

# 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 can be found at [www.challenger.com.au/personal/products/forms](http://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](http://challenger.com.au/myepost)  
Your adviser can submit your completed application form via ePost on AdviserOnline

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

Office use only

### 1. Investor details

Do you already have an investment with Challenger?

Yes  No

Policy no. (if known) [Grid]

Surname [Grid]

Given name(s) [Grid]

Title (Mr/Mrs/Miss/Ms) [Grid] Date of birth [Grid] Male  Female

What other names are you known by [Grid]

Phone (home) [Grid] Phone (work) [Grid]

Mobile [Grid]

Email address [Grid]

#### Residential care facility address (Must not be a PO Box)

Street address [Grid]

Suburb [Grid] State [Grid]

Postcode [Grid] Country [Grid]

#### Residential address prior to moving into residential care facility (Must not be a PO Box)

Street address [Grid]

Suburb [Grid] State [Grid]

Postcode [Grid] Country [Grid]

If your country of residence is not Australia or New Zealand, please ensure that you also complete section 8.

#### Postal address (this can be primary power of attorney's address)

C/- [Grid]

Street address [Grid]

Suburb [Grid] State [Grid]

Postcode [Grid] Country [Grid]

The Challenger CarePlus Product Disclosure Statement (PDS) dated 27 September 2021 gives information about investing in CarePlus Annuity (Annuity) and CarePlus Insurance (Insurance) (together referred to as CarePlus). Challenger Life Company Limited (ABN 44 072 486 938) (AFSL 234670) (Challenger Life) is the Issuer of the Annuity and Insurance. Any person who gives another person access to the CarePlus Target Market Determination (TMD) and this application form must also give the person access to the PDS, Policy Documents and any supplementary PDS. A copy of the TMD, PDS and Policy Documents can be obtained from your financial adviser, by calling us or from our website. You should obtain and consider the TMD and PDS before completing this application form.

Challenger or a financial adviser who has provided an electronic copy of the PDS will send you a paper copy of the PDS and any supplementary document and application form free of charge if you so request.

**2. Target Market Determination**

The purpose of these questions is to determine whether you are likely to be in the target market for this product, and they do not constitute the provision of financial advice. You should consider the PDS, and your objectives, financial situation and needs before deciding whether this product is right for you, and consider obtaining personal advice.

Challenger must take reasonable steps to ensure that this product is being distributed in a way that is consistent with the current Target Market Determination (TMD) for the product, which is available at challenger.com.au.

**Section A**

**Your financial adviser will answer this question. If you do not have an adviser go to question 2.**

1. I have considered the TMD for the product and consider that the applicant is within the target market.  Yes  No

**Please complete the following questions. If you have a financial adviser these questions are optional.**

2. Are you receiving, or planning to receive, Government-subsidised aged care services in Australia?  Yes  No

3. Can you confirm that you want to use the amount invested to provide guaranteed monthly income for life, with 100% of the investment amount payable to your beneficiaries or estate upon death?  Yes  No

4. CarePlus is designed to be held for life. Can you confirm that you do not require ready access to the lump sum invested (it cannot be used like a savings account)?  Yes  No

**If any of the answers in Section A are 'NO' then your financial adviser will complete Section B.**

If you do not have a financial adviser Section B can be left blank, and proceed to the next section.

**Section B (completed by financial adviser only)**

**To be completed only if answered 'NO' to any of the questions in Section A.**

Please provide the reason why the product is still appropriate for your client based on their objectives, financial situation and needs.

**3. Investment details**

**Please complete Tax file number declaration form (TFND) with this application form.**

Amount to be invested \$

(This amount is the total of the Annuity purchase price and Insurance premium. Minimum investment amount is \$10,000).

**Please select your payment method.**

- Direct debit from your bank account (please complete the direct debit authority form)
- Cheque drawn on your bank account (please make cheque payable to 'Challenger Life Company Limited <insert the name of the investor>')

**Please select (✓) the source of funds being invested.**

- Income from regular employment – regular and/or bonus  Investment income (e.g. rent, dividends, Term Deposit)
- Income from operating a business  One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)
- Sale of assets (e.g. shares, property)  Windfall (e.g. gift, lottery winnings)  Borrowed funds
- Government benefits (e.g. family tax benefit)  Payments from my superannuation or pension fund

**4. CarePlus options – please ensure that your quote is attached to the application form**

Please set up my CarePlus as per quote ID

Note: The quote ID can be found at the top of the quotation.

**5. Financial institution account details – we will pay your regular annuity payments to this account**

**The account must be in the name of the investor. Third party payments are not permitted. Cheque payments are not available.**

Bank

Branch

Account name

BSB number

Account number

**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><b>Group 1</b></p> <p>A copy of one of the following documents:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Birth certificate or Australian birth extract; or</li><li><input type="checkbox"/> Australian citizenship certificate; or</li><li><input type="checkbox"/> Pension or Health care card issued by Centrelink or the Department of Veterans' Affairs.</li></ul>	<p><b>Group 2</b> <b>(The document must contain your full name and current residential address as shown in the application form)</b></p> <p>A copy of one of the following documents issued to you:</p> <ul style="list-style-type: none"><li><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"><li>– Council rates notice</li><li>– Electricity bill</li><li>– Gas bill</li><li>– Water rates notice</li><li>– Telephone bill</li><li>– Internet services bill</li></ul></li><li><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"><li>– Pension Statement</li><li>– Rent Assistance Statement</li><li>– Mobility Allowance Statement</li><li>– Utilities Allowance Statement</li></ul></li><li><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"><li>– Notice of assessment</li><li>– Payment reminder</li></ul></li><li><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.</li></ul>
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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.

## 7. Customer identity verification (continued)

### Who can certify documents?

Financial corporations (bank, building society, credit union)	<ul style="list-style-type: none"> <li>Officer with two or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Finance company officer with two or more continuous years of service with one or more finance companies (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees</li> </ul>
Post office	<ul style="list-style-type: none"> <li>Permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public</li> <li>Agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public</li> </ul>
JP	<ul style="list-style-type: none"> <li>Justice of the Peace</li> </ul>
Legal	<ul style="list-style-type: none"> <li>Person who is enrolled on the roll of the Supreme Court of a state or territory, or the High Court of Australia, as a legal practitioner (however described)</li> <li>Judge of a court</li> <li>Magistrate</li> <li>Chief executive officer of a Commonwealth court</li> <li>Registrar or deputy registrar of a court</li> <li>Notary public (for the purposes of the Statutory Declaration Regulations 1993 (Cth))</li> <li>Person authorised as a notary public in a foreign country</li> </ul>
Police	<ul style="list-style-type: none"> <li>Australian Police officer</li> </ul>
Diplomatic service	<ul style="list-style-type: none"> <li>Australian consular officer</li> <li>Australian diplomatic officer (within the meaning of the Consular Fees Act 1955 (Cth))</li> </ul>
Accountant	<ul style="list-style-type: none"> <li>Member of the Institute of Chartered Accountants in Australia, Certified Practising Accountants (CPA) Australia or the National Institute of Accountants with two or more years of continuous membership</li> </ul>

## 8. Additional information

Only complete this section if:

- your residential address, postal address or tax residency is outside Australia or New Zealand; or
- you are investing \$1 million or more.

What is your country of citizenship?

Select (✓) which option(s) best describes the primary means by which your total wealth is generated?

Income from employment – (regular and/or bonus)  Accumulated wealth from superannuation

Investment income (e.g. rent, dividends, Term Deposit)  Income from operating a business

One-off payment (e.g. matured investment, court settlement, redundancy, inheritance)

Sale of assets (e.g. shares, property)  Windfall (e.g. gift, lottery winnings)  Borrowed funds

What is your occupation?  
(if retired, please provide  
prior occupation)

**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











# 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](http://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   /   /

## 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)?**     /     /

- 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](http://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   /   /

### 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.**