



# Challenger Guaranteed Personal Superannuation Withdrawal/Rollover request form



Office use only

## 1. Investor details

Account Number

Surname

Full Given Name(s)

Investors changing name need to supply an original certified copy of either marriage certificate/Deed Poll and confirmation of change of signature.

Title (Mr/Mrs/Ms etc)

Residential address (must not be a PO Box)

Suburb  State

Postcode  Country

Phone (after hours)  Phone (business hours)

## 2. Retirement Declaration

If making a cash withdrawal, please choose one of the following:

- Please withdraw from unrestricted non-preserved funds only
- I am over 55 years old and have permanently retired from the workforce
- I have attained age 65
- I have terminated employment after turning 60 years of age

If none of the above statements apply, please contact Investor Services on 13 35 66

## 3. Tax File Number Notification

TFN

We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. Before providing your TFN (individuals only) to us we are required to tell you the following:

- It is not an offence not to quote your TFN but if you choose not to quote it:
    - we will be unable to accept certain types of contributions;
    - additional tax of 31.5% may apply to contributions that we can accept ('No TFN contributions tax');
    - we may be required to deduct tax at the highest marginal rate (plus Medicare levy) from the taxable component of superannuation benefits you take in cash; and
    - it may be harder to find superannuation accounts held in your name.
- These consequences may change in the future.
- Your TFN will be used for legal purposes only. These purposes include:
    - providing information (including your TFN) to the ATO; and
    - passing your TFN onto other superannuation funds that receive benefits transferred from us (unless you instruct us in writing not to pass on your TFN).
- These purposes may change in the future as a result of changes to legislation.

Issued by: Challenger Retirement and Investment Services Limited  
(ABN 80 115 534 453)  
(AFSL 295642)  
(RSE Licence Number L0001304)





**4. Cash Withdrawal details**

**Amount to be withdrawn:**

Full Withdrawal

Partial Withdrawal

\$    ,    ,    .

Gross

Net

Please note that an early withdrawal from a fixed term investment will result in a Commutation Value as outlined in the fund's Product Disclosure Statement (PDS). Please contact Investor Services on 13 35 66 to get an approximate Commutation Value. The Commutation Value is subject to change on a daily basis.

**Payment method:**

By cheque  Payable to investor and mailed to address on file

Direct credit

Institution

Branch

Account Name

You can only nominate a bank account that is held in your name

Branch number (BSB)    -

Account number

If you are requesting a payment to an account we do not have recorded on file, we will require this form to be sent via mail with original signatures. Challenger will not accept instructions to make payments to unrecorded bank accounts by fax, telephone or e-mail.

**5. Rollover Details**

**Amount to be rolled over:**

Full Rollover

Partial Rollover

\$    ,    ,    .

Please note that an early withdrawal from a fixed term investment will result in a Commutation Value as outlined in the fund's Product Disclosure Statement (PDS). Please contact Investor Services on 13 35 66 to get an approximate Commutation Value. The Commutation Value is subject to change on a daily basis.

Name of Rollover institution

Surname

Suburb                      State

Postcode     Country

SPIN

ABN



## 6. Customer identity verification (not required for rollovers)

If your plan commenced after 12 December 2007 and you are not rolling over to another superannuation product, you must complete this section. You are required to provide certified copies of the identity verification documents listed (ensuring each page is certified).

### i. Identity verification for **Australian residents**.

Information required to be verified Please ensure the document(s) you provide confirm(s) the following:	Verification options Please cross (X) which document(s) you have provided:
<ul style="list-style-type: none"> <li>• Full name of individual; and either:                             <ul style="list-style-type: none"> <li>– residential address of the individual; or</li> <li>– date of birth.</li> </ul> </li> </ul> <p>Please note:</p> <ul style="list-style-type: none"> <li>• documents are required to be certified copies of the original</li> <li>• documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted)</li> <li>• if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator</li> <li>• if any document is in a previous name, then it must be accompanied by evidence of the change of name (eg a marriage certificate)</li> </ul>	<p>Please provide EITHER A or B.</p> <p>A) a valid copy of <b>ONE</b> of the following documents:</p> <p><b>Investor</b></p> <p><input type="checkbox"/> Australian driver's licence containing your photograph; or</p> <p><input type="checkbox"/> Passport containing your photograph and signature; or</p> <p><input type="checkbox"/> Proof of age card issued under a State or Territory law containing your photograph.</p> <p><b>OR</b> if none of the above can be provided, please provide i and ii below:</p> <p>B) i. a valid copy of <b>ONE</b> of the following documents:</p> <p><input type="checkbox"/> Birth certificate; or</p> <p><input type="checkbox"/> Australian birth extract; or</p> <p><input type="checkbox"/> Australian citizenship certificate; or</p> <p><input type="checkbox"/> Pension card issued by the Department of Human Services (eg Centrelink) or the Department of Veterans' Affairs; or</p> <p><input type="checkbox"/> Health care card issued by the Department of Human Services (eg Centrelink);</p> <p><b>AND</b></p> <p>ii. a valid copy of a notice that contains your name and residential address which was issued to you by either:</p> <p><input type="checkbox"/> the Commonwealth or a State or Territory within the preceding 12 months and records the provision of financial benefits; or</p> <p><input type="checkbox"/> the ATO within the preceding 12 months and records a debt payable by or to you; or</p> <p><input type="checkbox"/> a local government body or utilities provider within the preceding three months and records the provision of services to you; or</p> <p><input type="checkbox"/> if residing in a care facility, an invoice issued by that facility within the preceding three months and records the provision of services to you.</p>

### ii. Identity verification for **non-Australian residents**.

Information required to be verified Please ensure the document(s) you provide confirms the following	Verification options Please cross (X) which document(s) you have provided:
<ul style="list-style-type: none"> <li>• Full name of individual; and either:                             <ul style="list-style-type: none"> <li>– residential address of individual; or</li> <li>– date of birth.</li> </ul> </li> </ul>	<p>Please provide EITHER A or B.</p> <p>A) a valid copy of <b>ONE</b> of the following documents:</p> <p><input type="checkbox"/> Foreign passport, or similar travel document bearing your signature and photograph; or</p> <p><input type="checkbox"/> National identity card issued by a foreign government bearing your signature and photograph.</p> <p><b>OR</b> if none of the above can be provided, please provide:</p> <p>B) valid copies of <b>TWO</b> of the following documents:</p> <p><input type="checkbox"/> Foreign driver's licence that contains your photograph; and/or</p> <p><input type="checkbox"/> Citizenship certificate issued by a foreign government; and/or</p> <p><input type="checkbox"/> Birth certificate issued by a foreign government.</p>



**7. Additional customer identity verification (non Australian or New Zealand residents only)**

Only complete this section if your residential address is not in Australia or New Zealand, your policy commenced after 12 December 2007 and you are not rolling over to another superannuation product.

What is your country of citizenship?

What other names are you known by?

If you are known by any name(s) other than your full name you provided in section 1, please provide your other name(s) in full.

What is your occupation?

What is your source of funds?

**8. Declaration**

- I declare that:
- All details in this form are true and correct and I indemnify Challenger Retirement and Investment Services Limited (ABN 80 115 534 453) (AFSL 295642) (RSE Licence Number L0001304) against any liabilities whatsoever arising out of it acting on any of these details or any further details provided by me in connection with this form;
  - I understand that where I am withdrawing/rolling over from a fixed term investment option before the end of the Guaranteed Earning Rate Period, a commutation value will be payable. (The commutation value payable will depend on a number of factors including the remaining term of your investment, the prevailing interest rates at the time of withdrawal/rollover and the estimated cost to Challenger for early withdrawal);
  - By signing this form I declare that I have read and understood the current Product Disclosure Statement;
  - I understand that where my withdrawal/rollover request will result in an account balance below the fund's minimum, my withdrawal/rollover request will be treated as a request for a full withdrawal/rollover;
  - If this form is signed under Power of Attorney, the Power of Attorney declares that he/she has not received notice of revocation of that power (a certified copy of the Power of Attorney must be submitted with this form).

Signature  Date  /  /

Surname

Given name

Please send the completed form to (no stamp required):  
 Challenger Retirement and Investment Services Limited  
 Reply Paid 3698  
 Sydney NSW 2001

