

Challenger Guaranteed Annuity (Liquid Lifetime)
 Application Form – Individuals
 (Issue date: 6 May 2019)



Office use only

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

1. Investor details

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.

2. Investment details

Complete either section 2A or 2B. If you would like to invest using both sources of money, you will need to complete two separate application forms.

2A. Superannuation money (money rolled over within the superannuation system)

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

Full rollover Partial rollover

If your superannuation benefit statement is not attached to this application form, please complete the following:

Name of fund or rollover institution

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

- Income from regular 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 Government benefits (e.g. family tax benefit)

The Challenger Guaranteed Annuity (Liquid Lifetime) Product Disclosure Statement (PDS) dated 6 May 2019 gives information about investing in the Guaranteed Annuity (Liquid Lifetime) (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.

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)

Beneficiary 1

Name
Date of birth / /
Street 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 / /
Street 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 / /
Street 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 / /
Street 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 four beneficiaries, please photocopy and attach when returning.

7. Customer identity verification

If you or your reversionary spouse 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 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 section 1 of the application form) 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 original or 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, 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;
- 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.

11. Declaration (continued)

- In relation to my personal information:
 - 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 personal information (including marketing) contained under that heading and I have consented to the provision of, and authorised (if applicable) 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'; and
 - 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.

Investor

Signature (please sign) Date / /
Print name

12. Adviser details

- By signing this section I declare that:
- where the Annuity has been purchased with non-superannuation money, I have informed the applicant 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 applicant that payments to the applicant 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
Reply Paid 3698
SYDNEY NSW 2000

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

Adviser comment/special instructions

This page has been left blank intentionally.

Challenger Life Company Limited

Direct Debit Authority Form



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

Individual

Title Mr Mrs Miss Ms Other

Given name(s)

Surname

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.**

Account name which is to be debited

BSB number - Account number

Name of financial institution

Branch where account is held

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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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)



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? Day / Month / Year

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.
Yes No 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.

9 Do you want to claim the seniors and pensioners tax offset by reducing the amount withheld from payments made to you?
Yes 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. 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?
Yes Complete a *Withholding declaration* (NAT 3093). No

11 (a) Do you have a Higher Education Loan Program (HELP), 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

(b) Do you have a Financial Supplement 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 Day / Month / Year

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 Day / Month / Year

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



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? / /

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)