

Condition of release declaration (TRIS)

Please phone us on **1800 023 928** with any questions or visit our website **oursuperfund.com.au**.

Use of this form

If you have a Retirement Access Transition to Retirement Income Stream (TRIS) account, you can use this form to declare that you have met a condition of release for your super. Refer to our 'Reference Guide: Access your super' for more information on conditions of release.

Once we receive your declaration, we will convert your TRIS account to the rules of an Account-Based Pension, which has the following effects.

- Your account balance will be subject to the transfer balance cap, which limits the amount you can hold across all retirement phase pensions and income streams (regardless of the number of products or funds) to a maximum of \$1.7 million. If your total transfer balance exceeds the cap there are tax implications that apply immediately upon conversion.
- Tax will no longer apply to investment returns for your account. To allow for this change in tax treatment, we will switch your account balance into the equivalent non-taxable (non-TRIS) version of your existing investment option(s).
- The maximum annual pension payment requirement (being 10% of your account balance) will no longer apply.
- You will have the flexibility to make additional withdrawals from your account if required.

Refer to the Member Guide (PDS) and Reference Guides for Retirement Access for more information about an Account-Based Pension. There may be other important financial and Centrelink implications associated with declaring that you have retired. We recommend you seek professional financial advice before finalising any decisions.

Section 1: Member details

Fields marked with an asterisk (*) must be completed.

Account number Note: If you have more than one TRIS account, making this declaration (and its associated effects, as noted in 'Important information' above) will apply to **all** TRIS accounts you hold with us.

Title: Mr Mrs Miss Ms Other Sex: Male Female

Full given name(s) Surname

*Residential address – PO Box is **not** acceptable

Unit number Street number Street name

Suburb State Post code Country

Postal address – cross **one** option only, to be used for all written communications, including cheque payments if applicable

Same as residential address shown above Same as existing postal address on account

Different postal address, as provided below:

Unit number Street number PO Box Street name

Suburb State Post code Country

Date of birth Mobile number Email

► By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. **Note:** If no mobile, you **must** give a daytime contact number.

Section 2: Condition of release

I would like to declare that I meet a condition of release that allows all of the benefits in my TRIS account to become unrestricted non-preserved. My reason is as follows (choose only one option that applies to you):

- I am aged between my preservation age and 64 years and have ceased gainful employment and never again intend to be gainfully employed for more than 10 hours per week.
- I am aged 60 to 64 years and have ceased a gainful employment arrangement since turning 60.

If your condition of release relates to permanent disablement or incapacity or a terminal medical condition, please contact us on 1800 023 928 for more information.

Note: If you're aged 65 or over, you do **not** need to complete this form. Turning 65 is an automatic condition of release and therefore your TRIS account would have been converted to the rules of an Account-Based Pension when you turned 65.

Section 3: Declaration

I declare that:

- I have access to the current PDS including all statements and information that are incorporated by reference, together referred to as 'the PDS', and I have read or do not require such information.
- All details in this form are true and correct.
- I have read and understood the important information provided on this form.
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting oursuperfund.com.au (under the 'Privacy' link on the homepage).
- If this declaration 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 application unless we have already sighted it.

Signature

Print name

Date

Return your completed form, and any other required forms, to Commonwealth Bank Group Super:
Mail: GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form.

Interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878, RSER 1056877) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418, RSEL L0003087). The target market for this product can be found within the product's Target Market Determination at oursuperfund.com.au/tmd.