

Insurance Transfer Application

How to use this form

- You should use this form if you have either Death or Death and Total and Permanent Disablement (TPD) insurance cover through a superannuation fund or eligible life insurer (subject to eligibility conditions) and wish to apply to transfer the cover into Telstra Super.
- You can use this form if you are a current member of Telstra Super or eligible to apply for membership.
- You will need to attach a photocopy of an up-to-date statement from your superannuation fund or written evidence from your life insurer confirming the type and level of cover you have with that fund or insurer. Telstra Super must receive this evidence within 45 days of it being issued.
- Please note there is an External Transfer Limit (ETL) of \$1,000,000 for Death and \$1,000,000 for Death and TPD cover (this can be reached using a single or multiple insurance transfer application(s)). The ETL does not include base cover or any existing top-up cover provided through Telstra Super but the total death and TPD cover in Telstra Super must not exceed \$3 million.

Do not cancel your existing insurance cover until you receive written confirmation that your transfer Application has been accepted. Acceptance of your transfer Application is subject to acceptance by the Insurer, TAL Life Limited (TAL) and some limitations may apply.

A

Applicant details

Telstra Super Member number

Title Mr Mrs Miss Ms Other Gender Female Male

Surname

Given name(s) Date of birth

Residential address (PO Box not acceptable)

Suburb

State Postcode

Mobile Home phone no. Business phone no.

Email address

* To save unnecessary delays, Telstra Super or TAL may contact you by telephone to clarify any answers you have provided.

B

Occupation details

Name of current employer (if applicable)

Main occupation/industry

1. Self employed Employee full-time Employee part-time
 Not working Domestic duties Casual

2. Your occupation

3. Outline the duties of your main occupation

Duty	% of time
Administrative/clerical <input type="text"/>	<input type="text"/> %
Light manual work* <input type="text"/>	<input type="text"/> %
Supervisor of manual work <input type="text"/>	<input type="text"/> %
Manual work <input type="text"/>	<input type="text"/> %

* (e.g. certain qualified trades people engaged in light manual work such as electricians, business owners engaged in light manual work in non-hazardous industries and occupations where travel is an essential part of the job such as field surveyor etc).

C**Transfer cover details**

Please provide details of the Death or Death and TPD cover you are applying to transfer. Your death cover in Telstra Super must be equal to or higher than your TPD cover.

Name: Super Fund/Insurer

Membership no. (if applicable)

Death only amount (maximum \$1,000,000) \$

Death and TPD amount (maximum \$1,000,000) \$

Date existing cover commenced

D**Health Statement**

1. Are you currently, due to injury or illness:

Yes No

- absent from work; or
- restricted from carrying out all of the duties of your current and normal occupation on a full time basis (even if you may not currently be working on a full-time basis); or
- if you normally do not work but perform unpaid domestic duties, are you prevented from performing normal domestic duties on a full-time basis (even if you may not currently be performing unpaid domestic duties on a full-time basis)?

Full-time basis is considered to be at least 30 hours per week.

If 'Yes' please read Note 1 below

2. Have you ever been paid, or are you currently eligible to claim, or are you currently in the process of claiming a TPD benefit or disability benefit from Telstra Super, another superannuation fund, or another life insurance company?

Yes No

If 'Yes' please read Note 1 below

3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?

Yes No

If 'Yes' please read Note 1 below

4. Is any cover that you would like to transfer subject to any premium loadings and/or exclusions or restrictions including, but not limited to, pre-existing conditions, specific medical conditions or any other condition(s)?

Yes No

If 'Yes' please read Note 2 below

Note 1

You are not eligible to transfer your insurance cover using this Insurance Transfer Application. For further information contact Telstra Super on **1300 033 166**.

Note 2

Please provide details of the premium loading(s), exclusion(s) or restriction(s), including a copy of the advice you received from the superannuation fund or life insurer advising you of the acceptance of your cover subject to these additional terms.

E**Your 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 reasonably be 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 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
- disclosure of which is waived by the insurer.

The duty of disclosure applies even after this Application is completed and until the insurer advises acceptance of the Application in writing.

Non-disclosure

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.

All questions on this Application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

F**Privacy Statement**

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TAL Privacy Statement.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your Application.

We may collect or disclose information relating to you or your Application to or from a range of providers including reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers. You have a right of access to any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy please telephone 1800 226 364 or visit www.tal.com.au/privacy.asp

G**Declaration and Consent**

1. I will cancel my existing insurance within 60 days of receiving written confirmation from Telstra Super that my Application has been accepted.
2. I will not be transferring my existing insurance into any other superannuation fund or any other division of Telstra Super.
3. I will not apply for a continuation option, or reinstate my existing cover with my other superannuation fund or insurer.
4. I authorise and consent Telstra Super to contact my current superannuation fund or life insurer to undertake appropriate enquiry and investigation to verify the answers and information I have provided in this Application. I also authorise and consent Telstra Super to obtain copies from the superannuation fund or life insurer of any health, medical or any other relevant documentation regarding my Application. Any non-disclosure to a former superannuation fund or insurer may be acted and relied upon by Telstra Super or its insurer. A photocopy of this authority is as valid as the original.
5. I authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited or to any lawfully constituted tribunal or Court any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation for the purposes of assessing this Application. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

6. I confirm that when applying to my other superannuation fund or life insurer for the cover I am now applying to transfer, I answered all personal, health, medical, lifestyle and other questions asked truthfully and in accordance with my Duty of Disclosure (see Section 5).
7. I understand that if my Application to transfer my insurance to Telstra Super is successful, I may lose some additional benefits, product features or accrued rights provided by my current superannuation fund or life insurer. This may include the ability to nominate certain beneficiaries and the taxation of benefits. I understand that all transferred cover is subject to the provisions of the Telstra Super Trust Deed and the terms and conditions of Telstra Super's insurance arrangements. I understand that if my Application is successful, the Telstra Super TPD definition will apply (as well as all other applicable terms and conditions). I confirm that I have obtained all necessary taxation, legal and other relevant advice regarding my Application.

I confirm that the above statements are true and correct and I agree to abide by the above requirements.

Yes No

If 'No' you will not be eligible to apply for an Insurance Transfer.

H**Acknowledgments**

I acknowledge that I have read and understand my Duty of Disclosure obligations in Section E. I confirm that I have complied with this duty and that it applies until formal written notification of acceptance.

I consent to my private information being collected, used and disclosed according to the Privacy Statement.

I confirm that the statements in Section G are true and correct and I agree to abide by these requirements.

I understand that if I have applied to transfer Death only or Death and TPD cover, and if my Application is successful:

1. I will receive in addition to any existing cover I may have with Telstra Super, an amount of cover that is no less than my current cover, rounded up to the nearest available \$1,000.
2. If I do not cancel my existing insurance cover in accordance with my declaration in Section G, my Telstra Super insurance benefit will be reduced by the amount not cancelled. I agree to produce written evidence of cancellation upon request.

I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary information attached which relate to me are true and correct. I have not withheld any information relevant or material to the assessment of this Application.

Signature X

Date