

INVESTMENT GROWTH BOND APPLICATION FORM.



The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA)
CommInsure is a registered business name of CMLA

Before you sign this Application, you must read the Product Disclosure Statement (PDS) dated 1 April 2017. The PDS will help you to understand the product and decide whether it's appropriate to your needs.

Office Use Only

Policy No:

Please write in **BLOCK** letters and use a **black** ballpoint pen. Fields marked with an asterisk (*) must be completed for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws and the Foreign Account Tax Compliance Act (FATCA). In this Application, 'you' and 'I/we' refers to the proposed Applicant(s) or Life/Lives Insured or both as indicated.

SECTION 1 - APPLICANT(S) DETAILS

- ◆ All Applicants need to complete this section and Section 5.
- ◆ If there is more than one Applicant, they will own the policy as joint tenants.
- ◆ If the Applicant is a child between 10 and 16 years old then please ensure Section 4 is completed.
- ◆ If this Application is for a Child Advancement Policy then please ensure both Sections 2 and 3 are completed.

Is the investor an individual?

Yes Complete below **or** No Go to Company, Fund or Trust details on page 36¹

Is this a Child Advancement Policy?

Yes Complete **only** one Bond Owner in Section 1 and one Life Insured in Section 2.

Bond Owner 1 ('Applicant 1')

Mr Ms Mrs Miss Other

Surname*

Given name(s)*

For sole trader, full business name* (where applicable)

For sole traders, ABN (if any)*

Residential/Business address* (PO Box is not acceptable)

State Postcode Country

Mailing address

State Postcode Country

Date of birth*

Gender

/ / Female Male

Occupation and position title (please specify if retired)*

Home phone number

Mobile

Email address

Bond Owner 2 ('Applicant 2') (N/A for Child Advancement Policy)

Mr Ms Mrs Miss Other

Surname*

Given name(s)*

For sole trader, full business name* (where applicable)

For sole traders, ABN (if any)*

Residential/Business address* (PO Box is not acceptable)

State Postcode Country

Mailing address

State Postcode Country

Date of birth*

Gender

/ / Female Male

Occupation and position title (please specify if retired)*

Home phone number

Mobile

Email address

1. For Company, Fund or Trust applications, please complete the appropriate Anti-Money Laundering and Counter Terrorism Financing form that can be downloaded from commbank.com.au/igb or contact us on **1800 624 100** to request a copy.

SECTION I - APPLICANT(S) DETAILS

Investor – Company, Fund or Trust¹

Bond Owner 1 ('Applicant 1')

Type of Investor*

Company Fund Trust

Company/Fund/Trust name*

ABN*

Phone number

Business address* (PO Box is not acceptable)

State	Postcode	Country

Mailing address

State	Postcode	Country

Principal business/trust activity*

Are you a charity?* No Yes

Country established, if not Australia*

Contact Person

Surname*

Given name(s)*

Home phone number

Mobile

Email address

Investor – Company, Fund or Trust¹

Bond Owner 2 ('Applicant 2')

Type of Investor*

Company Fund Trust

Company/Fund/Trust name*

ABN*

Phone number

Business address* (PO Box is not acceptable)

State	Postcode	Country

Mailing address

State	Postcode	Country

Principal business/trust activity*

Are you a charity?* No Yes

Country established, if not Australia*

Contact Person

Surname*

Given name(s)*

Home phone number

Mobile

Email address

1. For Company, Fund or Trust applications, please complete the appropriate Anti-Money Laundering and Counter Terrorism Financing form that can be downloaded from commbank.com.au/igb or contact us on **1800 624 100** to request a copy.

SECTION 2 - LIFE/LIVES INSURED

The Investment Growth Bond is a life insurance policy. **For Child Advancement Policies the child must be listed as the Life Insured** and only one Life Insured may be nominated.

Life Insured 1

Mr Ms Mrs Miss Other

Surname*

Given name(s)*

Residential address* (PO Box is not acceptable)

State	Postcode	Country

Mailing address

State	Postcode	Country

Date of birth*

 / /

Gender

Female Male

Home phone number

Mobile

Email address

Life Insured 2 (N/A for Child Advancement Policy)

Mr Ms Mrs Miss Other

Surname*

Given name(s)*

Residential address* (PO Box is not acceptable)

State	Postcode	Country

Mailing address

State	Postcode	Country

Date of birth*

 / /

Gender

Female Male

Home phone number

Mobile

Email address

The Life/Lives insured cannot be altered once the policy has commenced.

The Death Benefit Guarantee is based on the death of the life/lives insured not the Bond owner(s).

SECTION 3 - CHILD ADVANCEMENT POLICY

Complete this section if you wish to set up a Child Advancement Policy and the child is under 16 years old.

Please note, only one child may be nominated as the Life Insured and only one Bond Owner can apply.

The Bond Owner should also provide details in Section 1.

I declare that the Policy issued on the basis of this Application on the life of

Date of birth / / shall be a Child Advancement Policy in accordance with the provisions of the Life Insurance Act 1995 and on the child's (10th – 25th) birthday shall become the absolute property of the child (please note where no vesting age is nominated, the transfer will occur when the child turns 25).

Signature of Bond Owner

Date / /

Is the Child Advancement Policy a gift, tick (✓) if you would like a certificate to be issued? Yes

Please provide the following information to be shown on the certificate (please print clearly):

To

From

Please note that this will be shown on the certificate exactly as it is written above. The certificate will be issued with the policy Welcome Letter.

SECTION 4 - PARENTAL/GUARDIAN CONSENT STATEMENT

This consent is not required for a Child Advancement Policy.

This section must be completed by the parent/guardian if the **Bond Owner** is age 10 or more, but less than age 16.

I, _____

as a parent/guardian of

hereby consent to this Application on the life of

Signature of parent(s)/guardian(s)

Signature of parent/guardian 1

Signature of parent/guardian 2

Date /

SECTION 5 - FATCA AND TAX RESIDENCY

This Section is mandatory to complete as part of your application, the questions marked with an (*) must be completed.

Tax Residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can also be as a result of citizenship or residency.

Bond Owner 1

Please answer **both** tax residency questions:

Is the investor a resident of Australia?* Yes No

Is the individual a tax resident of another country?* Yes Complete below No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list **one** of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C	If no TIN list reason: A. The country of tax residency does not issue TINs to tax residents B. The individual has not been issued with a TIN C. The country of tax residency does not require the TIN to be disclosed
2. Country	TIN	If no TIN, list reason A, B or C	
3. Country	TIN	If no TIN, list reason A, B or C	

If there are more countries, provide details on a separate sheet and tick this box

Bond Owner 2

Please answer **both** tax residency questions:

Is the investor a resident of Australia?* Yes No

Is the individual a tax resident of another country?* Yes Complete below No

If the individual is a tax resident of a country other than Australia, please provide their tax identification number (TIN) or equivalent below. If they are a tax resident of more than one other country, please list all relevant countries below.

A TIN is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or a Social Security Number in the US. If a TIN is not provided, please list **one** of the three reasons specified (A, B or C) for not providing a TIN.

1. Country	TIN	If no TIN, list reason A, B or C	If no TIN list reason: A. The country of tax residency does not issue TINs to tax residents B. The individual has not been issued with a TIN C. The country of tax residency does not require the TIN to be disclosed
2. Country	TIN	If no TIN, list reason A, B or C	
3. Country	TIN	If no TIN, list reason A, B or C	

If there are more countries, provide details on a separate sheet and tick this box

SECTION 6 - INVESTMENT OPTIONS (FUNDS)

Minimum is \$200 per Fund. The minimum initial investment is \$1,000. Cash deposits will not be accepted.

Initial investment amount \$

Please tick (✓) to confirm any additional amounts received should be invested as per current investment option

Investment option	Amount	%
NC – Cash (3NCS)	\$	
NC – Global Fixed Interest (3NFI)	\$	
NC – Conservative (3NCO)	\$	
NC – Diversified (3NDI)	\$	
NC – Balanced (3NBA)	\$	
NC – Growth (3NGR)	\$	
NC – Global Property (3NPR)	\$	
NC – Australian Shares (3NAU)	\$	
NC – International Shares (3NIN)	\$	
Total	\$	100%

Please indicate (✓) how will you be paying

Cheque (Please attach with this form, made payable to 'CMLA - Investment Growth Bond')

BPAY® (Important: Please refer to page 14 of the PDS before using BPAY®. If this is your initial investment then we will contact your financial adviser (or you, if you do not have a financial adviser) and provide our BPAY® Biller Code and your unique Customer Reference Number (CRN). The maximum BPAY® amount is \$100,000.

Direct credit (Instructions below)

1. Deposit the investment using recipient reference 'IGB <insert your account name>' into the following bank account:

Account name: **CMLA No 1 account**, BSB: **062 000**, Account number: **1085 2246**

2. Request a receipt for the deposit.

3. Mail the original Application documents with a copy of the deposit receipt.

Please note we do not direct debit funds from a client's bank account.

Adviser use only

1. Attach a copy of the deposit receipt and fax all documents to Commlnsure Administration on **1300 852 094**. No cover sheet is required OR
2. Scan all documents and attach the file to an email addressed to **NewBusinessIGB@cba.com.au**. The subject line should read 'New application for <insert clients name>'.
3. Retain the original Application documents in your client file.

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SECTION 7 - AUTOMATIC WITHDRAWAL FACILITY DETAILS

Complete this section if you will be investing at least \$10,000 and you wish to arrange for regular payments from your investment.

Amount of each payment (minimum \$500) \$

or % of the value of units at each date (if less than \$500, no amount will be withdrawn)

First withdrawal date

Last withdrawal date (if required)

If there is no nomination the default date will be applied

Frequency

Monthly Quarterly Half-yearly Yearly

Rate of increase in payments

Nil or % each year

Please complete the banking details to enable funds to be deposited into an account.

Note: we will not pay automatic regular withdrawals by cheque.

Name of financial institution

BSB (Branch number)

Account number

Account name (must be in the name of the Bond Owner(s))

SECTION 8 - ADVISER SERVICE FEE(S)

Complete this section if you consent for CMLA to pay your financial adviser(s) a one-off and/or an ongoing Adviser Service Fee.

One-off Adviser Service Fee

I/We consent for CMLA to deduct a one-off Adviser Service Fee of \$ (please specify the total dollar amount) on (insert date)*. Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar or percentage amount**
1.	
2.	

* If this date is prior to the commencement of the policy, we will deduct the one-off Adviser Service Fee one day after the commencement date.

** Only required if the payment is to be split between two financial advisers.

The amount nominated above should be deducted from my chosen investment options as follows:

Investment option	One-off Adviser Service Fee
NC – Cash (3NCS)	\$
NC – Global Fixed Interest (3NFI)	\$
NC – Conservative (3NCO)	\$
NC – Diversified (3NDI)	\$
NC – Balanced (3NBA)	\$
NC – Growth (3NGR)	\$
NC – Global Property (3NPR)	\$
NC – Australian Shares (3NAU)	\$
NC – International Shares (3NIN)	\$

Please note: where you do not indicate which investment option(s) the one-off Adviser Service Fee is to be paid from, the amount will be deducted on a pro-rata basis.

Ongoing Adviser Service Fee

I/We consent for CMLA to deduct an ongoing Adviser Service Fee of \$ each month or % each year. Any payments to financial advisers are in accordance with the arrangements we have with their dealer group. My financial adviser(s) and allocations are noted below.

Name of financial adviser	Allocation of dollar or percentage amount**
1.	
2.	

**Only required if the payment is to be split between two financial advisers.

Allocation of ongoing Adviser Service Fee to be deducted from each Investment option

Please Note: if no nomination is made the ongoing Adviser Service Fee will be deducted on a pro-rata basis.

Investment option	Fixed amount to be paid each month (\$)	or	Allocation of percentage
NC – Cash (3NCS)	\$		%
NC – Global Fixed Interest (3NFI)	\$		%
NC – Conservative (3NCO)	\$		%
NC – Diversified (3NDI)	\$		%
NC – Balanced (3NBA)	\$		%
NC – Growth (3NGR)	\$		%
NC – Global Property (3NPR)	\$		%
NC – Australian Shares (3NAU)	\$		%
NC – International Shares (3NIN)	\$		%
Total ongoing Adviser Service Fee	\$		100%

SECTION 9 - IDENTIFICATION AND VERIFICATION FOR INDIVIDUALS AND SOLE TRADERS ONLY

You are required to complete this section and attach your certified ID documents and, if applicable, certified ID documents of your Power of Attorney. The certifier must confirm that the photocopy is a true and correct copy of the original ID, followed by their signature, name, qualification and date.

If your financial adviser (if applicable) meets the criteria below to certify your ID documents, your financial adviser must complete section 10 of this Application Form.

Complete Part 1 (or if the individual does not own a document from Part 1, then complete either Part 2 or Part 3).

Part 1 – Acceptable primary ID documents

Select ONE valid option from this section only

Please Select
Bond owner 1 Bond owner 2
(Joint Owner)

- ◆ Australian State/Territory driver's licence containing a photograph of the person
- ◆ Australian passport (a passport that has expired within the preceding two years is acceptable)
- ◆ A card issued under a State or Territory law containing your Photograph and proof of age
- ◆ Foreign passport or similar travel document containing a Photograph and the signature of the person

Part 2 – Acceptable secondary ID documents

Complete this section if you do not own a document from Part 1

Select one valid option from this section

- ◆ Australian birth certificate
- ◆ Australian citizenship certificate
- ◆ Pension or Health care card issued by Department of Human Services (previously known as Centrelink)

And one valid option from this section

(this document must contain both your full name and residential address)

- ◆ A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you (e.g. pension statement)
- ◆ A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth or a refund by the Commonwealth to you (e.g. notice of assessment)
- ◆ A document issued by a local government body or utilities provider within the preceding three months which records the provision of services to you (e.g. electricity bill)
- ◆ If you are under the age of 18, a notice that was issued to you by a school principal within the preceding three months and records the period of time that you attended that school

Part 3 – Acceptable foreign ID documents

Complete this section if you do not own a document from Part 1

Select either

- ◆ National ID card issued by a foreign government containing a photograph and signature of the person in whose name the document is issued

Or select two valid options from this section

- ◆ Foreign driver's licence that contains your photograph and date of birth
- ◆ Foreign citizenship certificate
- ◆ Foreign government issued birth certificate

List of persons who can certify documents:

- ◆ A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- ◆ A judge of a court
- ◆ A magistrate
- ◆ A chief executive officer of a Commonwealth court
- ◆ A registrar or deputy registrar of a court
- ◆ A Justice of the Peace
- ◆ A notary public (for the purposes of the Statutory Declaration Regulations 1993)
- ◆ A notary public in a foreign country
- ◆ A police officer
- ◆ (Postal Agent) An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- ◆ (Post Office) A permanent employee of The Australian Postal Corporation with two (2) or more years of continuous service who is employed in an office supplying postal services to the public
- ◆ An Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955)
- ◆ An officer with two (2) or more years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993)
- ◆ A finance company officer with two (2) or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declarations Regulations 1993)
- ◆ An officer with, or authorised representative of, a holder of an Australian financial services licence, having two (2) or more continuous years of service with one or more licensees
- ◆ A member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two (2) or more years of continuous membership

- ◆ Documents written in a language that is not English must be accompanied by an English translation prepared by an accredited translator.
- ◆ Documents in a previous name must be accompanied by a change of name certificate (e.g. marriage certificate).

SECTION 10 - FINANCIAL ADVISER USE ONLY

Verify the individual's full name and date of birth OR residential address.

Receipt of a completed form will constitute your agreement as a reporting entity that you have completed the identification and verification of the investor for the purposes of Anti-Money Laundering and Counter-Terrorism Financing laws.

Bond Owner 1

ID document details	Document 1		Document 2	
Document type (eg Passport)				
Verified from	Original	Cerified copy	Original	Cerified copy
Document issuer				
Issue date				
Expiry date				
Document number				
Accredited English translation	N/A	Sighted	N/A	Sighted

Bond Owner 2

ID document details	Document 1		Document 2	
Document type (eg Passport)				
Verified from	Original	Cerified copy	Original	Cerified copy
Document issuer				
Issue date				
Expiry date				
Document number				
Accredited English translation	N/A	Sighted	N/A	Sighted

Lodging an Application for a Commlnsure Investment Growth Bond via eProcess (fax or email) (adviser use only)

Please read the terms and conditions below carefully before following the eProcess instructions outlined.

eProcess instructions (adviser use only):

1. Complete all relevant sections of the Application form in the PDS, dated 1 April 2017.
2. Gather all required documentation, including the completed Application Form, identification and verification schedule, and any other documentation requested. Refer to the checklist on page 34 of the PDS.
3. Fax all documents to Commlnsure Administration on **1300 852 094**. No cover sheet is required OR
4. Scan all documents and attach the file to an email addressed to **NewBusinessIGB@cba.com.au**. The subject line should read "New application for <insert clients name>."
5. Retain the original Application documents in your client file.

Depositing the initial investment via direct credit

When investing the initial investment can be directly deposited into Commlnsure Investment Growth Bond bank account instead of posting a cheque.

Instructions:

1. Deposit the investment using recipient reference 'IGB <insert your account name>' into the following bank account:
Account name: **CMLA No 1 account**, BSB: **062 000**, Account number: **1085 2246**
2. Request a receipt for the deposit.
3. Attach a copy of the deposit receipt to the Application.

*Please note we do not direct debit funds from a client's bank account.

eProcess terms and conditions (adviser use only):

By using the eProcess, I (the Advisers named in Section 10 of this Application) agree to the following additional terms and conditions:

1. Originals of all documents sent via the eProcess must be retained by me and be made available to CMLA upon request.
2. Documents sent to the nominated fax number are said to be received by CMLA on the date that they have a record of having received the documents. However, if the fax is received after 5pm on a Sydney business day, the fax will not be regarded as being received until the next Sydney business day. I also understand that where CMLA has no record of receiving a document, this may mean that I will have to recommence the application process and a new quote may be required.
3. Documents sent to the nominated email address are said to be received by CMLA on the date we have a record of sending an acknowledgement back to you that the application has been received. If your original email is received after 5pm on a Sydney business day, then we will not view the email until the next Sydney business day.

The following requirements apply to deposits into the Commlnsure Investment Growth Bond bank account

4. If you have banked the full amount in relation to any application into the bank account nominated by Commlnsure, you must attach a copy of the deposit receipt.
5. You must bank the full amount in relation to any application into the nominated bank account. Partial payments will mean that the application process will not be able to commence until we have reconciled such payments.
6. If a payment is made into any bank account other than the one nominated by Commlnsure above, Commlnsure will not be accountable for any financial losses incurred.

SECTION 10 - FINANCIAL ADVISER USE ONLY

Identification and verification conducted by

Date Verified

Name of financial adviser 1

Financial adviser's number

Phone number

AFS Licensee name

AFS Licence number

Name of financial adviser 2

Financial adviser's number

Phone number

AFS Licensee name

AFS Licence number

Customer Contact

If required, do you give us permission to contact the Bond Owner(s) direct to clarify any necessary matter?

No

Yes

Financial adviser declaration

I certify that I have provided the Bond Owner(s) with the Investment Growth Bond PDS with a date of 1 April 2017.

I certify that the adviser sections of the relevant Identification and Verification form for all Bond Owner(s) have been completed.

Where any Adviser Service Fee(s) have been noted in Section 8, I certify that I am able to set up this Adviser Service Fee arrangement with the Bond Owner(s) and that they have agreed to this arrangement and that I have read and understood page 27 of the PDS (Adviser Service Fees).

Signature of financial adviser 1

Date

Signature of financial adviser 2

Date

SECTION 11 - DUTY OF DISCLOSURE

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- ◆ that diminishes the risk to be undertaken by the insurer
- ◆ that is common knowledge
- ◆ that your insurer knows or, in the ordinary course of its business, ought to know, or
- ◆ as to which compliance with your duty is waived by the insurer.

Non disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may void your cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may void your cover at any time.

As insurer who has not voided your cover within three years of issuing it may elect to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

SECTION 12 - DECLARATION

I/We wish to apply to CMLA for the life insurance policy detailed in this Application.

I/We have read and understood:

- ◆ The Investment Growth Bond PDS. My/Our decision to apply for this policy is based on the material received and my/our understanding of the information included in the PDS
- ◆ My/Our 'Duty of Disclosure' in Section 11 of this Application. I am/we are aware of the consequences of non-disclosure. I/We understand that my/our duty to disclose continues after I/we have completed this Application until CMLA has accepted the Application for insurance in writing.

I/We declare that:

- ◆ The answers to all questions, declarations and all information supplied by me or on my behalf in relation to this application is true and correct (including those not in my/our own handwriting)
- ◆ All information supplied by me or on my behalf in relation to this application is true and correct
- ◆ I will promptly advise the Bank if it changes
- ◆ Where the applicant is an individual, I certify that I am the named person or am authorised to provide this information on their behalf
- ◆ Where the applicant is an entity, I am authorised by, and have the consent of, the entity & any Beneficial Owners* to provide the information
- ◆ The entity and any Beneficial Owners are aware that information about them and the account may be provided to the tax authorities
- ◆ All the information/documentation required under the Anti-Money Laundering and Counter-Terrorism Financing laws has been completed
- ◆ The answers given, together with any special conditions, will form the basis of the contract
- ◆ No information has been withheld which may affect CMLA's decision to provide insurance.

I/We understand that:

- ◆ The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFSL 235035 (CMLA) is a wholly owned subsidiary of the Commonwealth Bank of Australia ABN 48 123 123 124.
- ◆ The Bank and its subsidiaries (except to the extent expressly stated otherwise in the PDS) do not guarantee the performance of the Investment Growth Bond or the repayment of capital or earnings by CMLA. Investments in the Bond are not deposits or other liabilities of the Bank or its subsidiaries (other than CMLA), and investment-type products are subject to investment risk including loss of income and principal invested.
- ◆ I have read and understood the section 'Privacy of your personal information' on page 32 of the PDS. I acknowledge and consent to the use and disclosure of my personal information as detailed in that section.
- ◆ I declare that if this Application is signed under a Power of Attorney, the Attorney declares that they have not received revocation of that power (Note: a **certified** copy of the Power of Attorney should be submitted with the Application. This **must be** accompanied by information/documentation required under Anti-Money Laundering and Counter-Terrorism Financing laws for both the Power of Attorney and the Bond Owner(s)).
- ◆ The policy will not commence until CMLA accepts this application in writing, receives the first contribution and issues a Policy Document.
- ◆ I/We have read page 27 of the PDS concerning the Adviser Service Fee and consent for CMLA to deduct the Adviser Service Fee as indicated in this Application Form.
- ◆ By ticking (✓) the box beside my signature below I indicate that I do not want to receive marketing information from CMLA.

Signature of Bond Owner 1

Date

Signature of Bond Owner 2

Date

/ /

/ /

Position in company (if Bond Owner 1 is a company)

Position in company (if Bond Owner 2 is a company)

If the Applicant is a company then this must be signed by an authorised officer (e.g. Director, Company Secretary).

Signature of Life Insured 1

Date

Signature of Life Insured 2

Date

/ /

/ /

Mail this application to:

Investment Growth Bond – New Business
PO Box 320, Silverwater NSW 2128

* The definition of Beneficial Owner can vary depending on the nature of the entity structure. Please refer to the appropriate Anti-Money Laundering and Counter-Terrorism Financing forms, for specific definitions. These forms can be downloaded from commbank.com.au/igb or contact **1800 624 100** to request a copy.