

Before a superannuation fund trustee like Sunsuper Pty Ltd enters into a life insurance contract in respect of your life, it has a duty to tell the insurer anything that it knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The trustee entering into the contract has this duty until the insurer agrees to provide insurance. The trustee has the same duty before it extends, varies or reinstates the contract. The trustee does not need to tell the insurer anything that reduces the risk of the insurance, or is common knowledge, or the insurer knows or should know as an insurer, or where the insurer waives the duty to tell them.

If you as a member of Sunsuper do not tell us or the insurer something

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure. This could affect the insurance cover provided to you as described below.

If we do not tell the insurer something (because you didn't tell us or otherwise)

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If we do not tell the insurer anything we are required to, and the insurer would not have provided the insurance if it had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had told the insurer everything we were required to. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if we had told the insurer everything we were required to. However, this right does not apply if the contract has a surrender value, or provides cover on death. If the failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. For further information please contact us.

Ex-IAG & NRMA Transfer of insurance cover

👉 It's simple, you can apply to transfer cover anytime.

Use this form to apply to transfer your current insurance cover from an existing superannuation fund ("previous fund") or an individual insurance policy ("previous policy") to Sunsuper.

Important

You should not cancel your existing cover until you have received confirmation from Sunsuper that your transfer request has been accepted by Sunsuper.
Please complete all mandatory sections. *DENOTES MANDATORY FIELD.

Please provide us with as much information as possible. Please tick boxes where appropriate. Use BLOCK letters and dark ink when completing this form and ensure it is signed and dated. If you are under 18 years of age please contact us before completing this form.

To access information about your plan online, visit sunsuper.com.au/iagnrma

Member number

if already a member

Office use only

SFL

1 Personal details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*		Gender*	
<input type="text"/>	<input type="text"/>		<input type="radio"/> M <input type="radio"/> F	
Street address/PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address			Mobile phone number*	
<input type="text"/>			<input type="text"/>	

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online*, the Sunsuper app or contact us.

2 Details of your occupation

2A	Are you at work? <small>This means you must be performing your normal duties for your employer.</small>	<input type="radio"/> YES <input type="radio"/> NO	Your occupation	<input type="text"/>	Degree/Trade qualified	<input type="radio"/> YES <input type="radio"/> NO		
	Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail)	Name of your employer	Your annual Salary	<input type="text"/> \$	<small>Refer to your Sunsuper for life Insurance guide for the definition of 'Salary'.</small>			
List the principal duties of your occupation, and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)								
1	<input type="text"/>	%	2	<input type="text"/>	%	3	<input type="text"/>	%
List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)								
1	<input type="text"/>	%	2	<input type="text"/>	%	3	<input type="text"/>	%
2B	Employment status?	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Casual <input type="checkbox"/>				
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours or more <input type="checkbox"/>					

➔ Please continue over page

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

Previous Super fund or Life Insurance Company name

Member/Policy Number

Please provide:

- a letter or certificate of currency issued within the last 30 days from your previous super fund or Life Insurance provider detailing your current insurance cover, and
- details of any loadings, exclusions and restrictions applicable to that cover.

YES

NO

I confirm that these documents show details of my existing cover, including Waiting and Benefit Periods for Income Protection cover (if applicable) and any loadings or exclusions. I confirm that my cover remains valid at the date of this application.

4 Cover details

Death and/or Total & Permanent Disability cover

I want to transfer my existing level of cover, in addition to the current cover I have, to Sunsuper as follows:

Death cover \$ Total & Permanent Disability cover \$

Your transferring cover will be fixed cover (your cover stays the same and your premiums will generally increase as you get older).

I want to transfer a lower amount of my existing level of cover, in addition to the current cover I have, to Sunsuper as follows:

Death cover \$ Total & Permanent Disability cover \$

I understand that any transferred Death and Total & Permanent Disability 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 for Death cover and \$2,000,000 for Total & Permanent Disability cover. **The maximum transfer amount is inclusive of any existing cover.**

Important

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

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

Premiums may vary.

If you have applied for Tailored cover through Sunsuper and been declined, or been eligible for a Total & Permanent Disability claim or Terminal Illness claim, this *Transfer of insurance cover* application will not be accepted.

The cost of approved transferred cover will be based on the applicable premium rates 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.

5 Personal statement / Confirmation of requirements

5A

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

For transfer of cover from an existing superannuation fund or an individual retail insurance policy:

- i. the existing insurance cover under my previous fund or retail insurance policy will be cancelled, upon acceptance of this request;
- ii. I will not be transferring the cover under my previous fund or retail insurance policy to any other division of that previous fund or insurer or to any other fund (other than Sunsuper) or insurer;
- iii. I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund or previous insurance policy;
- iv. I will provide supporting evidence of my current insurance cover (a letter or certificate of currency from your previous Super fund or Life Insurance provider). Please note, your supporting evidence for Income Protection cover (where applicable) must include the Waiting Period and Benefit Period of your current cover.

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5 Personal statement / Confirmation of requirements (Continued)

5B Please answer yes or no to the following questions:

1. Due to illness or injury are you absent from work or restricted from carrying out all your usual duties on a full time basis for at least 30 hours per week (even if you are currently working on a part-time basis)? YES NO
2. Have you ever been paid / lodged or are eligible to lodge any Total & Permanent Disability, Terminal Illness or Income Protection claims or received a benefit as a result of Permanent Incapacity or a Terminal Medical Condition from any superannuation fund or life insurance policy? YES NO
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? YES NO
4. Within the past 12 months have you seen or have you been advised to see within the next 12 months a medical specialist? (your GP is not considered a medical specialist) YES NO
5. Have you ever had any special conditions or restrictions (loadings or exclusions) placed on any Death, Total & Permanent Disability or Income Protection insurance? YES NO
If yes, please provide all details you have received from the insurer or fund with this application

If you answered "Yes" to question 4 or 5 above please provide full details on an additional page.

If you answered Yes to Questions 1, 2 or 3 you are **not eligible** to transfer your existing cover to Sunsuper. If you wish to increase your current cover, please complete the *Change of insurance cover* form to apply for Additional cover, available on your employer's microsite.

6 Authorisation and declaration Sign this application form and return to Sunsuper:

I acknowledge that:


- i. if I do not fully complete, sign and date this application, or do not attach any additional information requested, I will not be eligible to transfer my existing cover to Sunsuper,
- ii. 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 Total & Permanent Disability inclusive of my current cover) 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,
- iii. my replacement cover will not commence in Sunsuper until the later of:
 - a. the date the insurer accepts my application, and
 - b. the date of cancellation of my existing insurance cover under the previous fund or previous policy,
- iv. 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),
- v. Sunsuper and its insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the previous fund/previous policy,
- vi. 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,

- vii. Should it become apparent to Sunsuper or its insurer that I have not undertaken the requirements that I have agreed to in Section 5A 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,
- viii. I hereby declare that the information contained in this *Transfer of insurance cover* form application (whether written by hand or not) is true and correct and that no information material to this application for transfer has been withheld,
- ix. 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 not apply,
- x. I acknowledge and have read my Duty of Disclosure at [sunsuper.com.au/dutyofdisclosure](https://www.sunsuper.com.au/dutyofdisclosure) 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.

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 we or the nominated insurer may collect about you, in the normal course of business, being used as in the manner outlined in our and the nominated insurer's respective privacy policies. A copy of our privacy policy can be obtained by visiting [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy). A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly. 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 above 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.

Member to sign here*



Full name (print in BLOCK letters)*

Date application completed (DD/MM/YYYY)*

 Please return the form and supporting documentation to Sunsuper via [sunsuper.com.au/contact-us](https://www.sunsuper.com.au/contact-us) OR Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or contact us. Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996