

Change of Details Form



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

Send your completed form to:

Challenger

Reply Paid 3698, Sydney NSW 2001 (no stamp required)

Alternatively, log in via challenger.com.au and upload using ePost

Investor Services Team 13 35 66

+612 9994 7000 (if calling outside Australia)

8.00am to 6.00pm Monday to Friday (Sydney time)

Office use only

1. Investor details

Do you already have an investment with Challenger?

Investor name

Existing policy number

☐

Change of contact details – Complete section 2 and section 6.

☐

Change of bank account details – Complete section 3 and 6.

☐

Change of financial adviser – Complete section 4 and section 6.

☐

Change of name – Complete section 5 and section 6 and attach supporting documentation.

Please list the other policies you wish to have updated below:

2. Change of contact details

Residential address

C/- (if applicable)

Street address or PO Box

Suburb

State

Postcode

Country

Postal address (if different to residential address)

C/- (if applicable)

Street address or PO Box

Suburb

State

Postcode

Country

Phone (after hours)

Phone (business hours)

Mobile

Facsimile

Email

3. Change of bank account details

Complete this section if you wish to change your bank account details. Providing your new account details in this section overrides any previous bank account details provided. Any account nominated must be an accessible account with an Australian financial institution.

Financial institution

Branch

Account name

BSB number

Account number

4. Change of financial adviser

Adviser number	<input type="text"/>
Adviser group	<input type="text"/>
Adviser/office name	<input type="text"/>
Adviser name	<input type="text"/>
Phone (business hours)	<input type="text"/>
Adviser AFSL	<input type="text"/>

By completing section 4 you acknowledge that the details of your investment can be provided to the dealer group or adviser by the means and in the format that they direct. Any regular adviser service fees in relation to your investment will cease and a new Advice fee consent form (available on our website) needs to be provided for any new fee arrangement.

5. Change of name (due to marriage, divorce, deed poll)

- ePosting is not accepted for Change of name, original certified copy of legal document is required for the change.
- Complete this section with your updated details (name and signature) which we will keep on file once your request has been processed.
- Attach an **original certified copy** of your marriage certificate or deed poll certificate **and** a **certified copy** of a current drivers licence, passport or proof of age card showing your new name.
- When you complete section 6, provide the previous signature that we have on file.

New name	<input type="text"/>
New signature (used to verify any future dealings with us)	<input type="text"/>
Previous signature (for verification purposes)	<input type="text"/>

6. Signatures

This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

The personal information we collect on this form will be used to update your personal information. This information may be disclosed to other members of Challenger Limited and its related bodies corporate, service providers who do things on our behalf (e.g. mailing house) or to other third parties where it is required or allowed by law or where you have otherwise consented. You can access the personal information we have collected, if we have retained it, by calling us on 13 35 66.

Signature	<input type="text"/>	Date	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Capacity	<input type="checkbox"/> Sole director <input type="checkbox"/> Director		
(Important: Companies and corporate trustees must cross here)			

Signature	<input type="text"/>	Date	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Capacity	<input type="checkbox"/> Sole director <input type="checkbox"/> Director		
(Important: Companies and corporate trustees must cross here)			

COMPANY STAMP
(if required)