

Change of details

Complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross like the following **X**. Start at the left of each answer space and leave a gap between words.

Please phone us on **1800 135 970** with any questions about this form.

Use of this form and completion checklist

Use this form to change the personal details for your defined benefits in the fund.

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

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

1. MEMBER DETAILS

Member/staff number

Given name(s)

Surname

Date of birth

Daytime contact number

2. CHANGE OF CONTACT DETAILS

Complete this section **ONLY** if these 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

Fax number

Mobile phone number

Email address

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



3. CHANGE YOUR NAME

Complete this section **ONLY** if these details are changing. 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. DECLARATION AND SIGNATURE

- I declare that:
- All details in this form are true and correct.
 - 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

A defined benefit interest in Commonwealth Bank Group Super ('the fund') (ABN 24 248 426 878) is 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

