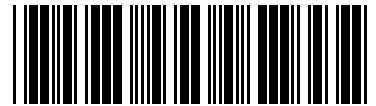


Change of Contact Details Form Pension Products only



Please use this form to update your details for:

- FirstChoice Pension (050)
- FirstChoice Wholesale Pension (051)
- Personal Pension Plan (020)

SAVE FORM

PRINT 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 . Start at the left of each answer space and leave a gap between words.

Fields marked with an asterisk (*) must be completed.

1 INVESTOR DETAILS

Account number* - To avoid processing delays please ensure your account number is clearly marked.

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname*

Date of birth*

2 USE THIS SECTION TO UPDATE YOUR CONTACT DETAILS

For security purposes please ensure **both** existing and new details are completed.

Existing residential address (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

New residential address (PO Box is NOT acceptable)

Unit number Street number Street name

Suburb State Postcode

Country

Existing postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

New postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Work phone number Home phone number Fax number Mobile phone number

Existing email address

New email address

3 USE THIS SECTION TO UPDATE OR CHANGE YOUR ACCOUNT NAME

If your name has changed, please attach a copy **certified** by a Justice of the Peace, solicitor or notary of the documentation by which you registered your change of name, such as a Marriage Certificate, Deed Poll or Decree nisi (in the case of divorce). Additional certification options are available from our 'Certification of documents - list of prescribed persons' form at colonialfirststate.com.au/prospects/FS4523.pdf. Please ensure you provide a certified copy of your passport or driver's licence with your new identity for Anti-Money Laundering requirements.

Title

Mr Mrs Miss Ms Other

Full given name(s)*

Surname* (Please supply relevant certified documents if details have changed)

Date of birth*

Old signature of member

New signature of member

Print name

Print name

Date signed

Date signed

4 USE THIS SECTION TO CHANGE YOUR ONLINE SERVICES

You can elect to access your investment details over the internet through FirstNet and by telephone through FirstLink.

Online access is provided under the terms and conditions outlined in the Product Disclosure Statement. Transaction access is not available to certain investors, and will vary across our product range.

Any selection you make in this section will apply to all investments you hold with us. If you do not make a selection, online enquiry access will be automatically provided for FirstNet and FirstLink.

What type of online access do you require?

Transactional access Enquiry access No online access

5 DECLARATION AND SIGNATURE

I declare that:

- all details in this form are true and correct
- if this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it)
- I release and indemnify Colonial First State against any liabilities whatsoever arising out of Colonial First State acting on any communications received by phone, fax or other electronic means including without limitation transactions effected through the internet in respect of my investments
- Colonial First State 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 Colonial First State refuses to process a transaction or ceases to provide me with a product or service.

I acknowledge that:

- neither Colonial First State, nor any other member of the Commonwealth Bank Group guarantees the repayment of capital or the performance of the funds or any particular rate of return from the funds.

Investments in:

- FirstChoice Pension USI FSF0218AU and FirstChoice Wholesale Pension USI FSF0510AU (referred to as 'FirstChoice' or the fund') are offered from Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468.
- Personal Pension Plan USI FSF0360AU (referred to as 'the fund') is offered from the Colonial First State Rollover and Superannuation Fund ABN 88 854 638 840 by Colonial First State Investments Limited ABN 98 002 348 352 AFS Licence 232468.

Signature of member

Print name

Date signed

If you are signing under a Power of Attorney, please comply with the following:

- attach a certified copy of the Power of Attorney document
- each page of the Power of Attorney document must be certified by a Justice of the Peace, Notary Public or Solicitor. Additional certification options are available from our 'Certification of documents - list of prescribed persons' form at colonialfirststate.com.au/prospects/FS4523.pdf.
- please also supply a certified copy of the identification documents for the Attorney, containing a sample of their signature, eg Drivers Licence, Passport, etc. The Attorney will also need to complete a power of attorney identification form (to enable us to establish the identity of the Attorney) which can be obtained from our forms library at colonialfirststate.com.au or by phoning Investor Services on 13 13 36.

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001

INTERNAL USE ONLY (COLONIAL FIRST STATE OFFICES AND COMMONWEALTH BANK BRANCHES)

Client identified by (provide the employee name)

Date signed

Signature

CBA Branch/Company stamp (please use black ink only)