

Request to pay costs of financial advice

Use of this form

If you are a Division B UK member, you can use this form to request a payment towards the cost of obtaining advice provided to you by an independent financial adviser in relation to the transfer of your pension entitlements out of Commonwealth Bank Group Super to the Commonwealth Bank of Australia (UK) Staff Benefits Scheme (CBA UK Scheme) or Australian Retirement Trust.

Terms and conditions of payment towards cost of obtaining advice

It is important that you understand the following terms and conditions that apply to the payment by the trustee of Commonwealth Bank Group Super (trustee) towards the cost of obtaining advice. By signing this form you agree to these terms and conditions.

- The trustee and you agree that, subject to the remaining terms and conditions in this form,
 - if your independent financial adviser identified in Section 2 provides you with advice in relation to the transfer of your pension entitlements out of Commonwealth Bank Group Super to the CBA UK Scheme or Australian Retirement Trust, and
 - you provide the trustee with an invoice for the advice from your independent financial adviser,the trustee will pay your independent financial adviser the cost of the advice as set out in Section 3.
- The advice to be provided will be agreed between you and your independent financial adviser and must relate solely to the consequences for you of the transfer of your pension entitlements out of Commonwealth Bank Group Super to the CBA UK Scheme and/or Australian Retirement Trust.
- Unless otherwise agreed by the trustee in writing, the trustee will only make a payment towards the cost of obtaining advice that will not exceed £1,000 (including VAT).
- A request for a payment towards the cost of advice must be received by 3:00pm (AEDT) / 5:00am (BST) 25 October 2024.

Section 1: Member details

Pension/Member number

Title: Mr Mrs Ms Miss Other

First names

Surname

Postal address

Flat number House number PO Box

Street name

Town

County

Post code

Country

Date of birth (dd/mm/yyyy)

Mobile number*

Email

* If no mobile, you must provide a daytime contact number.

Section 2: Independent financial adviser details

First names

Surname

Advice company name (if applicable)

Adviser's reference number (if applicable)

Postal address

Flat number House number PO Box

Street name

Town

County

Post code

Country

Email

Section 3: Details of payment to be made

You are limited to a single one-off payment of up to £1,000 (including VAT) for the payment of advice provided to you by an independent financial adviser in relation to the transfer of your pension entitlements out of Commonwealth Bank Group Super to the CBA UK Scheme and/or Australian Retirement Trust. The trustee will pay the cost of financial advice directly to your independent financial adviser.

Indicate the amount of the payment you are seeking from the trustee (including VAT)

Please provide the following details for the nominated account of your independent financial adviser identified in Section 2 to which the payment of the cost of the advice is to be credited:

Name of account holder(s)

Name of financial institution

Sort code (must be 6 digits)

Account number

*Email address to receive confirmation of payment

* If an email address is not provided, confirmation of this payment will be posted to the address provided in Section 1 and will be the only reporting provided in respect of this payment.

Section 4. Declarations and signature

By signing below:

- I acknowledge that my independent financial adviser and I have agreed the advice to be performed by my independent financial adviser in relation to this advice fee arrangement.
- I confirm that payment I am seeking from the trustee relates solely to advice provided in relation to the transfer of my pension entitlements out of Commonwealth Bank Group Super to the CBA UK Scheme and/or Australian Retirement Trust, that the cost of the advice is reasonable for the advice provided and that the independent financial adviser has confirmed that the cost is in line with the adviser's normal charges.
- I confirm that my independent financial adviser is authorised to provide advice in relation to the transfer of my pension entitlements out of Commonwealth Bank Group Super under an appropriate licence.
- I confirm that the advice provided was not provided by myself or by a member of my family.
- I acknowledge that I have chosen my independent financial adviser and that the trustee is not responsible for the advice provided by my selected independent financial adviser.
- I release the trustee from any claim relating to the advice provided by my selected independent financial adviser.
- I understand and consent to my information being collected, disclosed and used in accordance with Commonwealth Bank Group Super's privacy policy, which is available by contacting Commonwealth Bank Group Super or visiting oursuperfund.com.au/privacy.

Member's signature

x

Print member's name

Date

dd / mm / yyyy

Before returning this form sign in Section 4 and attach the invoice for the advice from your independent financial adviser.

Return your completed form to Commonwealth Bank Group Super Pension Payroll Department:

Mail: Maclaren House, Talbot Road, Stretford, Manchester, M32 0FP United Kingdom

Email: cbasuperoperations@mercerc.com

Issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (ABN 76 074 519 798, AFSL 246418,) the trustee for Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878)