

Officers' Superannuation Fund Division F Pension: Change of Details or Withdrawal Form

7 July 2010

Commonwealth Bank Officers Superannuation Corporation Pty Limited (ABN 76 074 519 798, AFSL 246418, RSEL L0003087)
as Trustee for the Officers' Superannuation Fund (OSF) (ABN 24 248 426 878, RSER R1056877).

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.

COMPLETION CHECKLIST

Please indicate your reason(s) for completing this form:

- I want to change my personal details—complete Parts 1, 2 and 9 of this form
- I want to change my pension payment amount, frequency or bank details —complete Parts 1, 3 and 9 of this form
- I want to change my online account access—complete Parts 1, 4 and 9 of this form
- I want to switch investment options for my pension account—complete Parts 1, 5 and 9 of this form
- I want to withdraw an additional amount from my pension account—complete Parts 1, 6, 7, 8 (if applicable) and 9 of this form

PART 1. INVESTOR DETAILS

Division F Pension account number

Given name(s)

Surname

Date of birth

Daytime contact number

PART 2. CHANGE OF CONTACT DETAILS

Complete this section **ONLY** if these details are changing

Residential address (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Postal address (if different to above)

Unit number Street number PO Box Street name

Suburb State Postcode

Daytime phone number

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.

PART 5. CHANGE OF INVESTMENT SELECTION

Complete this section **ONLY** if these details are changing.

5A. CHANGE OF INVESTMENT SELECTION

Please indicate below how you would like your pension account balance allocated. It is important that you read the PDS before making an investment selection.

Choose **ONE OR MORE** of the following investment options:

Option	Percentage
Cash	<input type="text"/> <input type="text"/> <input type="text"/> %
Mix 30	<input type="text"/> <input type="text"/> <input type="text"/> %
Mix 50	<input type="text"/> <input type="text"/> <input type="text"/> %
Mix 70	<input type="text"/> <input type="text"/> <input type="text"/> %
Mix 90	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL	1 0 0 %

Note: Your pension payments will be paid proportionally from the investment options you select. You can change your investment choice at any time.

5B. AUTO-REBALANCING FACILITY

Please indicate if you would like your account automatically rebalanced on a regular basis in line with the investment selection you chose in Section 5A above. Before enabling this option, please refer to the PDS for information on auto-rebalancing.

Choose **ONE** of the following options:

- Yes**—please enable auto-rebalancing on my account on the following basis:
- No**—I do not want auto-rebalancing enabled on my account

PART 6. ADDITIONAL WITHDRAWAL REQUEST

Complete this section only if you are requesting an additional cash withdrawal (ie. not a regular pension payment) from your account. Identification may be required before any withdrawal is processed. If you have a Transition to Retirement Pension and your requested cash withdrawal amount is more than the maximum allowed for your preserved benefits (refer to the PDS), you **must** provide a reason for payment in Section 8.

6A. TYPE OF WITHDRAWAL

I would like this withdrawal to be treated as (choose **ONE** option only):

- a lump sum withdrawal (commutation) OR an irregular pension payment.

If you do not specify an option above, we will treat this withdrawal as a lump sum withdrawal. Refer to the PDS for more information and the tax implications of these options.

6B. WITHDRAWAL AMOUNT

Choose **ONE** of the following options:

- I would like to withdraw my entire pension account balance.
- I would like to withdraw the following amount \$, , . (net of tax) and I would like this withdrawal to be made (choose **ONE** only):
- in the same proportion as the investment options for my account on the date of this transaction, OR
 - from the investment options I have specified in Part 6C over the page

PART 6. ADDITIONAL WITHDRAWAL REQUEST (CONTINUED)...

6C. WITHDRAWAL OPTIONS (FOR PARTIAL WITHDRAWALS ONLY)

Please indicate below the investment option that you would like the partial withdrawal to be made from. If you do not select an option below, your withdrawal will be made in the same proportion as the current investment options for your account.

Option	Percentage	OR	Amount
Cash	<input type="text"/> <input type="text"/> <input type="text"/> %		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Mix 30	<input type="text"/> <input type="text"/> <input type="text"/> %		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Mix 50	<input type="text"/> <input type="text"/> <input type="text"/> %		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Mix 70	<input type="text"/> <input type="text"/> <input type="text"/> %		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Mix 90	<input type="text"/> <input type="text"/> <input type="text"/> %		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

6D: PAYMENT INSTRUCTIONS

Please indicate how you would like your payment to be made (*choose ONE option only*):

- Credit my bank or financial institution—please complete section 1 below
- Mail a cheque to my address (Note: Cheques issued are not bank cheques.)
- Transfer the amount to another superannuation fund or product —please complete section 2 below

1. Credit my withdrawal to the following bank or financial institution

Note: You can only nominate a bank account that is held in your name.

Name of Australian financial institution

Branch name

Branch number (BSB)

 —

Account number

Name of account holder

2. Transfer the amount to the following superannuation fund or product

Institution or fund name

Fund ABN or SPIN

Account or member number

Fund address

Unit number Street number PO Box Street name

Suburb State Postcode

Fund contact number

PART 7. TAX FILE NUMBER NOTIFICATION

Under the *Superannuation Industry (Supervision) Act 1993*, the Trustee of the OSF is authorised to collect your Tax File Number (TFN), which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider when your benefits are being transferred, unless you ask us in writing not to disclose your TFN to any other superannuation provider.

Advantages of providing your TFN to the Trustee

You do not have to provide your TFN and it is not an offence to choose not to provide it. However, providing your TFN will have the following advantages (which may not otherwise apply):

- The OSF will be able to accept all types of contributions that can be made to your account (as allowed under the OSF's Trust Deed and Rules for your membership division).
- The tax on contributions to your account will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you withdraw your superannuation benefits.
- It will make it much easier to trace different super accounts in your name so that you receive all your super benefits when you retire.

My TFN is:

- - OR I have previously provided my TFN to the OSF.

PART 8. REASON FOR PAYMENT

If you have a Transition to Retirement Pension and are requesting a cash withdrawal that is more than the maximum allowed for your preserved super benefits, you must indicate a reason(s) for payment below.

Please indicate **ALL** reasons that apply:

- I have retired and do not intend to seek gainful employment for more than 10 hours per week.
- I am age 60 or over and have ceased gainful employment with an employer since turning 60.
- I am age 65 or over.
- I am permanently incapacitated.*
- I have a terminal medical condition.*
- I am or was a temporary resident and met one of the above conditions of release before 1 April 2009, and I have now left Australia. *(Note: If you met a condition of release on or after 1 April 2009, please contact OSF Investor Services on 1800 023 928 before completing this form.)*

* We have additional requirements to process a withdrawal on these grounds. Please contact OSF Investor Services on 1800 023 928 for more information.

PART 9. DECLARATION AND SIGNATURE

I declare that:

- All details provided on this form are true and correct.
- I have read the current PDS before completing this form.
- I am one of the following: (i) an Australian or New Zealand citizen, (ii) a permanent resident of Australia, (iii) the holder of a 405 or 410 Retirement Visa, or (iv) a temporary resident or former temporary resident, and met one of the conditions of release in Section 8 before 1 April 2009. *(Note: If none of these apply to you, we will require additional information to process this withdrawal—please contact OSF Investor Services on 1800 023 928 before completing this form.)*
- Any changes to pension payments made in accordance with my payment instructions on this form constitute a complete discharge to the OSF Trustee in respect of the amounts paid.
- The OSF and/or its related entities will not be liable to me or other persons for any loss suffered (including consequential loss) in circumstances where transactions are delayed, blocked, frozen or where the OSF refuses to process a transaction.

Signature

Print name

Date

/ /

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. A certified copy of the Power of Attorney should be submitted with this application unless we have already sighted it.

Please send the completed form to:
OSF Investor Services, GPO Box 4758, Sydney NSW 2001

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