

Change of Bank Account Details Form FirstChoice Wholesale Pension only



Please use this form to update your details for FirstChoice Wholesale Pension (051)

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 BANK ACCOUNT DETAILS

Please note: New bank account details cannot be accepted via fax. Please upload your form via FirstNet or send to us by post.

You can only nominate a bank account that is held in your name(s).

I/We authorise and request Colonial First State Investments Limited (User ID 011802 & 619909), until further notice in writing to arrange for funds to be debited/credited from my/our account, at the financial institution identified in the schedule below, any amounts which Colonial First State may debit or charge me/us through the Direct Debit System and in accordance with the Bulk Electronic Clearing System (BECS).

By providing bank details in this section you authorise Colonial First State Investments Limited to retain these details for all future transaction requests that you nominate.

Name of Australian financial institution

Branch name or address

Branch number (BSB)

Account number

Account name

Signature of bank account holder

Print name

Date signed

3 PROVING YOUR IDENTITY

Select one option to prove your identity. This must be completed if you have updated your personal details. There may be times we need to contact you to further verify your identity.

Select one option to prove your identity:

☐

Option 1 – I want to use electronic verification

Provide details of EITHER your current valid Australian Driver Licence or Australian Passport.

Full name as appears on my driver's licence

Licence number

State of issue

Expiry date

or

My Australian passport number is

Place of birth (as shown on your passport)

Country of birth (not shown on your passport)

Family name at birth (not shown on your passport)

☐

Option 2 – I want to provide paper copies of certified documents

Please ensure that you provide photocopies of your original identification document and that they are correctly certified on each page as true copy. This also includes international documentation. For more information refer to our website on [Identification and Verification – Certification of Documents](#).

4 DECLARATION

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL). Colonial First State (CFS) is Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include AIL and CFSIL.

Direct Debit Request Authorisation

- I/we authorise and request Colonial First State Investments Limited (User ID 011802 & 619909) to arrange for funds to be debited from my/our account at the financial institution identified in **section 2** above and as prescribed through the Bulk Electronic Clearing System (BECS);
- I/we have read the 'Direct Debit Request Service Agreement' provided with this form and agree with its terms and conditions;
- I/we request this arrangement to remain in force in accordance with details set out in **section 2** and in compliance with the 'Direct Debit Request Service Agreement'.

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to verify your identity before we can process your instructions. This means your personal information will be provided to an authorised third party to use the Australian Government Document Verification Service that matches government-issued identification documents (e.g., passport, driver's licence, birth certificate, Medicare) with the issuing government agency. This information and the search results are retained by us to comply with our identification and record-keeping requirements. By signing this form, you give your consent for your identity information to be verified electronically through the Australian Government Document Verification Service. Your personal information will be handled in accordance with our privacy policy, which includes our Privacy Collection Notice. Please click 'Privacy' at the bottom of any webpage on the CFS public website. If you have any further questions, please contact us by calling our Service Centre on 13 13 36. You can find more information about the Document Verification Service at www.dvs.gov.au

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 AIL against any liabilities whatsoever arising out of AIL 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
- AIL 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 AIL refuses to process a transaction or ceases to provide me with a product or service.

I acknowledge that:

- The investment performance and the repayment of capital of AIL products is not guaranteed.

Investments in:

- 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 Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531.

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 www.cfs.com.au/content/dam/prospects/fs/4/5/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 www.cfs.com.au/forms or by phoning Investor Services on 13 13 36.

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 and issuer of FirstChoice range of super and pension products. You should read the relevant Product Disclosure Statement (PDS) and Financial Services Guide (FSG) carefully, assess whether the information is appropriate for you, and consider talking to a financial adviser before making an investment decision. You can get the PDS and FSG at www.cfs.com.au or by calling us on 13 13 36. Commonwealth Bank of Australia ABN 48 123 123 124, AFSL 234945 (CBA) is the issuer, and Colonial First State Investments Limited ABN 98 002 348 352, AFSL 232468 (CFSIL) is the administrator, of the FirstRate Saver and FirstRate Term Deposits products. The investment performance and the repayment of capital of CFSIL products are not guaranteed.

Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Colonial First State Investments Limited, User ID 011802 & 619909, ABN 98 002 348 352 (the Debit User). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Our commitment to you

- We will send you regular transaction statements in addition to the initial confirmation of your drawings.
- Where the due date for a drawing falls on a non-business day, we will draw the amount on the next business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.
- We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice sent to the preferred email or address you have given us. If you are unhappy with any changes we make, you may cancel your direct debit arrangement without fee or charge by providing us with written notice as outlined under the heading 'Your rights'.
- We may terminate your direct debit arrangement if drawings are returned unpaid, or if debit is unsuccessful three times in any 12-month period.
- We may disclose your direct debit and related account details at the request of your financial institution in connection with a claim made for an alleged incorrect or wrongful debit, or to the extent specifically required by law. Otherwise, we will keep all information provided by you, and details of your nominated account at the financial institution, private and confidential.
- We will investigate and deal promptly with any queries, claims or complaints regarding debits, providing a response within 21 business days.

Your commitment to us

- It is your responsibility to check with your financial institution whether direct debiting is available from your account as direct debiting is not available through BECS on all accounts offered by financial institutions.
- It is your responsibility to ensure that the authorisation on the direct debit request is identical to the account signing instruction held by the financial institution of the nominated account.

- It is your responsibility to ensure at all times that sufficient funds are available in the nominated account to meet a drawing on the due date for payment.
- It is your responsibility to advise us if the account nominated by you to receive the drawings is altered, transferred or closed.
- It is your responsibility to arrange with us a suitable alternative payment method if the drawing arrangements are stopped either by you or by the nominated financial institution.
- It is your responsibility to meet any charges resulting from the use of the direct debit system. This may include fees charged by us as a result of drawings returned unpaid, such fees being equal to actual costs we incur.

Your rights

- You may request to defer or alter the agreed drawing schedule by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing.
- You may cancel the direct debit arrangement at any time by giving written notice to us or by calling Investor Services on 13 13 36. Such notice should be received by us at least five business days prior to the due date for the next drawing. Your nominated financial institution may also accept a request to cancel your direct debit arrangement with us.
- All transaction disputes, queries and claims should be raised directly with us. We will provide a verbal or written response within 21 business days from the date of the notice. If the claim/dispute is successful, we will reimburse you by way of cheque or electronic credit to your nominated account. Alternatively you can contact your financial institution for assistance.

Please phone Colonial First State Investor Services on 13 13 36 with any enquiries or send an email to contactus@cfs.com.au.