

Transfer External Insurance Application



Complete this form to transfer Death & TPD cover from another fund or insurer to TelstraSuper.

BLUE SECTIONS FOR YOUR INFORMATION

GREY SECTIONS TO FILL OUT

Save time! Complete in **SuperOnline**

What you need to know

Complete this form if:

- you have either Death only or Death & Total and Permanent Disablement (TPD) insurance cover through a super fund or eligible life insurer (subject to eligibility conditions) and wish to apply to transfer the cover into TelstraSuper, and
- you are a current member of TelstraSuper or eligible to apply for membership.

To estimate the cost of cover, use our **Premium calculator** available at telstrasuper.com.au/calculators

You can change or apply for cover using our insurance portal available via your online account (if eligible) at telstrasuper.com.au/login

Important information

- You cannot transfer Income Protection insurance cover. However, you can apply for cover and be assessed by our Insurer, MLC Limited (MLC Life Insurance). To do so, log in to your online account or complete the **Insurance Telephone Application Request** form available at telstrasuper.com.au/forms
- You must be aged under 75 to transfer your Death cover and under 65 to transfer your TPD cover into TelstraSuper.
- The maximum amount of cover that can apply as a result of all transfers by a member or insured member is \$2,000,000 for Death only or Death & TPD cover. This external transfer limit does not include default cover or any existing top-up or voluntary cover provided through TelstraSuper but the total Death & TPD cover in TelstraSuper must not exceed \$5 million.
- If you identify as non-binary, eligibility will depend on you nominating a binary gender via the **Gender affirmation for insurance purposes** form. This is because the relevant premiums are based on binary gender (male/female) pricing. Contact us on **1300 033 166** for more information or to request a **Gender affirmation for insurance purposes** form.
- For more information refer to the relevant **TelstraSuper Product Disclosure Statement** and **Insurance Guide** available at telstrasuper.com.au/pds, email underwriting@telstrasuper.com.au or call us on **1300 033 166**.

Confirming your insurance cover

You must attach evidence of the type and amount of your insurance cover e.g. a photocopy of an 'insurance certificate of currency' or a screen shot of your online account from your super fund; or written evidence from your life insurer. We must receive this evidence **within 45 days** of issue.

Election to keep your insurance cover

By completing this form, you have taken the active step of applying for insurance cover and therefore you're **deemed to be electing to keep all of your insurance cover** now, and in the future. This includes if you transfer to a different TelstraSuper product.

This will ensure that you won't lose your insurance cover as a result of legislation covering low account balance (less than \$6,000), inactivity (your account does not receive a contribution for 16 months) or if you're under 25 years of age.

To make an election to maintain insurance only in particular circumstances and not all of the circumstances specified above or if you want to make any changes to your insurance arrangements contact us on **1300 033 166**.

! If you're considering cancelling or replacing your existing insurance cover, please be aware there are risks in doing so. You should consider the terms and conditions of each insurance cover before deciding to make a change. 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, MLC Life Insurance, and some limitations may apply.

1. Your details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
Surname		Member number				
Given name(s)						
Date of birth						
Postal address						
Suburb		State		Postcode		
Mobile		Daytime contact no.				
Email address						

2. Your occupation details

Name of current employer (if applicable)

Main occupation/industry

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

2. Your occupation

3. Outline the duties of your main occupation. For information on how your occupation may affect your premiums refer to the relevant Insurance Guide.

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. light manual work can include duties performed in occupations such as electricians; business owners who undertake light manual work in non-hazardous industries; and occupations where travel is an essential part of the job, such as field surveyor etc.

3. Transfer cover details

Please provide details of the Death only or Death & TPD cover you are applying to transfer. Your Death cover in TelstraSuper must be equal to or higher than your TPD cover. You must attach evidence of the type and level of your insurance cover. For more information see the Important information section of this form.

Name: Super Fund/Insurer

Membership no. (if applicable) Date existing cover commenced

Death only amount (maximum \$2,000,000)

Death & TPD amount (maximum \$2,000,000)

4. Eligibility questions

At the date of this application:

1. Have you been told by a doctor, or medical specialist, that you have less than 24 months to live? Yes No
If 'Yes' please read note 1 below
2. Regardless of the hours that you are working, do you have an illness or injury that stops you from performing all of your usual work activities at least 30 hours a week? Yes No
If 'Yes' please read note 1 below
3. Due to an illness or injury have you been unable to work for more than 4 weeks in the last 12 months? Yes No
If 'Yes' please read note 1 below
4. Have you ever made a claim, or do you plan to make a claim, for an illness or injury from:
- Government benefits (such as sickness benefit or invalid pension)
 - Motor accident scheme
 - TelstraSuper or another Superannuation fund
 - Workers' Compensation or a Life insurance policy?
- Yes No
If 'Yes' please read note 1 below
5. Is any cover that you would like to transfer subject to special terms such as an exclusion (for example not covering you for a back related condition) or an additional premium amount? Yes No
If 'Yes' please read note 2 below

Note 1

You are not eligible to transfer your insurance cover using this application form. For further information email underwriting@telstrasuper.com.au or call us 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 super fund or life insurer advising you of the acceptance of your cover subject to these additional terms.

5. Duty of disclosure

Before you obtain life insurance, you have a duty to tell the Insurer every matter that you know, or a reasonable person could be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until the Insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate your insurance cover.

You do not need to tell the Insurer anything that:

- reduces the risk they insure you for, or
- is common knowledge, or
- they know or should know as an Insurer, or
- they waive your duty to tell them about.

Where the Trustee of TelstraSuper obtains insurance from the Insurer on your life, the Trustee requires you to make full disclosure to it on the same basis. The Insurer relies on the disclosures that you or the Trustee makes to them.

If you do not tell the Insurer something

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

If you do not tell the Insurer something you are required to or you misrepresent something and the insurer would not have entered into the contract on any terms if you had told the true circumstances, they may avoid the contract within 3 years of entering into it. This means they will treat the contract or cover as if it never existed. If the misrepresentation or failure to tell the Insurer was fraudulent, they can avoid the contract or cover at any time.

If they choose not to avoid the contract, they 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 the Insurer everything you should have. However, if the contract provides cover on death, they may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places the Insurer in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract provides cover on death.

If your failure to tell the Insurer is fraudulent, they may avoid the contract at any time. This means the contract is treated as if it never existed and no claim will be payable.

If you have applied for insurance cover through a financial adviser it is also your responsibility to ensure that the information provided to your financial adviser is accurate and complete and that the correct information is entered into the application form.

6. Privacy statement

Telstra Super Pty Ltd and MLC Life Insurance take responsibility to protect your privacy very seriously by applying strict security and privacy controls to the way we handle your personal information. Both organisations are bound by obligations imposed by privacy laws including the Australian Privacy Principles.

The way in which Telstra Super Pty Ltd and MLC Life Insurance collect, use, secure, handle and disclose your personal information is set out in the Telstra Super Pty Ltd's Privacy Policy and Privacy Collection Statement which you can read at telstrasuper.com.au/legal/privacy and in the MLC Life Insurance Privacy Policy which you can read at www.mlcinsurance.com.au/privacy-policy. These documents are also available free of charge upon request using the contact details below.

Telstra Super Pty Ltd

Privacy Officer
PO Box 14309
Melbourne VIC 8001
Phone: **1300 033 166**
Email: privacy@telstrasuper.com.au

MLC Life Insurance

The Privacy Officer
Level 7, 40 Mount Street
North Sydney NSW 2060
Phone: 13 65 25
Email: privacy@mlcinsurance.com.au

7. Your consent and confirmation

Please read each statement below and then tick the box that you agree and accept. If you do not tick the box you will not be eligible to apply for an Insurance Transfer.

1. I will cancel my existing insurance within 60 days of receiving written confirmation from TelstraSuper 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 TelstraSuper.
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 permit TelstraSuper 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 permit TelstraSuper 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 TelstraSuper 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 MLC 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 TelstraSuper 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 TelstraSuper Trust Deed and the terms and conditions of TelstraSuper's insurance arrangements. I understand that if my application is successful, the TelstraSuper 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.

Please tick box that you agree and accept

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

8. Your declaration and signature

Read this section carefully before signing

I understand and agree:

I have read and understood the insurance information in the relevant **TelstraSuper Product Disclosure Statement**.

My decision to apply for or vary insurance cover is based on the insurance information in the relevant **TelstraSuper Product Disclosure Statement** that I have read and my understanding of that information.

I understand and agree that:

- (a) I have read and complied with the Duty of Disclosure set out in **section 5**. I understand that, until the Insurer accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to the Insurer's acceptance of this application and that if I fail to comply with my duty of disclosure the Insurer may (as permitted by law) cancel this contract or reduce the benefits payable under it,
- (b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, no information material to the assessment of this application has been withheld and the answers given form the basis of the contract for which I am applying or varying,
- (c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are true, correct and complete and that no information material to the assessment of this application has been withheld,

- (d) I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address,
- (e) where this application is for insurance cover under a superannuation fund, I will provide the Insurer or the Trustee or any appointed adviser, intermediary or administrator with any information which relates to my membership of that fund which they may request,
- (f) no additional insurance is effective until the Insurer accepts this application,
- (g) if I do not cancel my existing cover, or my cover is transferred to another fund, or I apply for a continuation option contrary to my confirmation in **section 7**, my TelstraSuper insurance benefit will be reduced by the amount not cancelled, transferred to another fund, or continued under another contract/policy. I agree to produce written evidence of my cancellation upon request,
- (h) I authorise the Insurer to provide my personal information, including financial, medical and other sensitive information (whether provided in this application or otherwise subsequently collected by the Insurer with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Signature X

Date



Please return completed form to TelstraSuper:

Telstra Super Pty Ltd, PO Box 14309, Melbourne, VIC 8001 or email to underwriting@telstrasuper.com.au

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper).

Telephone 1300 033 166 Website telstrasuper.com.au

Telstra Super Pty Ltd complies with the Privacy Act 1988 (Cth). For further information on privacy visit our website at telstrasuper.com.au to download a copy of our Privacy Policy and Privacy Collection Statement.

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