

# Application to Transfer Insurance Cover Form



Please complete this form using BLOCK LETTERS and a blue or black pen.

You may be able to transfer your existing insurance cover, which you currently hold with another superannuation fund or insurance policy to First Super by completing this form and providing evidence of your existing cover.

## 1. Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Surname				
<input type="text"/>				
Given name(s)				
<input type="text"/>				
Residential address				
<input type="text"/>				
Town/Suburb/City		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal address (if different from above)				
<input type="text"/>				
Town/Suburb/City		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Telephone (home)	Telephone (work)	Mobile number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email				
<input type="text"/>				

## 2. Statement and confirmation of requirements

**In order for First Super and its Insurer to consider your application to transfer your insurance cover you must answer each of the questions below.**

- Please confirm (by ticking the box below) that all of the following statements are true and correct:
  - > The existing insurance cover under my current Fund/Policy **will be** cancelled;
  - > **I will not** be transferring the cover under my current Fund/Policy to any other division or section of the Fund/Policy or to any other fund; and
  - > **I will not** either effect a continuation option, or subsequently reinstate cover within the current Fund/Policy or any other division or associated fund.

**I confirm that all three statements are true and correct and agree to abide by these requirements:**

Yes  No

If your answer is **"No"** you will not be eligible to transfer your insurance cover via this form and you will need to complete a Standard Personal Statement and Declaration of Health and be accepted by the Insurer.

**Current Insurance Details** (the Fund/Policy from which cover is to be transferred)

Name of fund/policy

Member number

2. I confirm that my current level and type of cover is as follows:

- > Death Cover:
- > Total and Permanent Disablement Cover (TPD):
- > Income Protection Cover:  per month
- Waiting Period:  days
- Benefit Period:  years
- Current Annual Salary:

**Please attach your most recent superannuation statement or other document confirming the level and type of each cover you wish to transfer.**

**Upon acceptance, this cover will be added to any cover you currently hold with First Super.**

**Please indicate below if you wish to hold all your Death and TPD cover with First Super on a Fixed or Unitised basis.**

**Fixed** OR  **Unitised (cover will be rounded up to nearest unit)**

**3. Health questions**

- 1. Are you restricted, due to illness or injury, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full time basis is considered to be at least 35 hours per week.  Yes  No
- 2. Have you been diagnosed with an illness that reduces your life expectancy to less than 3 years from today?  Yes  No
- 3. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total and Permanent Disablement benefit from a superannuation fund or life insurance policy?  Yes  No
- 4. Have you ever had an application for Life, TPD, Trauma, or Income Protection insurance declined by an Insurer?  Yes  No

If you answered **“Yes” to any of the Health Questions ‘1’ through to ‘4’** you will not be eligible to transfer your insurance cover via this form.

- 5. Is your cover under the current Fund / Policy subject to any premium loading, exclusion including but not limited to pre-existing conditions exclusions, or restriction in regards to medical or other conditions?  Yes  No

**If ‘Yes’ please provide details of this on a separate sheet of paper or provide a copy of the advice you received from the Insurer or current Fund confirming your acceptance of cover subject to these additional terms. You will be advised if your transfer of cover is accepted or not.**

## 4. Declaration

### Notice of the Duty of Disclosure from our Life Insurer to you

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- > reduces the risk we insure you for; or
- > is common knowledge; or
- > we know or should know as an insurer; or
- > we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

### If the person entering the contract does not tell us something

In exercising the following rights, we may 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 the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we 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 he or she had told us everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**I declare that I:**

- > have read and carefully considered the questions and statements in Part 2 above and that I undertake to abide by these requirements. All answers provided are true and correct;
  - > have read and understood the Duty of Disclosure above and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover; and;
  - > provide First Super and their Insurer access to the health evidence I provided to any other Fund and / or Insurer in application for this cover and any non-disclosure to a Fund or Insurer may be acted upon by the First Super or their Insurer.
- > First Super and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires and investigations may be made at any time including, but not limited to, when First Super and the Insurer are considering this application or in the event of a claim at that time;
  - > First Super and the Insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on my benefit statement; and
  - > should it become apparent to First Super or the Insurer that I have not undertaken the requirements that I confirmed in Part 2 above, then any insured benefit that may be payable to me or my estate from First Super may be reduced by the insured amount paid or payable from my any other Fund or Insurer; as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from First Super is no less than I would have been eligible to receive under the terms of the policy between First Super and the Insurer had I not applied for a Transfer of cover.

**Additionally I acknowledge that:**

- > if I do not fully complete this application, or I do not sign and date it I will not be eligible to transfer my existing cover to First Super;
- > if the Insurer accepts my application, my existing level of cover under the current Fund or Insurer will be replaced by equivalent level of cover available through First Super;
- > my replacement cover will not commence until the later of
  - the Insurer has accepted my application;
  - the whole account balance from my Current Fund (if applicable) has been transferred to First Super, and
  - cancellation of my existing insurance cover which is being replaced.

By signing this form you acknowledge receipt of the First Super Product Disclosure Statement (PDS) and documents referred to in the PDS. You can obtain these and other information by calling First Super on **1300 360 988** or visit **firstsuper.com.au**.

Please sign here

Date (DD/MM/YYYY)

/ /

This application **MUST** be received within 30 days of the date you sign it.

Please return this form and attach a copy of your most recent superannuation statement or document confirming the level and type of cover you wish to transfer to First Super.

<p><b>Please return this completed form by</b></p> <p><b>Mail</b> First Super PO Box 666 Carlton South, VIC 3053</p> <p><b>OR</b></p> <p><b>Email</b> forms@firstsuper.com.au</p>	<p><b>Want to know more? We're here to help.</b></p> <p><b>Call</b> 1300 360 988</p> <p><b>Email</b> mail@firstsuper.com.au</p> <p><b>Website</b> firstsuper.com.au</p>
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