

# Transfer of Insurance Application Form

Please complete this form if you would like to apply to transfer insurance cover to the Fund.

## Your duty of disclosure

Before you enter into or become insured under a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and the terms of that insurance. This duty of disclosure continues until the cover has been issued by us. The same duty applies before you extend, vary or reinstate cover.

You do not need to tell us anything that reduces the risk we insure you for, or is common knowledge, or which we know or should know as an insurer, or which we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything which he or she should have, this may be treated as a failure to disclose.

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us something that you are required to tell us, and we would not have insured cover on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid cover, we may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, for Death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount you have been insured for, we may, at any time vary your cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to Death cover.

If your failure to tell us something that you are required to tell us is fraudulent, we may refuse to pay a claim and treat your cover as if it never existed.

## Your details

Fund Name \_\_\_\_\_ Membership Number: \_\_\_\_\_  
 Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Annual Salary (pre-tax): \_\_\_\_\_  
 Telephone Number (home / work / mobile): (    ) \_\_\_\_\_ Most convenient time to contact you: \_\_\_\_\_ (am/pm)

## Eligibility

Please tick the appropriate box for each of the following questions:

- (a) I am currently insured for the type and amount of cover in an Australian employer sponsored policy, and Yes  No
- (b) I am less than 65 years of age, and Yes  No
- (c) My occupation is not an Excluded Occupation, as defined under the Fund's policy, and Yes  No
- (d) My existing cover will cease on acceptance by the Fund, and Yes  No
- (e) , I will transfer my entire account balance to the Fund, and Yes  No
- (f) I will not continue the existing cover under any other insurance arrangement, reinstate cover or effect a continuation option with another fund, and Yes  No
- (g) I have attached a recent Benefit Statement, Policy Renewal Statement or an Insurance Acceptance Letter as evidence of my current insured benefit. This includes a copy of the other insurer's letter advising acceptance of cover and if cover was subject to additional terms, and Yes  No
- (h) My existing benefits are not subject to any premium loading, restriction, exclusion or pre-existing condition. Yes  No

**If you answered 'No' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Statement to apply for additional cover.**

## Statement of good health

Please tick the appropriate box for each of the following questions:

- (a) Do you have any injury or illness which restricts you or is likely to restrict you in the future from carrying out, on a full-time basis, all the identifiable duties of your current employment? (Full-time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so). Yes  No
- (b) Have you ever submitted a claim for TPD, income protection or terminal illness? Or are you eligible for, or entitled to, such a claim from any superannuation fund or any insurance policy? Yes  No
- (c) Do you have or have you ever had any disease, illness, injury or any other conditions (other than colds, flu or mild asthma) which:
1. Has required more than a total of 2 consecutive weeks off work during the last 12 months, or Yes  No
  2. Has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment?
- (d) Is your existing insurance cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions? Yes  No

**If you answered 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Statement to apply for additional cover.**

## Cover

Please specify the type and amount of cover you currently hold that you wish to transfer to the Fund:

**Death cover** \$ \_\_\_\_\_ **Income Protection cover** \$ \_\_\_\_\_ per month

**TPD cover** \$ \_\_\_\_\_ Waiting Period: \_\_\_\_\_ Benefit Period: \_\_\_\_\_

The amount of death and/or TPD cover will be transferred across as Voluntary Cover.

The total insured cover that can be transferred must not exceed \$1,000,000 for death only or death & TPD cover, or \$15,000 per month for income protection cover. Death cover can't exceed TPD cover.

When combined with your existing cover in the Fund the total must not exceed the insurance plan's maximum insured cover.

## Declaration

**I declare that:**

- (a) I have read, carefully considered and have understood this Form, including the duty of disclosure, and
- (b) The information I have given on this form and any accompanying information is true and correct, and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept the application for cover, and
- (c) I satisfy all of the eligibility criteria and statement of good health criteria, and
- (d) My existing insurance cover will be cancelled from the date that cover commences with the Fund and I will not transfer my existing cover to any other policy or reinstate cover. If the cover is continued elsewhere, no insurance benefit will be payable under the Fund's policy.

**Furthermore, I acknowledge that:**

- (e) If I do not fully complete, sign and date this form, and provide sufficient evidence, the cover will not transfer, and
- (f) Insured cover, including transferred cover, will commence on the date the Insurer accepted my application. If cover is being transferred from another superannuation fund, the Fund must have received the entire account balance transferred from my other fund and my account balance must be sufficient to pay premium. I will be required to re-complete a new Transfer of Insurance Application Form if the Fund does not receive my entire account balance from my other fund within 31 days after the Insurer has accepted my application or my balance remains insufficient to pay premium, and
- (g) If applicable, the income protection waiting period and benefit period will match the Fund's design (subject to the Insurer's approval), and
- (h) The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of a claim.

**Member's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to:** **PO Box 1282 Albury NSW 2640**  
**You must return this form with sufficient evidence to the Fund within 31 days of signing**