

Challenger Guaranteed Annuity (Fixed Term) Application Form – Self-Managed Super Fund (SMSF) (Issue date: 27 September 2021)



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

Office use only

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.

☐

Regulated superannuation fund (individual trustee) ► Please complete Section 4A.

☐

Regulated superannuation fund (company trustee) ► Please complete Section 4B.

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 - Individual trustee

Please ensure you provide the required identity verification documents for the trust (refer to section 12B).

Full name of SMSF

ABN

TFN

Number of individual trustee(s)

4B. Regulated superannuation fund - Company trustee

Please ensure you provide the required identity verification documents for the company acting as trustee (refer to section 12C).

Full name of SMSF

ABN

TFN

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 (optional)

Tax exemption

Principal place of business (cannot be a PO Box)

Contact name

Street address

Suburb

State

Postcode

Country

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

Number of directors

5. Account contact details (cannot be a third-party address)

[illegible][illegible]

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[illegible]

[illegible]

6. Investment details

\$, , .

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

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

☐ Investment income (e.g. rent, dividends, Term Deposit) ☐ Income from operating a business ☐ Accumulated wealth from superannuation

☐ Sale of assets (e.g. shares, property) ☐ Windfall (e.g. gift, lottery winnings) ☐ Borrowed funds ☐ Charitable donations

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

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as per quote ID ---

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

8. Financial institution account details – we will make regular payments to this account

[illegible][illegible][illegible][illegible][illegible]

9. Specified individuals – Individual trustee

9A. Primary trustee (primary responsible for the trust)

Do you already have an investment with Challenger?

[illegible][illegible][illegible][illegible]

Female ☐

[illegible][illegible][illegible][illegible][illegible]

9. Specified individuals – Individual trustee (continued)**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"/>

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"/>

9B. Other individual trustee(s)**Second trustee**

Do you already have an investment with Challenger?

☐ Yes ☐ NoPolicy 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 Phone (home) Phone (work) Mobile Email address **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"/>

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"/>

Third trustee

Do you already have an investment with Challenger?

☐ Yes ☐ NoPolicy 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 Phone (home) Phone (work) Mobile Email address

9. Specified individuals – Individual trustee (continued)**Residential address (cannot be a PO Box)**

Street address

Suburb

Postcode

Country

State

Postal address (if different to residential address)

Street address or PO Box

Suburb

Postcode

Country

State

☐

If there are more trustees, tick this box and provide their details on a separate piece of paper.

10. Specified individuals – Company trustee**10A. Primary director detail**

Please provide details of the individuals authorising this investment.

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

Phone (home)

Phone (work)

Mobile

Email address

Residential address (cannot be a PO Box)

Street address

Suburb

Postcode

Country

State

Postal address (if different to residential address)

Street address or PO Box

Suburb

Postcode

Country

State

10B. 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.

11. 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 or 10A 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, Term Deposit)
- ☐ 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
- ☐ Accumulated wealth from superannuation

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, Term Deposit)
- ☐ Accumulated wealth from superannuation

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

12. Identity verification

Regulated superannuation fund - Individual trustee

- ☐ Up-to-date extract from Superfund lookup <https://superfundlookup.gov.au/>

Regulated superannuation fund - Company trustee

- ☐ Up-to-date extract from ASIC database www.asic.gov.au.
- ☐ Up-to-date extract from Superfund lookup <https://superfundlookup.gov.au>

13. Adviser service fees (as per attached quotation)	
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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).

14. 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.

15. Signatories

For individual trustees, at least the primary trustee must sign this section. For 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	<div></div>	Date	<div></div>
Full name	<div></div>		
Capacity	<div><input type="checkbox"/> Sole or Primary Director (of company trustee)</div> <div><input type="checkbox"/> Primary individual trustee</div>		

Signatory 2

Signature	<div></div>	Date	<div></div>
Full name	<div></div>		
Capacity	<div><input type="checkbox"/> Second Director (of company trustee)</div> <div><input type="checkbox"/> Secretary (of company trustee)</div> <div><input type="checkbox"/> Second individual trustee</div>		

COMPANY SEAL

16. 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 Online User ID
(If applicable)

Adviser telephone

Signature

Date

Please post all documentation (no stamp required) to the address below.

Challenger

Reply paid 3698

SYDNEY NSW 2001

Alternatively, your adviser can submit your completed application form **via ePost on AdviserOnline**.

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)