

Choice of Fund Insurance Transfer Form

For assistance & enquiries: **Ph 132 467**

Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**



Please write in BLOCK letters using a BLUE or BLACK pen. This request will be invalid if it is unsigned or undated.

1: Member details

Intrust Super member number

Mr/Mrs/Ms/Miss Surname

Given Names

Telephone (Home)

Mobile

Date of Birth (DDMMYYYY)

Gender (M/F)

Email

POSTAL ADDRESS

PO Box/Street Address

Suburb/Town

State

Post code

In the last 12 months, have you smoked tobacco in any form?

NO YES

Where you are currently insured under an employer sponsored policy and you are selecting Intrust Super as a result of choice of fund, you can transfer your existing death or death and TPD insurance cover without underwriting.

You must satisfy the following criteria to be eligible:

- Your cover in the existing fund must cease on acceptance of cover under our policy,
- You must transfer your entire account balance to Intrust Super.
- You must not continue this cover held in your existing fund under any other insurance arrangement, reinstate cover or effect a continuation option with any fund,
- You must provide a copy of your most recent Benefit Statement as evidence of the type and level of cover currently held.

2: Statement of good health

Please tick the appropriate box for all 4 questions: In order to be eligible to transfer your insurance cover to the Intrust Super you must be able to answer 'No' to each of the questions below:

	Yes	No
1. 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]		
2. Have you ever submitted a Total and Permanent Disablement (TPD) claim or Terminal Illness claim, or are you eligible for or entitled to a claim from any superannuation fund or any insurance policy?		
3. Do you have, or have you ever had, any disease, illness or injury, or any other conditions [other than colds, flu or mild asthma] which: <ol style="list-style-type: none"> Has required more than a total of 2 weeks off work during the last 12 months, or Has recurred more than twice in the last two years, and/or is currently causing you symptoms or requiring treatment? 		
4. Is your existing insurance cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions?		

If you answer 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover. However you may apply to the Insurer for cover.

3: 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 be reasonably expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, 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 the Insurer knows, or in the ordinary course of its business ought to know; as to which compliance with your duty is waived by the Insurer.

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.

4: Declaration

I declare that:

- I have read and carefully considered the questions in Statement of Good Health section, and all answers provided are true and correct; and
- I have read and understood the Duty of Disclosure above, 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
- My existing insurance cover will be cancelled from the date that cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the insurer that I have not cancelled my previous insurance cover, no claim will be payable under this policy.

Furthermore, I acknowledge that:

- If I do not fully complete this application, or I do not sign and date it, I will not be eligible to transfer my insurance cover to Intrust Super; and
- My insurance cover will not commence until the insurer has accepted my application. Cover will commence from the date that they advise in writing; and
- 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 the claim.

Signature



Date [DDMMYYYY]

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Please return this form using the enclosed Replied Paid envelope or to: Intrust Super, GPO Box 1416, Brisbane QLD 4001