

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, Death & 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 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 unitised 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.

Note the Maximum cover available via this method (including any default cover) is \$1,000,000 death and 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

Member Number	<input type="text"/>	Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Names	<input type="text"/>								
Residential Address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>				
Telephone (BH)	<input type="text"/>	(AH)	<input type="text"/>	Mobile	<input type="text"/>				
Email	<input type="text"/>								

SECTION 2 – YOUR EMPLOYMENT DETAILS

Name of Employer	<input type="text"/>								
Employer Contact Name	<input type="text"/>	Contact Number	<input type="text"/>						
Employer Address	<input type="text"/>								
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>				

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 of common knowledge;
- That your insurer knows or, in the ordinary course of the insurer's business as an insurer, ought to know;
- 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: that 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 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
- My replacement cover will not commence in Prime Super until the later of the Insurer accepting my application, and
 - The whole account balance from my previous fund has been transferred to Prime Super, or
 - Cancellation of my existing insurance cover under my previous fund.
- Prime Super and their Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires 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 fund; 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.

Member signature: _____

Full name: _____

Date:

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