THIS IS AN INTERACTIVE FORM

CFS Edge Super/Pension Family law split application

SAVE FORM

PRINT FORM

This form can be used to apply for a superannuation payment following a separation or divorce. Please be aware that the Trustee may need to follow up and seek further information or documentation.

If you have any questions about how to fill in this form, please call us on 1300 769 619. For information about how we use and handle your information, please refer to our privacy policy statement, which can be accessed at cfsedge.com.au.

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.

Please return the completed form and supporting documents to us via:

Document Library: or Post: or Email:

This can be uploaded via our online portal

Colonial First State Locked Bag 20130 Melbourne VIC 3001 cfsedge@cfs.com.au

SECTION 1	YOUR PERSONAL D	ETAILS					
*Given name(s)							
*Surname							
*Mobile number		*Email address	*Email address				
Address							
Unit number	Street number	PO Box	Street name				
Suburb				State	Postcode		
Country							
CECTION O	DETAILS OF MEMO	ED MILIOCE CURERANNI	UATION IS BEING SEI	. I 			
SECTION 2 DETAILS OF MEMBER WHOSE SUPERANNUATION IS BEING SPLIT							
*Full name							
*CFS Edge account number							

SEC	CTION	3 PAYMENT INSTRUCTIONS					
Pleas	se fill ir	n the payment details for the non-member spouse in the relevant section below.					
	1 Trai	nsfer benefit to my existing or new CFS Edge Super account					
		S Edge Super account name					
	*CFS	FS Edge Super account number					
	Note:	For new accounts, your adviser will work with you to set up the account online.					
	2 Pall	lover the benefit to my nominated super fund					
		Tick this box to rollover your benefit to another fund and provide your details below:					
		Complying super fund ABN *Unique Super Identifier					
		*Rollover institution fund name					
		*Membership number					
		Tick this box to rollover your benefit to a Self-Managed Super Fund (SMSF) and provide the details of the SMSF¹ below:					
		*SMSF name					
		*SMSF ABN and *Electronic Service Address (ESA) alias					
		SMSF Membership number					
		Note: Any changes to the bank account details must be initialled.					
		*Branch number (BSB) *Account number					
		*Name of bank account					

Note: The bank account name must be in the name of the SMSF trustee.

¹ SuperStream must be used to transfer your super benefits to an SMSF due to regulatory changes. A redemption request cannot be processed until your SMSF details are verified with the ATO. This means that your SMSF will need an Australian Business Number (ABN), and Electronic Service Address (ESA) alias, and a SMSF bank account. Ensure before submitting your request that all SMSF details are up to date with the ATO.

SECTION 3 PAYMENT INSTRUCTIONS (CONTINUED)						
3 Lump sum payment Note: Any changes to the bank account details must be initialled.						
*Branch number (BSB) *Account number						
*Name of bank account	*Name of bank account					
Select one of the below to confirm you are eligible for a lump	sum payment:					
I have attained 65.						
I have attained 65.						
I am aged 60 to 64 and have ceased a gainful employm	nent arrangement since turning age 60.					
I am under 65 years of age and have reached preservation age. I have permanently retired and never intend to be in a						
gainful employment for 10 or more hours per week.						
I am withdrawing unrestricted non-preserved amounts only.						
Please cross if you are not a holder of Australian/New Z	Lealand citizenship or permanent residency.					
SECTION 4 TAX FILE NUMBER						
You're not obliged to disclose your Tax File Number (TFN), but there	e may be tax consequences including additional tax on family law closure Statement (PDS) for information on the implications of not					
providing your TFN.	According to the implications of the					
Tax File Number (if you have not previously provided it)						
We are authorised under the Superannuation Industry (Supervisior	a) Act (Cth) to collect your TFN for this application. We may also use					
your TFN to administer other superannuation accounts or investment	ent 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 calcu Taxation or search for your other super accounts.	late tax on your benefits, provide information to the Commissioner of					
ianation of coalest to your caret cape.						
SECTION 5 DECLARATION AND SIGNATURE						
declare that:						
 I authorise the withdrawal to be paid as instructed on this form 	1:					
if the withdrawal relates to a rollover, I am aware that fees and charges may apply, and I have all the required information about the						
effect this rollover may have on my benefits;						
I have access to the current PDS including all statements and information that are incorporated by reference and I have read or do not require such information;						
all details in this form are true and correct;						
where my other fund is an SMSF, I confirm that I am a member; and						
 I consent to my information being used in accordance with the cfs.com.au/cfsedge. 	CFS privacy policy which can be accessed online at					
*Applicant signature	*Name					
	*Date					

SECTION 6 DOCUMENTS TO PROVIDE

This section provides a comprehensive list of all documents to provide with your application.

All personal/identity documents and legal documents will need to be certified, and the certified copies attached to this request. Refer to instructions below for how to certify documents.

Personal/Identity Documents

Certified copy of one of the following identification documents for the person completing this application:

- · Current Australian driver's licence
- Current passport (Australian passports can have expired in the last 2 years)
- · Current Proof of Age card

OR

Certified copy of one of the following:

- · Birth certificate or birth extract
- · Citizenship certificate issued by the Australian Government
- Pension card issued in your name by the Department of Human Services that entitles you to a financial benefit

AND one of the following:

- · Department of Human Services that shows a provided to you (issued within the last 12 months)
- ATO notice of assessment (issued within the last 12 months)
- · Local council rates notice (issued within the last three months)
- · Electricity or gas notice (issued within the last three months)

Please call us on 1300 769 619 if you are unable to provide the identification documentation listed above, and we can assist you with what can be provided based on your circumstances.

Legal Documents

Certified copy of a final court order, consent order or superannuation agreement.

INSTRUCTIONS FOR CERTIFICATION

Who can certify documents?

In Australia, the following people can certify your documents:

- Architect, chiropractor, dentist, legal practitioner, medical practitioner, midwife, nurse, occupational therapist, optometrist, patent
 attorney, pharmacist, physiotherapist, psychologist, trademarks attorney, veterinary surgeon, Justice of the Peace, police officer,
 magistrate or judge, notary public.
- Your financial adviser (provided they have two or more years of continuous service).
- · Your accountant (provided they hold a current membership to a professional accounting body).
- An officer of a bank, building society, credit union or finance company provided they have two or more years of continuous service.
- Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth)).

What should your certified document/s look like?

After the certifier is satisfied the copy is a true copy, they will:

- · write or stamp 'True copy of the original document' on every page,
- · sign and date the document,
- · write their name and qualification,
- apply a registration number (if applicable to their certifying authority, e.g. Justice of the Peace, reg #123456, CPA #123456), and/or company/employer name, and
- apply a stamp (if applicable to their certifying authority).