



Commonwealth Life Insurance Bonds Commonwealth Life Family Bonds Withdrawal/Notification of Change



Please lodge with any Commonwealth Financial Adviser or Commonwealth Bank branch. Alternatively, post to: Commonwealth Financial Services, Transaction Services, GPO Box 3306, SYDNEY NSW 2001.

Section 1 - Personal details (to be completed in all cases. If applicable, also refer to section 5)

Policy number

Title Mr Mrs Miss Ms Other

Surname

Given name(s)

Postal address

<input type="text"/>		
		State
		Postcode

Home address (if changed address)

<input type="text"/>		
		State
		Postcode

Daytime number

Evening number

Section 2 - Withdrawal details (please select the type of transaction required)

Partial Withdrawal

Minimum withdrawal: Insurance Bonds \$1,000/Family Bonds \$500; or balance of policy, if lower. Please enter the withdrawal amount(s) (or write 'All') against the appropriate fund(s).

Capital Secure Fund	C1	\$	<input type="text"/>
Managed Fund	M1	\$	<input type="text"/>
Total		\$	<input type="text"/>

or

Closure of Policy - Go to section 3 below

Section 3 - Payment instructions (please select the appropriate box and complete all relevant details)

Credit account

Account type

BSB number

Account number

In the name of

Bank

Branch

or

Issue a cheque - Pay to me/us by cheque (cheque will be payable to policyowner(s) and posted to above postal address)

Following the receipt at Commonwealth Financial Services of a correctly completed form with any additional requirements (e.g. Policy Document for closure of policy), payment will usually be made within two weeks, subject to the terms of the policy. The payment will be effected using the Withdrawal Price applicable on the day CMLA or its agent (including Commonwealth Bank) receives this form and any additional documentation, unless otherwise agreed in writing.

Section 4 - Switch between investment funds

Please select the type of transaction and record amount (or write 'All') to be transferred between investment funds.

Capital Secure Fund to Managed Fund **or** Managed Fund to Capital Secure Fund

Amount

\$ (Minimum transfer: Insurance Bonds \$1,000/Family Bonds \$500)

Switches between investment funds are effected at the Withdrawal and Deposit Prices, for the relevant investment funds, which are applicable on the day CMLA or its agent (including Commonwealth Bank) receives this form. A transfer fee will be applied in terms of the Policy Document.

Section 5 - Change of name/address

Please alter your records to show my new name and/or my/our addresses as recorded in section 1, 'Personal'. For a change of name, please sign your old and new signatures for verification and for our records.

Old signature

New signature

(Please attach evidence of change of name, such as certified copy of your Marriage Certificate, etc.)

Section 6 - Nominated beneficiary (please select the appropriate box, complete details and sign below in section 7)



This section may be completed by Commonwealth Life Insurance Bond policyowners only where the policyowner(s) is/are also the Life/Lives Insured. It is not applicable to Commonwealth Life Family Bonds policyowners.

Beneficiary revocation **or** Beneficiary nomination

I/We appoint the person(s) named below as nominated beneficiary(ies) in the proportions shown, to receive benefits payable from my/our policy in the event of my/our death. (If insufficient space, please provide a supplementary statement signed by policyowner(s).)

If the person(s) whose name(s) is/are specified below differ(s) from a previous appointment made by me/us, the previous appointment(s) will be automatically revoked.

Full name of beneficiary	Date of birth	Relationship	% of benefit
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %

Section 7 - Declaration

- I/We hereby agree that CMLA may reimburse itself, by deduction from the amount of the withdrawal benefit, for any reasonable costs incurred in following my/our directions for payment.
- I/We acknowledge that payment of the withdrawal benefit in accordance with my/our instructions hereon will constitute a complete discharge to CMLA in respect of that amount.
- If this form is signed under Power of Attorney, the attorney hereby certifies that he/she has not received notice of revocation of that Power. (A certified copy of the Power of Attorney should be submitted with this form unless already sighted by CMLA.)

Signature of Policyowner

Signature of Policyowner

Date

/ /



Where the policy is in joint names, all policyowners must sign.

Customer Service Centre: 13 2015, between 8:30am and 6pm (Sydney time), Monday to Friday.

Bank use only - Office receiving lodgement

Date	Investment consultancy/branch	Date stamp
<input type="text" value=" / /"/>	<input type="text"/>	<input type="text"/>

Checklist for Office Receiving Lodgement

- For **Withdrawal**, ensure sections 1, 2, 3 and 7 are completed.
- For **Transfer between Investment Funds**, ensure sections 1, 4 and 7 are completed.
- For **Change of Name and/or Address**, ensure sections 1, 5 and 7 are completed.
- For **Change of Beneficiary Nomination**, ensure sections 1, 6 and 7 are completed (for Insurance Bonds policyowners only).
- For **Closure of Policy**, ensure Policy Document is attached.

Complete details above, particularly 'Date lodged'.

Same day, forward to

**Commonwealth Financial Services,
GPO Box 3306
Sydney NSW 2001**

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