THIS IS	$\Delta N$	INTERACTIVE	FORM

# **CFS Edge Pension Reversionary pensioner declaration form**

**SAVE FORM** 

**PRINT FORM** 

This form is to be used when a pension account is transferred to a nominated reversionary beneficiary.

Start at the left of each answer space and leave a gap between words. Mark appropriate answer boxes with a cross like the following X. All fields marked with an asterisk (\*) are mandatory and are required for us to complete your request.

How to complete this form:

- · References to 'you', 'your', and 'reversionary beneficiary' refer to the account holder, detailed in Section 2 of this form.
- · Please ensure that every section is completed.

Please return the completed form and any required original certified documentation to us via:

Document Library: or Post:

This can be uploaded via our Colonial First State online portal Locked Bag 20130 Melbourne VIC 3001

Colonial First State cfsedge@cfs.com.au Locked Bag 20130

Telephone: (for assistance) 1300 769 619

SECTION 1 DETAILS OF THE DECEASED MEMBER				
*Full name				
*Date of death  *Status at the date of death  dd/mm/yyyy  Married De facto Separated Divorce	ed Single Widowed			
*CFS Edge account number				
Note: This is the existing pension account for which you are the	nominated reversionary beneficiary.			
SECTION 2 YOUR DETAILS				
*Given name(s)				
*Surname				
*Title Mr Mrs Miss Ms Other  *Date of birth dd/mm/yyyy				
*Relationship to the deceased¹				
*Preferred postal address (we are unable to accept your adviser's address as your postal a	address)			
Unit number PO Box Street name				
Suburb	State Postcode			
Country				
Residential address if different to above (PO Box is NOT acceptable)				
Unit number Street number Street name				
Suburb	State Postcode			
Country				

<sup>1</sup> Please supply evidence of the relationship. For example, a marriage certificate for spouse; or in the case of de facto relationships a joint bank account statement, utilities bill, etc.; or birth certificate for children; or evidence of financial and domestic support where you had a financial or interdependency relationship with the late member; etc.

SE	CTION 3 ADVISER DETAILS
	Transfer current adviser  Where the current adviser is to continue servicing the account for the reversionary pensioner, please provide the following details and have your adviser sign in Section 9:  Adviser name
	Adviser email address
	Change/Appoint new adviser Please complete a Change of adviser form which is available in the Forms Library.
SE	CTION 4 PENSION PAYMENT DETAILS
4.1	BANK ACCOUNT DETAILS
Plea	ise provide the bank account to which pension payments will be made.
Note	e: Any changes to the bank acccount details must be initialled.
*Bra	anch number (BSB) *Account number
*Na	me of bank account
4.2	PAYMENT DETAILS
	ase select your preferred payment option:
	Retain current pension details
OR	Retain Current pension details
	Update current pension details (please complete details below and in Section 4A or 4B)
	Frequency
	Weekly Fortnightly Monthly Quarterly Half-yearly Yearly
	Payment date dd/mm/yyyy
	4A Pension details (excluding term allocated pensions)
	Amount (please select one only)
	Minimum annual pension
	Maximum annual pension (only applies to transition-to-retirement pensions)
	Gross nominated amount per frequency
	\$ (subject to minimum and any maximum annual pension)
	Payment indexation
	No indexation CPI Nominated rate % pa
	4P Towns allocated manaign details
	4B Term allocated pension details
	Standard pension amount  OR
	Other (between 90% and 110% of the standard pension amount)
	Outlet (between 90% and 110% of the standard pension amount)
N	ote: If you do not provide us with new pension details the nominated pension amount will automatically default to the annual

minimum or standard pension amount and a payment will be made as soon as practical.

SECTION 5 TAX FILE NUMBER (TFN)
TFN collection
We are authorised under the Superannuation Industry (Supervision) Act (Cth) to collect your TFN in these circumstances. We may use your TFN to administer other superannuation accounts or investment accounts you hold with us in the future. Where we use your TFN in this way, we will only use it for legal purposes, such as to calculate tax on your benefits, provide information to the Commissioner of Taxation or search for your other super accounts.
Tax file number  Exemption reason
Note: Exemption reasons are applicable to PAYG, contributions, superannuation surcharge and lump sum tax determinations only.  Australian Resident (for tax purposes) Yes No
Country of residence (if not Australia)
TFN declaration  Please complete the <i>TFN declaration form</i> (on page 6) if you are under age 60.  For further information on providing your tax file number, refer to the Other Important Information brochure.
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SECTION 6 ADVISER FEES
If you wish to enter into a fee arrangement with your adviser, you and your adviser can establish this together via the online portal.
SECTION 7 DOCUMENTS TO PROVIDE
This section identifies what documentation to provide with your claim:
Certified copy of death certificate, showing cause of death (if available)
Certified copy of evidence of your relationship (for example, marriage certificate for spouse; joint bank account statement or utilities bill for de facto relationships; birth certificate for child, etc.)
Certified copy of one of the following identification documents:  • Current Australian driver's licence • Current Proof of Age card

### **SECTION 8** REVERSIONARY BENEFICIARY DECLARATION

• Current passport (Australian passports can have expired in the last 2 years)

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL).

The above-named Pension account is subject to the terms of the Trust Deed of the Avanteos Superannuation Trust and Product Disclosure Statement (PDS), as amended from time to time. The Trustee may alter the Trust Deed of the Avanteos Superannuation Trust, as applicable, and the relevant Product Disclosure Statement (PDS), as amended from time to time. The Trustee may alter the Trust Deed, subject to any limitations and conditions imposed by relevant law and the provisions of the Trust Deed.

Information contained or referred to in the PDS may change from time to time. You can obtain updated information by asking your adviser or online at cfs.com.au/cfsedge. You can also ask for a free paper copy of the updated information. If the change to the information is materially adverse, the Trustee will reissue the PDS or issue a Supplementary PDS, and notify you as required by law.

You acknowledge:

- receipt of a current PDS in respect of the Pension account;
- the statement and answers contained herein are true;
- your entitlements are set out in the Trust Deed and in the terms of the PDS (and any relevant Supplementary PDS), as amended from time to time;

- with the exception of the pooled cash account, investments in your pension account are not investments, deposits or other liabilities of AIL and are subject to investment and other risks, including possible delays in repayment and the loss of income and principal invested; and
- the investment performance and the repayment of capital of AIL products is not guaranteed.

You confirm you:

- understand that you are required to receive disclosure documents for all investments selected by you and your adviser in future. If you invest further into the same investment, you understand that at the time of investing, you may not have the current disclosure document for those investments or information about any material adverse change or significant events;
- consent and agree to receive notification of material changes or significant events that the Trustee is required by law to give you that affect investments held in your account, by such information being made available online via a website outlined in the PDS. You acknowledge such information is updated on a regular basis and it is your responsibility to check the website regularly. You agree you will be taken to have received the relevant information whether or not you access the information on the website;

#### **SECTION 8** REVERSIONARY BENEFICIARY DECLARATION (CONTINUED)

- give consent, by providing your tax file number, to its use and disclosure as set out in the PDS (and any relevant Supplementary PDS);
- understand we may at any time vary the investment strategies
  or investments available and, in such circumstances, we may,
  without reference to you or your adviser, and without taking
  into account any taxation or other potential costs that may
  be incurred by you as a result, sell any investments held in
  respect of your account which have ceased to be offered;
- understand, if your account is linked to an automatic Model portfolio, transactions to re-align your investments to the Model portfolio may be placed without prior notice to you or your adviser;
- understand your adviser or the Trustee may defer or cancel transactions where extensive delays are experienced under an automatic portfolio service rebalance;
- understand there may be unavoidable delays before an investment transaction may be implemented, including but not limited to delays that occur because we exercise a discretion available to us under the Trust Deed and/or to comply with legal requirements;
- understand and accept the fees and costs described in the PDS (and any relevant Supplementary PDS);
- understand the Trustee may provide, transmit or make available to you, your adviser and/or an adviser authorised third party, reports, statements, confirmations, notices, investment instructions and other information from your pension account provider by any means including fax, email, the internet, other facility or by addressed post:
- agree to authorise your adviser to undertake the following on your behalf:
  - · issue investment instructions;
  - prepare, sign and lodge or otherwise communicate a request to sell an investment, to buy another investment or to move money to your cash account;
  - obtain information about your account and investments;
  - act as your agent to receive information and reports required or allowed by law, contract or otherwise, to be provided to you under the terms of the PDS. The receipt of information and reports by your adviser is deemed to be receipt of the information and reports by you;
- acknowledge and agree we will not be liable to you for any loss you suffer (including consequential loss) caused by the fact that:
  - we may delay, block, freeze or refuse to process a transaction;
  - we may refuse to provide you any (initial or ongoing) services, including in circumstances where:
    - we have a legal obligation to refuse to provide those services;
    - your transaction may cause us or you to breach any Australian laws or the laws of another country;

- acknowledge and agree if you cease to nominate an adviser authorised to use the Service, you may be required to terminate your participation in the Service or may receive limited direct services from us. For these limited services we may charge you an additional fee. Refer to the Other Important Information brochure for further details;
- understand should you already have an account, these accounts should not be consolidated;
- consent and accept if you invest in an illiquid investment as explained in the PDS, a period greater than 30 days may be required to process a rollover or transfer request due to the illiquid nature of the investment, and ongoing administration fees will continue to be deducted whilst your account remains open;
- understand that if this form is signed under Power of Attorney, you acknowledge that the Power of Attorney has not been revoked;
- acknowledge and agree we may rely on communications that purport to be from you which relate to information of a kind that we will from time to time accept;
- acknowledge and agree to supply us with any information we may from time to time request in order to comply with the requirements of a foreign authority;
- consent and agree that information disclosed by you in this form and any identification forms, including personal information and personal information about any other persons, may be provided to another party in order to verify this information which may include verification using electronic methods. Please refer to our Privacy Policy at cfs.com.au/ cfsedge for more information;
- acknowledge that Avanteos Investments Limited and/or its related entities ('the Group') will not be liable to me or other persons for any loss suffered (including consequential loss) where transactions are delayed, blocked, frozen or where the Group refuses to process a transaction or ceases to provide me with a product or service; and
- acknowledge that the bank account nominated for pension payments is for my personal use and/or I will be in full receipt of the funds deposited.

In this section, all references to 'we' and 'us' are intended to include a reference to the Trustee and any service provider appointed by us from time to time. We will hold the benefit of (and may enforce) the above representations, declarations, releases and indemnities in this section for our own benefit and for the benefit of any such service provider.

*Reversionary beneficiary signature	*Reversionary beneficiary name
	*Date
	dd/mm/yyyy

#### **SECTION 9** ADVISER DECLARATION

By submitting this form to participate in the Service (as defined in the relevant offer documents), you as the reversionary beneficiary adviser (you) will be deemed to have made the following declarations and representations;

You confirm you:

- hold all licences and/or authorities which are required under the Corporations Act 2001 (Cth) to provide advice in relation to the Service and to do all things contemplated by the PDS (and any relevant Supplementary PDS);
- have ensured that the reversionary beneficiary has received the current PDS, disclosure documents for each investment selected by the reversionary beneficiary if applicable, and all necessary forms at the same time;
- have provided the reversionary beneficiary with all information and advice necessary for the reversionary beneficiary to understand the nature and risks of an investment in or through the Service and the impact of the PDS, the Trust Deed and the member declarations and representations set out above;
- have made due enquiry into the reversionary beneficiary financial situation, investment needs, goals and objectives, and have formulated the investment strategy recommendation in accordance with this:
- recommended investments that produce an asset allocation and risk profile consistent with the reversionary beneficiary selected investment strategy;
- have disclosed all fees, charges and remuneration payable in respect of the Service;
- will obtain instructions from the reversionary beneficiary, and provide the reversionary beneficiary with all information necessary to outline the nature and risks of making any

investment transaction through the Service, before instructing us to make an investment transaction in respect of the reversionary member's account. This includes obtaining appropriate authority to place transactions to re-align investments under a manual or automatic Model portfolio rebalance; and

have read the most recent version of the Licensee Terms
 (available as part of the new authorised representative form accessible via the platform) and acknowledge that by signing this declaration you are agreeing to be bound by those terms.

If you do not use the standard Trustee-approved broker to place a trade, you will ensure that, prior to contacting the panel broker, you perform the following checks:

- reversionary member's platform account number (all trades)
- there are available funds (for buys)
- the security is on the approved Investment list (for buys)
- the available listed securities balance is sufficient (for sells).

For anti-money laundering and counter-terrorism financing purposes, you acknowledge and agree you will provide us with any additional information we may request from time to time about the applicant.

You confirm you:

- will provide clear and legible instructions to us by a means acceptable to us; and
- will indemnify us in respect of any losses or liabilities arising as a result of our reliance on those instructions or any of the representations and declarations in this section being breached or being shown on the balance of probabilities to be untrue, incorrect or misleading on any one or more occasions.

dviser signature	Adviser name
	Date dd/mm/yyyy



## **Tax file number declaration**This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
  Read all the instructions including

ato.gov.au Pead all the instructions	including the privacy statement before you complete this declaration.
section A: To be completed by the PAYEE	5 What is your primary e-mail address?
What is your tax file number (TFN)?	
OR I have made a separate application/enquiry to	
information, see	
question 1 on page 2 of the instructions.  OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.	Day Month Year
OR I am claiming an exemption because I am in	6 What is your date of birth?
receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)
What is your name? Title: Mr Mrs Miss Miss Ms	Full-time Part-time Labour Superannuation Casual employment hire income stream
Surname or family name	8 Are you: (select only one)
First given name	An Australian resident A foreign resident for tax purposes for tax purposes OR holiday maker
	9 Do you want to claim the tax-free threshold from this payer?
Other given names	Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.
	Answer <b>no</b> here if you are a foreign resident or working holiday
What is your home address in Australia?	Yes No No Australian Government pension or allowance.
	10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or
	Trade Support Loan (TSL) debt?
Suburb/town/locality	Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct.
State territory Postcode	Signature
	Date Day Month Year
If you have changed your name since you last dealt with the ATO, provide your previous family name.	You MUST SIGN here / / /
	There are penalties for deliberately making a false or misleading statement.
Once section A is completed and signed, give it to your payer to comp	Note section B
Section B: <b>To be completed by the PAYER</b> (if you are n What is your Australian business number (ABN) or  Branch number	ot loaging online)    5 What is your primary e-mail address?
withholding payer number? (if applicable)	
If you don't have an ABN or withholding	
payer number, have you applied for one?	6 Who is your contact person?
What is your legal name or registered business name (or your individual name if not in business)?	
	Business phone number
	7 If you no longer make payments to this payee, print X in this box.
	<b>DECLARATION by payer:</b> I declare that the information I have given is true and correct.  Signature of payer
What is your business address?	Date Day Month Year
Suburb/town/locality	There are penalties for deliberately making a false or misleading statement.
	Return the completed original ATO copy to:
State/territory Postcode	Australian Taxation Office See next page for:
	PO Box 9004 PENRITH NSW 2740  ■ payer obligations ■ lodging online.

