



Important information

You are applying to enter into a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that will impact on the insurer's decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer's decision on your application.

The full Duty of Disclosure is contained within this document and it is important you read it carefully. Having read the above, I declare the information I am about to provide is honest, true and complete.

Signed



Dated

You can apply to transfer insurance cover that you have outside of Club Super if you:

- are under 55 years of age, and
- have an employer sponsored superannuation insurance policy or an individual insurance policy linked to superannuation where you have cover for Death only or Death/TPD benefits, and
- are transferring your total superannuation account balance (available at the time of transfer) with your former fund to Club Super within 60 days from the date your application to transfer your cover has been accepted.

Please note that a transfer of insurance cover to Club Super can only apply to Death only and Death/TPD cover.

Club Super cannot transfer:

- a spouse member or a pension member of the fund.
- Any other ancillary benefits you have with your former fund or individual insurer or individual insurer (such as trauma, accident or funeral cover) will not be transferred to Club Super. These ancillary benefits will not be provided by Club Super and will cease with the closure of your external policy on transfer to Club Super.
- Retail policies (where they are not linked to superannuation), policies held by a 3rd party or where the policy covers multiple lives.

To transfer your insurance please:

- complete all sections (below), providing all the required details and acknowledging the Duty of Disclosure section of this application form; and
- return this completed insurance transfer form. The form must be received by Club Super no later than 45 days after signing and dating this form.

Note: Your transferred cover amount, together with any cover that you currently have with Club Super (where evidence of health was not required) cannot exceed a total amount of \$1,500,000

Any exclusions, including but not limited to pre-existing condition exclusions or restrictions, or premium loadings that apply to the cover being transferred will continue to apply to the member's transferred cover under our policy.

Please obtain and attach proof of your insured benefits with your former fund or individual insurer such as:

- an up-to-date insurance statement;
- certificate of currency; or
- confirmation email/letter from your former fund or individual insurer.

The statement from your previous fund must confirm the type and level of cover, including any premium loadings and/or exclusions that your cover may be subject too. The statement must be received within 6 months from date of issue.

Important: You must cancel your cover under your previous fund and do not continue under another insurance arrangement. Do not cancel your existing cover, and/or transfer your account balance from the former fund (if applicable), until you have received confirmation in writing that your transfer request has been accepted by Club Super.

For full details of the insurance cover available to Club Super members, please refer to Club Super's Product Disclosure Statement (PDS) and *Additional Information – Insurance in your super* document available at clubsuper.com.au/members/publications.

Section A – Personal details

Surname	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address		
<input type="text"/>		<input type="text"/>
State		Postcode
Club Super member number (if known)	Phone number	
<input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	
Name of current employer		
<input type="text"/>		
Name of former fund or individual insurer		
<input type="text"/>		
Former fund member number or Life Policy Number	Former fund Unique Superannuation Identifier (USI) (if known, not applicable for individual policies)	
<input type="text"/>	<input type="text"/>	

Section B – Confirmation of requirements

1. Provide the details of your current level and type of cover under the former fund or individual insurer (where applicable)

Death cover	Date cover started	TPD cover	Date cover started
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please note: You must transfer your total current cover to Club Super. You cannot transfer TPD Cover without Death cover, unless the total amount of TPD cover does not exceed your Death cover amount after the transfer.

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

- ☐ an equivalent level of fixed cover (rounded up to the next \$1,000)
☐ an equivalent number of units (rounded up to the nearest whole number of units)

Please note: Any increase in cover which occurs as a result of rounding will be provided as *Limited Cover* until you have met the insurer's underwriting requirements. Please refer to Club Super's *Additional Information – Insurance in your super* document available at clubsuper.com.au/members/publications.

3. As a result of injury, illness or impairment:

- a) are you unable to work at least 35 hours per week? ☐ Yes ☐ No
b) have you had your duties or workplace modified in the last 2 years and you have not resumed your pre-modified duties? ☐ Yes ☐ No
c) Have you worked in a role or occupation that that has been designed or chosen to accommodate your medical needs? ☐ Yes ☐ No

4. In the last 12 months, have you been advised by a medical practitioner to undergo treatment or to take prescribed medication that was intended to last for 3 months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? ☐ Yes ☐ No

5. Are you currently in the process of applying for insurance cover, or have you had any applications previously declined through an insurance company? ☐ Yes ☐ No

6. Have you:

- a) been paid; ☐ Yes ☐ No
b) been eligible to be paid; ☐ Yes ☐ No
c) lodged a claim; or ☐ Yes ☐ No
d) been intending to lodge a claim; ☐ Yes ☐ No

for a terminal illness or disability benefit with a superannuation fund, insurance company, or any state or federal government body (such as workers' compensation, social security, veterans' affairs or motor accident scheme)? ☐ Yes ☐ No

If you have answered 'Yes' to any Questions 3 – 6 above, you will not be eligible to transfer your cover into Club Super. You will be required to complete a full personal statement for your request of cover to be considered. You are not required to complete the remaining sections of this form. This does not affect any default cover you are entitled to, or may have under Club Super.

7. Is your cover under the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions? ☐ Yes ☐ No

If you have answered 'Yes' to Question 7, you must attach a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of that cover subject to these additional terms.

► Form continued next page

Section B – Confirmation of requirements (continued)

Confirmation of requirements – please read the following statements and indicate your acceptance below

- I will cancel all existing insurance cover under my former fund or individual insurer within 60 days of receiving confirmation from Club Super of my successful transfer application. (CommInsure reserve the right to seek confirmation of this at claim time. If satisfactory evidence is not provided, the transfer will be considered void).
- I will not be transferring the cover under my former fund or individual insurer to any other Division or Section of the former fund or individual insurer or to any other fund, other than Club Super.
- I will not effect a continuation option, or subsequently reinstate cover within the former fund or individual insurer or any other division or associated fund of the former fund or individual insurer.
- I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by Club Super.

I confirm that the above statements are true and correct and I agree to abide by these requirements ☐ Yes ☐ No

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

Section C – Telephone underwriting

The telephone underwriting facility reduces the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (CommInsure) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my duty of disclosure as described in Section D.

No ☐ Yes ☐ ▶ If 'yes', I am contactable on the following number

()

between the hours of

am/pm

am/pm

(note they must be usual business hours eastern standard time)

Section D – Acknowledgments

I acknowledge that:

if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to Club Super; and if the Insurer has accepted my application, my cover will commence in Club Super on the date this application is completed subject to cancellation of my existing cover as outlined in Section 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 to the health evidence I provided to my former fund, the former fund's insurer or my individual 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, former fund's insurer or individual 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 Section 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.

Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

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

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

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

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

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it 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 the person entering the contract had told the insurer everything they 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 of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Your privacy is important to us

We only collect information that is essential for the administration of your superannuation benefits, including providing you with insurance cover. The information we ask for is for the purpose of identifying you, and in order to properly administer your superannuation benefits. If you do not provide all of the information we may be unable to action your request. Information we hold about members may be provided to third parties including our insurers, your employer(s), advisers and other service providers, where the information needs to be shared in relation to your active or potential insurance claims. Personal information collected will not be used or disclosed for any other purpose without your consent, except where required by superannuation, taxation or other relevant law. You are entitled to access information that Club Super holds about you – contact us by telephone on **1300 369 330** or in writing. Club Super's full Privacy Policy, which is available on the website – **clubsuper.com.au** can also be obtained by contacting us on **1300 369 330**. You may also wish to read a copy of the insurer's Privacy Policy in conjunction with our Privacy Policy. The insurer's Privacy Policy can be found at **www.commbank.com.au** or by calling **13 10 56**.

Declaration

By signing this form, I confirm that:

- I have read Club Super's *Additional Information – Privacy, enquiries and complaints* document available at **clubsuper.com.au/members/publications**.
I understand how Club Super intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified.
 - I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account
- If you have any questions about your rights under the privacy legislation, contact Club Super on **1300 369 330**.

I confirm I have:

- ☐ completed Section A, B and C of this Insurance Transfer Form, providing all the required details and signing the form; and
- ☐ attached an up-to-date statement from my former fund or written evidence from my individual insurer confirming the type and level of cover I have with the former fund or individual insurer (Club Super must receive this evidence within 6 months of it being issued).

Please sign and date below

Full name

Signature of member

Date

Please return the completed form, with attachments, to Club Super, PO Box 10726, Brisbane Adelaide Street, QLD 4000.
Phone: **1300 369 330**