



# Change of Details 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)

Office use only

**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

Investor name

Existing policy number

- Change of contact details – Complete section 2 and section 6.
- Change of bank account details – Complete section 3 and 6.
- Change of financial adviser – Complete section 4 and section 6.
- Change of name – Complete section 5 and section 6 and attach supporting documentation.

## 2. Change of contact details

### Residential address

C/- (if applicable)

Unit  Street number  PO Box

Street name

Suburb  State

Postcode  Country

### Postal address

C/- (if applicable)

Unit  Street number  PO Box

Street name

Suburb  State

Postcode  Country

Phone (after hours)  Phone (business hours)

Mobile  Facsimile

Email address





**3. Change of bank account details**

Complete this section if you wish to change your bank account details. To change bank account details, we must receive the original, signed request and will not accept new bank account details via fax, telephone or email. Providing your new account details in this section overrides any previous bank account details provided. Any account nominated must be an accessible account with an Australian financial institution.

Financial institution	<input type="text"/>
Branch	<input type="text"/>
Account name	<input type="text"/>
Branch number (BSB)	<input type="text"/> - <input type="text"/>
Account number	<input type="text"/>

**4. Change of financial adviser**

Adviser number	<input type="text"/>	ADVISER STAMP
Adviser/office name	<input type="text"/>	
Adviser surname	<input type="text"/>	
Adviser given name(s)	<input type="text"/>	
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	
Phone (business hours)	<input type="text"/>	
Adviser group	<input type="text"/>	
Adviser AFSL	<input type="text"/>	

By completing section 4 you acknowledge that any fees or commissions in relation to your investment may be directed to your nominated adviser and that the details of your investment can be provided to the dealer group or adviser by the means and in the format that they direct.

**5. Change of name (due to marriage, divorce, deed poll)**

- Complete this section with your updated details (name and signature) which we will keep on file once your request has been processed.
- Attach an original certified copy of the relevant documentation (for example, original certified copy of marriage certificate or deed poll certificate).
- When you complete section 6, provide the previous signature that we have on file.

New name	<input type="text"/>
New signature (used to verify any future dealings with us)	<input type="text"/>
Previous signature (for verification purposes)	<input type="text"/>



6. Signatures

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.

The personal information we collect on this form will be used to update your personal information. This information may be disclosed to other members of Challenger Limited and its related bodies corporate, service providers who do things on our behalf (e.g. mailing house) or to other third parties where it is required or allowed by law or where you have otherwise consented. You can access the personal information we have collected, if we have retained it, by calling us on 13 35 66.

Signature	<input type="text"/>	Date	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>							
Given name	<input type="text"/>							
Capacity	<input type="checkbox"/> Sole Director <input type="checkbox"/> Director							
								COMPANY STAMP (IF REQUIRED)
Signature	<input type="text"/>	Date	<input type="text"/> /	<input type="text"/> /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>							
Given name	<input type="text"/>							
Capacity	<input type="checkbox"/> Director <input type="checkbox"/> Secretary (company investments only)							

(Important: Companies and corporate trustees must cross here)

Challenger Life Company Limited ABN 44 072 486 938, AFSL 234670. Challenger Retirement and Investment Services Limited ABN 80 115 534 453, AFSL 295642.