

SuperTrace Eligible Rollover Fund

Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983 AFSL 235025 (the Trustee, we, us, our) is the Trustee of the SuperTrace Eligible Rollover Fund ABN 73 703 878 235 ('SuperTrace') which is administered by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 ('CMLA'). The Trustee and CMLA are both wholly owned subsidiaries of Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945.

1 Member Details

Title* Mr Mrs Ms Miss Dr

Date of birth** / /

Given name(s)*

Surname*

Residential address*

State* Postcode*

Postal address

State Postcode

SuperTrace member No (if known)

Phone (AH)

Phone (BH)

Mobile

* Please complete all sections marked with an asterisk.

** For changes to your date of birth, a copy of your driver's licence, birth certificate or details page of your passport is required. Supporting documentation from your previous superannuation fund may also be required. This will be in the form of a previous Annual Statement or Membership Certificate.

This form allows you to indicate to us how you would like your death benefit to be paid but it is not a binding nomination. We have an absolute discretion in determining who will receive your death benefit. To assist us in making this decision, you may nominate anyone who is a 'dependant' as defined in the Trust Deed. You may also nominate that your benefit be paid to your estate (i.e. your legal personal representative).

A dependant of yours as defined in the Trust Deed for SuperTrace includes:

- a spouse (legal or de facto);
- a child (including an adopted child, step-child or ex-nuptial child) of any age;
- a person with whom you have an interdependency relationship; and
- any person financially dependent on you.

Please also complete details about the dependant(s) you wish to nominate and return this form to:

SuperTrace

Locked Bag 5429

PARRAMATTA NSW 2124

Enquiries can be made on **1300 788 750** between 8.30am to 6pm (Sydney time), Monday to Friday.

2 Dependant Details

1 Full name

Relationship to you

Date of birth

Share of benefit %

2 Full name

Relationship to you

Date of birth

Share of benefit %

3 Full name

Relationship to you

Date of birth

Share of benefit %

4 Full name

Relationship to you

Date of birth

Share of benefit %

AND/OR

My Estate

(i.e. your legal personal representative)

Share of benefit %

Total %

Member's signature*

Date