

Complete this form 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 read this information before you complete the form

Please use pen and BLOCK letters to complete this form. Any boxes should be marked with 'X'. Please make sure you have completed all relevant sections.

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:

- Have a life insurance policy with a superannuation fund
- Transfer your total superannuation account balance (available at the time of transfer) with your former fund to Prime Super
- Are under age 60 at the date your application to transfer your insurance is received by Prime Super. If you are Prime Super or Prime Health Division member aged between 55 and 60, you can only transfer your insurance if your occupation rating for insurance is White Collar or Professional.

To transfer your insurance please:

- Complete all sections of the insurance transfer form, including providing all the required details and acknowledging the Duty to take reasonable care section of this application form, and

- Return the completed insurance transfer form along with a copy of an up-to-date statement, certificate of currency as evidence of cover held. This statement must be received by Prime Super within 6 months from the date of issue.

Please note: Any exclusions, restrictions, premium loadings or individual conditions which applied under your previous policy and under your current cover under this policy will continue to apply to your transferred cover amount with Prime Super (unless the insurer specifies otherwise). At the date the transferred cover commences with Prime Super you must have sufficient money in your member account to pay the premium for the transferred cover under this policy. If there are insufficient funds your transferred cover is void. Please note: The transfer of this insurance will be verified by the insurer. Once your transferred cover is approved, cover does not commence until Prime Super receives the transfer of your account balance from your other fund.

1 Your Duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.

1 Your Duty to take reasonable care (continued)

– Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether

there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

2 Your personal details

| | | |
|--------------------------------------|----------------------|----------------------|
| Surname | Given names | Title |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Member number | Email ¹ | |
| <input type="text"/> | <input type="text"/> | |
| Date of birth (DD/MM/YYYY) | Mobile number | Phone number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other/Previous names (if applicable) | | |
| <input type="text"/> | | |
| Residential address | | |
| <input type="text"/> | | |
| Town/Suburb/City | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Occupation | | |
| <input type="text"/> | | |

1 Please ensure the email address provided is your personal address as we may send information of a sensitive and personal nature to it.

3 Your employment details

| | |
|-----------------------|----------------------|
| Name of employer | |
| <input type="text"/> | |
| Employer contact name | Contact number |
| <input type="text"/> | <input type="text"/> |

4 Details of your transferring cover

| |
|--|
| Name of the fund your cover is transferring from |
| <input type="text"/> |
| Your member number in the fund your cover is transferring from |
| <input type="text"/> |

5 Personal statement and confirmation requirements

In order for Prime Super and its Insurer to consider your application you must answer all of the questions in this section.

1. I confirm that my current level and type of cover under the previous fund or individual insurer are as follows:

| | | Date cover started (DD/MM/YYYY) |
|---|-------------------------|---------------------------------|
| Death only (including terminal illness) | \$ <input type="text"/> | <input type="text"/> |
| Death & TPD | \$ <input type="text"/> | <input type="text"/> |

If my request to transfer my insurance is accepted I would like my Death only or Death & TPD cover with Prime Super to be:

Fixed cover **OR** Unitised cover

Please note: Fixed cover will be the number of multiples of \$1,000 that is nearest to the amount of cover which you have with your current fund (rounded up). Unitised cover will be the number of whole units that is nearest to the amount of cover which you have with your current fund (rounded up). Your transferred cover amount, together with any cover that you currently have with Prime Super (where evidence of health was not required) cannot exceed \$1,500,000. Any additional amount received due to the rounding up of cover will be subject to Limited Cover until the additional amount is underwritten and accepted by the Insurer.

Any cover received in this application will be in addition to your existing cover and any existing cover will be matched to your election. This means if you're applying for fixed cover any existing unitised cover will also be converted to fixed cover, or if you're applying for unitised cover any existing fixed cover will also be converted to unitised cover.

| | | | |
|-------------------|-------------------------|-----------|----------------------|
| Income protection | \$ <input type="text"/> | per month | <input type="text"/> |
|-------------------|-------------------------|-----------|----------------------|

Note: If your transfer application is accepted you will be given the closest to your current monthly cover under your former fund. Your transferred cover amount will replace any (if applicable) Income Protection cover you have with Prime Super and cannot exceed \$10,000 per month.

| | | |
|------------------------|----------------------|--------|
| Waiting period | <input type="text"/> | days |
| Benefit payment period | <input type="text"/> | months |

Note: The waiting period for Prime Super is 30, 60 or 90 days. The waiting period from your previous fund will be matched to the waiting period being transferred to Prime Super. If the transferred waiting period is not available with Prime Super the waiting period that will apply will be the next longest waiting period (e.g if you had a 21 day waiting period with your previous fund you will receive a 30 day waiting period when you transfer to Prime Super). The Benefit Payment Period that Prime Super offers is 2 years. If your current benefit payment period is longer than 2 years (e.g. 5 years, or To Age 65), if your transfer is accepted we can only provide you with a 2 year benefit payment period.

You also must consolidate the account balance from your listed previous fund into Prime Super and will be required to complete a Prime Super rollover your super form for each previous fund you are consolidating into Prime Super.

- | | | |
|---|-----|----|
| 2. Are you currently, due to an illness or injury, restricted or unable to carry out all the duties of your usual occupation for at least 35 hours per week, even if you are not employed to work 35 hours per week? | Yes | No |
| 3. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months? | Yes | No |
| 4. Have you ever made a claim or are you currently intending to make a claim for an illness or injury from the following: – workers' compensation; – government benefits (such as sickness benefit, invalid pension); – motor accident scheme; – superannuation fund; or – life insurance policies | Yes | No |
| 5. Have you been absent from your usual occupation (employed or unemployed) for more than 5 consecutive days in the last 24 months due to an illness or injury? | Yes | No |

If you answered 'Yes' to any parts of questions 2-6 (inclusive) above you will not meet the transfer eligibility criteria. You will need to complete an *Insurance application/variation* form and be subject to full underwriting for your request to be considered. **Note:** this will not affect any default cover you are entitled to, or may have with Prime Super.

5 Personal statement and confirmation requirements (continued)

| | | |
|---|-----|----|
| 6. Have you ever had any application for Life, Terminal Illness & Total and Permanent Disablement or Income Protection cover, declined, or offered to you on non-standard terms (e.g. premium loading and/or exclusion) whether accepted by you or not? | Yes | No |
|---|-----|----|

If you have answered "Yes" to Question 6, 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.

6 Insurance: member election to maintain insurance cover in the event of future account inactivity

From 1 July 2019, we are required to cancel your insurance cover if your account has been inactive for a continuous period of 16 months, and you have not made an election to maintain your insurance cover. Please refer to page 27 of the *Member Guide – Super Division* for details on when this may occur

By marking this box, you consent to maintaining your insurance cover in the event that your account becomes inactive for a continuous period of 16 months.

If you do not mark this box, we will be required to cancel all your insurance cover in the event your account is inactive for a continuous period of 16 months.

7 Your personal information privacy

Your privacy as a member of Prime Super

The information you provide in this form is collected by and held for Prime Super by the fund Administrator, in accordance with the Australian Privacy Principles of the Privacy Act. Such information is usually disclosed to third parties, including the Insurer or medical consultant who may be involved with the assessment of this application, and is held by the fund Administrator and the Insurer. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit our website primesuper.com.au or by contacting customer service on 1800 675 839, write to us at Locked Bag 5103, Parramatta, NSW 2124 or email us at administration@primesuper.com.au.

Your privacy and the Insurer

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal and sensitive information is set out in the TAL Privacy Policy available at tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1300 209 088.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following.

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

8 Member declaration

I acknowledge that:

- I have read and carefully considered the questions and statements in Section 5 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 my Duty to take reasonable care 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
- 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 5 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.
- I agree to be bound by the terms and conditions set out in the Insurance Policy Document (between Prime Super and the Insurer); and
- should my request to transfer cover be approved under this application, cover will commence with Prime Super on the later of the following events:
 - > the date the Insurer accepts your transferred cover application; and
 - > the date my existing insurance cover with your previous fund is cancelled; and
- I understand my personal and sensitive information will be used in accordance with Prime Super's Privacy Policy (available at primesuper.com.au/footer/privacy-statement) and the Insurer's Privacy Policy (available at tal.com.au/privacy-policy) which I have read and understood and acknowledge the use, storage and disclosure of my personal information.

Full name

Member signature

Date

Return this form to us via by mail or email

mail: Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email: administration@primesuper.com.au
visit: primesuper.com.au
call: 1800 675 839