

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;
- 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.

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.

If Prime Super's insurer (MetLife Insurance Limited) accepts your application you will be allocated the equivalent amount of cover as Fixed Cover, added to the level of cover that you currently have with Prime Super. Where your existing Prime Super cover is unutilised it will also be converted to Fixed Cover. You may transfer cover from more than one fund if you complete the transfer to Prime Super for all of your previous funds within a 3 month period.

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.



SECTION 1 – PERSONAL DETAILS

Membership Number

Title

 Mr Mrs Miss Ms Dr

Surname

Date of Birth (DDMMYYYY)

Given Names

Gender

 Male Female

Residential Address

Town/Suburb/City

State

Postcode

Telephone (BH)

(AH)

Mobile

Email

SECTION 2 – YOUR EMPLOYMENT DETAILS

Name of Employer

Employer Contact Name

Contact Number

Employer Address

Suburb

State

Postcode

Occupation



