

Death claim notification form (Investment Funds)



Please Note:

- This form must be completed in full, and all supporting documents provided to enable processing of your claim.
- Please attach a separate sheet if you require more room for a particular answer in this form.
- Please send the completed form and supporting certified documents to Commonwealth Financial Services, PO Box 340, Silverwater NSW 2128.

Step 1 – Details of the deceased client

Account numbers

Given names

Surname

Mailing address

State	Postcode	Country

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

Cause of death

Step 2 – Details of the person completing this form

Title Mr Mrs Miss Ms Other

Given names

Surname

Date of birth (dd/mm/yyyy)

Capacity#

Postal address

State	Postcode	Country

Contact number

Email address

State the capacity that entitles you to complete this form, e.g. joint owner of the account, partner, child, parent, beneficiary, or executor.

Account ownership

Please confirm if the account was a joint owned or a solely owned account:

Joint owner: If this is a joint owned account and you are the surviving unit holder, please:

- Provide a copy of the death certificate, go to Section 6 of this form and sign the declaration
- Both form and supporting documents can be mailed to PO Box 340, Silverwater NSW 2128

Sole owner: If this account is solely owned and in the name of the deceased, please continue to Section 3 and complete the rest of the form.

Step 3 – State of affairs at the time of death

Please answer the following questions regarding the state of the member's affairs at the time of their death:

- | | | |
|--|-----|----|
| 1. Did the deceased pass away leaving a Last Will and Testament? | Yes | No |
| 2. If you answered yes to question 1, will a Grant of Probate be sought? | Yes | No |
| 3. If you answered no to question 1, will Letters of Administration be sought? | Yes | No |

Step 4 – Direction of payment

Please provide the Australian bank details for the account:

Account type:

Personal account Estate account Solicitor's client account
Australian financial institution Branch

Account name

BSB number

Account number

Step 5 – Privacy disclosure

In this section, 'we', 'our' and 'us' means Colonial First State Investments Limited ABN 98 002 348 352 AFSL 232468 (CFSIL) as the issuer and Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life) as the administrator.

The information 'we' collect about you as a customer includes information such as your identity and contact details, other personal details such as age, gender and financial information. 'We' will not be able to administer this product for you without this information.

'We' may exchange your personal information with members of the Resolution Life Group, so that the Resolution Life Group may adopt an integrated approach to its customers. Resolution Life Group members may use this customer information in the same way 'we' use your information.

'We' may exchange your information with third parties where this is permitted by law or for any of the purposes 'we' use your information.

Third parties include:

- those who refer your business to 'us'
- any person acting on your behalf, including your financial adviser, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- external product providers into which you might direct some of your investment or other product providers to which your investment might be transferred
- where 'we' are required to under domestic or foreign law
- medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- reinsurers and auditors
- claims-related providers such as assessors and investigators (so that any claim you make can be assessed and managed), insurance reference agencies (where 'we're considering whether to accept a proposal of insurance from you and, if so, on what terms)
- organisations to whom 'we' may outsource certain functions
- government and law enforcement agencies or regulators
- entities established to help identify illegal activities and prevent fraud and
- the life insured, policy owner or beneficiaries of a policy issued by 'us'.

In all circumstances where 'our' contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by 'our' agents, contractors and outsourced service providers for 'our' purposes.

'We' may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter-terrorism financing.

The law allows you (subject to permitted exceptions) to access your information. 'We' may charge you for providing this access. You can do this by contacting:

Email au.service@resolutionlife.com.au

Post **Resolution Life Customer Resolutions**
PO Box 234
Parramatta NSW 2124

Step 6 – Declaration and indemnity

I/We

of (your address)

1. Do solemnly and sincerely declare that the information provided by me/us is true and correct; and
2. Make this solemn declaration by virtue of the Statutory Declaration Act 1959 as amended and subject to the penalties provided in that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true; and
3. Agree that in consideration of CFSIL releasing the above units as directed by me/us, I/we undertake first to apply them in payment of due debts of the deceased member; and
4. Promise and further agree to hold CFSIL indemnified against all actions, suits, claims or demands which may be brought or made upon the CFSIL and also against all losses, costs, charges and expenses which the CFSIL may incur or be liable for in respect of the said assets or proceeds.

Beneficiary or Executor(s) or Administrator(s) 1

Full name

Date (dd/mm/yyyy)

Signature

X

Beneficiary or Executor(s) or Administrator(s) 2 (if applicable)

Full name

Date (dd/mm/yyyy)

Signature

X

Power of Attorney (if applicable)

Full name

Date (dd/mm/yyyy)

Signature

X

Step 7 – Document checklist

Please complete the following checklist and attach **certified copies** of all required documents.

Document	Why is this required?	Attached
1. Deceased's Death Certificate	Required in all cases as a proof of deceased's death.	
2. Evidence of name change	Required where the deceased had a name change.	
3. Last Will and Testament	Required if the deceased left a Last Will and Testament.	
4. Grant of Probate or Letters of Administration	Required where either of these items has already been obtained.	
5. Your certified ID	Required to identify the person(s) completing this form.	

What you should know

Colonial First State Investments Limited ABN 98 002 348 352, AFSL No. 232468 (CFSIL) is the responsible entity of the Commonwealth Investment Funds (Funds). Resolution Life Services Australia Pty Ltd ABN 49 631 346 391 (Resolution Life), on behalf of CFSIL, is the administrator of the Funds. The information contained in this document is factual information only and it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Commonwealth Financial Services is a registered business name of CFSIL. Resolution Life is part of the Resolution Life Group and can be contacted via resolutionlife.com.au/contact-us or by calling 133 731.



How to submit your documents

Please provide your completed and signed form with relevant supporting documents via post.

Commonwealth Financial Services, PO Box 340, Silverwater NSW 2128