

# Challenger Guaranteed Annuity (Fixed Term)

## Application form checklist



Before sending us your application form, please ensure you have provided us with:

- ☐ Your investor details in section 1 (Mobile and Email address is required for investor online account registration).
- ☐ Your Target market determination in section 2.
- ☐ Your investment details included in section 3 including the investment amount, payment method, source of funds and whether the funds are from inside or outside the superannuation system.
- ☐ A valid quote and the quote ID in section 4.
- ☐ Your financial institution account details in section 5.
- ☐ Your beneficiary details in section 6 or 7 if applicable.
- ☐ The required customer identity verification documents and information as outlined in sections 8, 9 & 10.  
(Customer identity verification documents are required for reversionary spouse if included in the investment.)
- ☐ Details of any upfront or regular adviser fees in section 11. Advice fee consent form is required if you agree to pay a regular adviser service fee.
- ☐ Your adviser declaration in section 13.

For Non-superannuation money investment

- ☐ A TFN declaration (TFN declaration is required for each investor if joint investment). It is not an offence not to quote your TFN, but if you choose not to quote it, tax may need to be deducted at the highest marginal rate (plus Medicare levy.)
- ☐ Completed direct debit authority form or cheque.

For Superannuation money investment

- ☐ All rollover information (generally provided by the rollover institution) if rolling over from within the superannuation system.
- ☐ Ensure you have read and signed the declaration in section 12.

**Please submit all documentation via one of the following methods:**

**By Post** (no stamp required)

Challenger  
Reply Paid 3698  
SYDNEY NSW 2001

**Electronically**

You can submit completed application form securely via My ePost, link; [challenger.com.au/myepost](https://challenger.com.au/myepost)  
Your adviser can submit your completed application form **via ePost on AdviserOnline**

# Challenger Guaranteed Annuity (Fixed Term)

## Application Form – Individuals

(Issue date: 27 September 2021)



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)

What other names  
are you known by

Phone (home)

Mobile

Email address

Date of birth

Age

Male

Female

Phone (work)

Residential address (cannot be a PO Box)

Street address

Suburb

Postcode

Country

State

If your country of residence is not Australia or New Zealand, please ensure that you also complete section 9.

Postal address (if different to residential address)

Street address or PO Box

Suburb

Postcode

Country

State

#### 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)

What other names  
are you known by

Date of birth

Age

Male

Female

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.

## 1. Investment details (continued)

### 1B. Investor 2 (continued)

Phone (home)	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>		
Email address	<input type="text"/>		

Residential address (cannot be a PO Box)

Street address	<input type="text"/>																
Suburb	<input type="text"/>															State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>														

If your country of residence is not Australia or New Zealand, please ensure that you also complete section 9.

Postal address (if different to residential address)

Street address or PO Box	<input type="text"/>																
Suburb	<input type="text"/>															State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>														

## 2. 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 obtaining personal advice.

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](http://challenger.com.au).

If this is a joint investment, all references to you in the following questions relate to both Investor 1 and Investor 2.

### 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.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please complete the following questions. If you have a financial adviser these questions are optional.

- Can you confirm that you want to receive a regular income for a chosen term by investing a lump sum amount?
- 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)?
- 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?
- 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?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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.

### 3. Investment details

Complete either section 3A or 3B. If you would like to invest using both sources of money, you will need to complete two separate application forms.

#### 3A. Superannuation money (money rolled over within the superannuation system)

Would you like Challenger to request rollover funds on your behalf?

☐

Yes

☐

No

From USI

Account Number

Please specify if the balance transfer is whole or partial.

☐

Whole – Transfer the whole balance of this account. This means you are asking us to close your other super account.

☐

Partial – Transfer the nominated amount (Indicate below)

\$

(minimum \$10,000)

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

☐

Income from regular employment – regular and/or bonus

☐

Payments from my superannuation or pension fund

☐

Investment income (e.g. rent, dividends, Term Deposit)

☐

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)

#### 3B. Non-superannuation money

Please complete Tax file number declaration form (TFND) with this application form. TFND is required for each investor if joint investment.

Amount to be invested

\$

(minimum \$10,000).

Please select your payment method.

☐

Direct debit from your account (please complete the direct debit authority form)

☐

Cheque drawn on your account (please make cheque payable to  
'Challenger Life Company Limited <insert the name of the investor>')

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

☐

Income from regular employment – regular and/or bonus

☐

Investment income (e.g. rent, dividends, Term Deposit)

☐

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)

☐

Payments from my superannuation or pension fund

### 4. Annuity options – please ensure that your quote is attached to the application form

Please set up my Annuity  
as per quote ID

Note: The quote ID can be found at the top of the quotation.

### 5. 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

**5. Financial institution account details – we will make your regular payments to this account (continued)****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	<input type="text"/>
Branch	<input type="text"/>
Account name	<input type="text"/>
BSB number	<input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/>

**6. 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

Email address

Contact number

**7. Nominated beneficiary(ies)**

**If you have completed section 6 or if this is a joint investment, 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 //

Address

Suburb  State

Postcode  Country

Email address

Contact number

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

**7. Nominated beneficiary(ies) (continued)****Beneficiary 2**

Name	<input type="text"/>																									
Date of birth	<input type="text"/>																									
Address	<input type="text"/>																									
Suburb	<input type="text"/>																									
Postcode	<input type="text"/>																									
Email address	<input type="text"/>																									
Contact number	<input type="text"/>																									
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent   Percentage of benefit <input type="text"/> <input type="text"/> % <input type="checkbox"/> Other (non-superannuation only)																									

**Beneficiary 3**

Name	<input type="text"/>																									
Date of birth	<input type="text"/>																									
Address	<input type="text"/>																									
Suburb	<input type="text"/>																									
Postcode	<input type="text"/>																									
Email address	<input type="text"/>																									
Contact number	<input type="text"/>																									
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent   Percentage of benefit <input type="text"/> <input type="text"/> % <input type="checkbox"/> Other (non-superannuation only)																									

**Beneficiary 4**

Name	<input type="text"/>																									
Date of birth	<input type="text"/>																									
Address	<input type="text"/>																									
Suburb	<input type="text"/>																									
Postcode	<input type="text"/>																									
Email address	<input type="text"/>																									
Contact number	<input type="text"/>																									
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financially dependent <input type="checkbox"/> Interdependent   Percentage of benefit <input type="text"/> <input type="text"/> % <input type="checkbox"/> Other (non-superannuation only)																									

Total nominations must equal 100%. If the total nominations does not equal 100% or is unclear, the nomination will not be valid. If more than four beneficiaries, please photocopy and attach when returning.

## 8. 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:

<b>Group 1</b> A copy of one of the following documents: <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.	<b>Group 2</b> <b>(The document must contain your full name and current residential address as shown in the application form)</b> A copy of one of the following documents issued to you: <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> <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> <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>
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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.

## 8. Customer 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>

## 9. 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)
 ☐ Accumulated wealth from superannuation  
☐ Investment income (e.g. rent, dividends, Term Deposit)
 ☐ 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)
 ☐ Accumulated wealth from superannuation  
☐ Investment income (e.g. rent, dividends, Term Deposit)
 ☐ 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)



**10. Tax residency information – complete this section only if you are investing with non-superannuation money**

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.

Tax Identification Number (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 Social Security Number in the US.

**Investor 1 – please answer BOTH tax residency questions**

Are you an Australian resident for tax purposes?

☐ Yes ☐ No

Are you a tax resident of another country?

☐ Yes ☐ No

If you are a tax resident of a country other than Australia, please provide your TIN or equivalent below. If you are a tax resident of more than one country, please list all relevant countries below.

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.

**Investor 2 (joint owners only) – please answer BOTH tax residency questions**

Are you an Australian resident for tax purposes?

☐ Yes ☐ No

Are you a tax resident of another country?

☐ Yes ☐ No

If you are a tax resident of a country other than Australia, please provide your TIN or equivalent below. If you are a tax resident of more than one country, please list all relevant countries below.

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.

**11. 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).

## 12. 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 investing with money rolled over within the superannuation system, then either I have reached my preservation age and am permanently retired or I have met a condition of release and the superannuation benefits are unrestricted non-preserved monies for another reason;
- 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 11 of this application form 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 as provided in section 1 of the application form, 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 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'.
- 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.

### Investor 1

Signature (please sign)

Date

Print name

### Investor 2 (joint owners only)

Signature (please sign)

Date

Print name

### 13. 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.
- 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

Adviser Online User ID  
(If applicable)

Signature (please sign)

Date

### 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

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](http://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](http://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

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

There are penalties for deliberately making a false or misleading statement.

4 What is your business address?

5 Who is your contact person?

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

Sensitive (when completed)



## 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](https://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 Day   / Month   / Year

## 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)?

44 072 486 938

- 2 What is your registered business name or trading name (or your individual name if you are not in business)?

CHALLENGER LIFE COMPANY LIMITED

-  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

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-  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 Day   / Month   / Year

### 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)