

Income Protection transfer application



⬇ For applications made within 120 days of ceasing employment

☎ 13 11 84 📍 sunsuper.com.au
Reply Paid 2924 Brisbane Qld 4001

Important: Before completing this form please ensure you read and understand your Duty of Disclosure located at sunsuper.com.au/dutyofdisclosure

Important: Please make sure you've answered all questions and return this form to Sunsuper within 120 days of ceasing employment with your employer. If all questions aren't answered, your application may be delayed as the form may be returned. Please tick box where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *Denotes mandatory field.

Member number

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*

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"/>

Sunsuper can use your tax file number to help you bring your super together.

[Let us find your other super for you](#)
Tick and we'll use your TFN to search for any other super you may have with other funds or the ATO to the extent the law allows. If we find any money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch with the results. Also, to help you keep track of your super, we'll complete an annual search on your behalf. To opt out, please call 13 11 84.

2 Employment details

What date did you cease work with your previous employer?

Did you cease work with the previous employer due to a sickness or injury? NO [If No, please continue this application.](#) YES [If Yes, you're unable to apply to transfer Income Protection cover.](#)

What date did you commence work with your current employer?

3 Details of your occupation

Are you currently employed? NO YES [If Yes, please complete the details of your occupation below.](#)

Name of your employer	Industry (E.g. Mining, Manufacturing, Construction, Agriculture, Fishing, Retail, Tourism)
<input type="text"/>	<input type="text"/>

Occupation	Your annual income
<input type="text"/>	\$ <input type="text"/>

When did you commence employment with your current employer? (DD/MM/YYYY)	If you are a contractor when does your employment contract cease? (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>

➔ Please continue over page

3 Details of your occupation Continued

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%).

Principal duties	Percentage of time
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

List the primary locations of your occupation, and the percentage of time at each location (E.g. office 20%, home 30%, suburban driving 50%).

Principal locations	Percentage of time
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px;" type="text" value="%"/>

What is your employment status? Permanent full-time Permanent part-time Casual Contractor Self-employed

On average, how many hours per week do you work? Under 15 hours 15 hours to 60 hours Greater than 60 hours

Please note: A) Cover is only available if you're working at least 15 hours per week. B) The waiting period and benefit period you held with your previous employer will continue to apply upon transfer of cover. The amount insured needs to be the lesser of 85% of current income and amount insured with your previous employer. C) You must be under age 65 at the date of completing this form, in order to be eligible to transfer your Income Protection cover to your *Sunsuper for life – Super-savings account*. D) If your new employment is on a casual or contractor basis your benefit period will be restricted to two years.

4 Personal statement

Please answer Yes or No to the following questions

3A 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)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3B Have you been off work for more than ten consecutive days in the last two years for the same medical condition?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3C Have you ever had an application for Income Protection cover (or similar) declined by any insurer?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
3D Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

5 Authorisation and declaration Sign this application form and return to Sunsuper

I understand that insurance cover will commence from the date the application is accepted by the insurer. The information I've given in this application and any separate statements I've given with it are true. I've disclosed everything that the insurer needs to know when deciding whether to insure me.

I acknowledge and have read my Duty of Disclosure at [sunsuper.com.au/dutyofdisclosure](https://www.sunsuper.com.au/dutyofdisclosure) and all of my details on this form are correct.

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's respective privacy policies. A copy of Sunsuper's privacy policy can be obtained by visiting [sunsuper.com.au](https://www.sunsuper.com.au)

A copy of AIA Australia's privacy policy can be obtained by visiting [aia.com.au](https://www.aia.com.au). These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

Member to sign here*



Date (DD/MM/YYYY)*

Please return the form to Sunsuper
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 call 13 11 84.

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