



Change Request Form

Commonwealth Investment Funds



Please use **BLACK PEN** and **BLOCK LETTERS** when completing this form

Section 1 – Investor details

Account number

Investor 1

Title Given name(s) Surname Date of birth

Company name/Other investors Daytime telephone Evening telephone Mobile telephone

Postal address

Email Address

Investor 2

Title Given name(s) Surname Date of birth

Company name/Other investors Daytime telephone Evening telephone Mobile telephone

Postal address

Email Address

Section 2 - Notification of change

Please tick (✓) appropriate box

- | | | |
|---|--------------------------|------------------|
| Name | <input type="checkbox"/> | Go to Section 3 |
| Address and contact details | <input type="checkbox"/> | Go to Section 4 |
| Tax file number/ABN notification | <input type="checkbox"/> | Go to Section 5 |
| Replacement PIN request | <input type="checkbox"/> | Go to Section 6 |
| Method of account operation | <input type="checkbox"/> | Go to Section 7 |
| Change of signatories | <input type="checkbox"/> | Go to Section 8 |
| Power of Attorney | <input type="checkbox"/> | Go to Section 9 |
| Commence or change Regular Savings Plan details | <input type="checkbox"/> | Go to Section 10 |
| Commence or change Monthly Payment Plan details | <input type="checkbox"/> | Go to Section 11 |
| Nominated bank account details | <input type="checkbox"/> | Go to Section 12 |
| Direct Debit Request | <input type="checkbox"/> | Go to Section 13 |
| Distribution details | <input type="checkbox"/> | Go to Section 14 |



Please note: Section 15 must be completed in all cases.

▶ Form continued next page

Section 3 - Change of name



Please note: Please attach evidence of change of name, such as certified copy of Deed Poll or Marriage Certificate.

Please change* these details for Investor 1 Investor 2 All Investors

*If not completed we will assume that these changes apply to all investors.

Title Given name(s) Surname

Former signature

New signature

Date

Section 4 - Change of address and contact details

Please change* these details for Investor 1 Investor 2 All Investors

*If not completed we will assume that these changes apply to all investors.

New street address or overseas address if **non resident**

Postal address

Daytime telephone

Evening telephone

Mobile telephone

Email address

Section 5 - For taxation purposes, are you an Australian Resident?

Investor 1

No ▶ you must supply your full overseas address in Section 4 of this form for our records.

Note For joint applicants your residency status must be the same **for all investors**.

Yes ▶ Please supply your TFN/ABN **OR** exemption reason

Please apply my TFN/ABN or exemption to all my Commonwealth Investment Funds.

Investor 2

No ▶ No, you must supply your full overseas address in Section 4 of this form for our records.

Note For joint applicants your residency status must be the same **for all investors**.

Yes ▶ Please supply your TFN/ABN **OR** exemption reason

Please apply my TFN/ABN or exemption to all my Commonwealth Investment Funds.

TFN/ABN or exemption: If you do not provide your TFN/ABN or appropriate exemption, we are required to withhold tax at the highest marginal tax rate (plus Medicare levy) from income entitlements paid to you. However, you may be able to claim this back in your tax return.

Section 6 - Replacement PIN request



Please note: If method of operations is 'All investors to sign', no transactions are allowed over the telephone.

Please issue me/us with a new PIN

Name

Client Number

Name

Client Number

Section 7 - Method of account operation

Any one investor to sign

All investors to sign



Please note: If you select 'All investors to sign', transaction requests must be in writing and be signed by all investors and transaction requests by telephone will not be permitted.

▶ Form continued next page

Section 8 - Change of signatories

For incorporated bodies, please provide a certified copy of the Annual General Meeting minutes on company letterhead which details the appointment of new signatories and the removal of current registered signatories.

For unincorporated bodies, previous and new signatories must be shown.

Please complete Section 15.

Section 9 - Power of Attorney

Please provide a certified copy of the Power of Attorney.

A verified copy of the attorney's signature must be provided with the Power of Attorney.

Section 10 - Regular Savings Plan (RSP)



Please note: You can only commence a RSP if you already hold units in that Fund. If so, please complete **Sections 12 & 13**. If you do not hold units in that Fund then you will need to complete an application form in the current PDS.

Please commence a/change my existing (delete one) RSP* as indicated below:

Deduct my regular investments on day of each month.

Deduct \$ per month. (Minimum \$100 per month)

Cancel my RSP effective / /

Change my bank account details - please complete **Sections 12 and 13**.

* Which Fund(s)

Section 11 - Monthly Payment Plan (MPP)



Please note: for investments in the Income Fund and Bond Fund only.

Please commence a/change my existing (delete one) MPP* as indicated below:

Make regular payments on day of each month. Complete **Section 12** if new setup.

Pay me \$ per month. (Minimum \$100 per month)

Cancel my MPP effective / /

Change my bank account details (specify bank account details in Section 12).

* Which Fund(s)

Section 12 - Nominated bank account details

If you wish to use 'InTouch' for additional deposits or participate in a Regular Savings Plan, you must complete the Direct Debit Request in Section 13.

Details of your account (all details must be supplied)

Account Name

Name of the financial institution and branch

BSB number

Account number

Section 13 - Direct Debit Request



Please note: You must nominate a bank account in Section 12 if completing this Section.

Customer's Authority (all details must be supplied)

Account name

I/We

authorise and request Colonial First State Investments Limited (APCA User ID Number 060 848) to arrange for funds to be debited from my/our account at the financial institution identified in Section 12 and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Direct Debit Request Service Agreement. (A copy of the Service Agreement may be found in the Product Disclosure Statement.)

Signature(s) (If joint account, all signatures may be required.)

I/We authorise the following:

1 The debit user to verify the details of the above mentioned account with my/our financial institution.

2 The financial institution to release information allowing the debit user to verify the above mentioned account details.

Signature of account holder(s)

Date

Signature of account holder(s)

Date

Section 14 - Change of distribution details



Please note: If you have a Monthly Payment Plan (MPP) or Regular Savings Plan (RSP) distribution income must be reinvested.

Please tick (✓) appropriate box

Fund/Trust details	Reinvest ^{1,3}	Direct Credit ²
0101 Australian Share Fund	<input type="checkbox"/>	<input type="checkbox"/>
0103 Balanced Fund	<input type="checkbox"/>	<input type="checkbox"/>
0105 Share Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
0106 Bond Fund	<input type="checkbox"/>	<input type="checkbox"/>
0107 Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>
0108 Income Fund	<input type="checkbox"/>	<input type="checkbox"/>
0110 International Share Fund	<input type="checkbox"/>	<input type="checkbox"/>
0111 Property Securities Fund	<input type="checkbox"/>	<input type="checkbox"/>

- ¹ To cross reinvest your distributions you must complete your account details in the space provided below.
- ² For direct credit, you must complete your account details on the space provided below.
- ³ You can only cross reinvest your distributions between Funds held within the same account number.

Direct credit

Account Name BSB number Account number

Cross reinvest details for payment of distribution

Note: to cross reinvest your distribution into an existing Commonwealth Investment Fund please advise details in the space below

Reinvest from:
 Reinvest to:

Section 15 - Declaration (This section must be completed by all investors)

I/We declare that the information provided on this form is true and correct.
 Please amend your records to reflect the change(s) as indicated.

Signature 1 Date Signature 2 Date

If signed under Power of Attorney, I/we declare that I/we have not been given notice of revocation of the Power of Attorney by which this change request form is signed.



**How to change my details:
 Customer Instructions**

Fax this completed form to: **1800 002 715** or Lodge at any Commonwealth Bank branch or Mail this completed form to:
 Commonwealth Financial Services
 Reply Paid 3306
 Sydney NSW 2001

Bank use only - Branch instruction checklist (Original documentation must be retained by the branch)

Ensure all details on this form are completed

Staff name:

Staff title:

Branch name:

Staff signature:

Date:

Bank Stamp

Original form to be faxed immediately to **1800 002 715**