

# Application to transfer insurance



This application is made by you under a life insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer). It will be used by the insurer to assess your application.

Subject to your occupation, you should use this form if you are an existing member with Aware Super, eligible for insurance cover and you wish to transfer insurance cover from another life policy to Aware Super.

To see how your occupation affects your transfer application, please refer to the Member Booklet Supplement applicable to your membership.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at [aware.com.au/forms](http://aware.com.au/forms).

If you have any questions, please call us on **1300 650 873**.

After becoming a member and if you are eligible for insurance cover through Aware Super, you may apply to transfer a maximum of \$10,000,000 in death cover, \$5,000,000 in total and permanent (TPD) cover, and \$40,000 per month in income protection cover that you have in another life policy (previous life insurance) to us. Previous life insurance means a "life policy" as defined under the *Life Insurance Act 1995 (Cth)* which: a) provided death cover or death, total and permanent disablement or income protection cover for a member in another superannuation fund or with an insurer, and b) is in force on the day before the member's cover commences in Aware Super.

Please complete the relevant sections and return the completed form to Aware Super, together with evidence of the level cover held in your other life policy (e.g. your last annual benefit statement or renewal notice) to provide proof of your existing level of cover and any loadings or exclusions that apply to this cover. Any cover accepted will start from the date you are advised in writing of acceptance by the Insurer.

## 1. Your personal details

Member number	Account number	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime contact number	Mobile number	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax file number			
<input type="text"/>			
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as <code>employee_title@company.com.au</code> )			
<input type="text"/>			

**i** It isn't compulsory to provide your TFN but if you don't, you may pay additional tax and your contributions may not be accepted.

**i** **IMPORTANT!** If you answer Yes to any of these questions you will not be eligible to transfer your cover.

## 2. Transfer eligibility

- Please indicate with **X**
- Are you, at the date of this application, due to injury or illness, off work or restricted from being capable of actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis? Yes  No
  - Have you been diagnosed with a sickness that reduces your life expectancy to less than 12 months? Yes  No
  - Have you ever been declined death, total and permanent disablement type benefits or Income protection cover? Yes  No
  - Have you ever made, are you entitled to make, or are you in the process of making a claim for any injury or sickness (lasting more than four weeks) through worker's compensation, sickness benefit, invalid pension or any insurance policy providing total and permanent disablement type benefit, accident or sickness cover? Yes  No

If you answer **Yes** to any of these questions you will not be eligible to transfer your cover. However, if you are eligible for automatic cover, you can apply for additional cover. See our website [aware.com.au](http://aware.com.au) for more details or call customer service on **1300 650 873**.

If you answer **No** and your cover is transferred, you will be awarded the same dollar level of cover, including any loading and exclusions, that applied to the other life policy.





**i** If your application to transfer income protection cover is accepted by the insurer, any existing income protection cover in Aware Super will be cancelled.

## 5. Transfer of income protection cover

Please indicate (by putting **x** in the **Yes** or **No** box below) whether the following statements are true and correct:

- I will cancel my existing insurance cover under my previous life insurance when I receive written confirmation from Aware Super that my application to transfer cover has been approved; and
- I will not be transferring the cover under my former life policy to any other division or section of the former arrangement to any other life policy, other than Aware Super; and
- I will not affect a continuation option, or subsequently reinstate my cancelled cover within my previous fund or any other division, section or category of the previous fund, or within any fund or insurance policy where such reinstatement of cover is available to me.

I confirm that all three statements are true and correct and agree to abide by these requirements. Yes  No

My level of income protection cover under my former life policy is \$   ,   a month

Does this monthly benefit include a 10% superannuation contribution benefit payable to your former life policy? Yes  No

My waiting period under my former life policy is  14 days<sup>1</sup>  30 days  60 days  90 days

<sup>1</sup> A 14 day waiting period is only available for a 2 year benefit period

My benefit period under my former life policy is  2 years  5 years  to age 65

Is any of your existing cover subject to any premium loading, exclusions or restrictions? Yes  No

If yes, please provide details below and forward a copy of the advice given to you from the previous insurer or fund advising you of the acceptance of your cover

## 6. Your duty of disclosure to the insurer – TAL Life Limited

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk that the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

### If you do not tell the insurer something

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

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, the insurer may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

## 7. Privacy

### Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and they are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or available on request.

### Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, the insurer may not be able to provide products and services to you or pay the claim.

## 7. Privacy (continued)

The insurer may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

### Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to provide their services and may also disclose some of your personal information to other parties, when required to do so to provide their products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- other insurers;
- for members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- other organisations to whom the insurer outsources certain functions during the underwriting and claims processes, such as

obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where the insurer may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Tax Office), and
- authorised by law (e.g. under court orders or statutory notices).

### Your privacy with Aware Super

The personal information you provide on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please phone us on **1300 650 873** or visit [aware.com.au/privacy](http://aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

## 8. Declaration

I declare that:

- I have read and understand my duty of disclosure and that this duty applies until formal notification of acceptance.
- The answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the Trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the above privacy statements and agree to the collection, use and disclosure of personal information as described in those statements.
- I consent to the insurer seeking medical information from any doctor who at any time I have consulted prior to the date hereof. A photocopy of this authority is as valid as the original to the extent that all professional confidence and privilege is waived.
- I understand that cover under any policy accepted does not begin until acceptance by the insurer of which I will be notified in writing.
- I understand that cover under this policy, if accepted by the insurer, will be provided even if my account balance is less than \$6,000 and/or I am under the age of 25 years old.
- If my account becomes inactive for a continuous period of 16 months, I choose to keep all my insurance with Aware Super, unless and until I notify the Trustee otherwise.
- I have read and understand the insurance section of the current *Aware Super Member Booklet* relevant to my Division, including (for employer-sponsored, Police Blue Ribbon and Ambulance Officers' Super members) the *Member Booklet Supplement: Insurance*.

### Medical authority

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not, will be hereby authorised and directed by me to divulge to TAL Life Limited or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Signature

Date (DD-MM-YYYY)

Name (print in CAPITAL letters)

Please sign and date form here.

Send the form to this address.

## 9. Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.