



## Transferring your insurance cover into:

- IOOF Employer Super
- IOOF Personal Super

**If you hold insurance cover in another superannuation fund or directly with a life insurer in your own name, you may wish to transfer that cover to one of the above IOOF Products.**

**Do not cancel your existing life insurance until you receive confirmation in writing that the transfer has been accepted.**

### What type of cover can be transferred?

- Death only or death and TPD cover up to a maximum of \$2 million.
- Income protection cover up to a maximum of \$25,000 per month.

#### **Please note that:**

- you must be under age 60 to apply,
- you must be working at least 30 hours per week to transfer income protection cover,
- the amount of death only and death & TPD transferred over will be in addition to any existing death and TPD cover you currently have through IOOF,
- the amount of income protection transferred over will replace any existing cover you already have through IOOF,
- cover cannot transfer if you are subject to:
  - i. more than two exclusions; and/or
  - ii. loading of more than +100 per cent,
- any existing Automatic Acceptance Limits (AALs) or Forward Underwriting Limits (FULs) provided by the previous insurer in relation to the cover transferred will not apply to cover under IOOF,
- any existing exclusions/loading/special conditions applicable to the cover with the previous insurer will be applied to the IOOF cover.

### How to complete the transfer

#### **It's easy, simply follow these steps**

- 1 Complete the IOOF Application for transfer of insurance form.
- 2 Provide details of your current cover.
- 3 Include information about any loadings, exclusions or special conditions applicable to that cover. These same conditions will apply to any new cover.
- 4 Provide a photocopy of the insurer/fund confirmation no more than 12 months old in relation to any loadings, special conditions or exclusions that apply to the current cover.
- 5 You can send the forms to:

**Post** GPO Box 264, Melbourne VIC 3001  
**Fax** 03 6215 5933 or  
**Email** email@ioof.com.au

If IOOF and the insurer are satisfied all information is provided, you will receive notification of the transfer's acceptance or rejection in just one week.

**Need more information? For more information on transferring your insurance cover, please call our client services team on 1800 333 500.**



## Application for transfer of insurance

- IOOF Employer Super
- IOOF Personal Super

You should use this form if you hold insurance cover in another superannuation fund or directly with a life insurer in your own name.

You can use this form if you are currently a member of IOOF Employer Super or IOOF Personal Super.

You will need to attach a photocopy of your statement from your superannuation fund or policy document from your insurer, confirming the type and level of cover you have with that fund or insurer. These documents must be no older than 12 months at the date of this application.

**Do not cancel your existing insurance until you receive confirmation in writing that your transfer has been accepted.**

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

### Step 1: Life insured details

Member status	<input type="checkbox"/> New member	<input type="checkbox"/> Existing member	Account number (if existing member)	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/>	Surname	<input type="text"/>	
Given name(s)	<input type="text"/>			
Residential address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Mailing address (if different from above)	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode
Phone (home)	<input type="text"/>	<input type="text"/>	Phone (work)	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email <sup>1</sup>	<input type="text"/>			
Date of birth	<input type="text"/>	/	<input type="text"/>	/
	<input type="text"/>		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

<sup>1</sup> To speed up the processing of your application our insurer may contact you via email to clarify any outstanding information.

## Step 2: Assessment questions

1 Have you smoked in the past 12 months?

Yes

No

If yes, type of substance

Average quantity




2 Please complete either a, b or c, as applicable.

a For an employed person:

Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness, sickness, accident or injury, even if your actual employment may be full-time, part-time or casual?

Yes

No

b For an unemployed person whose sole occupation is the performance of unpaid domestic duties:

Are you

i) unable to fully perform your unpaid domestic duties due to illness or injury;

ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or

iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiative

Yes

No

c For an unemployed person whose sole occupation is NOT the performance of unpaid domestic duties:

Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience?

Yes

No

3 Have you, in the last 12 months been absent from work or unable to fully perform, due to illness or injury (other than cold or flu) for more than six days:

i) the duties of your usual occupation (whether employed or unemployed); or

ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties

Yes

No

4 Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes

No

5 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes

No

6 Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through IOOF, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes

No

**Note:** If you have answered 'Yes' to any of the above questions 2 to 6, you are NOT eligible to transfer your existing insurance using this application. Please download and complete the Application for Insurance as we require more detailed information to be provided.

7 Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes

No

If Yes please provide details in the box below.

### Step 3: Occupational details

Employer name

Occupation<sup>2</sup>

Average hours worked per week<sup>3</sup>  Annual salary/remuneration package (gross)<sup>4</sup> \$

- 2 Transfer of cover will not be accepted if your occupation is not an occupation covered by the insurer.
- 3 You must be permanently employed and working greater than 30 hours per week to be eligible to transfer income protection cover.
- 4 Salary/remuneration package (gross) – comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer.

Outline the duties of your main occupation:

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

Please enter further details below.

### Step 4: Transfer details

Please provide details of the Death only or Death and Total & Permanent Disablement (TPD) cover you would like to transfer:

Fund/insurer you are transferring from

Policy/account number

Death only amount \$  Death and TPD amount \$

Date cover started  /  /  TPD definition<sup>5</sup> Any  Own

<sup>5</sup> Please note that if your transfer is successful, the IOOF Employer Super definition will apply

Please provide details of the Income Protection (also called Salary Continuance insurance) cover you would like to transfer:

Fund/insurer you are transferring from

Policy/account number

Insured salary \$  Monthly benefit (inc super cont. benefit) \$

Waiting period  30 days  60 days  90 days

Benefit period  2 years  5 years  to age 65

Insured percentage  % Superannuation contributions benefit  %

Date cover started  /  /  Cover basis Agreed value<sup>6</sup>  Indemnity

<sup>6</sup> Agreed value is not available in IOOF Employer Super

## Step 5: Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their 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 the contract.

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.

### **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 anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses 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 them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer 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 them 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 has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

## Step 6: Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL Privacy Policies available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy) (IIML) and [www.tal.com.au/en/privacy.aspx](http://www.tal.com.au/en/privacy.aspx) (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, Government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

**Telephone** 1300 209 088

**Fax** 02 9465 2065

**Postal address** TAL Services, GPO Box 5380, Sydney NSW 2001

## Step 7: Member declaration

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 5 and understand that this duty also applies until formal notification of acceptance. 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 which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TAL to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as valid as the original.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
  - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy statement
  - their personal information may be disclosed to a third party
  - they may access or correct any personal information held about them.
- I understand that this new insurance cover wholly replaces my previous cover. Accordingly, I confirm that I will not apply for a continuation option, or reinstate my existing cover, with the current fund or insurer.
- I confirm that since the cover to be transferred was issued by the current insurer, I have not had an application for life insurance, disability insurance or other related insurance cover declined, deferred or offered on special terms.
- I will cancel my existing insurance cover within 30 days of receiving confirmation from IOOF Employer Super that my application has been accepted.
- I will not be transferring my existing cover into any other superannuation fund or any other division, section or product of IOOF.
- I confirm that, when applying to the superannuation fund or insurer for the cover I want to transfer, I truthfully answered all personal health, medical and lifestyle questions asked.
- I understand that by transferring my insurance cover to IOOF, I may lose any additional benefits, product features or accrued rights provided by my current superannuation fund or insurer.
- I understand that if I have applied to transfer:
  - Death only or Death and TPD cover, I will receive (in addition to any cover I may have with IOOF already), an amount of cover that is no less than my current cover, rounded up to the nearest dollar.
  - Income protection insurance cover, I will receive an amount of cover that is no less than my existing cover, rounded up to the nearest dollar and this cover will replace any cover I may have with IOOF already. Please refer to the **IOOF Insurance Guide (IOF.03)** for maximum limits.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

### Insurance opt-in

- I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Member signature

Date   /   /

### Please forward all correspondence and enquiries to

#### Applications and forms

**Post** GPO Box 264, Melbourne VIC 3001  
**Email** email@ioof.com.au  
**Fax** 03 6215 5933

#### Enquiries

**Telephone enquiries** 1800 333 500  
**Email enquiries** email@ioof.com.au