

Transfer of insurance cover



☎ 13 11 84 ↗ sunsuper.com.au

👉 **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 please contact us before completing this form.**

Member number

if already a member

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*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<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 by contacting us.

2 Details of your occupation

2A	Are you currently working? If 'No', go to Section 2B	<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	<input type="text"/>	Your annual income	\$ <input type="text"/>	
	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	%	2	%	3	%	
	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	%	2	%	3	%	
2B	What is your employment status?	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Self employed <input type="checkbox"/>	Casual ¹ <input type="checkbox"/>	Contractor ¹ <input type="checkbox"/>	Unemployed <input type="checkbox"/>
	If unemployed - specify your duties (e.g. student, home duties, or retired)	<input type="text"/>					
2C	Hours that you work a week (on average):	Under 15 hours ² <input type="checkbox"/>	15 hours to 60 hours <input type="checkbox"/>	Greater than 60 hours <input type="checkbox"/>	1 If you are a casual or a contractor you will only be eligible to apply for a 2-year Income Protection Benefit Period. 2 If you are working less than 15 hours per week you will not be eligible to apply for Income Protection.		

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
<input type="text"/>	<input type="text"/>

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.

➔ Please continue over page

4 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 \$

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 \$

Note: Your transferring cover will be Fixed Cover (your cover stays the same and your premiums will generally increase on each birthday). Transferred cover is provided as Tailored cover. When Tailored Death and Total & Permanent Disability cover is approved, any existing Death and Total & Permanent Disability cover / premium you have may change based on your occupational classification. If your cover commences prior to age 60, once you reach age 61, your Tailored Total & Permanent Disability cover reduces annually by 10% of your insured benefit at age 60, until your 67th birthday when cover ceases. Your premiums are adjusted accordingly. If your cover commences after age 60, your Tailored Total & Permanent Disability cover will reduce at a rate greater than 10% per annum. Refer to the *Sunsuper for Life Insurance guide* for details.

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 & Permanent Disability), and subject to a maximum dollar value of \$1,000,000 for Death cover and \$1,000,000 for Total & Permanent Disability cover. Transferred cover is in addition to any existing cover.

5 Income Protection cover

Income Protection cover \$ monthly benefit Benefit Period days Waiting Period

I do NOT want to have my Income Protection cover indexed on 1 July each year

Note: Transferred cover is provided as Tailored cover. When Tailored Income Protection cover is approved, any existing Income Protection cover / premium you have may change based on your occupational classification.

I understand that any transferred Income Protection cover will be subject to the terms and conditions of the Sunsuper insurance policy (including definition of Totally Disabled). A \$10,000 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.

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 additional Sunsuper Tailored cover (up to a maximum dollar value of \$1,000,000 for this transfer) to replace your Death and Total & Permanent Disability cover under your previous fund or previous policy. This transferred cover will be Fixed Cover. Any existing automatic Death and Total & Permanent Disability Assist cover you have at the time your transfer application is accepted (and any existing additional Tailored cover) will continue as Tailored cover. Premiums may vary.

IMPORTANT: You will not be eligible for Standard Death and Total & Permanent Disability Assist cover if you have been accepted for a transfer of cover prior to meeting all the eligibility requirements for Standard cover.

If your application to transfer existing Income Protection insurance is accepted, you will be allocated Tailored Income Protection cover (up to a maximum of \$10,000 monthly benefit and 85% of your salary). Any existing Income Protection cover may continue, subject to maximum limits. We will advise you of the Waiting Period available to you (30, 60, 90 or 180 days), upon acceptance of your application.

If you have applied for additional cover through Sunsuper and been declined or been eligible for a Total & Permanent Disability Assist 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 and will reflect your occupational category and any premium loadings or exclusions that may have applied to your previous cover.

6 Personal statement / Confirmation of requirements

6A 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 must include the Waiting Period and Benefit Period of your current cover.

➔ Please continue over page

6 Personal statement / Confirmation of requirements (Continued)

6B 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 Sunsuper or any other superannuation fund or life insurance policy? YES NO
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 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? If yes, please provide all details you have received from the insurer or fund with this application. YES NO

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 apply via *Member Online*.

7 Financial adviser (if applicable)

Please communicate with my financial adviser where possible regarding this form. I have attached (or previously provided) a signed third party authority for my financial adviser to access information about my Sunsuper account(s).

Please communicate with my financial adviser about this form via email. I acknowledge email is not a secure form of communication.

Adviser name / Company:

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

I acknowledge that:

- 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,
- 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 \$1,000,000 for Death and Total & Permanent Disability and a maximum of \$10,000 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 in 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 6A 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* 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,
- 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,
- I acknowledge and have read my Duty of Disclosure at 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, use and disclosure of any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting sunsuper.com.au/privacy and aia.com.au. These policies 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 (DD/MM/YYYY)*

Please return the form and supporting documentation via sunsuper.com.au/contact-us OR Reply Paid 2924 Brisbane Qld 4001