

# Family law request for information

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 023 928** with any questions about this form.

## 1. Details of person requesting information

Title:  Mr  Mrs  Miss  Ms Other

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  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

*dd / mm / yyyy*

► By providing your **mobile**, you consent to its use for security validations, e.g. to access your statement or 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.

## 2. Details of the account

Please provide the details of the Commonwealth Bank Group Super account you are requesting information about.

Account number

Title:  Mr  Mrs  Miss  Ms Other

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  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

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### 3. Declaration for information

I, the person described in section 1 of this form, make the following declaration to the trustee (Commonwealth Bank Officers Superannuation Corporation Pty Limited), for information about *(please choose ONE of the following)*:

- my superannuation account
- the superannuation account of the person described in section 2 of this form

I would like the information to be valid as at *(please choose ONE of the following)*:

- the date the fund receives this request for information
- the following date:

Please also complete both part 1 and part 2 of the following declaration:

**1.** I am *(please choose ONE of the following)*:

- the fund member
- the spouse of the fund member
- intending to enter into a superannuation agreement under Part VIII B of the Family Law Act 1975 with the fund member

**2.** I require the information to *(please choose ONE of the following)*:

- assist me to properly negotiate a superannuation agreement
- assist me in connection with the operation of Part VIII B of the Family Law Act 1975

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).

Signature of person  
making this declaration

Print name

Date

**Return your completed form (original copy only) to Commonwealth Bank Group Super:**

**Mail:** GPO Box 4303, Melbourne VIC 3001  
(Note: This form CANNOT be faxed)

Member interests in 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). Insurance cover is provided under policies issued to the trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043).