

Consent to deduct ongoing advice fees New fee arrangements

Office use only

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

Please use this form to consent to the ongoing advice fee that you have agreed with your financial adviser to be deducted from your regular payments.

Your financial adviser is required by law to obtain your written consent before they can receive any ongoing advice fee. If you do not agree with the amount described in section 2 of this form, you are not required to sign this consent.

If you have any questions, please contact your adviser or call us on 13 35 66.

1. Product

Please select the product that the application or maturity reinvestment relates to (tick one only). A separate form is required for each policy.

- Guaranteed Annuity
- Guaranteed Annuity (Complying)
- Guaranteed Annuity (Liquid Lifetime)
- CarePlus

2. Ongoing adviser service fee

Please nominate the amount of ongoing advice fee that you agree to be paid to your adviser. The fee will be deducted from your regular payments once your application or maturity reinvestment is processed.

\$, . Monthly Quarterly Half-yearly Yearly
(This must match the frequency of your annuity payments.)

The fee amount and fee frequency above must match the details shown on your quote. Please provide your quote ID below. Your quote illustrates the impact the fee has on your regular payments.

Quote ID - - -

3. Fee consent period

Fee consent start date: Your consent starts on the date that you sign this form.

Fee consent end date: Your consent ends one year and 150 days after the date you sign this form.

The ongoing advice fee will stop being paid when the consent period ends unless you provide a new consent form prior to the end of this period.

You can also withdraw your consent or terminate or vary the new ongoing fee arrangement at any time by providing written notice to us or your adviser.

4. Financial adviser details

Adviser name

Dealer group

Phone

Email

5. Consent Acknowledgement

By signing below, I:

- consent to the deduction of the fee nominated in section 2 of this form.
- understand that this fee will be paid to my adviser between the fee consent start date and end of the consent period, as outlined in section 3 of this form.
- understand that I can withdraw my consent or terminate or vary the new ongoing fee arrangement at any time by providing written notice to Challenger or my adviser.

Investor 1

Full name

Signature
(please sign)

Date / /

Investor 2 (must complete for joint policies)

Full name

Signature
(please sign)

Date / /

Where to send your completed form

Please mail the completed form to:

Challenger
Reply Paid 3698
Sydney NSW 2001

Alternatively, your adviser can send the form to us via ePost on AdviserOnline.