s) a one-off and/or an ongoing adviser service fee.

One-off adviser service fee

I/We consent for CMLA to deduct a one-off adviser service fee of \$ (please specify the total dollar amount) on (insert date). Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar amount*
1.	
2.	

* Only required if the payment is to be split between two financial advisers

The amount nominated above should be deducted from my chosen investment option(s) as follows:

Investment option	Amount
NC – Cash (3NCS)	\$
NC – Global Fixed Interest (3NFI)	\$
NC – Conservative (3NCO)	\$
NC – Diversified (3NDI)	\$
NC – Managed (3NBA)	\$
NC – Growth (3NGR)	\$
NC – Global Property (3NPR)	\$
NC – Australian Shares (3NAU)	\$
NC – International Shares (3NIN)	\$

Please note: where you do not indicate which investment option(s) the one-off adviser service fee is to be paid from, the amount will be deducted on a pro-rata basis.

Ongoing adviser service fee

I/We consent for CMLA to deduct an ongoing adviser service fee of \$ each month or % each year.

SECTION 5 - ADVISER SERVICE FEE(S)**This section must be completed in all circumstances.**

Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar amount*
1.	
2.	

* Only required if the payment is to be split between two financial advisers

Allocation of ongoing Adviser Service Fee to be deducted from each investment option

Please note: If no nomination is made the ongoing Adviser Service Fee will be deducted on a pro-rata basis.

Investment option	Fixed amount to be paid each month (\$)	or	Allocation of percentage
NC – Cash (3NCS)	\$		%
NC – Global Fixed Interest (3NFI)	\$		%
NC – Conservative (3NCO)	\$		%
NC – Diversified (3NDI)	\$		%
NC – Managed (3NBA)	\$		%
NC – Growth (3NGR)	\$		%
NC – Global Property (3NPR)	\$		%
NC – Australian Shares (3NAU)	\$		%
NC – International Shares (3NIN)	\$		%

SECTION 6 - NEW PERSONAL OR COMPANY DETAILS (APPLICANT)**Name of financial adviser 1**

Financial adviser number <input type="text"/>	AFSL number <input type="text"/>	Company name of financial adviser (if applicable) <input type="text"/>
--	-------------------------------------	---

Contact name

Telephone work <input type="text"/>	Mobile <input type="text"/>	Facsimile <input type="text"/>
--	--------------------------------	-----------------------------------

Name of financial adviser 2

Financial adviser number <input type="text"/>	AFSL number <input type="text"/>	Company name of financial adviser (if applicable) <input type="text"/>
--	-------------------------------------	---

Contact name

Telephone work <input type="text"/>	Mobile <input type="text"/>	Facsimile <input type="text"/>
--	--------------------------------	-----------------------------------

Customer Contact

If required, do you give us permission to contact the Bond Owner(s) direct to clarify any necessary matter? Yes No

Financial adviser declaration

- I certify that I have provided the Bond Owner(s) with the Investment Growth Bond PDS with a preparation date of 1 April 2017.
- I certify that the adviser sections of the relevant Identification and Verification form for all Bond Owner(s) have been completed.
- Where any Adviser Service Fee(s) have been noted in Section 5, I certify that I am able to set up this Adviser Service Fee arrangement with the Bond Owner(s) and that they have agreed to this arrangement and that I have read and understood page 27 of the PDS (Adviser Service Fees).

Signature of financial adviser 1 <input type="text"/>	Date <input type="text"/>	Signature of financial adviser 2 <input type="text"/>	Date <input type="text"/>
--	------------------------------	--	------------------------------

SECTION 7 – INVESTOR’S DECLARATION

This section must be completed in all circumstances.

- I believe that I have obtained all information sufficient to explain the investment objectives, the risk and effect of each investment option chosen.
- I declare that if this Change of Details form is signed under a Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with the Change of Details form).

Bond Owner’s signature

Date

Joint Bond Owner’s signature (if any)

Date

If investor is a company, then this must be signed by an authorised officer (e.g. Director, Company Secretary).

Please mail this application to:

Investment Growth Bond - Alterations

PO Box 320

Silverwater NSW 2128