

Preferred beneficiary nomination—Division CN

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 remain both an employee and member of Division CN, 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.

Under the trust deed and rules, the trustee has discretion to pay any benefit on your death to or for the benefit of such one or more of your dependants and your personal representatives to the exclusion of the other or others of them in such shares and proportions as the trustee shall decide provided that:

- (a) where in consequence of the exercise of the trustee's discretion any sum is payable to or for the benefit of or in respect of an infant the trustee may pay the same to the person appearing to the trustee to be the parent or guardian of such infant or with whom such infant is residing on behalf of such infant and the receipt of such person for any moneys so paid shall be a good discharge to the trustee therefore and the trustee shall not be bound to see the application thereof; and
- (b) if after reasonable enquiry the trustee determines that the deceased member left no dependants and the trustee is unable to locate any personal representative of the deceased member, the trustee may pay such amount for the benefit of such other person or persons as the trustee determines subject to the relevant law.

Terms used in this form

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

'**Dependant**' means in relation to you, any one or more of the following: (i) your spouse; (ii) your child including any step-child, any child recognised by the trustee as your adopted child and any child born after your death but, unless the trustee determines otherwise, not including any child of yours who in the opinion of the trustee has been adopted by another person; and (iii) any other natural person who in the opinion of the trustee is at the relevant date (or in the case of a deceased person was at the time of death) wholly or partially dependent on you.

'**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 by you and whom the trustee decides in its discretion to recognise as your child for the purposes of the trust deed.

'**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"/>
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		
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"/>	



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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> %
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AND/OR provide details of your preferred beneficiaries below

Full name of PREFERRED BENEFICIARY 1	Date of birth	% of benefit
<input style="width: 95%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 95%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 95%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 95%; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 Division CN 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 CN 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

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Date

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

