

INVESTMENT GROWTH BOND WITHDRAWAL FORM



Important information: This form must be mailed to: **CommInsure Benefit Payments, PO Box 320, SILVERWATER NSW 2128.**
Contact phone number: **1800 624 100** between 8.30am and 6.00pm (Sydney time) Monday to Friday.

SECTION 1 - BOND OWNER DETAILS

Policy Number

Bond Owner 1

Given name(s)

Surname

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

Residential/Business address (PO Box is not acceptable)

Residential/Business address (PO Box is not acceptable)		
State	Postcode	Country

Date of birth

Daytime telephone

Evening telephone

Bond Owner 2

Given name(s)

Surname

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

Residential/Business address (PO Box is not acceptable)

Residential/Business address (PO Box is not acceptable)		
State	Postcode	Country

Date of birth

Daytime telephone

Evening telephone

SECTION 2 - WITHDRAWAL AMOUNT

Please indicate (✓) type of withdrawal

Partial withdrawal (minimum balance to remain in any fund is \$200) Full withdrawal

Please indicate the amount OR percentage of monies to be withdrawn from each investment option.
Minimum withdrawal is \$1,000.

Investment option	Amount	Percentage
	\$	%
	\$	%

SECTION 3 — PAYMENT DETAILS (PLEASE TICK ONE BOX ONLY)

Please note: direct credit is not available on Credit Card Accounts

Credit the following Bank Account (Funds can only be credited to an Australian bank account)

Name of financial institution

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

BSB number

Account number

SECTION 4 - POLICY DOCUMENT

Please note: for a full withdrawal, you'll need to return your Policy Schedule and Policy Document to us. In the event of your Policy document being lost, please complete the declaration in Section 6.

I enclosed the original Policy Schedule and Policy Document

SECTION 5 - ID REQUIREMENTS

A current certified copy of your driver's licence or passport needs to be provided. **Note:** a passport issued by the Commonwealth that expired within the preceding two years is acceptable.

A certified copy of your identification (ID) is required to verify that the photocopied ID provided is a true and correct copy of the original. The certifier's name, signature, occupation and if applicable, stamp must be shown on the copy that you send to us. A stamp confirms the certifier's office. Your ID can be certified by a person performing any of the occupations or offices listed below.

Persons who can certify documents

- A person on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner;
- A judge of a court;
- A magistrate;
- A chief executive officer of a Commonwealth court;
- A registrar or deputy registrar of a court;
- A Justice of the Peace;
- A notary public (for the purposes of the Statutory Declaration Regulations 1993);
- A police officer;
- (Postal Agent) an agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public;
- (Post Office) a permanent employee of the Australian Postal Corporation with two (2) or more years of continuous service who is employed in an office supplying postal services to the public;
- An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955);
- An officer with two (2) or more continuous years of service with one or more financial companies (for the purpose of the Statutory Declaration Regulations 1993);
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having two (2) or more continuous years of service with one or more licensees;
- A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership.

Please note: certifying persons are to include a statement declaring that the photocopies are true and correct copies of the original documents. The certifier must also include their full name, occupation and, if applicable, stamp, the date certification was provided and their signature as part of their certification.

What the certifier needs to do to certify your photocopied ID

To certify your ID they need to:

- 1 Compare the photocopy to the ORIGINAL.
- 2 Stamp or write "This is a true and correct copy of the original" followed by their signature, printed name, qualification (e.g. police officer) and the date. A sample of how this would look is shown on the right hand side of this section.



SECTION 6 - BOND OWNER DECLARATION

Please note: please ensure that you have attached a certified copy of your driver's licence or passport as specified in Section 5.

I declare:

1. All answers given on this form are true and correct.
2. I indemnify The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 ('CMLA') - a wholly owned subsidiary of Commonwealth Bank of Australia ABN 48 123 123 124 - against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
3. I understand that once my withdrawal is finalised it will not be reversed.
4. By signing this form I declare that I have read and understood the Product Disclosure Statement.
5. If this form is signed under Power of Attorney, the Power of Attorney declares that he/she has not received notice of revocation of that power.

Please indicate in the tick (✓) box below if you have lost your policy schedule and policy document.

I/We confirm that I/we have lost the Policy Document (which may include a Policy Schedule) and declare:

- The Policy Owner(s) is/are the legal owner(s) of the above named Policy.
- The Policy is not currently the subject of an assignment, transfer, charge or lien and the Policy Owner(s) has/have not in any way parted with their interest in it.
- I/We have made a thorough search for the policy schedule and policy document and they cannot be found.

Signature of Bond Owner 1

Date

X

Signature of Bond Owner 2

Date

X