

Change of details – Defined Benefit Pension

Please phone us on **1800 135 970** with any questions about this form or visit our website oursuperfund.com.au for more information.

Use of this form and completion checklist

Use this form to change your personal details or bank account details.

Please indicate your reason(s) for completing this form:

- I want to change my contact details—complete Parts 1, 2 and 5
- I want to change my name—complete Parts 1, 3 and 5
- I want to change my bank details —complete Parts 1, 4 and 5

1. PENSIONER DETAILS

Pension/member number

Given name(s)

Surname

Date of birth

Daytime contact number

2. CHANGE OF CONTACT DETAILS

Complete this section **ONLY** if your address or contact details are changing

Residential address (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Post code

Postal address (if different to above)

Unit number Street number PO Box Street name

Suburb State Post code

Daytime phone number

Email address

By providing your email address, you agree that we may use this address to provide you with information about your pension (such as annual indexation, reports and other material). From time to time we may still need to send you letters in the post.



3. CHANGE YOUR NAME

If your name has changed, please attach a copy of the documentation by which you registered your change of name, such as marriage certificate, deed poll or record of divorce. This documentation must be certified by a Justice of the Peace, solicitor or notary.

NEW title Mr Mrs Miss Ms Other

NEW full given name(s)

NEW surname

OLD signature

NEW signature

4. CHANGE TO BANK ACCOUNT DETAILS

Complete this section **ONLY** if these details are changing. The bank account that you nominate below will be credited with your regular pension payments. You are required to provide evidence that the account you nominate is held in your name—this is a security measure designed to protect you and your pension payments. Please provide a copy of a recent bank statement (or other confirmation from your bank) when you return this form.

Name of Australian financial institution

Branch name

Branch number (BSB)

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Name of account holder

Account number

5. DECLARATION AND SIGNATURE

I declare that:

- All details in this form are true and correct.
- If I have changed the bank account to which my pension is paid, I have attached evidence that the bank account is held in my name (as described in section 4).
- If this form is signed under 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 this form unless we have already sighted it).

Signature

Print name

Date

Interests offered by Commonwealth Bank Group Super ('the fund') (ABN 24 248 426 878) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited ('the trustee') (ABN 76 074 519 798, AFSL 246418).

Please send the completed form to:

Commonwealth Bank Group Super, GPO Box 4303, Melbourne, VIC, 3001