

# Third Party Authority Form



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)

Alternatively, log in via [challenger.com.au](http://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)

Office use only

Please complete this form if you want to allow another individual access to your personal information with us, including closed accounts held by you. To record your Financial Adviser, please use the "Change of details form".

## 1. Your investor details

Investor name 1

Investor name 2

(if applicable)

Existing policy number/s

Tick this box to apply this authority to all policies held by me/us.

## 2. Type of Authority

Please indicate the level of authority below:

Appointment of individual(s) – Complete section 4.

Appointment of financial services representative – Complete section 5.

Important note: This authority does not allow an individual to make changes to the account. Please refer to our Forms page to add a Power of Attorney <https://www.challenger.com.au/personal/products/forms> Power of Attorney and Financial Management Orders Details form.

## 3. Level of Authority

I give permission for the nominated individuals/company, its representatives and employees authority to request:

Information only (provided over the phone).

Information and copies of documents.

I understand that this is not a substitute for a Power of Attorney (POA). If no selection is made "Information only" will be recorded.

## 4. Appointment of individual(s)

Individual One:

Title

Full Name(s)

Capacity

(e.g. partner, accountant)

Date of Birth

Phone Number

Email Address

Address

Individual Two:

Title

Full Name(s)

Capacity

(e.g. partner, accountant)

Date of Birth

Phone Number

Email Address

Address

## 5. Appointment of financial services representative

Name of representative		
Profession		
Phone Number		Email Address
Address		
Company/Dealer group name		
AFSL/Registration number (if applicable)		
Phone Number		Email Address

## 6. Declaration and Signatures

By signing this form, I declare that:

- Challenger will provide access to my personal information in accordance with the Challenger Privacy policy; to the above individual or company, its representatives and employees.
- This Authority to access information will be valid until I revoke it by advising Challenger.
- I understand that this **does not** replace the requirement for a Power of Attorney (if applicable), or permit the 'above' to change/manage my account or personal information and access InvestorOnline.
- All details in this form (including any documents provided) are true and correct. This form must be signed in accordance with the current signing instructions on file. Where signing under Power of Attorney, the attorney confirms that no notice of revocation of that power has been received. An original certified copy of the Power of Attorney, including the Power of Attorney & Financial Management Details form, must be lodged with this form if it has not previously been supplied. Please refer to our Forms catalogue to add a POA.  
<https://www.challenger.com.au/-/media/challenger/documents/forms/power-of-attorney-and-financial-management-order-details-form.pdf>

Signature		Date	
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Surname

Given name(s)

Signature		Date	
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Surname

Given name(s)

Capacity (if applicable)  Sole director  Director  Trustee

(Important: Companies and corporate trustees must cross here)