# Challenger Lifetime Annuity (Liquid Lifetime) 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.
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. 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.
Completed Power of Attorney & Financial Management Order Details form if this application form is signed under power of attorney. The form can be found at <a href="https://www.challenger.com.au/personal/products/forms">www.challenger.com.au/personal/products/forms</a>
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; <a href="mailto:challenger.com.au/myepost">challenger.com.au/myepost</a> Your adviser can submit your completed application form via ePost on AdviserOnline

# Challenger Lifetime Annuity (Liquid Lifetime) Application Form

(Issue date: 5 September 2022)

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

challenger 💸

Office use only

1. Investor details																																
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Surname																		Ť						一		Τ	╬	Ť	Ť	7		
Given name(s)								][		][			] ]			]   					1					]	ال_		╣	_  _	_	
Title (Mr/Mrs/Miss/Ms) What other names							Da	ite c	of bii	rth			]/ ][			/ L						A	ge 	ၽ		] N	/lale	, L	┰	Fen	nale	
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	If your country of residence is not Australia or New Zealand, please ensure that you also complete section 9.																															
	Post	tal a	ddr	ess	(if d	liffe	rent	t to	resi	der	ntial	ado	dres	s)		11							11									
Street address or PO Box																								L		L	L			ļ		
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2. Target Market Determ	ninat	tion	1																													
The purpose of these questi the provision of financial ac product is right for you, and Challenger must take reasonab (TMD) for the product, which is	lvice. I con le ste	. You side ps to	u sh er ol o en:	<b>ioul</b> o <b>btai</b> i sure	d co ning that	nsionsions pe t this	der t rsor pro	the nal a duc	PD9 adv	s, ar ice.	nd y	our	obj	jecti	ves,	fin	anc	ial	situ	ıati	on	and	ne	eds	bef	ore	dec	idir	ng v	whet	ther	this
Section A	avaii	able	aug	liant	rige	er.co	III.a	<u>u</u> .																								
Your financial adviser will	ansv	ver 1	this	que	estic	on. I	f yo	u d	o n	ot h	ave	an	adv	/iser	go	to (	que	stic	on 2	2.												
1. I have considered the TMI	1. I have considered the TMD for the product and consider that the applicant is within the target market.																															
Please complete the follow	ving	que	stio	ns.	If yo	ou h	ave	a f	inaı	ncia	l ad	vise	r th	iese	que	estic	ons	are	e ok	otio	nal											
2.Liquid Lifetime is a longevit have a major or terminal ill															s. Ca	an y	ou (	con	firm	tha	at yo	ou d	o n	ot				Yes	į		No	Э
3.Can you confirm that you	.Can you confirm that you want to exchange the lump sum invested in return for a regular income for life?																															

The Challenger Lifetime Annuity (Liquid Lifetime) Product Disclosure Statement (**PDS**) dated 5 September 2022 gives information about investing in the Lifetime 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 the Lifetime Annuity (Liquid Lifetime) 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.

2. larget Market Detern	nination (continued)		
invested (it cannot be used in conly answer if you have Can you confirm that you ware amount invested including in the conjugation of the answer if you have confirm that you will vary up and down?  If any of the answers in Section B (completed becompleted only if any of the completed only if any of the complete only if any of the com	e selected the Enhanced Income payment option (otherwise leave blank).  want to receive higher income payments for life in exchange for no access to the lump sum upon death?  e selected the Flexible Income (Market linked payments) option (otherwise leave blank).  want your regular payments to be linked to investment markets recognising that your income  e selected the Flexible Income (Market linked payments) with Accelerated payment option	Yes Yes Yes Yes	No No No No
3. Investment details			
	3B. If you would like to invest using both sources of money, you will need to complete two separate a	application fo	rms
omprete etaller seedan six of			
	3A. Superannuation money (money rolled over within the superannuation syste	m)	
	Would you like Challenger to request rollover funds on your behalf?		
	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 a	account.
	Partial – Transfer the nominated amount (Indicate below)		
	<b>◆</b> □ □ □ □ □ □ ( · · · · · · · · · · · · ·		
	Dease 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.		
Amount to be invested	→ L.J., L.J., L.J. (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 Limi	ted <insert th="" th<=""><th>ne name of</th></insert>	ne name of
	the investor>')		
	Please select (🗸) the source of the 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 – ple	ase	ensur	e tha	at you	ur pa	aym	ent	quo	te is	att	ach	ed	to t	he a	appl	ica	tion	fo	rm									
Please set up my Annuity as per quote ID	Not	The s		-[	]	-[	1 0+ 4																					
	IVOL	e: The	quote	e ID Car	i be i	ound	ואנו	ne ic	op oi	the t	Juot	alio	)T1.															
5. Financial institution a	cco	unt de	tails	– we	wil	l ma	ke y	your	reg	ular	ра	ym	ent	s to	this	ac	cou	nt										
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BSB number						Ac	cour	nt nur	nber																			
6. Reversionary spouse																												
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Given name(s)				<u> </u>  _  1					_  _		L		_ 1 <b>/</b> [			<u> </u>	<u> </u>							닏	$\bigsqcup_{\gamma}$	Ш		$\exists$
Title (Mr/Mrs/Miss/Ms)					D	ate o	f birt	th L		_/			]/[					А	ge			М	ale	L	JF	ema	le	
What other names are you known by																												
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Email address							Щ																					
Contact number																												

7. Nominated beneficiar	J(100)	
You can nominate a person to money the person nominated r	on 6, do not complete this section receive any remaining Annuity benefits if you die without a valid reversionary spouse. If yo nust be a dependant ('dependant' includes spouse, children, any other person financially o	dependent on you or with whom you
have an interdependency relation	onship) at the time of your death, or your legal personal representative (on behalf of your	estate).
and/or	Pay my death benefit to my legal personal representative (on behalf of my estate)	Percentage of benefit \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Pay my death benefit to the following individual(s)	
	Beneficiary 1	
Name		
Date of birth		
Street address		
Suburb		State
Postcode	Country	
Email address		
Contact number		
Relationship to you	Spouse Child Financially dependent Interdependent	Percentage of benefit%
	Other (non-superannuation only)  Beneficiary 2	
	Denenciary 2	
Name		
Date of birth		
Street address		
Suburb		State State
Postcode	Country	
Email address		
Contact number		
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 Country	
Email address		
Contact number		
Relationship to you	Spouse Child Financially dependent Interdependent  Other (non-superannuation only)	Percentage of benefit%

7. Nominated beneficial	ry(ies) (continued)					
	Beneficiary 4					
Name						
Date of birth						
Street address						
Suburb	State State					
Postcode	Country					
Email address						
Contact number						
Relationship to you	Spouse Child Financially dependent Interdependent Percentage of benefit \( \sqrt{\text{\text{M}}} \)					
	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 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 Note: At least one document must show your date of birth. 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. Group 1 Group 2 (The document must contain your full name and current residential address as shown in section 1 of A copy of one of the following documents: the application form) Birth certificate or Australian birth A copy of one of the following documents issued to you: extract; or A notice or bill issued within the preceding three months from a local government body Australian citizenship certificate; or or utilities provider that records the provision of services to you, e.g.: - Council rates notice

If you are a non-Australian resident and cannot provide A or B, plo	ease provide a valid copy of ONE of the following:
Foreign passport, or similar travel document bearing your signature	e and photograph; or
National identity card issued by a foreign government that contain	s your photograph and either your signature or your unique identifier; o
Foreign driver's licence that contains your photograph.	

Electricity bill

Water rates noticeTelephone billInternet services bill

Pension Statement
Rent Assistance Statement
Mobility Allowance Statement
Utilities Allowance Statement

Notice of assessmentPayment reminder

a debt or refund payable by or to you, e.g.:

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.:

A letter or notice issued to you within the preceding 12 months from the ATO that records

Gas bill

#### Please note:

• documents are required to be original or certified copies of the original;

Pension or Health care card issued

Veterans' Affairs.

by Centrelink or the Department of

- 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.

#### Who can certify documents?

Financial corporations (bank, building society, credit union)	<ul> <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> <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	Justice of the Peace
Legal	<ul> <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	Australian Police officer
Diplomatic service	<ul> <li>Australian consular officer</li> <li>Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li> </ul>
Accountant	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

9. Additional information									
only complete this section if: your residential address, postal addre you are investing \$1 million or more	,	y is outside Australia	or New Zealand	; or					
What is your country of citizenship?									
Which	option best desc	ribes the primary i	means by which	n your total we	ealth is gener	ated?			
In	ncome from employ	yment – (regular and	l/or bonus)	Investment inc	come (e.g. rent	t, dividends, Te	erm Depos	sit)	
In	ncome from operati	ing a business	Accumulated w	ealth from supe	erannuation				
0	ne-off payment (e.	g. matured investme	ent, court settlen	nent, redundand	cy, inheritance	)			
Sa	ale of assets (e.g. sl	hares, property)	Windfall (e.g.	gift, lottery win	inings) [ ]	Borrowed fund	ds		
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.

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 Social Security Number in the US.

	Please answer BOTH tax residency questions
Ā	Are you an Australian resident for tax purposes?
,	Are you a tax resident of another country?
	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.
	I. Country
	If no TIN, list reason A, B or C
2	. Country
	If no TIN, list reason A, B or C
3	e. Country
	If no TIN, list reason A, B or C
2	. Country
	If no TIN, list reason A, B or C
F	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 (a	s per attached quotation)
Ipfront adviser service fee	\$
egular 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 declare that:

- all details in this application (including all related documents provided) are true and correct and I indemnify Challenger against any liabilities whatsoever arising out of it acting on any incorrect or misleading information provided by me in connection with this application or in the future;
- I 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 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 acknowledge that the Policy Document prevails;
- I acknowledge that the purpose of the questions in the Target Market Determination section of this application form are to determine whether I am likely to be in the target market for this product, and they do not constitute the provision of financial advice. I have considered the PDS, and my own objectives, financial situation and needs before deciding whether this product is right for me, and considered obtaining personal advice;
- I have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I have received and accepted this offer in Australia;
- the details of my investment can be provided to the dealer group or adviser by the means and in the format that they direct;
- I understand that the application form, together with any superannuation benefit statement (if applicable) and Challenger quotation will be relied upon by Challenger in its decision to issue an 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 agree to provide proof of survival when requested by Challenger;
- I confirm that I am not holding the Annuity on behalf of anybody else;
- I do not live in a residential aged care facility or have an Aged Care Assessment Team/Service approval that specifies I am eligible to move into a facility;
- I acknowledge and provide my 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 financial adviser;
- Information, reports and other communication to me may be delivered electronically by email as provided in section 1 of the application form, or other electronic means;

I inform Challenger otherwise, I have consented to the provisi as is required or reasonably de application has been provided 'Privacy and personal informat  I understand that if I fail to provide in the PDS (except in re	If the pages of the PDS containing the information under the heading 'Privacy and personal information'. I am aware that until I will be taken to have consented to all the uses of my personal information (including marketing) contained under that heading and it on of, and authorised (if applicable) my financial adviser to provide, such personal information to Challenger and its related entities emed necessary by Challenger and its related entities under applicable law. I declare that any third party information in this with the third party's consent and I have shown that third party the pages of the PDS containing the information under the heading
in respect of any loss of liability	Investor
	IIIVESTOI
Signature (please sign)	Date // // Date
Print name	
13. Adviser details	
By signing this section I declare	that:
target market specified in the financial situations and needs	'
• where the Annuity has been	ce to my client(s) in relation to the product, which is the subject of this application form; purchased with non-superannuation money, I have informed the applicant that if the policy is withdrawn during the ne component of the lump sum will be subject to tax;
with my obligations under th  the information requested in and I have explained to the a	true and correct copies of the documents used to satisfy the customer identity verification requirements and I have complied e Anti-Money Laundering and Counter-Terrorism Financing Act 2006; the 'Additional information' section (if applicable) and the required identity verification documents/records have been provided pplicant that payments to the applicant will be withheld until any additional information required is provided;
I confirm that the adviser sen	vice fees set out in section 11 of this application form have been agreed to by the applicant.
Adviser name	
Adviser group name	
Adviser group AFSL no.	Adviser telephone Adviser telephone
Adviser Online User ID (If applicable)	
(п аррпсаыс)	
Signature (please sign)	Date Date
Adviser comment/special	instructions

12. Declaration (continued)

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	
Title	Mr Mrs Miss 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.

	Please refer to the <b>ato.gov.au</b> for instructions on how to complete this form.	e boxes. including the privacy statement before you complete this declaration.								
	Section A: To be completed by the PAYEE   5 What is your primary e-mail address?									
	What is your tax file number (TFN)?									
	OR I have made a separate application/enquiry to the ATO for a new or existing TFN.									
	of the instructions.  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	6 What is your date of birth?								
	receipt of a pension, benefit or allowance.	7 On what basis are you paid? (select only one)								
2	What is your name? Title: Mr Mrs Mrs Miss Ms Surname or family name	Full-time Part-time Labour Superannuation Casual employment employment hire income stream								
	First given name	8 Are you: (select only one) An Australian resident								
	Other given names	9 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.  Answer <b>no</b> here if you are a foreign resident or working holiday								
3	What is your home address in Australia?	Yes No maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.								
		10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?								
	Suburb/town/locality	Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment.								
	State/territory Postcode	DECLARATION by payee: I declare that the information I have given is true and correct.								
_		Signature   Date   Day Month Year								
4	If you have changed your name since you last dealt with the ATO, provide your previous family name.	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 comp	lete section B.								
	ection B: <b>To be completed by the PAYER</b> (if you are n What is your Australian business number (ABN) or	ot lodging online)    5 What is your primary e-mail address?								
	withholding payer number? (if applicable)	What is you primary e-mail address?								
_	4 4 0 7 2 4 8 6 9 3 8									
	If you don't have an ABN or withholding payer number, have you applied for one?  No	6 Who is your contact person?								
3	What is your legal name or registered business name (or your individual name if not in business)?									
	CHALLENGER LIFE	Business phone number 0 2 9 9 9 4 7 0 0 0								
	COMPANY LIMITED	7 If you no longer make payments to this payee, print X in this box.								
		DECLARATION by payer: I declare that the information I have given is true and correct.								
4	What is your business address?	Signature of payer  Date  Day Month Year								
	5 MARTIN PLACE	There are penalties for deliberately making a false or misleading statement.								
	SYDNEY	Return the completed original ATO copy to:  Australian Taxation Office								
	State/territory Postcode  N S W   2 0 0 0	PO Box 9004 PENRITH NSW 2740								

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.
- $\blacksquare$  Print X in the appropriate boxes.

S	ection A: <b>Payee's declaration</b>							
Ø	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?	Year /						
3	What is your tax file number (TFN)?							
	If you have not provided your TFN, indicate if any of the following reasons apply:  I have lodged a I am claiming an exemption because I am under TFN application.  I am claiming an exemption 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 <b>no</b> 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 Insert your e total tax offset						
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 Are you: single	No a member of an a member of a couple 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 Section B: Payer's declaration To be completed by payer. **YOUR DETAILS** What is your Australian business number (ABN) (or your 4 4 7 | 2 4 8 6 3 withholding payer number if you are not in business)? 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** 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				
		Day	Month	Year
	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.

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Do not send this declaration form to us.