



Challenger Guaranteed Personal Superannuation Additional Contribution Form

Office use only

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 www.challenger.com.au or by calling our Investor Services team on 13 35 66.

1. Account details

Member details

Surname

First name(s)

Account number (if known)

Contact number

TFN* -

Payer's details (if different from above)

Name/Company

Contact number

*Please note that it is not against the law if you choose not to provide your TFN, but if you do not, additional tax may be payable on benefits and contributions to the Fund and we may not be able to accept certain contributions into the Fund from you or your employer and we may have difficulties facilitating a rollover or transfer.

2. Contribution details

Please indicate the contribution type/s and amounts below. Note: The contribution will be invested in the member's current Guaranteed Cash option. If the member is invested in the Guaranteed Fixed Rate option a new application form needs to be completed.

Concessional Contributions

Employer (including employee salary sacrifice)

Personal deductible

Contribution amount \$

Other

CGT retirement exemption

CGT 15-year exemption

Contribution amount \$

Non-concessional Contributions

Non-concessional (Personal member contributions)

Spouse

\$

Downsizer contribution*

Personal Injury Payments**

* Downsizer contribution into superannuation form must be provided.

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





2. Contribution details (continued)

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

- Income from employment – (regular and/or bonus) Investment income (e.g. rent, dividends, pension)
- Business income 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 benefits)

3. Eligibility to contribute

Please select the criteria under which your contribution will be made

- Under age 67
- Aged 67-74 (and have worked for at least 40 hours in 30 consecutive days during the current financial year)
- Aged 67-74 (and have worked for at least 40 hours in 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 65 and over and making a downsizer contribution

4. Signatures

- I confirm that I meet the criteria to be able to make this contribution and that the information provided on this form is true and correct.
- I acknowledge that I have read the pages of the [PDS](#) containing the information under the heading 'Privacy and personal information' and understand how Challenger will use the personal information provided on this form.

Signature

Date / /

Send your completed form and cheque to:

Challenger
Reply Paid 3698, Sydney NSW 2001

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

