

# GUARANTEED ANNUITIES LIFESTREAM GUARANTEED INCOME CHANGE OF BENEFICIARY FORM

**SAVE FORM**

**PRINT FORM**

- i** Instructions/information on how to complete this form
- ◆ Please complete this form using BLACK or BLUE INK in CAPITAL LETTERS. Mark appropriate answer boxes with a tick (✓).
  - ◆ This form is applicable for annuities purchased with personal savings only. Not applicable for lifetime annuities or annuities purchased with super.

## SECTION 1 - POLICY OWNER DETAILS

### Policy number

### Policy Owner

Title  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)

Surname

Address

State          Postcode          Country

Date of birth

 /  / 

Email

### Joint Policy Owner

Title  Mr  Mrs  Ms  Miss  Other ▶

Given name(s)

Surname

Address

State          Postcode          Country

Date of birth

 /  / 

Email

## SECTION 2 - AMENDING BENEFICIARY NOMINATION

### I wish to: please indicate (✓)

- Cancel all current beneficiary nominations for this policy
- To make a new nomination or amend/delete an existing nomination, please complete the table below and ensure that your new nomination split adds up to 100%.

### Nomination

Nominated beneficiary first name and surname	Date of birth	Gender	Existing split %	New split %
1.				
2.				
3.				
4.				
5.				
6.				
			100%	100%

### SECTION 3 - BENEFICIARY NOMINATION RULES

Your nomination is subject to the following rules:

- ◆ A nominated beneficiary must be a natural person;
- ◆ Conditional nominations cannot be made;
- ◆ You may change a nominated beneficiary or revoke a previous nomination at any time;
- ◆ A nominated beneficiary has no rights until the policy ownership is transferred upon death of the policy holder;
- ◆ Reversionary beneficiaries may not be altered once the Annuity commences.

### SECTION 4 - DECLARATION

**I declare:**

1. All answers given on this form are true and correct.
2. I understand that I indemnify The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 ('CMLA') as a wholly owned subsidiary of Commonwealth Bank of Australia ABN 48 123 123 124 against any liabilities whatsoever arising out of it acting on any of these details provided by me in connection with this form.
3. I understand that this nomination:
  - a. will apply to my Policy with CMLA until cancelled by me/us in writing; and
  - b. where indicated replaces any previous nomination made to CMLA.
4. If this form is signed under a Power of Attorney, the attorney certifies that he/she has not received notice of revocation of that Power. A certified copy of the Power of Attorney should be submitted with this form unless already sighted by CMLA.

**Signature of Policy Owner**

**Date**

**Signature of Joint Policy Owner**

**Date**

**Post**

CommInsure Guaranteed Annuities  
PO BOX 320  
Silverwater NSW 2128

**ePost (adviser use only)**

Scan and email form to:  
newbusinessannuity@cba.com.au

Thank you for completing this form