

# Challenger Guaranteed Annuity (Fixed Term) Application Form – Australian Company/Trust/ Superannuation Fund (Issue date: 27 September 2021)



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.

Company  Registered managed investment scheme

Regulated superannuation fund (company trustee)  Unregulated trust (company trustee)

Regulated superannuation fund (individual trustee)  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. Target Market Determination

The purpose of these questions is to determine whether you are likely to be in the target market for this product, and they do not constitute the provision of financial advice. You should consider the PDS, and your objectives, financial situation and needs before deciding whether this product is right for you, and consider getting personal advice. From 5 October 2021, Challenger must take reasonable steps to ensure that this product is being distributed in a way that is consistent with the current Target Market Determination (TMD) for the product, which is available at challenger.com.au.

### Section A

Your financial adviser will answer this question. If you do not have an adviser go to question 2.

1. I have considered the TMD for the product and consider that the applicant is within the target market.  Yes  No

Please complete the following questions. If you have a financial adviser these questions are **OPTIONAL**.

2. Can you confirm that you want to receive a regular income for a chosen term by investing a lump sum amount?  Yes  No

3. The Guaranteed Annuity is designed to be held for the full investment term. Can you confirm that you do not require ready access to the lump sum invested (it cannot be used like a savings account)?  Yes  No

4. Can you confirm that you want a low risk investment that provides an agreed payment amount for the term invested that is not linked to investment markets?  Yes  No

5. Are your investment objectives consistent with having the full investment amount repaid to you at the end of the investment term, unless you choose at the start to have it returned as part of your regular payments?  Yes  No

If any of the answers in Section A are 'No' then your financial adviser will complete Section B.

If you do not have a financial adviser Section B can be left blank, and proceed to the next section.

### Section B (completed by financial adviser only)

To be completed only if answered 'NO' to any of the questions in Section A.

Please provide the reason why the product is still appropriate for your client based on their objectives, financial situation and needs.

The Challenger Guaranteed Annuity (Fixed Term) Product Disclosure Statement (PDS) dated 27 September 2021 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 the Guaranteed Annuity Target Market Determination (TMD) and this application form must also give the person access to the PDS, Policy Document and any supplementary PDS. A copy of the TMD, PDS and Policy Document can be obtained from your financial adviser, by calling us or from our website. You should obtain and consider the TMD and 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. Investor details**

Please provide details of the investing entity.

**4A. Regulated superannuation fund, registered managed investment scheme or trust**

Please ensure you provide the required identity verification documents for the trust (refer to section 13C).

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

**4B. 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 13B).

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

**5. Account contact details**

C/- (if applicable)

Street address or PO Box

Suburb  State

Postcode  Country

Phone  Mobile

Email



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

**9B. 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 9C.

**9C. 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 10C, if not proceed to section 11.

Please ensure to provide the required identity verification documents as per section 13A 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 9A.  
 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 9A.  
 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

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

**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

**10. Specified individuals – Superannuation fund and other trusts**

**10A. Individual trustee(s)**

Please provide details of the individuals authorising this investment. Please ensure you provide the required identity verification documents as per section 13A.

**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

**10B. Additional trustees (only required for an unregulated trust)**

If your trust is regulated, please proceed to section 12.

**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

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

**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 10C.

**10C. 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 10D.

Please ensure to provide the required identity verification documents as per section 13A.

**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

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

**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

**10D. Other substantial trust beneficiaries**

Please provide names of other trust beneficiaries below then proceed to section 10E.

Full name

Full name

Full name

Full name

**10E. 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 11.

**11. Other individuals controlling the entity**

Are there any individuals exercising control over your entity other than those listed under sections 9A, 9C, 10A or 10C?  
 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 12.

**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

**11. 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 12.

**12. 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 9A, 9C, 10A, 10C or 11 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



## 13. Identity verification

### 13A. Specified individuals

This section must be completed by the following individuals.

- Primary Individual Trustee of the unregulated trust in section 10A.
- Second Individual Trustee of the unregulated trust in section 10A if signing in section 17.
- Each substantial trust beneficiary of the unregulated trust in section 10C.
- Each substantial shareholder (of company or company trustee) in section 9C.
- Primary/Sole Director and Second Director/Secretary (of company or company trustee) if you completed section 9A.
- Other individuals controlling the entity listed in section 11.

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><b>Group 1</b></p> <p>A copy of one of the following documents:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Birth certificate or Australian birth extract; or</li><li><input type="checkbox"/> Australian citizenship certificate; or</li><li><input type="checkbox"/> Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs.</li></ul>	<p><b>Group 2</b></p> <p><b>(The document must contain your full name and current residential address as shown in the application form)</b></p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"><li><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"><li>– Council rates notice</li><li>– Electricity bill</li><li>– Gas bill</li><li>– Water rates notice</li><li>– Telephone bill</li><li>– Internet services bill</li></ul></li><li><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"><li>– Pension Statement</li><li>– Rent Assistance Statement</li><li>– Mobility Allowance Statement</li><li>– Utilities Allowance Statement</li></ul></li><li><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"><li>– Notice of assessment</li><li>– Payment reminder</li></ul></li></ul>
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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).

### 13. Identity verification (continued)

#### 13B. 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"><li>• listed; or</li><li>• a majority owned subsidiary of a listed company; or</li><li>• regulated.</li></ul>	<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"><li>• full name of the company; and</li><li>• whether the company is registered as a proprietary or a public company; and</li><li>• ACN.</li></ul>	<input type="checkbox"/> Certificate of registration issued by ASIC; or <input type="checkbox"/> Up-to-date extract from ASIC database.

#### 13C. 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"><li>• full name of Trust; or</li><li>• name of Trust settlor.</li></ul>	<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.

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

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"><li>• 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))</li><li>• 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))</li><li>• 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</li></ul>
Post office	<ul style="list-style-type: none"><li>• 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</li><li>• Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li></ul>
JP	<ul style="list-style-type: none"><li>• Justice of the Peace</li></ul>
Legal	<ul style="list-style-type: none"><li>• 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)</li><li>• Judge of a court</li><li>• Magistrate</li><li>• Chief executive officer of a Commonwealth court</li><li>• Registrar or deputy registrar of a court</li><li>• Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li><li>• Person authorised as a notary public in a foreign country</li></ul>
Police	<ul style="list-style-type: none"><li>• Australian Police officer</li></ul>
Diplomatic service	<ul style="list-style-type: none"><li>• Australian consular officer</li><li>• Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li></ul>
Accountant	<ul style="list-style-type: none"><li>• 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</li></ul>



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

**14B. 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 14C.

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 14C.

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

**14C. 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 15.

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.

**15. Adviser service fees (as per attached quotation)**

Upfront adviser service fee \$

Regular adviser service fee (p.a.) \$

**If you agree to pay a regular adviser service fee, please complete the Advice fee consent form.** The fee that you consent to on this form will be deducted from your regular payment. We will also confirm the amount on your Investor Certificate.

Where I have consented in writing to the payment of an adviser service fee(s), I direct Challenger to pay the fee(s) to the Australian Financial Services Licensee responsible for my financial adviser (or my financial adviser directly if they are also the Licensee). I understand that fees cannot be refunded by Challenger once paid to my adviser. I acknowledge that the amount of my regular payments will be less than if I chose not to pay a fee(s).

**16. 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 considered the TMD and 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 terms prevail;
- I/We acknowledge that the purpose of the questions in the Target Market Determination section of this application form are to determine whether I am/ We are likely to be in the target market for this product, and they do not constitute the provision of financial advice. I/We have considered the PDS, and my/our own objectives, financial situation and needs before deciding whether this product is right for me/us, and considered obtaining personal advice.
- 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 15 and, if applicable, the Adviser fee consent form provided with this application form 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.

**17. 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



**18. Adviser details**

By signing this section I declare that:

- I have considered the current TMD for the product, have complied with the distribution conditions in the TMD, and confirm that my client is within the target market specified in the TMD. If my client is not within the target market, I confirm the product is appropriate for my client based on their objectives, financial situations and needs.
- I have provided personal advice to my client(s) in relation to the product, which is the subject of this application form.
- 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 15 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 is not an authorised deposit-taking institution for the purpose of the *Banking Act 1959* (Cth), and its obligations do not represent deposits or liabilities of an authorised deposit-taking institution in the Challenger Group (**Challenger ADI**) and no Challenger ADI provides a guarantee or otherwise provides assurance in respect of the obligations of Challenger Life. **Accordingly, unless specified otherwise, the performance, the repayment of capital and any particular rate of return on your investments are not guaranteed by any Challenger ADI.**



# 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  
 BSB number  
 Name of financial institution  
 Branch where account is held  
 Account number

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**  
 [Signature box]  
 Date  
 Surname  
 Given name(s)  
 Capacity  Sole director  Director  Secretary (company investments only)

**Bank account signatory 2**  
 [Signature box]  
 Date  
 Surname  
 Given name(s)  
 Capacity  Sole director  Director  Secretary (company investments only)