

Preferred beneficiary nomination—Division CK

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 both an employee and member of Division CK, a pension benefit is payable to your spouse and to any surviving child under the age of 18 (which may continue until age 22 if the child attends a course of full-time education). In addition, a lump sum equal to the balance of the Employee Contribution Account (if any) is payable.

If you do not have a spouse, a lump sum benefit is payable. To help the trustee decide who should receive a death benefit lump sum, you may nominate one or more preferred beneficiaries. However, the trustee has discretion and does not have to follow your nomination. You should only complete this form if you **do not** have a spouse and would like to nominate or change details of a preferred beneficiary.

If you do not have a spouse, any benefits payable shall be held and applied by the trustee for the benefit of all or any of your dependants in such proportions (if more than one) and in such manner as the trustee at any time within 2 years after your death may appoint. Subject to and in default of any such appointment, the trustee shall hold and apply the same in trust for all or any of the following persons: (a) your personal representative; or (b) every person entitled to any beneficial interest in your estate in such proportions (if more than one) and in such manner as the trustee in its absolute discretion at any time within 2 years after your death may appoint, and subject to and in default of any such appointment in trust for all those persons in equal shares.

Note: If you are already receiving a retirement pension benefit from Division CK, do not complete this form as different provisions apply. In the event of your death, a reversionary pension is payable for life to your spouse—for more information refer to fact sheet 'Death benefits for members receiving pensions' available from our website oursuperfund.com.au.

Terms used in this Nomination Form

Before you complete this form, please refer to the following trust deed definitions of 'Spouse', 'Dependant', 'Child' and 'Personal Representative'.

'**Dependant**' in relation to you, includes your spouse and child, and any other person who in the opinion of the trustee is or was at the relevant time wholly or partially dependent on you for maintenance and support.

'**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, a posthumous natural child and a person recognised by the trustee as an adopted child.

'**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 any 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
<input type="text"/>	<input type="text"/>	<input type="text"/> DD / MM / YYYY
Title	Mr	Mrs
	Miss	Ms
	Other	<input type="text"/>
Full given name(s)	<input type="text"/>	
Surname	<input type="text"/>	
Postal address	<input type="text"/>	
Unit number	Street number	PO Box
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street name	<input type="text"/>	
Suburb	State	Post code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Date of birth	
<input type="text"/>	<input type="text"/> DD / MM / YYYY	



