

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.

Your duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does 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.

For contracts of insurance entered into, renewed, extended, varied or reinstated from 28 December 2015, if you do not tell us something that you know, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

Section 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?

Yes No

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 Life or Life and Total and Permanent Disability (TPD) insurance cover without underwriting.

You must satisfy the following criteria to be eligible:

- a. Your cover in the existing fund must cease on acceptance of cover under our policy,
- b. You must transfer your entire account balance to Intrust Super.
- c. 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.
- d. You must provide a copy of your most recent Benefit Statement as evidence of the type and level of cover currently held.

Existing Fund Details

Name of fund

Members account number

Sum insured

Life

TPD

- e. You must be aged less than 65 years upon application

The maximum amount of cover that can be transferred for death only or death and Total and Permanent Disablement is \$1,500,000 or another amount agreed between us and the Proposer.

PTO

Section 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:

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] Yes No
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? Yes No
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:
 - a. Has required more than a total of 2 weeks off work during the last 12 months, or
 - b. Has recurred more than twice in the last two years, and/or is currently causing you symptoms or requiring treatment? Yes No
4. Is your existing insurance cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions? Yes No

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.

Section 3: Authority to provide information

Privacy Act 1988 – Our Obligations Under the Act

The Privacy Act 1988 [“the Act”] sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the Australian Privacy Principles.

The following information is provided to you in accordance with these Principles.

The organisation collecting information about you is IS Industry Fund Pty Ltd, the Trustee of Intrust Super. The information will be passed directly on to AIA Australia Limited [AIA]. It will not be used for any other purpose. Both organisations can be contacted care of the address shown on the Statement of Personal Health, either in writing, by telephone or by email.

If you ask us, we must provide you with access to the personal information we hold about you. We may be entitled to refuse access to some information as set out in the Act.

Your right to access this information is set out in our Privacy Policy document, which is available on request.

The information we collect will be used to assess and process your application for Life & TPD Insurance. We may also use the information if a claim is submitted by you, or by someone acting on your behalf.

The information we collect may be disclosed to other organisations, including but not limited to, medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, the Trustees of a superannuation fund you belong to, an organisation that is duly appointed to manage the administration of such fund and interpreters.

If you fail to provide us with all or part of the information we require, we will be unable to assess and process your application.

Authority to provide information

I understand that in order to assess and process my application, AIA Australia Limited [AIA] may need health and employment information about me and I consent to AIA obtaining information about me from any of the parties listed below.

I also understand that if I apply for increased or different insurance cover, AIA may require further information about me and consent to AIA obtaining such further information as and when required, from any of the parties listed below.

I understand that if I or anyone else on my behalf, makes a claim for a benefit, AIA will need information about me in order to assess and process the claim, and I also consent to AIA obtaining information about me in relation to any claim I make from any of the following parties listed below:

Parties to whom this consent is directed*:

- any hospitals or medical practitioners that have examined me or reviewed any diagnostic medical test in relation to me; and/or
- any current or former employer;
- any professional adviser, such as your accountant or lawyer;
- any insurance company [including AIA's parent company or reinsurance company] that may have relevant information about me;
- the trustees of my superannuation fund, or any organisation appointed by the trustees of my superannuation fund to receive or give information.

For the purpose of this application and any future application and any claim for a benefit, I also consent to AIA disclosing information about me to any of the parties mentioned above, insofar as such disclosures are necessary for AIA to perform its functions.

Section 4: Declaration

I have read and carefully considered the questions on this Insurance Application/Personal Statement. I have also read the Duty of Disclosure and all my answers on the Insurance Application/Personal Statement are true and correct and I understand that my duty to disclose continues after I have completed this application until AIA Australia Limited has accepted the application.

I acknowledge that:

- this Declaration is part of an application for Life and TPD,
- the making of a false statement or if I fail to provide all or part of the information required, or consent to AIA obtaining such information, as it requires, this application will not be assessed and processed; and
- at the date of this application I am not absent from work for reasons of illness or injury and I am performing all of the duties of my usual occupation.

Insured Person's Name

Date of Birth (DDMMYYYY)

Signature



Date (DDMMYYYY)

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

*Under our industry Code of Practice if we require information from other people, such as the parties that are listed in this authority, we may ask you for a general authority to obtain information about you from them such as this. If you agree to give us this general authority we will use it to obtain information that we reasonably believe is relevant to your application for insurance cover or to a claim. If you make a claim you can cancel this authority by notifying us, and instead authorise us to request particular information from particular sources. However, you should be aware that this could cause delays in the assessment of your claim or mean that we are unable to assess your claim, and we may require further authorities before we can progress to the assessment of your claim.