

Transfer of insurance cover

Please read the important information

Important: Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. This *Transfer of insurance cover application* form is to be used to apply to transfer your current insurance cover from an existing superannuation fund ("previous fund") or an individual insurance policy ("previous policy") to Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921. You need to complete all mandatory sections, read the Important Information, Declaration and Duty of Disclosure, sign and return along with all the supporting documentation to Reply Paid 2924 Brisbane QLD 4001. **You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted by Sunsuper. If you are under 18 please contact us on 13 11 84 before completing this form.**

Your Sunsuper member number
 (if already a member)

1 Your details

First names*

Last name*

Date of birth (dd/mm/yyyy)* Gender* Male Female

Street address / PO Box*

Suburb / Town*

State* Postcode*

Contact phone*

Preferred email address

2 Employment details

Current occupation*

Employment status

Permanent Casual Average hours worked per week

Contractor Self employed

Please note: if you are a casual or a contractor you will only be eligible to apply for a 2 year Income Protection benefit period.

Name of employer*

Employer address*

State* Postcode*

Employer contact name*

Employer phone number*

3 Previous cover details

Applying to transfer cover from a super fund or an individual policy

Previous Super fund or Life Insurance Company name number

Member / policy number

I have attached an up to date statement issued within the last 30 days from my previous fund showing details of my existing cover which confirms the type and level of cover, waiting and benefit periods (if applicable) and any loadings or exclusions. I confirm that my cover remains valid at the date of this application.

4 Death and Total and Permanent Disability (TPD) cover

I confirm that the existing level of cover under my previous fund or previous policy is as follows:

Death cover \$ Your transferring cover will be fixed cover (your cover stays the same and your premiums will increase on each birthday).

TPD cover \$

If you want to replace your transferring cover with a lower amount of cover or prefer fixed premiums* to apply to your transferring cover, please specify below:

Death cover \$ Fixed premium* Yes No

TPD cover \$ *Your premium remains the same and your cover will generally reduce on each birthday.

I understand that any transferred Death and TPD cover will be subject to the terms and conditions of the Sunsuper insurance policy (including definition of Total and Permanent Disablement), and subject to a maximum dollar value of \$2,000,000.

5 Income Protection (IP) cover

Are you permanently employed and currently working 15 hours per week?

Yes No If you have ticked 'No' you will not be eligible to transfer your IP cover to Sunsuper.

IP cover \$ monthly benefit

Benefit Period years

Waiting Period days

Current Annual Salary \$

I understand that any transferred IP cover will be subject to the terms and conditions of the Sunsuper insurance policy (including definition of Totally Disabled). A \$20,000 maximum monthly benefit limit applies (subject to 85% of your salary). Where the waiting period offered under my previous fund / policy is different to the available waiting periods under the Sunsuper Insurance policy, my waiting period will be rounded up to the next longest waiting period. Where the benefit period offered is different to the available benefit period under the Sunsuper insurance policy, my benefit period will be limited to the next shortest benefit period available.

*Denotes mandatory fields

Once you fill out this form, including the second page, please sign and return the form to: **Sunsuper GPO Box 2924 Brisbane Qld 4001**

Please turn over to complete your **Transfer of insurance cover and sign** 

Important Information

Your application for transfer of cover will be assessed by our insurer and we will notify you of the outcome. Our insurer may need to contact your previous fund or the insurer of your previous policy in completing its assessment of your application.

If your application to transfer existing Death and Total and Permanent Disablement (TPD) cover is accepted, you will be allocated additional Sunsuper Tailored cover (up to a maximum dollar value of \$2,000,000) to replace your Death and TPD cover under your previous fund or previous policy. This replacement cover will be fixed cover unless you specify otherwise. Any automatic cover amount you were eligible to receive on joining Sunsuper (and any existing additional Tailored cover) will not be affected by our insurer's acceptance of this application. However, premiums may vary.

If your application to transfer existing underwritten Income Protection (IP) insurance is accepted, you will be allocated Tailored IP cover (up to a maximum \$20,000 monthly benefit and 85% of your salary). We will advise you of the waiting period available to you (30, 60 or 90 or 180 days), upon acceptance of your application.

The cost of approved transferred cover will be based on the applicable premiums applying under the relevant membership division of Sunsuper and will reflect your occupation category and any premium loadings or exclusions that may have applied to your previous cover.

You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted by Sunsuper.

6 Please confirm (by ticking the relevant box below) that the applicable set of statements are true and correct and you agree to abide by the requirements set out in these statements:

- a) For transfer of cover from an existing superannuation fund:**
- the existing insurance cover under my previous fund will be cancelled and my entire account balance (if any) transferred to Sunsuper, upon acceptance of this request;
 - I will not be transferring the cover under my previous fund to any other division of that previous fund or to any other fund (other than Sunsuper);
 - I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund.

- b) For transfer of cover from an individual insurance policy:**
- the existing insurance cover under my previous policy will be cancelled, upon acceptance of this request;
 - I will not subsequently reinstate cover under my previous policy.

7 Personal Statement and Confirmation of Requirements

- Are you absent from work or restricted, due to injury or illness, from carrying out all the usual duties of your current and normal occupation on a full time-basis (even if you are not currently working on a full-time basis)? Yes No
- Have you been paid (or are you eligible to be paid) or have you lodged (or intend to lodge) a claim for Total and Permanent Disablement or Total and Temporary Disablement from your previous fund, any other superannuation fund or life insurance policy? Yes No
- Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? Yes No
- Is your cover under the previous fund or previous policy subject to any premium loadings and or exclusions (including but not limited to pre-existing conditions, exclusions or restriction in regard to medical or other conditions)? Yes No

REQUIREMENT: If you answered "Yes" to this question 7.4, please provide details of any premium loading, exclusion or restriction including a copy of the advice you received from the insurer or former fund advising you of the acceptance of your cover subject to these additional terms.

NOTE: If you did not tick a box in Section 6 or answered "Yes" to any of the above questions, you may not be eligible to transfer your insurance to Sunsuper. You may be eligible for the default cover applicable to eligible members under your employer's arrangements with Sunsuper.

IF YOU ARE UNDER 18 PLEASE CONTACT US ON 13 11 84.

8 Acknowledgements and Declaration

I acknowledge that:

- if I do not fully complete, attach the requested additional information, sign and date this application, I will not be eligible to transfer my existing cover to Sunsuper,
- if the insurer accepts my application, the existing amount of insurance cover as at the effective transfer date under my previous fund or previous policy will be replaced by an equivalent allocation (or such lower amount as I have specified) of additional voluntary insurance cover (up to a maximum amount of \$2,000,000 for Death and TPD and a maximum of \$20,000 monthly benefit) under my Sunsuper account. This cover will be in addition to any existing insurance cover I may hold through Sunsuper. Maximum cover limits will apply,
- my replacement cover will not commence through Sunsuper until the later of:
 - the date the insurer accepts my application, and
 - the date of cancellation of my existing insurance cover under the previous fund or previous policy,
- Sunsuper and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided (including contacting my previous fund or life insurance company to obtain additional details of my current insurance cover),
- Sunsuper and its insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the previous fund/previous policy,
- I agree to provide Sunsuper and its insurer with access to any health and/or financial evidence I have provided to the previous fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to the previous fund or its insurer may be acted upon by Sunsuper and/or its insurer,
- Should it become apparent to Sunsuper or its insurer that I have not undertaken the requirements that I have agreed to in Section 6 above, then any insurance benefit that may be payable to me, my dependants or my estate from Sunsuper may be reduced by the insurance amount paid or payable from my previous fund, another division of the previous fund, another fund, my previous policy or any policy issued under any continuation option that I exercised, as a consequence of my failure to abide by these requirements. This reduction in benefit will, however, be limited to the extent that my benefit from Sunsuper is no less than I would have been eligible to receive under the terms of the policy between Sunsuper and its insurer had I not made this application for transfer of cover.
- I hereby declare that the information contained in this Transfer of insurance cover application form (whether written by hand or not) is true and correct and that no information material to this application for transfer has been withheld,

- If the insurer accepts my application, the terms and conditions as outlined in Sunsuper's Insurance policy document will apply, and the terms and conditions of my former policy/fund and/or former insurer will no longer apply.
- I have read the duty of disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the insurer has accepted the risk.

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary, reinstate or transfer a contract of life insurance.

Your duty, however, does not require disclosure of a matter: that diminishes the risk to be undertaken by the insurer, that is of common knowledge, that the insurer knows or, in the ordinary course of its business, ought to know, as to which compliance with your duty is waived by the insurer. A transfer of existing cover does not release an applicant from the duty of disclosure under the *Insurance Contracts Act 1984*.

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of insurance may, within 3 years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature Sunsuper or AIA Australia may collect about you, in the normal course of business, being used as in the manner outlined in Sunsuper's and AIA Australia's respective privacy policies. A copy of Sunsuper's privacy policy can be obtained by visiting sunsuper.com.au. A copy of AIA Australia's privacy policy can be obtained by visiting aia.com.au. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

The information I have given in this application and any separate statements I have given with it are true. I have disclosed everything about me and my health that Sunsuper and its insurer need to know when deciding whether to accept my application for transfer of cover. I will notify Sunsuper of any changes to my health before my cover transfer application has been assessed.

I have read and understood my Duty of Disclosure and accept the acknowledgements.

I authorise my previous fund or the insurer of my previous policy to provide Sunsuper and/or its insurer with any information about my current insurance cover. For this authority, a photocopy of this Declaration is as valid as the original.

Full name* (print in BLOCK letters)

Signature* Please read the important information before signing

Date (dd/mm/yyyy)*