

# 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)  
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)

Office use only
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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	<input type="text"/>
Existing policy number/s	<input type="text"/>

Please indicate the level of authority below:

- Appointment of individual(s) – Complete section 2, 5 and 6.  
 Appointment of financial services representative – Complete section 3, 5 and 6.

**Important note: This authority does not allow an individual to make changes to the account. Please send us a Power of Attorney to allow this.**

## 2. Appointment of individual(s)

Individual One:

Title	<input type="text"/>	Full Name(s)	<input type="text"/>
Capacity (e.g. partner, accountant)	<input type="text"/>	Date of Birth	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

Individual Two:

Title	<input type="text"/>	Full Name(s)	<input type="text"/>
Capacity (e.g. partner, accountant)	<input type="text"/>	Date of Birth	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

## 3. Appointment of financial services representative

Name of representative	<input type="text"/>		
Profession	<input type="text"/>		
Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Address	<input type="text"/>		
Company/Dealer group name	<input type="text"/>		
AFSL/Registration number (if applicable)	<input type="text"/>		
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

#### 4. Level of Authority

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

- Information only (e.g. account summary over the phone).
- Information and copies of statements to the customer (e.g. request to send a statement to the customer).

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

#### 5. 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 appointed Power of Attorney's signature, must be lodged with this form if it has not previously been supplied.

Signature	<input type="text"/>	Date	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		

Signature	<input type="text"/>	Date	<input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		

Capacity (if applicable)  Sole director  Director

(Important: Companies and corporate trustees must cross here)