

Issuer: Challenger Life Company Limited ABN 44 072 486 938, AFSL 234670 (referred to as 'Challenger', 'we', 'us' and 'our').

To be completed by individual investors in the **Guaranteed Annuity, Guaranteed Income Plan, Guaranteed Annuity (Liquid Lifetime), Guaranteed Income Plan (Liquid Lifetime) and CarePlus** (each referred to as a 'Policy'). You cannot make a nomination if you have bought a Policy jointly with another person or have nominated a reversionary.

A valid nomination will replace any prior nomination you have made. Please see the 'Important information' overleaf, which sets out the terms and conditions of any nomination.

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 if posted in Australia)

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)

1. Investor details

I am making a nomination on a new policy. Please attach this form to your application form.

I am making or updating a nomination on an existing policy. Please provide details below.

Policy name

Policy number

2. Cancel my existing reversionary election

Please cancel my existing reversionary election. Once cancelled you cannot make another reversionary election.

3. Nomination of beneficiary(ies)

Total nominations must equal 100%. If the total nomination does not equal 100% or is unclear, the nomination will not be valid.

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

Telephone number

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

Beneficiary 2

Name

Date of birth / /

Address

Suburb State Postcode

Telephone number

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

Beneficiary 3

Name

Date of birth / /

Address

Suburb State Postcode

Telephone number

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

Beneficiary 4

Name

Date of birth / /

Address

Suburb State Postcode

Telephone number

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

Total nominations must equal 100%. If the total nomination does not equal 100% or is unclear, the nomination will not be valid.

If you would like to nominate more beneficiaries, please provide this information on additional paper and attach it to this form when returning it to us.

4. Signature

I declare that I have read and understand the 'Important information' below.

Where this nomination is being completed for CarePlus under a power of attorney, the attorney declares:

- I understand restrictions apply to attorneys granting benefits to themselves or other people and entering into conflict transactions;
- I consider that the conferring of the benefit on me as the attorney or any other person nominated is authorised under the power of attorney;
- the nomination (and any subsequent benefit received under such nomination) does not confer a benefit that is more than reasonable having regard to all the circumstances of the applicant/life insured including their entire estate;
- in the circumstances of the applicant/life insured's wishes and Will, I do not consider that in making the nomination I have acted in a conflict of interest with the applicant/life insured or with my duty as attorney;
- I understand that where the power of attorney does not authorise me to give myself or any other person nominated a benefit or to enter into a conflict transaction, the entire nomination will be considered invalid and the whole death benefit will be paid to policy owner's estate.

Signature Date / /

Full name

5. Witness declaration

This must be signed and dated by two adult witnesses who are not named as beneficiaries on this form.

Witness 1

I declare that this form was signed and dated by the investor in my presence.

Signature Date / /

Full name

Witness 2

I declare that this form was signed and dated by the investor in my presence.

Signature Date / /

Full name

Important information

If you complete and submit this form to us, these guidelines form part of the terms and conditions of your policy.

Beneficiary nomination made under power of attorney for CarePlus

A beneficiary nomination made under power of attorney will only be valid if the attorney nominating themselves or another person is authorised under the power of attorney to give themselves or the other person that benefit. If any part of a beneficiary nomination is invalid because the power of attorney did not contain the required authority at the time the nomination was made, the entire beneficiary nomination will be considered invalid and will automatically be payable to the life insured's estate. (See the CarePlus Additional Information Guide, located on our website, for information about acceptance requirements).

Binding nature of nomination

Where a valid form is accepted by us (or on our behalf), we consent to pay your death benefit in accordance with your nomination(s), subject to the terms set out in this form and any relevant law.

By signing this form, you:

- are requesting Challenger Life Company Limited to vary your contract in accordance with your instructions; and
- acknowledge that in the event of any inconsistency between your instructions and the policy, once consented to by Challenger, your specific instructions will override any general statements in the policy regarding the automatic payment of benefits to your estate.

Additional guidelines for all investments

A valid nomination will replace all previous nominations. If you have already elected a reversionary, any nomination in section 3 will not take effect unless you cancel the reversionary election by completing section 2. Once you cancel your reversionary election, you cannot make another reversionary election.

If you do not nominate a beneficiary or you nominate a single beneficiary and they die or cease to be eligible before your death, the remaining benefits will be paid to your estate. If you nominate multiple beneficiaries and one dies or ceases to be eligible, their proportion will go to the remaining beneficiary(ies).

Other specific product rules may apply, please see your policy document and relevant product disclosure statement for more information.

Additional guidelines for superannuation investments

If you bought a Policy with superannuation money, you can only nominate your legal personal representative (on behalf of your estate) or your dependant as a beneficiary (as defined in superannuation laws). The beneficiary must be a dependant at the time of death to be an eligible beneficiary.

Under current superannuation laws, a **dependant** is:

- Your spouse, which is a person (whether of the same or opposite sex) who you are in a relationship with that is:
 - legally registered as a marriage or civil union; or
 - a de facto relationship (meaning that although you are not legally married, you live together on a genuine domestic basis as a couple).
- your child (including a stepchild or adopted child);
- someone who is financially dependent on you (which means you contribute necessary financial support to maintain that person);
- someone in an interdependency relationship with you (this is a close personal relationship between two people who live together where one or both provides for the financial, domestic and personal support of the other (or who would meet these conditions except they are temporarily living apart due to a physical, intellectual, psychiatric or other disability)).