# Prime Super Application to transfer current insurance cover

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.



You can apply to transfer any Death only (including terminal illness), Death & Total and Permanent Disablement (TPD) and/or Income protection insurance cover you have outside of Prime Super if you are:

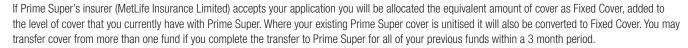
• joining Prime Super for the first time or are an existing Prime Super member;

SECTION 1 - PERSONAL DETAILS

- vou 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.

To apply to transfer your cover you must complete this form in full, sign it and return it to Prime Super together with:

- 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.

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If you answer 'No', where loadings or exclusions exist, your benefit amount may be reduced at the time of the claim.

## **SECTION 5 - DUTY OF DISCLOSURE & MEMBER DECLARATION**

## **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 the Insurer every matter that you know, or could reasonably be expected to know, that 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 vary or reinstate a contract of life insurance. Your duty however does not require disclosure of a matter:

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

#### 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 to 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.

Please note: your Duty of Disclosure continues until you have been accepted in writing by the Insurer.

#### **Member Declaration**

I acknowledge that:

- I have read and carefully considered the questions and statements in Section 4 of this form and that I undertake to abide by these requirements.
   All answers provided are true and correct; and
- I have read and understood the Duty of Disclosure 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
- I will provide Prime Super or their Insurer access to any health evidence I originally provided in obtaining this cover with the previous fund should this be required and I acknowledge that any non-disclosure to a previous fund or insurer may be acted upon by Prime Super or their Insurer; and
- if I do not fully complete this application, or I do not sign and date this application, I will not be eligible to transfer my existing cover to Prime Super; and
- if the Insurer accepts my application, my existing level of cover under the previous fund will be replaced by allocation to my Prime Super account; and
- should my request to transfer cover be approved under this application, cover will commence with Prime Super at the earliest of the following events:
  - the date this form is received and approved by Prime Super if my account balance with Prime Super is greater than \$0;
  - the date the first contribution is received into my Prime Super account after this form is approved; or
  - the date of exit (roll-over) from the fund in which the cover is being transferred subject to approval of this form; and
- Prime Super and their Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided. These enquiries and investigations may be made at any time including, but not limited to, when Prime Super and the Insurer are considering this application or in the event of a claim; and
- Prime Super and their Insurer may investigate whether any restrictions that may have applied within the terms of the previous Insurer's policy document were applicable to the type and/or level of cover stated on my benefit statement; and
- should it become apparent to Prime Super or the Insurer that I have not undertaken the requirements that I confirmed in Section 4 of this form, then any
  insured benefit that may be payable to me or my estate from Prime Super may be reduced by the insured amount paid or payable from my previous fund
  or other funds 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 Prime Super is no less than I would have been eligible to receive under the terms of the policy between Prime Super and the Insurer had I not applied
  for a transfer of cover.

Full Name																										
Mem	Member Signature																									
															Date	(DDI	ИМY`	YYY)		]						

## WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

 Mail
 Prime Super
 Freecall
 1800 675 839

 Locked Bag 5103
 Fax
 1800 023 662

 Parramatta NSW 2124
 Table 1800 023 662

**Email** administration@primesuper.com.au

If you have any questions about this form or Prime Super please call us on 1800 675 839 (8.00am to 8.00pm Monday-Friday Sydney time).

