

Challenger Guaranteed Annuity (Fixed Term) Application Form – Australian Company/Trust/ Superannuation Fund (Issue date: 20 May 2019)



Office use only

Please use block letters and black ink to complete this form.

1. Investment details

Do you already have an investment with Challenger?

Yes

Existing policy name

Existing policy no. (if known)

No

2. Investor type

Please select what type of Australian entity is investing.

- | | |
|---|---|
| <input type="checkbox"/> Company | <input type="checkbox"/> Registered managed investment scheme |
| <input type="checkbox"/> Regulated superannuation fund (company trustee) | <input type="checkbox"/> Unregulated trust (company trustee) |
| <input type="checkbox"/> Regulated superannuation fund (individual trustee) | <input type="checkbox"/> Unregulated trust (individual trustee) |

For the purposes of this form an unregulated trust will be a trust not subject to oversight of an Australian statutory regulator (e.g. family trust, discretionary trusts or charitable trust).

If you are investing as part of a custodial relationship, please contact Challenger for the correct application form.

3. Investor details

Please provide details of the investing entity.

3A. Regulated superannuation fund, registered managed investment scheme or trust

Please ensure you provide the required identity verification documents for the trust (refer to section 12C).

Full name of entity

Country of establishment

ABN

TFN Tax exemption

For unregulated trusts (e.g. family trust, discretionary trust or charitable trust), please provide further details below.

Trust type

Full name of trust settlor

The Challenger Guaranteed Annuity (Fixed Term) Product Disclosure Statement (PDS) dated 20 May 2019 gives information about investing in the Guaranteed Annuity (Fixed Term) (Annuity). Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (Challenger) is the Issuer of the Annuity. Any person who gives another person access to this application form must also give the person access to the PDS and any supplementary PDS. You should read the PDS before completing this application form.

Challenger or a financial adviser who has provided an electronic copy of the PDS will send you a paper copy of the PDS and any supplementary document and application form free of charge if you so request.

3. Investor details (continued)

3B. Company or company acting as trustee

Please ensure you provide the required identity verification documents for the company or company acting as trustee (refer to section 12B).

Select the applicable company type:

- Public (company whose name does NOT include the word Pty or Proprietary)
- Proprietary (company whose name ends with Proprietary Ltd or Pty Ltd; also known as private company)

Full name of company

Business name (if applicable)

ACN ABN

TFN Tax exemption

Principal place of business (cannot be a PO Box)

Contact name

Street address

Suburb State

Postcode Country

Phone Mobile

Registered office (cannot be a PO Box)

Cross this box if registered address is same as principal place of business (above).

Contact name

Street address

Suburb State

Postcode Country

Phone Mobile

4. Account contact details

C/- (if applicable)

Street address or PO Box

Suburb State

Postcode Country

Phone Mobile

Email

5. Investment details

Amount to be invested \$ (minimum \$10,000).

Please select your payment method:

- Direct debit from your account (please complete the direct debit authority form)
- Cheque drawn on your account (please make cheque payable to 'Challenger Life Company Limited <insert the name of the investor>')

Please select (✓) the source of the funds being invested.

- Investment income (e.g. rent, dividends, pension) Income from operating a business
- One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Sale of assets (e.g. shares, property) Windfall (e.g. gift, lottery winnings) Borrowed funds Charitable donations

6. Annuity options – please ensure that your quote is attached to the application form

Please set up my Annuity

as per quote ID – – –

Note: The quote ID can be found at the top of the quotation.

7. Financial institution account details – we will make regular payments to this account

We will not make payments to a third party. Cheque payments are not available.

Bank

Branch

Account name

BSB number – Account number

8. Specified individuals – Company or company acting as trustee

8A. Director details

Please provide details of the individuals authorising this investment. Please ensure you provide the required identity verification documents as per section 12A.

For company trustees of a regulated trust, you only need to provide the names of directors.

Sole or Primary director

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Second director or secretary

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

8B. Additional directors (proprietary companies only)

Please provide names of additional directors below.

Full name

Full name

Full name

Full name

If there are more directors, tick this box and provide their details on a separate piece of paper. If not, please proceed to section 8C.

8. Specified individuals – Company or company acting as trustee (continued)

8C. Substantial shareholder details

Company trustees for regulated superannuation funds or registered managed investment schemes are not required to complete this section.

Does the company have any substantial shareholders?

Substantial shareholders are individuals with ultimate ownership, directly or indirectly, of 25% or more of the company's issued capital. Ultimate ownership of a company's issued capital includes an individual's aggregated holdings through a chain of company ownership.

Yes ► Please provide details below. No ► If the company is acting as trustee proceed to section 9C, if not proceed to section 10.

Please ensure to provide the required identity verification documents as per section 12A for each substantial shareholder.

Substantial shareholder 1

Tick this box if Substantial shareholder 1 is the same as the sole or primary director in section 8A. If not, please provide their details below.

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial shareholder 2

Tick this box if Substantial shareholder 2 is the same as the second director or secretary in section 8A. If not, please provide their details below.

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial shareholder 3

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial shareholder 4

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

9. Specified individuals – Superannuation fund and other trusts

9A. Individual trustee(s)

Please provide details of the individuals authorising this investment. Please ensure you provide the required identity verification documents as per section 12A.

Primary trustee (primarily responsible for the trust)

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Second trustee (only required for an unregulated trust)

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

9B. Additional trustees (only required for an unregulated trust)

If your trust is regulated, please proceed to section 11.

Third trustee

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Fourth trustee

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

If there are more trustees, tick this box and provide their details on a separate piece of paper. If not, please proceed to section 9C.

9. Specified individuals – Superannuation fund and other trusts (continued)

9C. Substantial trust beneficiary details

You are not required to complete this section if the investing entity is a regulated trust.

Does the trust have any substantial beneficiaries?

Substantial trust beneficiaries are individuals specified in the trust deed with ultimate entitlement, directly or indirectly to 25% or more of trust income/assets. Where trust beneficiary is a company you must consider an individual's ownership of any issued share capital of the company when disclosing whether they are a substantial trust beneficiary.

Yes ► Please provide details below. No ► Please proceed to section 9D.

Please ensure to provide the required identity verification documents as per section 12A.

Substantial trust beneficiary 1

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial trust beneficiary 2

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial trust beneficiary 3

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Substantial trust beneficiary 4

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

9. Specified individuals – Superannuation fund and other trusts (continued)

9D. Other substantial trust beneficiaries

Please provide names of other trust beneficiaries below then proceed to section 9E.

Full name

Full name

Full name

Full name

9E. Beneficiary classes

If the trust deed refers to beneficiaries in relation to membership of a class, tick this box and list each class below.

Class 1

Class 2

Class 3

Class 4

If there are more Beneficiary classes, tick this box and provide their details on a separate piece of paper.
If not, please proceed to section 10.

10. Other individuals controlling the entity

Are there any individuals exercising control over your entity other than those listed under sections 8A, 8C, 9A or 9C?
If your entity is a trust with a company trustee, consider both the trust and the company trustee when answering this question.

Yes ▶ Please provide details below. No ▶ Please proceed to section 11.

Individual 1

Capacity / Role

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

Individual 2

Capacity / Role

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth / /

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

10. Other individuals controlling the entity (continued)

Individual 3

Capacity / Role

Full name

Title (Mr/Mrs/Miss/Ms) Date of birth

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

If there are any other individuals exercising control over your entity tick this box and provide their details on a separate piece of paper. If not please proceed to section 11.

11. Additional information

Complete this section if any of the below conditions apply to the investing entity:

- The residential address, postal address or tax residency of any specified individual associated with the entity, as detailed in section 8A, 8C, 9A, 9C or 10 is outside Australia or New Zealand; or
- The entity is investing \$1 million or more; or
- The entity is a charity, aid organisation, foundation or a not-for-profit organisation.

Purpose/activities of the entity

Date of formation

Select (✓) primary source(s) of the overall wealth of the investing entity

- Investment income (e.g. rent, dividends, pension)
- One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Sale of assets (e.g. shares, property)
- Borrowed funds
- Charitable donations
- Income from operating a business

Select (✓) primary source(s) of the overall wealth of specified individuals associated with the entity (i.e. individuals listed in section 9, 10 or 11).

- Income from employment – regular and/or bonus
- One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Windfall (e.g. gift, lottery winnings)
- Sale of assets (e.g. shares, property)
- Borrowed funds
- Income from operating a business
- Investment income (e.g. rent, dividends, pension)

Is the investing entity a charity, aid organisation, foundation or a not-for-profit organisation?

- Yes ► Does it provide financial or other support to recipients overseas?
 - Yes ► Please list destination countries
 - No
- No

12. Identity verification

12A. Specified individuals

This section must be completed by the following individuals.

- Primary Individual Trustee of the unregulated trust in section 9A.
- Second Individual Trustee of the unregulated trust in section 9A if signing in section 16.
- Each substantial trust beneficiary of the unregulated trust in section 9C.
- Each substantial shareholder (of company or company trustee) in section 8C.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 8A.
- Other individuals controlling the entity listed in section 10.

Please provide document(s) from either A or B

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. 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
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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.

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).

12. Identity verification (continued)

12B. Company or company acting as trustee

Please ensure the document(s) you provide confirm(s) either A or B and tick (✓) which document(s) you have provided.

A. whether the company is: <ul style="list-style-type: none">• listed; or• a majority owned subsidiary of a listed company; or• regulated.	<input type="checkbox"/> Up-to-date extract from the ASX database (if applicable); or <input type="checkbox"/> Public document issued by the company; or <input type="checkbox"/> Up-to-date extract from the relevant regulator's database (if regulated).
B. if the company is none of these, the: <ul style="list-style-type: none">• full name of the company; and• whether the company is registered as a proprietary or a public company; and• ACN.	<input type="checkbox"/> Certificate of registration issued by ASIC; or <input type="checkbox"/> Up-to-date extract from ASIC database.

12C. Trust

Please ensure the document(s) you provide confirm(s) one of the following and tick (✓) which document(s) you have provided.

Superannuation funds	<input type="checkbox"/> Up-to-date extract from ATO/APRA; or <input type="checkbox"/> Up-to-date extract of the legislation establishing the government superannuation fund sourced from a government website.
Registered managed investment scheme	<input type="checkbox"/> Up-to-date extract from ASIC.
Unregulated trusts <ul style="list-style-type: none">• full name of Trust; or• name of Trust settlor.	<input type="checkbox"/> Provide documentation confirming the existence of the Trust and the name of the settlor (e.g. trust deed or extract of the trust deed).

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.

12. Identity verification (continued)**Who can certify documents?**

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none">• Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth))• Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth))• Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees
Post office	<ul style="list-style-type: none">• Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public• Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
JP	<ul style="list-style-type: none">• Justice of the Peace
Legal	<ul style="list-style-type: none">• 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 (however described)• Judge of a court• Magistrate• Chief executive officer of a Commonwealth court• Registrar or deputy registrar of a court• Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))• Person authorised as a notary public in a foreign country
Police	<ul style="list-style-type: none">• Australian Police officer
Diplomatic service	<ul style="list-style-type: none">• Australian consular officer• Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))
Accountant	<ul style="list-style-type: none">• Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership

13. Foreign Tax Status – Information required for international tax reporting requirements

You are not required to complete this section if the investing entity is a self-managed superannuation fund or other regulated superannuation fund.

13A. Entity type/tax status

Select the applicable entity type from below.

- 1. A Financial Institution
 (A custodial or depository institution, an investment entity or a specified insurance company for FATCA/CRS purposes).
 - a) Does the financial institution have a Global Intermediary Identification Number (GIIN)?
 - Yes ▶ GIIN
 - No ▶ Select the entity's FATCA status from below
 - Deemed Compliant Financial Institution
 - Excepted Financial Institution
 - Exempt Beneficial Owner
 - US Financial Institution
 - Non participating Financial Institution
 - Non Reporting IGA Financial Institution (If the Entity is a Trustee-Documented Trust, provide the Trustee's GIIN)
 -
 - Other (Describe the company's FATCA status in the box provided)
 -
 - b) Is the Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction and managed by another Financial Institution?
 - Yes ▶ Proceed to section 13B.
 - No ▶ Proceed to section 14.
- 2. A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation, central Bank, an Australian Registered Charity or Deceased Estate
 ▶ Please proceed to section 14.
- 3. A Foreign Charity or an Active Non-Financial Entity (NFE)*
 ▶ Please proceed to section 13C.
- 4. Other (Entities that are not previously listed – Passive Non-Financial Entities)
 ▶ Please proceed to section 13B.

* (Active NFEs include entities where, during the previous reporting period, less than 50% of their gross income was passive income (e.g. dividends, interests and royalties) and less than 50% of assets held produced passive income. For other types of Active NFEs, refer to Section VIII in the Annexure of the OECD 'Standard for Automatic Exchange of Financial Account Information' at www.oecd.org.)

13. Foreign Tax Status – Information required for international tax reporting requirements (continued)

13B. Foreign Controlling Persons (Individuals)

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.

Are any of the individuals listed in the application form (directors, substantial shareholders, trustees, trust settlors or trust beneficiaries) tax residents of countries other than Australia?

- Yes ► please provide each individual's full name, country of tax residence and tax identification number (TIN) or an equivalent below. Please include multiple countries and TINs, if applicable.
- No ► proceed to section 13C.

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.

Individual 1

Full name

Residential address (if not previously provided on this application form)

Street address

Suburb State

Postcode Country

1. Country TIN

If no TIN, list reason A, B or C

2. Country TIN

If no TIN, list reason A, B or C

3. Country TIN

If no TIN, list reason A, B or C

4. Country TIN

If no TIN, list reason A, B or C

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.

Individual 2

Full name

Residential address (if not previously provided on this application form)

Street address

Suburb State

Postcode Country

1. Country TIN

If no TIN, list reason A, B or C

2. Country TIN

If no TIN, list reason A, B or C

3. Country TIN

If no TIN, list reason A, B or C

4. Country TIN

If no TIN, list reason A, B or C

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.

- If there are more than two individuals who are tax residents of countries other than Australia, tick this box and provide their details on a separate piece of paper. If not, please proceed to section 13C.

13. Foreign Tax Status – Information required for international tax reporting requirements (continued)

13C. Country of tax residency for entity

Is the investing entity a tax resident of a country other than Australia?

Yes ► Please provide the entity's country of tax residence and TIN (or equivalent) below.

No ► proceed to section 14.

1. Country TIN

If no TIN, list reason A, B or C

2. Country TIN

If no TIN, list reason A, B or C

3. Country TIN

If no TIN, list reason A, B or C

4. Country TIN

If no TIN, list reason A, B or C

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.

14. 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/We 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/we direct my/our financial adviser or inform Challenger otherwise. I/We understand that fees cannot be refunded by Challenger once paid to my/our adviser.

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

I/We understand and agree that the ongoing adviser service fees will be deducted from my/our regular Annuity payments.

15. Declaration

I/We declare that:

- all details in this application (including all related documents provided) are true and correct and I/we indemnify Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) against any liabilities whatsoever arising out of it acting on any incorrect or misleading information provided by me/us in connection with this application or in the future;
- I/we have received a copy of the current PDS and Policy Document to which this application applies and have read them, I/we agree to be bound by the provisions of the policy (including the Policy Document and the Investor Certificate) and the PDS and application, in the event of any inconsistency between the PDS and the Policy Document, I/we acknowledge that the Policy Document prevails;
- I/we have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I/we have received and accepted this offer in Australia;
- the details of my/our investment can be provided to the dealer group or adviser by the means and in the format that they direct;
- I/we understand that the application form, together with any superannuation benefit statement (if applicable) and Challenger quotation will be relied upon by Challenger Life Company Limited in its decision to issue a Guaranteed Annuity policy, where the information on the quotation differs to that on the application form, the policy will be based on the information provided on the application form;
- if this application is signed under power of attorney, the attorney declares 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 application unless we have already sighted it);
- I am/we are not holding the Annuity on behalf of anybody else;
- I/we acknowledge and provide my/our express consent and authorisation to Challenger to pay the adviser service fees mentioned in section 14 to my/our financial adviser;
- Information, reports and other communication to me/us may be delivered electronically by email or other electronic means;

In relation to your personal information:

- I/we acknowledge that I/we have read the pages of the PDS containing the information under the heading 'Privacy and personal information'. I am/we are aware that until I/we inform Challenger Life Company Limited otherwise, I/we will be taken to have consented to all the uses of my/our personal information (including marketing) contained under that heading and I/we have consented to the provision of, and authorised (if applicable) my/our 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/we declare that any third party information in this application has been provided with the third party's consent and I/we have shown that third party the pages of the PDS containing the information under the heading 'Privacy and personal information'.
- If there is any change to information provided in the application about individuals associated with the entity investing (e.g. directors, substantial shareholders, trustees and beneficiaries), I/we will inform Challenger Life Company Limited when the change occurs, with the consent of the relevant individual(s).
- I/we understand that if I/we fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my/our information as detailed in the PDS (except in relation to direct marketing material), my/our application may not be accepted by Challenger Life Company Limited and I/we agree to release and indemnify Challenger Life Company Limited in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

16. Signatories

For individual trustees, at least the primary trustee must sign this section. For Australian companies and company trustees, we require the signature(s) of either a sole director, or two directors, or one director and the company secretary.

Signatory 1

Signature

Date / /

Full name

Capacity Sole or Primary Director (of company or company trustee)
 Primary individual trustee

Signatory 2

Signature

Date / /

Full name

Capacity Second Director (of company or company trustee)
 Secretary (company investments only)
 Second individual trustee

COMPANY SEAL

17. 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 applicants that payments to the applicants will be withheld until any additional information required is provided;
- I confirm that the adviser service fees set out in section 14 of this application form have been agreed to by the applicants.

Adviser name

Adviser group name

Adviser group AFSL no. Adviser telephone

Signature

Date / /

Please post all documentation to the address below.

Challenger Life Company Limited
GPO BOX 3698
SYDNEY NSW 2001

If you have an adviser they can send your completed application from to us via ePost functionality available to them online.

Adviser comment/special instructions

Challenger Life Company Limited Direct Debit Authority Form



Complete this form if you wish us to debit your account for your investment amount.

Individual/joint

Investor 1

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Investor 2

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Company/trust/superannuation fund

Name of company/trust/superannuation fund

Schedule Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.
The bank account to be debited must be held in the name of the investor(s).

Account name which is to be debited	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
BSB number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Account number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of financial institution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Branch where account is held	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

I/We request Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (User ID No. 433545) (Challenger), until further written notice is given to Challenger from me/us, to debit my/our account described under Payment method, any amounts which Challenger may direct debit or charge me/us through the Bulk Electronic Clearing System.

I/We understand and acknowledge that:

- The bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits.
- The bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques.
- The information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Challenger is relying on it.
- This direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) which I have read and agreed to.
- Should the bank/financial institution charge any fees/charges related to this direct debit request (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges.

Bank account signatory 1

Date / /

Surname

Given name(s)

Capacity Sole director Director Secretary (company investments only)

Bank account signatory 2

Date / /

Surname

Given name(s)

Capacity Sole director Director Secretary (company investments only)