

Insurance Transfer Form



ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF CLUB SUPER?

YES NO

CLUB SUPER MEMBER NUMBER

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Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

If you have Death and/or Total and Permanent Disablement (TPD) insurance cover with another superannuation fund, you may also be able to transfer that cover into Club Super on the same terms that apply under your other fund. To do so, just follow the following steps:

1. Complete Part A, B and C of this Insurance Transfer Form, making sure you provide all of the requested details and sign the form; and
2. Attach an up-to-date statement/written evidence from your former fund confirming the type and level of insurance cover under that fund.

Please note that acceptance of your insurance transfer request is subject to the Insurer's approval and some limitations may apply. Do not cancel your existing cover until you have received confirmation in writing from Club Super that your transfer request has been accepted.

PART A - PERSONAL DETAILS

DATE OF BIRTH

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TITLE

	MR		MS		MRS		MISS
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GENDER

	MALE		FEMALE
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FIRST NAME

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MIDDLE NAME

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FAMILY NAME

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RESIDENTIAL DETAILS

STREET NUMBER

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STREET NAME

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SUBURB/TOWN

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STATE

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POSTCODE

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POSTAL ADDRESS (If same as above, write "as above")

PO NUMBER

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SUBURB/TOWN

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STATE

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POSTCODE

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EMAIL AND PHONE DETAILS

YOUR TELEPHONE NUMBER

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MOBILE NUMBER

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EMAIL

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PART B - PERSONAL STATEMENT AND INSURANCE REQUIREMENT CONFIRMATION

1. Please confirm that the following statements are true and correct:

- a. I will cancel all insurance with my former fund within 30 days of receiving confirmation from Club Super of my successful insurance transfer;
- b. I will not transfer my insurance with my former fund to any other part of the former fund or any other superannuation fund, other than Club Super;
- c. I will not take up a continuation option or reinstate any cancelled insurance with the former fund, where reinstatement cover is available to me;
- d. I confirm that I am at work and not off due to sickness or injury on the date that I apply to transfer my insurance cover to Club Super;
- e. I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by Club Super.

I confirm the above statements to be true and correct and I agree to abide by these requirements

YES NO

PLEASE COMPLETE DETAILS ON NEXT PAGE

1

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If you have selected No, you are not eligible for insurance transfer into Club Super. This does not affect any cover you are entitled to or may have under Club Super.

2. I confirm the current cover that I wish to transfer is as follows:

Death & TPD Cover

Date cover started

Please note: You must transfer the whole of the current cover and you cannot transfer Death and TPD cover separately. If you do not have any existing TPD cover, you will be required to provide evidence of health.

I wish to transfer my insurance cover to Club Super as:

An equivalent level of fixed cover

An equivalent number of units (rounded down to the nearest whole number of units)

Information on unit based and fixed level insurance cover can be found in the latest Club Super PDS available at www.clubsuper.com.au.

NAME OF FORMER FUND

PART C - ACKNOWLEDGEMENT

I acknowledge that:

- If I do not fully complete, sign and date this application form, I will not be eligible to transfer my existing insurance cover to Club Super; and
- If the Insurer accepts my application, my cover will commence with Club Super on the date this application is accepted, subject to cancellation of my existing cover as outlined in Part B; and
- Club Super and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide Club Super or the Insurer with any authority that may be necessary to access the health evidence I provided to my former fund or the former fund's insurer for the purposes of assessing any application for that cover, and I agree that any failure to abide by my duty of disclosure to the former fund or former fund's insurer may be acted upon by Club Super or its Insurer in respect of cover transferred on the basis of this application; and
- Should it become apparent to Club Super or its Insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from Club Super may be reduced in whole or in part 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 Club Super is no less than I would have been eligible to receive under the terms of the policy between Club Super and the Insurer had I not applied for a transfer of cover.

Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- which your duty of compliance is waived by the insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

SIGNATURE

DATE

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RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 2239 MILTON QLD 4064

2