

Officers' Superannuation Fund (OSF) Application for Division F account

1 November 2011

Please phone OSF Investor Services on **1800 023 928** with any questions about this form.

Please 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.

Fields marked with an asterisk (*) **must** be completed for the purposes of anti-money laundering and counter-terrorism laws.

USE OF THIS FORM

You can use this form to open a Division F account if you are (i) an employee of a Commonwealth Bank 'Associated Employer' (ie. a wholly-owned subsidiary of Commonwealth Bank of Australia), (ii) a member of another OSF division (eg. account-based pension or defined benefit division), or (iii) the spouse of a current OSF member. For more information about Division F, refer to the product disclosure statement (PDS) available from our website osfsuper.com.au or by calling us on 1800 023 928. (Note: If you are a current Group employee who wants to join Division F, you **do not** need to complete this form. Simply nominate the OSF under choice of fund rules (visit HR Intranet > Pay > Superannuation) and an account will be opened for you automatically when we receive the first contribution from the Group.)

CHECKLIST FOR COMPLETING THIS FORM

Which of the following describes your reason for completing this form in order to open an OSF Division F account?

- I am a member of an OSF defined benefit division – *you should complete sections 1, 2, 4, 5, 6, 7, 8 and 9 of this form*
- I currently have an OSF Division F pension account – *you should complete sections 1, 2, 4, 5, 6, 7, 8 and 9 of this form*
- I am an employee of an 'Associated Employer' – *you should complete sections 2, 3, 4, 5, 6, 7, 8 and 9 of this form*
- I am the spouse of a current OSF member – *you should complete sections 2, 5, 6, 7, 8 and 9 of this form; your spouse (ie. the current OSF member) will **also** need to complete sections 1, 4 and 10 of this form*

SECTION 1. DETAILS OF EXISTING MEMBERSHIP

Please complete details of your existing OSF membership. If this application is for a new spouse account, your partner (ie. the existing member) should complete this section.

Current OSF account/member number:

Which of the following applies to you?

- Currently employed by Commonwealth Bank Group – date you last commenced employment: DD / MM / YYYY
- No longer employed by Commonwealth Bank Group

SECTION 2. DETAILS OF APPLICANT

Title Mr Mrs Miss Ms Other Male Female

Full given name(s)*

Surname*

Residential address* (PO Box is NOT acceptable)

Unit number Street number Street name
Suburb State Post code

Postal address (if different to above)

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

SECTION 2: DETAILS OF APPLICANT (continued)...

Your main country of residence*

Tax file number (refer to the PDS for implications of not providing your tax file number)

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Occupation*

Daytime phone number

Date of birth*

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Email address

By providing your email address, you agree that we may use this address to provide you with information about your investment (such as transaction confirmations, statements, reports and other material). From time to time we may still need to send you letters in the post.

SECTION 3. EMPLOYMENT DETAILS

This section is only required for employees of an 'Associated Employer' (ie. wholly-owned subsidiaries of Commonwealth Bank).

Name of Associated Employer

Date commenced employment

 / /

Staff/employee ID

Annual salary

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Employment basis:

Permanent

Casual

Fixed term contract of:

less than 12 months

more than 12 months

Hours worked:

10 or more hours per week

less than 10 hours

SECTION 4. CONTRIBUTION TO OPEN ACCOUNT

This application form must be accompanied by an opening contribution from you (minimum of \$100). If this application is for a spouse account, the opening contribution must be a spouse contribution, therefore your partner (ie. the existing member) should complete this section. Note: If you (or the spouse applicant in the case of an application for a spouse account) are over age 65, there may be restrictions on when you can make a contribution, and therefore your eligibility to open an account – refer to the PDS for more information.

 I am transferring the following amount from my existing Division F Pension account: \$, .
 I enclose a cheque (payable to the OSF) for \$, . (must be a cheque drawn on an account solely in your name or a bank cheque)

 I authorise the OSF to make a one-off direct debit contribution from my bank account as follows: \$, .

Name of Australian financial institution

Branch name

Branch number (BSB)

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Account number

Name of account holder

