Transfer of Insurance Application

Zuper

Insurance: the one thing you buy that you hope you never have to use.

Please complete this form if you would like to apply to transfer insurance cover to Zuper Super.

Your duty of disclosure

Before you enter into or become insured under a life insurance contract, you have a duty to tell us anything that you know or could reasonably be expected to know that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate your Insured Cover. You do not need to tell us anything that reduces the risk we insure you for, or is common knowledge, or we know or should know as an insurer, or we waive your duty to tell us about.

Non-disclosure (If you do not tell us something)

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If you do, we may apply the following rights separately to each type of Insured Cover.

If you do not tell us a matter you are required to, and we would not have insured you on the same terms if you had told us, we may avoid The Policy or Insured Cover within 3 years of issuing it.

If we choose not to avoid The Policy or Insured Cover, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the Premium that would have been payable if you had told us everything you should have.

If we choose not to avoid The Policy or your Insured Cover or reduce the amount you have been insured for, we may, at any time vary your Insured Cover in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat your Insured Cover as if it never existed.

1. YOUR DETAILS

Fund Name: _____ Membership Number: _____

Surname: _____

Given Names: _____ Birth Date: ____/____/____

Sex: ☐ Male ☐ Female ☐ Other

Home Address: _____

State: _____ Postcode: _____

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1. YOUR DETAILS (CONTINUED)

Email Address: _____

_____

Occupation: _____

Annual Salary (pre-tax): _____

Telephone Number (home / work / mobile): _____

Most convenient time to contact you: _____ (am/pm)

2. ELIGIBILITY

Please tick the appropriate box for each of the following questions: Yes / No

a.	I am currently insured for the type and amount of cover in an Australian employer superannuation fund, or under an Australian retail insurance policy which commenced within the last 5 years, and	☐ Yes	☐ No
b.	I am less than 65 years of age, and	☐ Yes	☐ No
c.	My occupation is not an Excluded Occupation, as defined under the Fund's policy, and	☐ Yes	☐ No
d.	My existing cover in the other fund or personal retail insurance policy will cease on acceptance by the Fund, and	☐ Yes	☐ No
e.	I will not continue the existing cover under any other insurance arrangement, reinstate cover or effect a continuation option with another fund, and	☐ Yes	☐ No
f.	I have attached a Benefit Statement, Policy Renewal Statement or an Insurance Acceptance Letter dated within the previous 12 months as evidence of my current insured benefit. This includes a copy of the other insurer's letter advising acceptance of cover and if cover was subject to additional terms, and	☐ Yes	☐ No
g.	My existing benefits are not subject to any premium loading, restriction, exclusion or pre-existing condition.	☐ Yes	☐ No

If you answered 'No' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Statement to apply for additional cover.

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3. STATEMENT OF GOOD HEALTH

Please tick the appropriate box for each of the following questions: Yes / No

a.	Do you have any injury or illness which restricts you or is likely to restrict you in the future from carrying out, on a full-time basis, all the identifiable duties of your current employment? (Full-time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so).	☐ Yes	☐ No
b.	Have you ever submitted a claim for TPD, income protection or terminal illness? Or are you eligible for, or entitled to, such a claim from any superannuation fund or any insurance policy?	☐ Yes	☐ No
c.	Do you have or have you ever had any disease, illness, injury or any other conditions (other than colds, flu or mild asthma) which: 1. Has required more than a total of 2 consecutive weeks off work during the last 12 months, or 2. Has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment?	☐ Yes	☐ No
d.	Is your existing insurance cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions?	☐ Yes	☐ No

If you answered 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Statement to apply for additional cover.

4. COVER

Please specify the type and amount of cover you currently hold that you wish to transfer to the Fund:

Death Cover: $ _____

Income Protection Cover: $ _____ (per month)

TPD Cover: $ _____

The amount of death and/or TPD cover will be transferred across as Voluntary Cover.

Waiting Period: _____ Benifit Period: _____

The total insured cover after transfer (i.e. insured cover prior to transfer plus the transferred cover) must not exceed $1,500,000 for death only or death & TPD cover, or $15,000 per month for income protection cover. Death cover can't exceed TPD cover.

When combined with your existing cover in the Fund the total must not exceed the insurance plan's maximum insured cover.

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5. DECLARATION

I declare that:

a. I have read, carefully considered and have understood this Form, including the duty of disclosure, and
b. The information I have given on this form and any accompanying information is true and correct, and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept the application for cover, and
c. I satisfy all of the eligibility criteria and statement of good health criteria, and
d. My existing insurance cover will be cancelled from the date that cover commences with the Fund and I will not transfer my existing cover to any other policy or reinstate cover. If the cover is continued elsewhere, no insurance benefit will be payable under the Fund's policy.

Furthermore, I acknowledge that:

e. If I do not fully complete, sign and date this form, and provide sufficient evidence, the cover will not transfer, and
f. Insured cover, including transferred cover, will commence on the date the Insurer accepted my application subject to my account balance being sufficient to pay premium. The transfer of insurance will not be deemed to have started and I will be required to re-complete a new Transfer of Insurance Application Form if my account balance is not sufficient to pay premium within 31 days after the Insurer has accepted my application, and
g. If applicable, the income protection waiting period and benefit period will match the Fund's design (subject to the Insurer's approval), and
h. The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of a claim.

Signature: _____ Date: ____/____/____

You must return this form with sufficient evidence to the Fund within 31 days of signing

Please return the completed original form to:
PO Box 1282,
Albury NSW 2640

PRIVACY POLICY

The information you are providing in this form is subject to the Privacy Amendment (Private Sector) Act 2000. The Act sets out principles for dealing with personal information which includes standards for collection, storage, accuracy and use of information and for disclosure required by the Australian Tax Office as well as your right to access your personal information which we hold. Zuper Super has developed polices for complying with this legislation which you may view on request.

DISCLOSURE / DISCLAIMER

The information contained in this document is general in nature and has been prepared without taking into account your objectives, financial situation or needs, and because of this, you should consider whether the information is appropriate and where appropriate seek professional advice from a Financial Adviser. Refer to Zuper Super's website for a copy of its PDS. Zuper Super is a product issued by Diversa Trustees Limited (ABN 49 006 421 638), (AFSL No 235153), as Trustee of LESF Super (ABN 13 704 288 646)