

Challenger CarePlus

Application form checklist



Before sending us your application form, please ensure you have provided us with:

- Your investor details in section 1 (Mobile and Email address is required for investor online account registration).
- Your Target market determination in section 2.
- Your investment details included in section 3 including the investment amount, payment method and source of funds.
- A valid quote and the quote ID in section 4.
- Your financial institution account details in section 5.
- Your beneficiary details in section 6.
- The required customer identity verification documents and information as outlined in sections 7, 8 & 9.
- Details of any upfront or regular adviser fees in section 10. Advice fee consent form is required if you agree to pay a regular adviser service fee.
- Your adviser declaration in section 12.
- A TFN declaration. It is not an offence not to quote your TFN, but if you choose not to quote it, tax may need to be deducted at the highest marginal rate (plus Medicare levy.)
- Withholding declaration if you wish to claim the seniors and pensioners tax offset (SAPTO) on this investment.
- Completed direct debit authority form or cheque.
- Completed Power of Attorney & Financial Management Order Details form (if applicable). The form and the requirements to add a Power of Attorney or Financial Management order is attached with the application, please complete and return with the application if applicable. The form can also be found at www.challenger.com.au/personal/products/forms.
- Ensure you have read and signed the declaration in section 11.

Please submit all documentation via one of the following methods:

By Post (no stamp required)

Challenger
Reply Paid 3698
SYDNEY NSW 2001

Electronically

You can submit completed application form securely via My ePost, link; challenger.com.au/myepost
Your adviser can submit your completed application form via ePost on AdviserOnline

6. Nominated beneficiary(ies)

You can nominate who will receive any death benefit upon your death.

Important information when a beneficiary nomination is made under power of attorney.

A beneficiary nomination made under power of attorney will only be valid if the attorney nominating themselves or another person is authorised under the power of attorney to give themselves or the other person that benefit. If any part of a beneficiary nomination is invalid because the power of attorney did not contain the required authority at the time the nomination was made, the entire beneficiary nomination will be considered invalid and will automatically be payable to the life insured's estate. (See the Additional Information Guide for information about acceptance requirements).

Pay my death benefit to my legal personal representative (on behalf of my estate) Percentage of benefit %

and/or

Pay my death benefit to the following individual(s)

Beneficiary 1

Name

Date of birth / /

Address

Suburb State

Postcode Country

Email address

Contact number

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Beneficiary 2

Name

Date of birth / /

Address

Suburb State

Postcode Country

Email address

Contact number

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Beneficiary 3

Name

Date of birth / /

Address

Suburb State

Postcode Country

Email address

Contact number

Relationship to you Spouse Child Financially dependent Interdependent Percentage of benefit %
 Other (non-superannuation only)

Total nominations must equal 100%. If more than three beneficiaries, please photocopy and attach when returning. If the total nomination does not equal 100%, the nomination will be invalid and the death benefit will be payable to your estate.

7. Customer identity verification

If you do not have an existing investment with Challenger you must complete this section. If you are lodging this application through a financial adviser, they are required to provide us with copies of the identity verification documents/records. If you are not lodging this application through a financial adviser, you are required to provide us with certified copies of the identity verification documents. Please see below for a list of who can certify the documents.

Please note:

- documents are required to be certified copies of the original;
- documents such as passports, driver's licences and other cards that have an expiry date must not have expired (however, only Australian passports that have expired within the preceding two years may be accepted);
- if any document is in a language other than English, then it must be accompanied by an English translation prepared by an accredited translator; and
- if any document is in a previous name, then it must be accompanied by evidence of the change of name (e.g. a marriage certificate).

Please provide document(s) from either A or B

Note: At least one document must show your date of birth.

A. A valid copy of one of the following documents:

- Australian driver's licence containing your photograph; or
- Australian passport containing your photograph and signature; or
- A card issued under a State or Territory law containing your photograph and proof of age.

B. OR If one of the above cannot be provided, please provide one document from group 1 and one document from group 2 below:

<p>Group 1</p> <p>A copy of one of the following documents:</p> <ul style="list-style-type: none"><input type="checkbox"/> Birth certificate or Australian birth extract; or<input type="checkbox"/> Australian citizenship certificate; or<input type="checkbox"/> Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs.	<p>Group 2 (The document must contain your full name and current residential address as shown in the application form)</p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"><input type="checkbox"/> A notice or bill issued within the preceding three months from a local government body or utilities provider that records the provision of services to you, e.g.:<ul style="list-style-type: none">– Council rates notice– Electricity bill– Gas bill– Water rates notice– Telephone bill– Internet services bill<input type="checkbox"/> A letter or notice issued within the preceding 12 months from a Commonwealth or State/Territory government department that records the provision of financial benefits to you, e.g.:<ul style="list-style-type: none">– Pension Statement– Rent Assistance Statement– Mobility Allowance Statement– Utilities Allowance Statement<input type="checkbox"/> A letter or notice issued to you within the preceding 12 months from the ATO that records a debt or refund payable by or to you, e.g.:<ul style="list-style-type: none">– Notice of assessment– Payment reminder<input type="checkbox"/> If residing in a residential care facility, a notice or invoice issued by that facility within the preceding three months that records the provision of care services to you.
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If you are a non-Australian resident and cannot provide A or B, please provide a valid copy of ONE of the following:

- Foreign passport, or similar travel document bearing your signature and photograph; or
- National identity card issued by a foreign government that contains your photograph and either your signature or your unique identifier; or
- Foreign driver's licence that contains your photograph.

How to certify documents

A certified copy is a document that has been certified as a true copy of an original document. To certify a document, take the original document and a photocopy to one of the people listed in the categories below and ask them to certify that the photocopy is a true and correct copy of the original document. That person will need to print their name, date and the capacity in which they are signing (e.g. postal agent, Justice of the Peace).

Sample wording

I, *[full name]*, a *[category of persons listed below]*, certify that this *[name of document]* is a true and correct copy of the original.

[Signature and date]

Documents in a language other than English must be accompanied by an English translation prepared by an accredited translator.

9. Tax residency information

Tax residency rules differ by country. Whether an individual is a tax resident of a particular country is often (but not always) based on the amount of time a person spends in a country, the location of a person's residence or place of work. For the US, tax residency can be as a result of citizenship or residency.

Tax Identification Number (TIN) is the number assigned by each country for the purposes of administering tax laws. This is the equivalent of a Tax File Number in Australia or Social Security Number in the US.

Please answer BOTH tax residency questions.

Are you an Australian resident for tax purposes? Yes No

Are you a tax resident of another country? Yes No

If you are a tax resident of a country other than Australia, please provide your Tax Identification Number (TIN) or equivalent below. If you are a tax resident of more than one country, please list all relevant countries below.

1. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
2. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
3. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>
4. Country	<input type="text"/>	TIN	<input type="text"/>	If no TIN, list reason A, B or C	<input type="text"/>

- Reason A – The country of tax residency does not issue TINs to tax residents.
- Reason B – I have not been issued with a TIN.
- Reason C – The country of tax residency does not require the TIN to be disclosed.

10. Adviser service fees (as per attached quotation)

Upfront adviser service fee \$

Regular adviser service fee (p.a.) \$

If you agree to pay a regular adviser service fee, please complete the Advice fee consent form. The fee that you consent to on this form will be deducted from your regular payment. We will also confirm the amount on your Investor Certificate.

Where I have consented in writing to the payment of an adviser service fee(s), I direct Challenger to pay the fee(s) to the Australian Financial Services Licensee responsible for my financial adviser (or my financial adviser directly if they are also the Licensee). I understand that fees cannot be refunded by Challenger once paid to my adviser. I acknowledge that the amount of my regular payments will be less than if I chose not to pay a fee(s).

11. Declaration

I declare that:

- all details in this application (including all related documents provided) are true and correct and I indemnify Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (Challenger) against any liabilities whatsoever arising out of it acting on any incorrect or misleading information provided by me in connection with this application or in the future;
- I have considered the TMD and received a copy of the current PDS and Policy Documents to which this application applies and have read them, I agree to be bound by the provisions of the policy (including the Policy Documents and the Investor Certificate) and the PDS and application, in the event of any inconsistency between the PDS and the Policy Documents, I acknowledge that the Policy terms prevail;
- I acknowledge that the purpose of the questions in the Target Market Determination section of this application form are to determine whether I am likely to be in the target market for this product, and they do not constitute the provision of financial advice. I have considered the PDS, and my own objectives, financial situation and needs before deciding whether this product is right for me, and considered obtaining personal advice.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in making this application;
- I have received and accepted this offer in Australia;
- the details of my financial products can be provided to the dealer group or adviser listed in this application form or as otherwise notified to Challenger by the means and in the format that they direct;
- I understand that the application form, together with any Challenger quotation, will be relied upon by Challenger in its decision to issue an Insurance policy and/or Annuity policy. Where the information on the quotation differs to that on the application form, the policies will be based on the information provided on the application form;
- I agree Challenger has the right to recover from me, by deduction from the sum insured before it is payable to my nominated beneficiaries or estate, any monies owing to Challenger (owing from the 'Insurance policy' or any other policy);
- I agree to provide proof of survival when requested by Challenger;
- I confirm that I am not holding the Annuity or Insurance on behalf of anybody else;
- I acknowledge and provide my express consent and authorisation to Challenger to pay the adviser service fees mentioned in section 10 of this application form and, if applicable the Adviser fee consent form provided with this application form to my financial adviser;
- Information, reports and other communication to me may be delivered electronically by e mail or other electronic means;

11. Declaration (continued)

In relation to your personal information:

- I acknowledge that I have read the pages of the PDS containing the information under the heading 'Privacy and personal information'. I am aware that until I inform Challenger otherwise, I will be taken to have consented to all the uses of my/our personal information (including marketing) contained under that heading and I have consented to the provision of, and authorised my financial adviser to provide, such personal information to Challenger and its related entities as is required or reasonably deemed necessary by Challenger and its related entities under applicable law. I declare that any third party information in this application has been provided with the third party's consent and I have shown that third party the pages of the PDS containing the information under the heading 'Privacy and personal information'.
- I understand that if I fail to provide any information requested in this application form or do not agree to any of the possible uses or disclosures of my information as detailed in the PDS (except in relation to direct marketing material), my application may not be accepted by Challenger and I agree to release and indemnify Challenger in respect of any loss or liability arising from its inability to accept an application due to inadequate or incorrect details having been provided.

In relation to an application signed under power of attorney, the attorney declares that:

- I have not received notice of revocation of that power (a certified copy of the power of attorney should be submitted with this application);
- where the attorney has completed the nominated beneficiary(ies) section in this application:
 - I understand restrictions apply to attorneys granting benefits to themselves or other people and entering into conflict transactions;
 - the conferring of the benefit on me as the attorney or any other person nominated is authorised under the power of attorney;
 - the nomination (and any subsequent benefit received under such nomination) does not confer a benefit that is more than reasonable having regard to all the circumstances of the applicant/life insured including their entire estate;
 - in the circumstances of the applicant/life insured's wishes and Will, I do not consider that in making the nomination I have acted in a conflict of interest with the applicant/life insured or with my duty as attorney;
 - I understand that where the power of attorney does not authorise me to give myself or any other person nominated a benefit or to enter into a conflict transaction, the entire nomination will be considered invalid and the whole death benefit will be paid to the applicant/life insured's estate.

Investor/Power of Attorney 1

Signature (please sign)

Print name

Date

Power of Attorney 2

Signature (please sign)

Print name

Date

Power of Attorney 3

Signature (please sign)

Print name

Date

Challenger Life Company Limited

Direct Debit Authority Form



Complete this form if you wish us to debit your account for your investment amount.

Individual

Title Mr Mrs Miss Ms Other

Surname

Given name(s)

Bank account details

Schedule

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.

The bank account to be debited must be held in the name of the investor.

Account name which is to be debited

BSB number - Account number

Name of financial institution

Branch where account is held

I/We request Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (User ID No. 433545) (Challenger), until further written notice is given to Challenger from me/us, to debit my/our account described under Payment method, any amounts which Challenger may direct debit or charge me/us through the Bulk Electronic Clearing System.

I/We understand and acknowledge that:

1. The bank/financial institution may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this request or any authority or mandate, and at any time by notice in writing to me/us, terminate this request as to future debits.
2. The bank/financial institution will provide to me/us upon request general descriptive information of the kind referred to in sections 13.1 and 13.2 of the Code of Banking Practice, concerning the operation of accounts, banking facilities and cheques.
3. The information which I/we have provided on this form is accurate and not misleading and I am/we are aware that Challenger is relying on it.
4. This direct debit arrangement is governed by the terms of the Bulk Electronic Clearing System Procedures and the Direct Debit Request Service Agreement (available on our website) received from Challenger which I have read and agreed to.
5. Should the bank/financial institution charge any fees/charges related to this direct debit request (including a withdrawal or dishonour fee), I/we will be responsible for such fees/charges.

Bank account signatory 1

/ /

Surname

Given name(s)

Capacity Sole director Director Secretary (company investments only)

Bank account signatory 2

/ /

Surname

Given name(s)

Capacity Sole director Director Secretary (company investments only)



Withholding declaration

Complete this declaration to authorise your payer to adjust the amount withheld from payments made to you.

You must provide, or have previously provided, your payer with a completed *Tax file number declaration* (NAT 3092) quoting your tax file number or claiming an exemption from quoting it, before you can make a *Withholding declaration*.

- Refer to the Instructions to help you complete this declaration.
- Print neatly in BLOCK LETTERS.
- Print in the appropriate boxes.

Section A: Payee's declaration

To be completed by payee.

1 What is your name? Title: Mr Mrs Miss Ms Other

Family name

Given names

2 What is your date of birth? / /

3 What is your tax file number (TFN)?

For information about tax file numbers, see instructions.

If you have not provided your TFN, indicate if any of the following reasons apply:

- I have lodged a TFN application. I am claiming an exemption because I am a pensioner. I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

4 Are you: (select only one)

An Australian resident for tax purposes A foreign resident for tax purposes Or A working holiday maker

5 Do you want to claim the tax-free threshold from this payer? Yes No Answer **no** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance. You must answer **no** at questions 7 and 8.

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

6 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt? Yes No

7 Do you want to claim or vary your tax offset by reducing the amount withheld from payments made to you? Yes No

Insert your estimated total tax offset amount. **\$**


8 Do you want to claim or vary the seniors and pensioners tax offset entitlement by reducing the amount withheld from payments made to you? Yes No

Are you: single a member of an illness-separated couple a member of a couple

DECLARATION BY PAYEE

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

-  The tax laws impose heavy penalties for giving false or misleading statements.

I declare that the information I have given on this form is true and correct.

Signature of payee

Date ^{Day} / ^{Month} / ^{Year}

Section B: Payer's declaration

-  To be completed by payer.

YOUR DETAILS

- 1 What is your Australian business number (ABN) (or your withholding payer number if you are not in business)?

4 4 / 0 7 2 / 4 8 6 / 9 3 8

- 2 What is your registered business name or trading name (or your individual name if you are not in business)?

CHALLENGER LIFE COMPANY LIMITED

-  How much should you withhold?

The payee's answers to questions 4 and 5 will indicate which of the weekly, fortnightly or monthly tax tables you should use as the base rate of withholding.


A **yes** answer at question 6 will require an amount to be withheld as specified in the Study and Training Support Loans tax tables.

A **yes** answer at question 7 or 8 will generally require a variation of the rate of withholding specified in the tax tables.

DECLARATION BY PAYER

Privacy

For information about your privacy, visit our website at ato.gov.au/privacy

-  The tax laws impose heavy penalties for giving false or misleading statements.

I declare that the information I have given on this form is true and correct.

Signature of payer

Date ^{Day} / ^{Month} / ^{Year}

Written notice

This declaration will constitute written notice under section 15-15 of Schedule 1 to the *Taxation Administration Act 1953* (TAA 1953) of the Commissioner's approval to vary the amount required to be withheld where:

- the payee has given a completed *Tax file number declaration* to the payer, or they have entered into a voluntary agreement with the payer.
- the payee has notified the payer of the varied rate of withholding in writing on this approved form at section A.

Storing and disposing of withholding declarations

The information in the completed *Withholding declaration* form must be treated as sensitive. Once you have completed, signed and dated the declaration, file the declaration form. **Do not send the declaration to us.**

Under the TFN guidelines in the *Privacy Act 1988*, you must use secure methods when storing and disposing of TFN information. Under tax laws, if a payee submits a new *Withholding declaration* or leaves your employment, you must still keep this declaration for the current and next financial year.

-  **Do not send this declaration form to us.**

Providing your Power of Attorney (POA) or Financial Management Order to Challenger

You should read this before you send us your Power of Attorney (POA) or Financial Management Order.

About POAs and Financial Management Orders

A POA and Financial Management Order are legal documents that allow one or more people to act on the behalf of another person for certain purposes. Please note: it is your responsibility to ensure your document complies with the laws that apply to the state, territory, or country in which the authority was executed.

- A **General Power of Attorney** allows you to act on behalf of another person whilst they are still able to make their own decisions. While an **Enduring Power of Attorney (EPOA)** allows you to act on behalf of another person even if they lose the ability to make decisions for themselves. At times a medical certificate may be needed. Refer to your EPOA to understand if a supporting document is required.
- A **Financial Management Order** is a legal document that allows another person to make financial decisions in place of the investor. This person is generally known as the Financial Manager. A different title may be used for the relevant state or territory in which the authority was drafted and executed.

Making financial decisions on behalf of someone else

When making financial decisions on behalf of another person, it is important that you have the right authority to do so under a POA or Financial Management Order.

The appointed attorney or financial manager has a duty of care to ensure decisions made are in the best interests of the investor. Challenger reserves the right to make enquiries on any applications or requests it receives from the attorney(s) or financial manager(s).

A beneficiary nomination under a POA

Before making a beneficiary nomination for a Challenger product under a POA, please read the Challenger POA Guide which sets out our understanding of the POA laws as at the date of the Guide.

This guide can be found at challenger.com.au/-/media/challenger/documents/guides/poa-guide.pdf

Who can certify documents?

There are many people from different professions who can certify that a copy of a document is identical to the original.

This includes professions listed below. For a more comprehensive list, please visit

www.ato.gov.au/Individuals/Tax-file-number/Identity-documents/Copies-of-identity-documents-for-applicants-in-Australia:

- Financial adviser or financial planner
- Accountant
- Pharmacist
- Optometrist
- Solicitor

What you need to send us?

For a POA or Financial Management Order to be recognised by Challenger, we require the following to be posted or electronically submitted via ePost:

- the Power of Attorney & Financial Management Order Details form completed
- a certified copy of the original POA document or Financial Management Order, including any supporting documents
- if you're not an existing customer, a certified copy of an identity document (ID) for the appointed attorney(s) / financial manager(s). Accepted ID includes current driver's licence, current passport or proof of age card

If you are submitting identity documents that are not certified, you will need to provide copies of the front and back of the documents. More information on our verification process can be found on page 2 of the Power of Attorney and Financial Management Order Details form under Section 3. Declarations.

Power of Attorney & Financial Management Order Details form



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

Send this form and a certified copy of the Power of Attorney (POA) or Financial Management Order, including a certified identity document and certified medical certificate (if applicable).

Send your completed form and document/s to:

Challenger

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

Alternatively, you can electronically upload this form and document/s via challenger.com.au/myepost

For assistance completing this form, please call:

Investor Services on 13 35 66

+612 9994 7000 if calling outside Australia

8:00am to 6:00pm Monday to Friday (Sydney time)

Section 1. Customer Details

Policy number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>									
First & middle name	<input type="text"/>									
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>				Date of birth	<input type="text"/>				
Residential address (PO Box is not acceptable)					Postal address (if different from residential address)					
Street address	<input type="text"/>				Street address	<input type="text"/>				
Suburb	<input type="text"/>				Suburb	<input type="text"/>				
State	<input type="text"/>				State	<input type="text"/>				
Postcode	<input type="text"/>				Postcode	<input type="text"/>				
Mobile	<input type="text"/>									
Email address	<input type="text"/>									

Section 2A. Attorney/Financial Manager Details

(If there is more than one attorney or financial manager, please complete Section 2B.)

Do you have an investment with Challenger?

Yes No

Policy no. (if known)

Surname	<input type="text"/>								
First & middle name	<input type="text"/>								
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>				Date of birth	<input type="text"/>			
Residential address (PO Box is not acceptable)					Postal address (if different from residential address)				
Street address	<input type="text"/>				Street address	<input type="text"/>			
Suburb	<input type="text"/>				Suburb	<input type="text"/>			
State	<input type="text"/>				State	<input type="text"/>			
Postcode	<input type="text"/>				Postcode	<input type="text"/>			
Mobile	<input type="text"/>								
Email address	<input type="text"/>								

If you're not an existing customer.

Proving your identity: Before we can add you as an attorney or legal financial manager, we are required to verify your identity.

Please provide a **certified** copy of at least **one** of the following documents: Your current passport, current Australian driver's licence, or current proof of age card.

Section 2B. Attorney/Financial Manager Details (if applicable)

(If there are more than two attorneys or financial managers, please complete an additional form.)

Do you have an investment with Challenger?

Yes No

Policy no. (if known)

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Surname

First & middle name

Title (Mr/Mrs/Miss/Ms)

Date of birth

Residential address (PO Box is not acceptable)

Postal address (if different from residential address)

Street address

Street address

Suburb

Suburb

State

State

Postcode

Postcode

Mobile

Email address

If you're not an existing customer.

Proving your identity: Before we can add you as an attorney or legal financial manager, we are required to verify your identity.

Please provide a **certified** copy of at least **one** of the following documents: Your current passport, current Australian driver's licence, or current proof of age card.

Section 3. Declaration

By signing this form as an attorney or financial manager, I declare that:

- I/We have not received notice of revocation of my/our power under the certified copy of the power of attorney or financial management order submitted with this form.
- I/We will inform Challenger in writing, as soon as possible, if my/our appointment as attorney/financial manager on behalf of the customer specified in Section 1. Customer Details is revoked, amended or restricted in any way.
- I/We agree that any notice, document or other information required to be given to me/us under law (or the agreement with Challenger), including but not limited to Challenger's Product Disclosure Documents, Financial Services Guides, periodic statements, confirmations of transactions and ongoing disclosures, may be given in one of the following ways (where permitted by law): (i) by sending it to an email address I/we have provided; (ii) by sending an email or other electronic communication containing a website reference or hypertext link to the notice, document or information; or (iii) by making the notice, document or information available on Challenger's investor online portal or on other online facilities as notified to me/us from time to time.
- I/We understand my/our responsibility to protect the client from any unauthorised access and loss by ensuring their personal information is not shared with any unauthorised person.
- I/We understand Challenger will provide access to my/our personal information in accordance with Challenger's Privacy Policy, which can be found at challenger.com.au/privacy.

In relation to how we verify your identity as an attorney or financial manager:

- I/We agree to the use of electronic verification to verify my/our identity where required.
- I/We understand using electronic verification involves comparing and matching information on my/our identity documents such as name, address, and date of birth with commercial, government and credit records using a third party electronic verification provider.
- I/We understand if electronic identity verification is required and the verification process is not successful, Challenger can request further documentation to verify my/our identity.

By signing this form as a customer, I declare that:

- Challenger will provide access to my personal and investment information in accordance with Challenger's Privacy Policy to my attorney(s)/financial manager(s) specified in Section 2A and 2B Attorney/Financial Manager Details (as applicable).
- Challenger will rely on the power of attorney and financial management order (as applicable) supplied with this form when my attorney(s) or financial manager(s) acts and makes decisions on my behalf.
- The power of attorney or financial management order document (as applicable) supplied with this form is valid until such time that Challenger receives notification or becomes aware that it is no longer valid.

Signature of Customer
(if applicable)

Date

Signature of
first Attorney/
Financial Manager

Date

Signature of
second Attorney/
Financial Manager
(if applicable)

Date