

Preferred beneficiary nomination—Division CB, CC or CE

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.

Important information

In the event of your death while you are a member of Division CB, CC or CE, a lump sum benefit is payable. To help the trustee decide who should receive your death benefit if you die while a member of the fund, you may nominate one or more preferred beneficiaries. However, the trustee has absolute discretion and does not have to follow your nomination.

Under the trust deed and rules for your division, the trustee has absolute discretion to pay a death benefit to one or more of the following:

- (i) your preferred beneficiary
- (ii) any one or more of your other dependants
- (iii) your legal personal representative
- (iv) if the trustee is unable to locate to its satisfaction any person falling within (1), (2) or (3) above within the time determined by the trustee, any other person or persons the trustee determines.

Terms used in this form

Before you complete this form, please refer to the following trust deed definitions of 'Spouse', 'Dependant', 'Child' and 'legal personal representative'. You may wish to obtain professional advice on these issues.

'**Dependant**' means in respect of you, a person who is or immediately prior to the time of your death was (i) your spouse; (ii) any child of yours or in relation to you, and any person who, in the opinion of the trustee, is or was actually maintained by you as your child; and (iii) any other person who, in the opinion of the trustee, was substantially financially dependent on you at the relevant time.

'**Spouse**' means a person who is legally married to you, a person (whether of the same or opposite sex) with whom you are in a relationship registered under a prescribed state/territory relationships register, or a person (whether of the same or opposite sex) who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple.

'**Child**' means your natural, adopted, ex-nuptial or step-child, the natural, adopted, ex-nuptial or step-child of your 'spouse' (as defined above), or a child born to you or your 'spouse' through artificial conception or surrogacy and any person who in the opinion of the trustee is or was actually maintained as your child and whom the trustee decides in its discretion to recognise as your child for the purposes of the trust deed.

'**Legal personal representative**' refers to the executor of your Will if you have one or the person appointed under letters of administration if you do not have a Will.

You can change or revoke your nomination of a preferred beneficiary at any time. The nomination is not binding on the trustee.

1. MEMBER DETAILS

Member number

Employee number

Date joined Commonwealth Bank Group

Title

Mr

Mrs

Miss

Ms

Other

Full given name(s)

Surname

Postal address

Unit number

Street number

PO Box

Street name

Suburb

State

Post code

Daytime phone number

Date of birth



2. NOMINATION OF PREFERRED BENEFICIARY

I hereby nominate the following dependant(s) and/or legal personal representative as my preferred beneficiary/ies:

If you wish to nominate that ALL or PART of your benefit is paid to your legal personal representative, please cross the box below and nominate the percentage:

<input type="checkbox"/>	Legal personal representative	% of benefit
		<input type="text"/> <input type="text"/> <input type="text"/> %

AND/OR provide details of your preferred beneficiaries below

Full name of PREFERRED BENEFICIARY 1	Date of birth	% 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"/> %

Beneficiary 1's relationship to you (*choose ONE only*):

Spouse Child Financial dependant

Full name of PREFERRED BENEFICIARY 2	Date of birth	% 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"/> %

Beneficiary 2's relationship to you (*choose ONE only*):

Spouse Child Financial dependant

Full name of PREFERRED BENEFICIARY 3	Date of birth	% 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"/> %

Beneficiary 3's relationship to you (*choose ONE only*):

Spouse Child Financial dependant

Full name of PREFERRED BENEFICIARY 4	Date of birth	% 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"/> %

Beneficiary 4's relationship to you (*choose ONE only*):

Spouse Child Financial dependant

TOTAL BENEFIT %

3. DECLARATION

- I acknowledge that:
- In the event of my death, the trustee has absolute discretion in determining payment of my defined benefit, but I request consideration be given to my nominated preferred beneficiary/ies.
 - This request is not binding on the trustee.
 - This nomination replaces any previous requests that I have provided to the trustee in respect of my defined benefit.

I understand that if my circumstances change, I may alter my nomination by completing a new *Preferred Beneficiary Nomination* form and returning it to the fund.

Member's signature	Print name
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Date

/ /

Please send the completed form (original only) to:
Commonwealth Bank Group Super, GPO Box 4303, Melbourne VIC 3001

