

# Request to pay advice fee

Please phone us on **1800 023 928** with any questions or visit our website **oursuperfund.com.au**.

## Use of this form

You can use this form to request a one-off payment from your Accumulate Plus or Retirement Access account balance to your financial adviser for financial advice services provided by that adviser in relation to that account in our fund. If financial advice is provided in respect of more than one account, a separate form must be completed for each account. Note: Where an advice fee is paid from your account, it appears in the transaction listing of your online account or benefit statement as an 'adviser service fee'.

## Terms and conditions of payment of advice fee

It's important that both you and your adviser understand the following terms and conditions that apply to payment of an advice fee from your Accumulate Plus or Retirement Access account. By signing in sections 1C and 2C, you and your adviser agree to these terms and conditions.

- The trustee and your financial adviser (as named in section 2A) agree that, subject to the remaining terms and conditions in this form, if you request your financial adviser to provide you with advice for the advice fee set out in section 1B:
  - your financial adviser will provide that advice in return for payment of the advice fee by the trustee
  - the trustee will pay the advice fee to your financial adviser and deduct that amount from your Accumulate Plus or Retirement Access account indicated in section 1A.
- The financial advice services related to the advice fee will be agreed between you and your financial adviser and must relate solely to your interest in the Accumulate Plus or Retirement Access account indicated in section 1A.
- The trustee will deduct the advice fee from your investment option(s) as instructed by you in section 1B.
- Where your financial adviser is part of an adviser dealer group, payment will be made to that dealer group not the individual adviser.
- Unless otherwise agreed by the trustee, the advice fee:
  - cannot exceed \$5,000 (including GST)
  - is limited to one payment from your account in a 12-month period (as determined by the trustee)
  - cannot reduce your Retirement Access account balance (if applicable) or below \$1,500 which is required to satisfy your minimum annual pension payment requirement.
- Advice fee payments are processed effective the first business day on or after the 5th day of the month after we receive your request.

## Section 1: To be completed by the Member

### 1A: Member account details

Please indicate the Accumulate Plus or Retirement Access account number to which the advice applies and from which the fee will be paid:

Accumulate Plus  **or** Retirement Access account

Title:  Mr  Mrs  Miss  Ms Other

Full given name(s)  Surname

Postal address (to be used for all written communications)

Unit number  Street number  PO Box  Street name

Suburb  State  Post code  Country

Date of birth  Mobile number  Email

▶ By providing your **mobile**, you consent to its use for security validations, e.g. to 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.



**1B: Details of advice fee to be paid**

*You're limited to the payment of one advice fee from your account in a 12-month period (as determined by the trustee) and the maximum payment amount for any fee is \$5,000 (including GST). The payment of any advice fee cannot reduce your account (if applicable) below \$1,500 which is required to satisfy your minimum annual pension payment requirement. Refer to the Reference Guide: Fees and other costs for Accumulate Plus or the Member Guide (Product Disclosure Statement) for Retirement Access ([oursuperfund.com.au/pds](https://oursuperfund.com.au/pds)) for more information. If your account is invested in more than one investment option, the payment of the fee will be deducted from each option in the same proportion as your account balance.*

Indicate the amount of the advice fee to be paid from your account (*amount should include GST*)

\$

**1C: Member declaration and signature**

By signing below, I declare to the trustee of Commonwealth Bank Group Super and my financial adviser named in section 2A that:

- I consent to the trustee paying to my financial adviser (or their dealer group if applicable) the amount specified in section 1B and deducting that amount from my account in accordance with the terms and conditions set out on page 1 of this form.
- I acknowledge that my financial adviser and I have agreed the financial advice services to be performed by my financial adviser in relation to this advice fee arrangement.
- I confirm that the amount to be deducted from my Accumulate Plus or Retirement Access account and paid to my financial adviser relates solely to financial advice in relation to my interest in the account indicated in section 1A and is a reasonable amount for the financial advice provided.
- I confirm that I have chosen my financial adviser and that the trustee is not responsible for the financial advice services to be provided by my selected financial adviser.
- I release the trustee from any claim relating to the financial advice services to be provided by my selected financial adviser, other than a claim for the trustee to pay the agreed fee and to deduct it from my account.
- 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](https://oursuperfund.com.au) (under the 'Privacy' link on the homepage).

Member's signature

Print member's name

Date

▶ **Your financial adviser will also need to complete Section 2 over the page.**



## Section 2. To be completed by the Financial Adviser

### 2A: Adviser details

Given name(s)  Surname

Postal address

Unit number  Street number  PO Box  Street name   
 Suburb  State  Post code  Country

Daytime phone number  Email

Dealer group name (if applicable)  Dealer group code  Financial adviser stamp   
 AFSL number  Adviser code/number

### 2B: Payment details

*If you're part of a dealer group, payment details for the dealer group should be provided below. Confirmation of this payment will be provided as outlined below and will be the only reporting provided in respect of this payment. This payment will not appear on any other reporting you may receive from our administration service provider, Mercer Outsourcing (Australia) Pty Ltd, in relation to other products.*

Please provide the following details for the bank account to which this advice fee is to be credited:

Name of Australian financial institution  Branch number (BSB) -

Account number  Name of account holder(s)

Email address to receive confirmation of payment advice (if none provided, confirmation will be posted to the address provided in section 2A)

### 2C: Financial adviser declaration and signature

By signing below, I declare to the trustee of Commonwealth Bank Group Super and the member named in section 1A that:

- I agree to the terms and conditions set out on page 1 of this form.
- I confirm that the financial advice services provided are not provided to myself, to a member of my family or to another adviser from the same advice practice or dealer group.
- I confirm that the financial advice services that I will provide to the member are solely in relation to the member's Accumulate Plus or Retirement Access account indicated in section 1A.
- I am authorised to provide, and will in fact provide, financial advice services in relation to the member's account under an appropriate Australian Financial Services Licence.
- I will not represent to the member that I am acting on behalf of the trustee.
- If I am a member of a dealer group, I am authorised by the dealer group to create, on its behalf, a fee entitlement (for the dealer group) on the terms set out in this form.
- 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](http://oursuperfund.com.au) (under the 'Privacy' link on the homepage).

Adviser's signature

Print adviser's name

Date

**▶ Please ensure that both you and your financial adviser have signed in sections 1C and 2C respectively before returning this form – this request cannot proceed unless both sections are signed.**

**Return your completed form to Commonwealth Bank Group Super:**

**Mail:** GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form.

Interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878, RSER 1056877) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418, RSEL L0003087). The target market for this product can be found within the product's Target Market Determination at [oursuperfund.com.au/tmd](http://oursuperfund.com.au/tmd).

