

Please complete this form if you wish to transfer insurance cover held with another fund to Prime Super. You must complete a separate form for each transfer you wish to make.

Please complete in pen using **BLOCK** letters. Print 'X' to mark boxes where applicable.
Please provide as much information as possible.



- joining Prime Super for the first time or are an existing Prime Super member;
- you have insurance through an employer-sponsored plan or an individual insurance policy within superannuation; and
- you roll-over your complete superannuation account balance as part of the transfer.



- a completed *Prime Super rollover your super form* for every account you are consolidating into Prime Super; and
- a copy of your most recent benefit statement from your previous fund confirming the level and type of cover you have.

Please note: The maximum cover available via this method (including any default cover) is \$1,000,000 Death & TPD cover and \$10,000 per month Income protection cover. Should you attempt to transfer cover and the amount of cover exceeds these levels either due to default cover or the amount transferred, you will be restricted to the maximum amounts as above.

[illegible][illegible]

SECTION 3 – DETAILS OF YOUR PREVIOUS FUND

[illegible][illegible]

SECTION 4 – PERSONAL STATEMENT AND CONFIRMATION REQUIREMENTS

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- | | | |
|--|---|--|
| | | (DDMMYYYY) |
| Death only (including terminal illness) \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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"/> |
| Death & TPD \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 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"/> |
| Income protection \$ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> per month | 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"/> |
| Waiting period | <input type="text"/> <input type="text"/> <input type="text"/> days | |

- (Full-time means more than 35 hours per week on an ongoing basis. It is not necessary that you actually work full-time but only that you have the mental and physical capability to do so.)

- If 'Yes,' please provide details below including a copy of the advice you received from the insurer of the previous fund advising you of the acceptance of your cover, subject to these additional terms.

[illegible]

Your Duty of Disclosure