

Preferred beneficiary nomination—Division CM

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 CM a lump sum benefit is payable. To help the trustee decide who should receive your death benefit, you may nominate one or more preferred beneficiaries. However, the trustee has discretion and does not have to follow your nomination.

The trust deed and rules provide that a death benefit shall be allocated to any one or more of your dependants. If there are no dependants, or if after reasonable enquiry no dependants can be found residing in Australia within a period of 12 months, the benefit shall be paid to your personal representative (ie. your estate).

Terms used in this form

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

'**Dependant**' in relation to you, includes a spouse and child of yours, 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 / <input type="text"/> MM / <input type="text"/> YYYY
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> 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 / <input type="text"/> MM / <input type="text"/> YYYY	



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 personal representative, please cross the box below and nominate the percentage:

<input type="checkbox"/>	Personal representative	% of benefit <input type="text"/> <input type="text"/> <input type="text"/> %
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AND/OR provide details of your preferred beneficiaries below

Full name of PREFERRED BENEFICIARY 1 <input type="text"/>	Date of birth DD / MM / YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% of benefit <input type="text"/> <input type="text"/> <input type="text"/> %
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Beneficiary 1's relationship to you (choose ONE only):

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant
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Full name of PREFERRED BENEFICIARY 2 <input type="text"/>	Date of birth DD / MM / YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% of benefit <input type="text"/> <input type="text"/> <input type="text"/> %
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Beneficiary 2's relationship to you (choose ONE only):

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant
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Full name of PREFERRED BENEFICIARY 3 <input type="text"/>	Date of birth DD / MM / YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% of benefit <input type="text"/> <input type="text"/> <input type="text"/> %
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Beneficiary 3's relationship to you (choose ONE only):

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant
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Full name of PREFERRED BENEFICIARY 4 <input type="text"/>	Date of birth DD / MM / YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% of benefit <input type="text"/> <input type="text"/> <input type="text"/> %
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Beneficiary 4's relationship to you (choose ONE only):

<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Financial dependant
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TOTAL BENEFIT %

3. DECLARATION

I acknowledge that:

- In the event of my death, the trustee has absolute discretion in determining payment of my Division CM 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 Division CM 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

Date

DD / MM / YYYY /

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

