

Issuer: Challenger Retirement and Investment Services Limited ABN 80 115 534 453, AFSL 295642 RSE L0001304 ('Trustee') (referred to as 'Challenger', 'we', 'us' and 'our').

Use this form to request a full or partial withdrawal from **Challenger Guaranteed Personal Superannuation – Cash option** and **Challenger Guaranteed Allocated Pension - Cash option**. To request a withdrawal from a fixed rate option, please contact our Investor Services Team.

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

Account Name

Account Number

2. Withdrawal details

I wish to make:

A full withdrawal

A partial withdrawal of \$, , . Gross Net

Reason for withdrawal:

Please select one option:

Pay the withdrawal amount to my bank account. Complete sections 3, 5 and 6

Rollover the withdrawal amount to another Superannuation product. Complete section 4, 5 and 6

3. Cash withdrawal details

Financial institution details

Pay the withdrawal amount to my nominated bank account

If you want the withdrawal amount paid to a different bank account, please provide details below. The account must be in the name of the investor (single or joint). Third party payments are not permitted. **Cheque payments are not available.**

Bank

Branch

Account Name

BSB number - Account number

Condition of release

Please choose one of the following:

Please withdraw from unrestricted non-preserved funds only

I have reached preservation age and have permanently retired and do not intend to ever work again 10 hours or more per week

I am aged 65 or over

I am aged 60 to 64 and have ceased a gainful employment arrangement since turning age 60

If none of the above statements apply, please contact our Investor Services Team.

4. Rollover details

Please provide the following details for the superannuation product you want to roll out to.

Product name

Fund ABN

Member or account number

USI (Unique Superannuation Identifier)

SPIN (Superannuation Product Identification Number)

To nominate more than one superannuation product, please contact our Investor Services team.

5. Providing your Tax File Number (TFN)

We are authorised under the Superannuation Industry (Supervision) Act 1993 to collect your TFN, which will only be used for lawful purposes. These purposes may change in the future as a result of legislative change.

You are not obliged to provide your TFN, and declining to quote your TFN is not an offence. However, if you do not provide your TFN, we may be required to deduct an additional amount of tax at the highest rate from the cash withdrawal amount.

Tax File Number

6. Declaration

- I declare that I:
- confirm that the information provided on this form is true and correct;
 - request that the withdrawal is processed in accordance with these instructions and release Challenger from any liability arising from doing so;
 - understand that the withdrawal value will be recalculated on the day the withdrawal is processed;
 - have read and understood the current product disclosure statement (PDS);
 - understand that where my withdrawal/rollover request will result in an account balance below the fund's minimum, my withdrawal/rollover request will be treated as a request for a full withdrawal/rollover;
 - acknowledge that any money paid out to me will leave the superannuation system, which may have tax consequences;
 - acknowledge that Challenger may need to make a payment to me before rolling out to another super fund;
 - acknowledge that if I have elected to rollover the withdrawal value, I consent to my Tax File Number being disclosed to the other super fund for that purpose (unless not provided);
 - am aware that if I have elected to rollover my benefits, I may ask Challenger for information about any fees or charges that may apply, or any other information about the effect this may have on my benefits, and I have obtained or do not require such information;
 - If this form 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 must be submitted with this form if not previously provided).

Signature

Date / /

Full name