## challenger 🛞

## Challenger Guaranteed Personal Superannuation Additional Contribution Form

You can use this form when you or your employer is making contributions to the Fund by cheque. Please photocopy the form as required. Additional forms are available at challenger.com.au or by calling our Investor Services team on 13 35 66.

Office use only
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1. Account details																											
Member details				1			1							7	1					1		7				1	
Surname																						Ļ					
First name(s)																				L							
Account number (if known)																											
Contact number																											
TFN*			_			_																					
Payer's details (if different fro	m ab	ove)																									
Name/Company																											
Contact number	اـــا		 :c	1:			JL	ـــالـ			L .	:£			سال		1	JL			ا با		الــــال	.e			
*Please note that it is not again contributions to the Fund and	we m																										es
facilitating a rollover or transfe	r.																										
2. Contribution details																											
Please indicate the contribution	n type	e/s and	l amo	unts	belov	N.																					
	Con	cessio	nal (	Cont	ributi	ions						No	n-conc	essi	onal	Co	ntri	buti	ons								
		Emplo (Includi	,	oloyee	salary s	sacrifice)							Non-				ibutic	ns)									
		Perso	nal d	educ	tible								Spou	se													
Contribution amount	\$ _,,										\$	\$															
	Oth	er																									
		CGT retirement exemption*											Downsizer contribution**														
	CGT 15-year exemption*											Personal Injury Payments***															
Contribution amount	\$				],[																						
Please select (✓) the source	of fu	ınds b	eing	inve	sted.																						
Income from employment	– (reg	gular a	nd/or	bon	us) [	Inv	/estr	nent	inco	ome	(e.g	. rer	nt, divid	ends	, per	nsio	า)										
		-		_							Г	ent,	redund	ancy	, inh	erita	nce	)									
Sale of assets (e.g. shares,	nrone	ertv)	L	الم ما ا	- II / -		lo+	torv	winn	inac	_ \	- 1.															
Government benefits (e.g.		•			ali (e.	g. gift	., 101	tery	VVIIII	iiiigs	5) L		Borrowe	ed fu	nds												

<sup>\*</sup> Capital gains tax cap election form must be provided.

<sup>\*\*</sup>Downsizer contribution into superannuation form must be provided.

<sup>\*\*\*</sup> These are contributions arising from structured settlements or orders for personal injuries. Contribution for personal injury election form must be provided.

<sup>1</sup> Challenger Retirement and Investment Services Limited ABN 80 115 534 453, AFSL 295642.

3. Eligibility to contribut	te
	which your contribution will be made
ricase select the effectia under	Under age 67
	Aged 67-74 and not making personal deductible contribution
	Aged 67-74 and making personal deductible contribution (and will have worked at least 40 hours over 30 consecutive
	days in the current financial year)
	Aged 67-74 and making personal deductible contribution (and have worked for at least 40 hours over 30 consecutive days during the previous financial year and have a total superannuation balance of less than \$300,000)
	Aged 75 and over with mandated employer contributions (which includes Superannuation Guarantee contributions) being made on my behalf
	Aged 55 and over and making a downsizer contribution
4. Choose your investme	ent option
Please select how you wish to	invest your contribution.
	Invest my contribution in my current Guaranteed Cash option account
Account number	
	Invest my contribution in a new Guaranteed Fixed Rate option for years (choose from 1 to 10 years)
	You will receive the fixed rate available on the date of contribution unless valid quote is provided. If you have a quote, please provide the Quote ID below and attach a copy of the quote when you submit the form.
Quote ID of attached quote	Please ensure this quote ID matches the quote ID of the quote attached.
To find out our current rates or	to get a quote, please contact your financial adviser or our Investor Services team.
5. Signatures	
I confirm that I meet the cri	iteria to be able to make this contribution and that the information provided on this form is true and correct.
	ead the pages of the <b>PDS</b> containing the information under the heading `Privacy and personal information' and understand e personal information provided on this form.
<ul> <li>I understand when contributed quote is provided.</li> </ul>	ution is made into Guaranteed Fixed rate option, I will received the rate available on the date of contribution unless a valid
Signature	Date / / / / / / / / / / / / / / / / / / /
Send your completed form and Challenger Reply Paid 3698, Sydney NSV	

Cheques should be made payable to 'Challenger AP & SF Applications Account'.