

Challenger Guaranteed Annuity (Fixed Term)
 Application Form – Individuals
 (Issue date: 20 May 2019)



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

Office use only

1. Investment details

1A. Investor 1

Do you already have an investment with Challenger?

Yes No Policy no. (if known)

Surname

Given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / / Age Male Female

What other names are you known by

TFN exemption: If you have a TFN exemption, please provide exemption reason

Phone (home) Phone (work)

Mobile

Email address

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

If your country of residence is not Australia or New Zealand, please ensure that you also complete section 8.

1B. Investor 2 (joint owners only)

Complete this section if there is a joint owner (non-superannuation money only)

Do you already have an investment with Challenger?

Yes No Policy no. (if known)

Surname

Given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / / Age Male Female

What other names are you known by

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.

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

Investor 1

The account must be in the name of the investor (single or joint). Third party payments are not permitted.
Cheque payments are not available.

Bank

Branch

Account name

BSB number – Account number

Investor 2 (joint owners only)

% of regular payment to be received % (must be between 5% and 95%)
 We will make your regular payments to this account. Write 'as above' if the same account as investor 1.
 Third party payments are not permitted.

Bank

Branch

Account name

BSB number – Account number

5. Reversionary spouse (superannuation money only)

If you complete this section then in the event of your death, your annuity will continue to be paid to your spouse, subject to the terms set out in the PDS and superannuation laws.

Do you already have an investment with Challenger?

Yes No Policy no. (if known)

Surname

Given name(s)

Title (Mr/Mrs/Miss/Ms) Date of birth / / Age Male Female

What other names are you known by

Residential address (cannot be a PO Box)

Street address

Suburb State

Postcode Country

6. Nominated beneficiary(ies)

If you have completed section 5, do not complete this section

You can nominate a person to receive any remaining Annuity benefits if you die without a valid reversionary spouse. If you are investing with superannuation money the person nominated must be a dependant ('dependant' includes spouse, children, any other person financially dependent on you or with whom you have an interdependency relationship) at the time of your death, or your legal personal representative (on behalf of your estate).

Pay my death benefit to my legal personal representative (on behalf of my estate) Percentage of benefit %

and/or

Pay my death benefit to the following individual(s)

6. Nominated beneficiary(ies) (continued)

Beneficiary 1

Name

Date of birth

Address

Suburb State

Postcode Country

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Beneficiary 2

Name

Date of birth

Address

Suburb State

Postcode Country

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Beneficiary 3

Name

Date of birth

Address

Suburb State

Postcode Country

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Beneficiary 4

Name

Date of birth

Address

Suburb State

Postcode Country

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Total nominations must equal 100%. If more than two beneficiaries, please photocopy and attach when returning.

7. 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 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. 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 (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).

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.

7. Customer 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

8. Additional information

Only complete this section if:

- your residential address, postal address or tax residency is outside Australia or New Zealand; or
- you are investing \$1 million or more.

Investor 1

What is your country of citizenship?

Select (✓) which option(s) best describes the primary means by which your total wealth is generated?

- Income from employment – (regular and/or bonus)
 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

What is your occupation? (if retired, please provide prior occupation)

Investor 2 (joint owners only)

What is your country of citizenship?

Select (✓) which option(s) best describes the primary means by which your total wealth is generated?

- Income from employment – (regular and/or bonus)
 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

What is your occupation? (if retired, please provide prior occupation)

12. Adviser details

By signing this section I declare that:

- where the Annuity has been purchased with non-superannuation money, I have informed the investor that if the policy is withdrawn during the withdrawal period, the income component of the lump sum will be subject to tax;
- 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 10 of this application form have been agreed to by the applicant.

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 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



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.
 ■ Do not use correction fluid or covering stickers.

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

4 What is your date of birth? / /

5 What is your home address in Australia?

 Suburb/town/locality
 State/territory Postcode

6 On what basis are you paid? (Select only one.)
 Full-time employment Part-time employment Labour hire Superannuation or annuity income stream Casual employment

7 Are you an Australian resident for tax purposes? (Visit ato.gov.au/residency to check) Yes No

8 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.
 Answer no here and at question 10 if you are a foreign resident, except if you are a foreign resident in receipt of an Australian Government pension or allowance.
 Yes No

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
 Complete a *Withholding declaration* (NAT 3093), but only if you are claiming the tax-free threshold from this payer. If you have more than one payer, see page 3 of the instructions.
 Yes No

10 Do you want to claim a zone, overseas forces or invalid and invalid carer tax offset by reducing the amount withheld from payments made to you?
 Complete a *Withholding declaration* (NAT 3093).
 Yes No

11 (a) Do you have a Higher Education Loan Program (HELP), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?
 Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
 Yes No
 (b) Do you have a Financial Supplement debt?
 Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.
 Yes No

DECLARATION by payee: I declare that the information I have given is true and correct.
 Signature
 Date / /
 You MUST SIGN here
 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)?

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.

4 What is your business address?

 Suburb/town/locality

 State/territory Postcode

5 Who is your contact person?

 Business phone number

6 If you no longer make payments to this payee, print X in this box.
 Return the completed original ATO copy to:
 Australian Taxation Office
 PO Box 9004
 PENRITH NSW 2740



30920716



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)