

Transfer your insurance



This application is made under an insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer) and will be assessed by the insurer.

Important information

Complete this form to transfer[^] any death, total and permanent disablement (TPD) or income protection (IP) cover from your life insurance policy as defined under the Life Insurance Act or another superannuation fund to Aware Super.

Please take the time to read through the eligibility requirements to transfer your insurance. You should read the *Insurance Handbook*, available at aware.com.au/pds.

We will write to you once the insurer has assessed and approved your application to transfer cover. Please note that the insurer may apply (to the additional cover), the same premium loading, exclusions or restrictions that applied to transfer-In cover.

Your transferred death and TPD cover will be a fixed cover added to any existing cover you may hold.

How much you can transfer

The transferred cover, together with any other cover provided under your policy cannot exceed:

For this cover type...	you can transfer in up to...
Death	\$10 million (and \$5 million for Terminal illness)
TPD [#]	\$5 million
IP	\$40,000 per month

[#] Your TPD cover cannot exceed your death cover.

Do not cancel your existing insurance cover or close your account with your current fund/insurer until you receive confirmation in writing from us that your insurance transfer has been approved. If your cover outside Aware Super is already cancelled, it cannot be transferred. Transferred cover will commence on the date your application is accepted by the insurer.

Supporting documents

Please complete the relevant sections and return the completed form to us, together with evidence of the level of cover held in your other life policy (e.g. your last annual benefit statement or last renewal notice) to provide proof of your existing level of cover, together with any loadings or exclusions that apply to this cover. Any cover accepted will start from the date the insurer approves your application and you will be advised in writing.

[^] Members are not eligible to transfer insurance into a Police category, Police Officers' Insurance, or Ambulance Officers Insurance account.

Privacy

Your privacy with Aware Super

Aware Super is authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super.

The personal information you provide in this form is collected and held by us to administer your insurance within your Aware Super account and assess the claim. If you do not provide the requested information, we may be unable to process your insurance application, assess the claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, TAL Life Limited and/or our legal or other professional advisors if reasonably necessary.

You should read the 'Our privacy information' section in the *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at aware.com.au/privacy, or we can send you a copy upon request or you can contact us on **1300 650 873** for further information. Our privacy policy contains detailed information about how we manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how we have managed your personal and sensitive information.

Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and TAL are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at tal.com.au/Privacy-Policy or available on request.

Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer 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, the insurer may not be able to provide products and services to you or pay the claim.

The insurer may take steps to verify the information they 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 they may verify with an employer regarding remuneration information provided in a claim for IP to ensure that it is accurate.

Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to provide their services and may also disclose some of your personal information to other parties, when required to do so to provide their 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 super funds where TAL is the insurer, to the trustee, and
- other organisations to whom the insurer outsources 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 the insurer may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Taxation Office), and
- authorised by law (e.g. under court orders or statutory notices).

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.
- 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.
- 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.

Step 2: Occupation statement (continued)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g. office work, sales, manual duties)

Do you belong to a professional association, have a university degree relevant to your profession or are a senior manager or executive in a company with at least 10 employees? Yes ☐ No ☐

Income[^] per ☐ week ☐ fortnight ☐ monthly ☐ year \$, ,

[^] Income excluding packaged items like superannuation, bonus/commissions, investment income and any business expenses



If you answered Yes to any of these questions you will not be eligible to transfer your cover.

Step 3: Transfer eligibility

This completed application form must be submitted with your relevant supporting documentation.

At the date of this application:

Please indicate with **X**

- | | | |
|-----|---|--|
| 3.1 | Are you currently restricted from performing all of your normal and usual duties due to illness or injury? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.2 | Have you been told by a medical practitioner that your life expectancy could be less than 24 months due to illness or injury? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.3 | Have you been told by a medical practitioner that an illness or injury you suffer from, may cause you a permanent inability to work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.4 | In the last 12 months, due to illness or injury, have you been unable to perform your usual occupational duties for 14 or more consecutive days? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.5 | Have you ever had an application for Life, Total and Permanent Disablement, Trauma, Income Protection or Salary Continuance insurance declined, or have you been accepted with varied terms from what you had applied for, such as loadings (extra costs) or exclusions (events or circumstances that you will not be covered for) or a restriction (an amount less than what you applied for)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.6 | Due to illness or injury, have you ever claimed or are you receiving or claiming a benefit through a superannuation fund, life insurance policy, workers' compensation, or government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3.7 | Due to illness or injury, are you in the process of making a claim or are you eligible to make a claim under a superannuation fund, life insurance policy, workers' compensation, or government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have answered 'Yes' to any of the above questions you will not be eligible to transfer your cover. However, you can still apply for insurance or increase your existing cover by completing the *Application for Insurance or Increase in Cover* form. Alternatively, log in to your account online at **aware.com.au**.



It is important that you do not cancel cover held with your other super fund or insurer until we have confirmed your transfer.



Any TPD cover cannot exceed Death Cover.



If your transfer-in cover is approved by the insurer, your IP cover will replace any existing IP cover you have on your account. If your current waiting period cannot be matched under our insurance policy, the next longest waiting period under our policy will apply. If your current benefit period cannot be matched the next shortest benefit period under our policy will apply.

Step 4: Transfer of death only or death and TPD cover

If your transfer-in cover is approved by the insurer, your cover will be applied to your account as fixed cover, which may be different to any existing cover already held on your account. With fixed cover, your cover amount does not change with your age however your premiums will. For more information, please refer to the *Insurance Handbook* available at aware.com.au/pds.

The amount of insurance cover you are transferring:

Death only \$,

OR

Death and TPD \$,

Is any of your existing cover subject to any premium loading, exclusions or restrictions? Yes ☐ No ☐

You must provide evidence of the level of cover held in your other life policy (e.g. your last benefit statement or last renewal notice), together with information on any loadings or exclusions that apply to this cover.

Step 5: Transfer of income protection cover

The amount of insurance cover you are transferring: \$, a month

My waiting period under my current IP cover is days

My benefit period under my current IP cover is

Is any of your existing IP cover subject to any premium loading, exclusions or restrictions? Yes ☐ No ☐

You must provide evidence of the level of cover held in your other life policy (e.g. your last benefit statement or last renewal notice), together with information on any loadings or exclusions that apply to this cover."

Step 6: Keep your cover

There are laws in place which aim to protect inactive accounts from being eroded by insurance premiums. Under these rules, you are required to make an election if you want to keep any current and future insurance cover with us even if there has been no contributions or rollovers received into your account for a continuous period of 16 months.

To keep your insurance cover including death, TPD and IP cover, place (X) in the box below.

- ☐ I elect to keep my current and future insurance cover through Aware Super, even if my account becomes inactive. I understand that my insurance cover will continue subject to the terms and conditions of the insurance policy even if my account is inactive, (which includes receiving no contributions or rollovers) for a continuous period of 16 months, unless and until I notify the Trustee otherwise.

Step 7: Declaration and sign

I declare that:

- I understand the cover I have applied for under this form does not begin until approved by the insurer of which I will be notified in writing.
- I will cancel my existing insurance cover held under my previous life policy (other than Aware Super), when I receive written confirmation from Aware Super that my application to transfer cover has been approved.
- I will not be transferring the cover under my previous life policy to any other division or to any other life policy, other than Aware Super.
- I will not affect a continuation option, or subsequently reinstate my cancelled cover within the previous fund or any other division, section or category of the previous fund, or within any fund or insurance policy where such reinstatement of cover is available to me.
- I understand the insurer will assess my insurance category for all of my existing and new insurance based on the Information provided in this application. I understand if my application is accepted, my new insurance category may either be an improvement, remain the same, or be less favourable compared to my existing insurance category.
- I understand if the insurer rejects my application, my existing insurance category will not be changed.
- I have read and understand my duty to take reasonable care and confirm that my answers to the questions are true, complete and correct.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the Trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I understand that if the insurer requires any medical information to be collected from a medical practitioner that I have consulted, it will ask me to complete a separate medical authority form before collecting any such medical information.
- I have read and understood the privacy statements and agree to the collection, use and disclosure of personal and sensitive information as described in those statements.
- I have read the insurance section of the current *Aware Super Product Disclosure Statement* and the *Insurance Handbook* available at aware.com.au/pds.

Signature*

Date signed* (DD-MM-YYYY)

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 Please sign and date form here.

 Post the form to this address.

Step 8: Where to post your completed form

Please post the completed form to:

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on **1300 650 873**.