

6. Customer identity verification

If you do not have an existing investment with Challenger you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents/records. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

Please note:

- documents are required to be certified copies of the original;
- 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);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

Please provide document(s) from either A or B

Note: At least one document must show your date of birth.

A. A valid copy of one of the following documents:

- Australian driver's licence containing your photograph; or
- Australian passport containing your photograph and signature; or
- A card issued under a State or Territory law containing your photograph and proof of age.

B. OR If one of the above cannot be provided, please provide one document from group 1 and one document from group 2 below:

| | |
|---|--|
| <p>Group 1</p> <p>A copy of one of the following documents:</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth certificate or Australian birth extract; or<input type="checkbox"/> Australian citizenship certificate; or<input type="checkbox"/> Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs. | <p>Group 2</p> <p>(The document must contain your full name and current residential address as shown in the application form)</p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"><input type="checkbox"/> A notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.:<ul style="list-style-type: none">– Council rates notice– Electricity bill– Gas bill– Water rates notice– Telephone bill– Internet services bill<input type="checkbox"/> A letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.:<ul style="list-style-type: none">– Pension Statement– Rent Assistance Statement– Mobility Allowance Statement– Utilities Allowance Statement<input type="checkbox"/> A letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.:<ul style="list-style-type: none">– Notice of assessment– Payment reminder<input type="checkbox"/> If residing in a residential care facility, a notice or invoice issued by that facility within the preceding three months that records the provision of care services to you. |
|---|--|

If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

- Foreign passport, or similar travel document bearing your signature and photograph; or
- National identity card issued by a foreign government that contains your photograph and either your signature or your unique identifier; or
- Foreign driver's licence that contains your photograph.

How to certify documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording

I, [full name], a [category of persons listed below], certify that this [name of document] is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

8. Tax residency information

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 be as a result of citizenship or residency.

Tax Identification Number (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 Social Security Number in the US.

Please answer BOTH tax residency questions.

Are you an Australian resident for tax purposes? Yes No

Are you a tax resident of another country? Yes No

If you are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) or equivalent below. If you are a tax resident of more than one country, please list all relevant countries below.

| | | | | | |
|------------|----------------------|-----|----------------------|----------------------------------|----------------------|
| 1. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 2. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 3. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |
| 4. Country | <input type="text"/> | TIN | <input type="text"/> | If no TIN, list reason A, B or C | <input type="text"/> |

Reason A – The country of tax residency does not issue TINs to tax residents.

Reason B – I have not been issued with a TIN.

Reason C – The country of tax residency does not require the TIN to be disclosed.

9. Adviser service fees (as per attached quotation)

Upfront adviser service fee* \$

Ongoing adviser service fee (p.a.) \$

* The dollar amount of this service fee is shown on the quotation provided to you by your adviser. We will also confirm the amount on your Investor Certificate.

I authorise the payment of the above adviser service fee(s) and acknowledge that the ongoing adviser service fee is an ongoing arrangement that will continue until I direct my financial adviser or inform Challenger otherwise. I understand that fees cannot be refunded by Challenger once paid to my adviser.

Where I have consented to the payment of an adviser service fee(s), I direct Challenger to pay the fee(s) to the Australian Financial Services Licensee responsible for my financial adviser (or my financial adviser directly if they are the Licensee) and I acknowledge that the amount of my regular payments will be less than if I chose not to pay a fee(s).

I understand and agree that the fees are calculated on the total CarePlus investment amount and will be deducted from my regular Annuity payments.

10. Declaration

I declare that:

- all details in this application (including all related documents provided) are true and correct and I indemnify Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (Challenger) against any liabilities whatsoever arising out of it acting on any incorrect or misleading information provided by me in connection with this application or in the future;
- I have received a copy of the current CarePlus PDS and the Annuity and Insurance Policy Documents to which this application applies and have read them. I agree to be bound by the provisions of the policies (including the Policy Documents and Investor Certificates) and the PDS and application. In the event of any inconsistency between the PDS and Policy Documents, I acknowledge that the terms of the Policy Documents prevail;
- I have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I have received and accepted this offer in Australia;
- the details of my financial products can be provided to the dealer group or adviser listed in this application form or as otherwise notified to Challenger by the means and in the format that they direct;
- I understand that the application form, together with any Challenger quotation, will be relied upon by Challenger in its decision to issue an Insurance policy and/or Annuity policy. Where the information on the quotation differs to that on the application form, the policies will be based on the information provided on the application form;
- I agree Challenger has the right to recover from me, by deduction from the sum insured before it is payable to my nominated beneficiaries or estate, any monies owing to Challenger (owing from the 'Insurance policy' or any other policy);
- I agree to provide proof of survival when requested by Challenger;
- I confirm that I am not holding the Annuity or Insurance on behalf of anybody else;
- I acknowledge and provide my express consent and authorisation to Challenger to pay the adviser service fees mentioned in section 9 of this application form to my financial adviser;
- Information, reports and other communication to me may be delivered electronically by e mail or other electronic means;

10. Declaration (continued)

In relation to your personal information:

- I acknowledge that I have read the pages of the PDS containing the information under the heading 'Privacy and personal information'. I am aware that until I inform Challenger otherwise, I will be taken to have consented to all the uses of my/our personal information (including marketing) contained under that heading and I have consented to the provision of, and authorised my financial adviser to provide, such personal information to Challenger and its related entities as is required or reasonably deemed necessary by Challenger and its related entities under applicable law. I declare that any third party information in this application has been provided with the third party's consent and I have shown that third party the pages of the PDS containing the information under the heading 'Privacy and personal information'.
- I understand that if I fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my information as detailed in the PDS (except in relation to direct marketing material), my application may not be accepted by Challenger and I agree to release and indemnify Challenger in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

In relation to an application signed under power of attorney, the attorney declares that:

- I have not received notice of revocation of that power (a certified copy of the power of attorney should be submitted with this application);
- where the attorney has completed the nominated beneficiary(ies) section in this application:
 - I understand restrictions apply to attorneys granting benefits to themselves or other people and entering into conflict transactions;
 - the conferring of the benefit on me as the attorney or any other person nominated is authorised under the power of attorney;
 - the nomination (and any subsequent benefit received under such nomination) does not confer a benefit that is more than reasonable having regard to all the circumstances of the applicant/life insured including their entire estate;
 - in the circumstances of the applicant/life insured's wishes and Will, I do not consider that in making the nomination I have acted in a conflict of interest with the applicant/life insured or with my duty as attorney;
 - I understand that where the power of attorney does not authorise me to give myself or any other person nominated a benefit or to enter into a conflict transaction, the entire nomination will be considered invalid and the whole death benefit will be paid to the applicant/life insured's estate.

Investor/Power of Attorney 1

Signature (please sign)

Print name

Date

Power of Attorney 2

Signature (please sign)

Print name

Date

Power of Attorney 3

Signature (please sign)

Print name

Date

11. Adviser details

By signing this section I declare that:

- The attached documents are true and correct copies of the documents used to satisfy the customer identity verification requirements and I have complied with my obligations under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- The information requested in the 'Additional information' section (if applicable) and the required identity verification documents/records have been provided and I have explained to the applicant that payments to the applicant will be withheld until any additional information required is provided.
- I confirm that the documents contain the full name and address of the applicant (new care entrants only).
- I confirm that the adviser service fees set out in section 9 of this application form have been agreed to by the applicant.
- Where a beneficiary nomination has been made under a power of attorney, I have informed the applicant and the attorney that unless the power of attorney document gives the attorney authority to give themselves or any other person nominated that benefit or enter into a conflict transaction, the entire nomination will be invalid, as referred to in the PDS.

Adviser name

Adviser group name

Adviser group AFSL no.

Adviser telephone

Signature (please sign)

Date

Please post all documentation (no stamp required) to the address below.

Challenger
Reply Paid 3698
SYDNEY NSW 2000

Adviser comment/special instructions



Tax file number declaration

This declaration is NOT an application for a tax file number.

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print X in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

Please refer to the ato.gov.au for instructions on how to complete this form.

Section A: To be completed by the PAYEE

1 What is your tax file number (TFN)?

For more information, see question 1 on page 2 of the instructions.

OR I have made a separate application/enquiry to the ATO for a new or existing TFN.

OR I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

OR I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

2 What is your name? Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

3 What is your home address in Australia?

Suburb/town/locality

State/territory

Postcode

4 If you have changed your name since you last dealt with the ATO, provide your previous family name.

5 What is your primary e-mail address?

6 What is your date of birth? / /

7 On what basis are you paid? (select only one)

Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

8 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes OR A working holiday maker

9 Do you want to claim the tax-free threshold from this payer?

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

Yes No Answer no here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?

Yes Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. No

DECLARATION by payee: I declare that the information I have given is true and correct.

Signature

Date / /

There are penalties for deliberately making a false or misleading statement.

Once section A is completed and signed, give it to your payer to complete section B.

Section B: To be completed by the PAYER (if you are not lodging online)

1 What is your Australian business number (ABN) or withholding payer number?

Branch number (if applicable)

2 If you don't have an ABN or withholding payer number, have you applied for one? Yes No

3 What is your legal name or registered business name (or your individual name if not in business)?

C H A L L E N G E R L I F E

C O M P A N Y L I M I T E D

4 What is your business address?

L E V E L 2

5 M A R T I N P L A C E

Suburb/town/locality

S Y D N E Y

State/territory

Postcode

5 What is your primary e-mail address?

6 Who is your contact person?

Business phone number

7 If you no longer make payments to this payee, print X in this box.

DECLARATION by payer: I declare that the information I have given is true and correct.

Signature of payer

Date / /

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740



30920619

Sensitive (when completed)



Withholding declaration

Complete this declaration to authorise your payer to adjust the amount withheld from payments made to you.

You must provide, or have previously provided, your payer with a completed *Tax file number declaration* (NAT 3092) quoting your tax file number or claiming an exemption from quoting it, before you can make a *Withholding declaration*.

- Refer to the Instructions to help you complete this declaration.
- Print neatly in BLOCK LETTERS.
- Print in the appropriate boxes.

Section A: Payee's declaration

➤ To be completed by payee.

1 What is your name? Title: Mr Mrs Miss Ms Other

Family name

Given names

2 What is your date of birth? Day / Month / Year

3 What is your tax file number (TFN)?

➤ For information about tax file numbers, see instructions.

If you have not provided your TFN, indicate if any of the following reasons apply:

- I have lodged a TFN application. I am claiming an exemption because I am a pensioner. I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

4 Are you an Australian resident for tax purposes? Yes No You must answer **no** at question 5.

5 Are you claiming or do you want to claim the tax-free threshold from this payer? Yes No You must answer **no** at questions 7 and 8.

6 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Yes No

(b) Do you have a Financial Supplement debt? Yes No

7 Do you want to claim or vary your tax offset by reducing the amount withheld from payments made to you? Yes No

Insert your estimated total tax offset amount.

8 Do you want to claim or vary the seniors and pensioners tax offset entitlement by reducing the amount withheld from payments made to you? Yes No

Are you: single a member of an illness-separated couple a member of a couple

DECLARATION BY PAYEE

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

- ⊖ The tax laws impose heavy penalties for giving false or misleading statements.

I declare that the information I have given on this form is true and correct.

Signature of payee

Date / /

Section B: Payer's declaration

- To be completed by payer.

YOUR DETAILS

- 1 **What is your Australian business number (ABN) (or your withholding payer number if you are not in business)?**

- 2 **What is your registered business name or trading name (or your individual name if you are not in business)?**

- **How much should you withhold?**

The payee's answers to questions 4 and 5 will indicate which of the weekly, fortnightly or monthly tax tables you should use as the base rate of withholding.

A **yes** answer at question 6 will require an amount to be withheld as specified in the HELP/SSL/TSL tax tables or Student Financial Supplement Scheme tax tables.

A **yes** answer at question 7 or 8 will generally require a variation of the rate of withholding specified in the tax tables.

DECLARATION BY PAYER

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

- ⊖ The tax laws impose heavy penalties for giving false or misleading statements.

I declare that the information I have given on this form is true and correct.

Signature of payer

Date / /

Written notice

This declaration will constitute written notice under section 15-15 of Schedule 1 to the *Taxation Administration Act 1953* (TAA 1953) of the Commissioner's approval to vary the amount required to be withheld where:

- the payee has given a completed *Tax file number declaration* to the payer, or they have entered into a voluntary agreement with the payer.
- the payee has notified the payer of the varied rate of withholding in writing on this approved form at section A.

Storing and disposing of withholding declarations

The information in the completed *Withholding declaration* form must be treated as sensitive. Once you have completed, signed and dated the declaration, file the declaration form. **Do not send the declaration to us.**

Under the TFN guidelines in the *Privacy Act 1988*, you must use secure methods when storing and disposing of TFN information. Under tax laws, if a payee submits a new *Withholding declaration* or leaves your employment, you must still keep this declaration for the current and next financial year.

- ⚠ **Do not send this declaration form to us.**

Sensitive (when completed)