

Ongoing advice fee consent form

Existing policies

Office use only

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

Use this form to manage the ongoing advice fee arrangements in relation to your Guaranteed Annuity, Guaranteed Annuity (Liquid Lifetime), CarePlus or Guaranteed Annuity (Complying) policies.

Send your completed form to:

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

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

Investor Services Team 13 35 66
+612 9994 7000 (if calling outside Australia)
8.00am to 6.00pm Monday to Friday (Sydney time).

1. Your policy details

Policy name 1	<input type="text"/>
Policy number 1	<input type="text"/>
Policy name 2	<input type="text"/>
Policy number 2	<input type="text"/>
Policy name 3	<input type="text"/>
Policy number 3	<input type="text"/>

2. Financial adviser details (fee recipient)

Adviser name	<input type="text"/>
Dealer group	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Challenger adviser no.	<input type="text"/>

3. Manage your ongoing fee arrangement

Please select one option. The option selected will apply to all of the policies listed in section 1. If different options apply to each policy, please complete separate forms.

- Add a new ongoing advice fee arrangement.
Choose this option if you and your adviser have agreed on a new ongoing advice fee amount.
▶ Proceed to section 4.
- Provide consent to continue an existing ongoing advice fee arrangement commenced before 1 July 2021 (Transitional arrangement).
If the fee amount is changing, please select the option above (Add a new ongoing advice fee arrangement).
▶ Proceed to section 4.
- Cancel an ongoing advice fee arrangement.
If you are also removing an adviser, please also complete the Change of details form available at challenger.com.au
▶ Proceed to section 6.

4. Ongoing advice fee amount

Please provide the fee amount that you have agreed with your financial adviser to be deducted from each regular payment.

Policy number 1

Fee amount \$,. per frequency selected below

Fee frequency Monthly Quarterly Half-yearly Yearly
This must match the frequency of your annuity payments.)

Policy number 2

Fee amount \$,. per frequency selected below

Fee frequency Monthly Quarterly Half-yearly Yearly
This must match the frequency of your annuity payments.

Policy number 3

Fee amount \$,. per frequency selected below

Fee frequency Monthly Quarterly Half-yearly Yearly
This must match the frequency of your annuity payments.

5. Ongoing advice fee consent

Your financial adviser is required by law to obtain your written consent before they can arrange to receive any ongoing advice fee. If you do not agree with the ongoing advice fee amount(s) specified in section 4 of this form, you are not required to sign this form.

How long does your consent last?

The consent you give in this form starts on the date that you sign this form and expires at the earlier of:

- one year and 150 days after the date your consent starts (the date you sign this form)
- the date you withdraw or terminate your ongoing fee arrangement or
- the date you provide a new consent in relation the ongoing fee arrangement or
- in the case of a fixed term annuity, the date your annuity matures.

You can also withdraw your consent or terminate or vary your ongoing fee arrangement at any time by providing written notice to us or your adviser. After your consent expires, Challenger is no longer able to deduct fees from your regular payments, unless you provide a new signed consent form.

6. Signature

By signing below, I:

- agree that the financial adviser specified in section 2 will have the authority to enquire on behalf of and have access to my policy information and personal information
- I understand when my consent starts and expires, as detailed in section 5 of this form and consent to the deduction of ongoing advice fee(s) specified in section 4 during this period.
- consent to the deduction of ongoing advice fee(s) from the regular payments from my policy/policies specified in section 4 of this form and consent to pay the fee(s) to my adviser specified in section 2 until my consent expires.

Investor 1

Full name

Signature (please sign)

Date / /

Investor 2 (must complete for joint policies)

Full name

Signature (please sign)

Date / /