



Individual Insurance Transfer Application

This form is to be used if the applicant is applying to 'transfer' their existing insurance cover under a retail insurance policy or insurance cover within a superannuation fund to IOOF SMSF Insurance. Refer to the IOOF SMSF Insurance Product Disclosure Statement (PDS) for information on premiums and terms and conditions.

If your application is accepted, your self-managed superannuation fund (Fund) member will be provided with new insurance cover under the IOOF SMSF Insurance policy (Policy) for the same level of cover they hold under their existing insurance cover, subject to a maximum of \$2 million and subject to the conditions set out below under Important Information. TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL) is the insurer of the Policy

To be completed by the proposed life insured. Please avoid delays by checking that all questions have been answered fully by the proposed life insured and where appropriate use BLOCK LETTERS.

If you have any questions, please call TAL Group Life Insurance Help Desk on 1800 130 869. Each person applying to 'transfer' insurance cover must complete a separate Individual Insurance Transfer Application Form.

IMPORTANT INFORMATION

Conditions for transferring existing cover

You may only apply for the transfer of any existing insurance cover if:

- The member has not received nor is eligible for a Total and Permanent Disablement benefit from another insurance arrangement;
- The member has not made an income protection claim in the last five years;
- The member is aged less than 65 years;
- The member is not terminally ill with a life expectancy of less than 12 months;
- The member is gainfully employed and physically capable of undertaking gainful employment for at least 30 hours per week;
- The member has not exercised a continuation option under the existing cover;
- The existing insurance cover in respect of the member is not subject to a premium loading of more than +100% extra mortality or subject to two or more exclusions for death and/or Total and Permanent Disablement cover;
- The maximum amount of existing cover that can be transferred in respect of each member is \$2 million for death only or death and Total and Permanent Disablement;
- The member meets the eligibility criteria for insurance cover as set out in the PDS;
- The member provides a copy of an up-to-date statement, letter or email produced by their current insurer dated within the last 30 days of any application for insurance under the Policy, as evidence of the terms of acceptance of the existing cover currently held with the current insurer.

Subject to these conditions, and TAL's acceptance of your Individual Insurance Transfer Application, cover under the Policy will be provided in respect of that member on the following terms:

- The level of cover provided to the member under the Policy, will be the same level of cover currently held by that person through a retail insurance policy or current superannuation account, subject to a maximum of \$2 million;
- Any exclusion(s) or loading(s) applying in respect of the member's existing cover will also apply to that member's cover under the Policy;
- Replacement cover in respect of the member under the Policy will not commence until TAL has notified you that your application is acceptable and you have confirmed in writing that the existing insurance cover is cancelled;
- The member's replacement cover under the Policy will be subject to the terms and conditions (including the exclusions and limitations) as set out in the PDS and Policy;
- Occupational classifications will be based on the classifications used by TAL under this IOOF SMSF Insurance; and
- Premium rates for insurance cover provided under the Policy will be based on the premium rates applicable to this PDS.

YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell TAL anything that you know, or could reasonably be expected to know, may affect its decision to insure you and on what terms.

You have this duty until TAL agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell TAL anything that:

- reduces the risk TAL insures you for; or
- is common knowledge; or
- TAL knows or should know as an insurer; or
- TAL's waive your duty to tell it about.

If you do not tell TAL everything you should have, this may be treated as a failure by the Participating Trustee to tell TAL something that they must tell TAL.

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

If you do not tell TAL anything you are required to, and TAL would not have insured you if you had told us, TAL may avoid the contract within three years of entering into it.

If TAL chooses not to avoid the contract, it 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 TAL everything you should have. However, if the contract has a surrender value, or provides cover on death, TAL may only exercise this right within three years of entering into the contract.

If TAL chooses not to avoid the contract or reduce the amount you have been insured for, TAL may, at any time vary the contract in a way that places it in the same position it would have been in if you had told TAL 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 TAL is fraudulent, TAL may refuse to pay a claim and treat the contract as if it never existed.

YOUR PRIVACY

The way in which we collect, use and disclose your personal and sensitive information is explained in our Privacy Policy. Our Privacy Policy is available at www.tal.com.au/privacy-policy or is free of charge on request.

Our Privacy Policy contains details about the following:

- the kinds of personal information that TAL collects and holds;
- how TAL collects and holds personal information (including sensitive information);
- the purposes for which TAL collects, holds, uses and discloses personal information (including sensitive information);
- how our customers may access personal information about them which is held by TAL and how they can correct that information; and
- how we deal with any complaints that our customers may have regarding privacy issues.

Personal and sensitive information may be collected from or in respect of you to enable us to provide or arrange for the provision of this product or service. We may request further personal information in the future, for example, if you want to make a claim and we need to collect health or financial information. If you do not supply the required information, we may not be able to provide the requested product or service or pay the claim.

In processing and administering your insurance (including at the time of claim) we may disclose your personal information to other parties such as organisations to whom we outsource our mailing and information technology, Government regulatory bodies and other companies within the TAL Group and accountants (if applicable). We may also disclose your personal information (including health information) to other bodies such as reinsurers, health professionals, investigators, lawyers and external complaints resolution bodies.

Generally we do not use or disclose any customer information for a purpose other than providing our products and services unless:

- you consent to the use or disclosure of the customer information; or
- the use or disclosure is required or authorised under an Australian law or a court/tribunal order; or
- the use or disclosure of the information is reasonably necessary for one or more enforcement related activities conducted by, or on behalf of, an enforcement body e.g. the police.

From time to time TAL or its related parties or business partners may wish to contact you to provide you with information about other products and services in which you may be interested. If you prefer not to receive direct marketing communications from our organisation or if you would prefer to receive telephone calls at certain times or days then please contact us.

We rely on the accuracy of the information you provide. If you think that we hold information about you that is incorrect, please let us know.

Additional information about privacy rights and laws can be found at the website of the Privacy Commissioner at <http://www.oaic.gov.au/> including sensible steps that individuals can take to protect their information when dealing with organisations and when using modern technology.

| | |
|---|---|
| May we contact you directly to clarify or gather further information in relation to this application? | |
| No <input type="checkbox"/> | Yes <input type="checkbox"/> → provide daytime contact number |
| Phone number <input type="text"/> | Best time of day to call: am/pm <input type="text"/> |

Enquiry:

Phone: 1800 130 869

Email: corporateadmin@tal.com.au

Please send the completed form to:

TAL Life Limited

Group Life Insurance

GPO Box 5380 Sydney, NSW 2001

1. LIFE INSURED'S DETAILS

Title Mr Mrs Miss Ms Other

Last Name Given Names

Date of birth Gender Female Male

2. OCCUPATION DETAILS

2.1 Occupation

Occupation

Industry

Employer

2.2 How long have you worked in your current role?

Years Months

2.3 How many years' experience have you had in this occupation?

Years Months

2.4 Do you intend to change your current occupation or take a leave of absence?

No Yes → provide details

2.5 Describe all present duties and the percentage of time in each, including the percentage of time spent in manual work/supervision of manual work

Duties

% Manual work % Supervision of manual work

2.6 Income

Employee only:

What is your current annual income (including packaged items but excluding bonuses/commissions)?

\$

Self-employed only:

What income did you earn from your personal exertion in the last 12 months (after deduction of business expenses)?

\$

3. GENERAL DETAILS

3.1 Are you a permanent resident of Australia?

Yes No → provide details

3.2 Have you any intention to travel or reside overseas in the next 12 months?

No Yes → provide details including when, where, reason for travel and duration of stay

3.3 Are you in receipt of or have you ever made a claim for injury or sickness benefits, disablement insurance or such benefits as Workers' Compensation, Veteran Affairs, Social Security or Motor Vehicle Third Party Scheme?

No Yes → provide details

4. EXISTING INSURANCE DETAILS

You must provide a copy of an up-to-date statement, letter or email produced by your current insurer dated within the last 30 days of any application for insurance under this Policy, as evidence of the existing cover currently held with the current insurer(s).

If this application is acceptable to TAL, your cover under this Policy will not commence until you have confirmed to TAL in writing that you have cancelled your existing insurance cover.

The definitions of Total and Permanent Disablement, where applicable, will be as defined in the PDS.

You should check with the existing fund or insurance company for information about benefits in that fund or insurance policy including information on definitions and exit, transfer, withdrawal and other fees. You should do this so that you fully understand the effects of transferring the insurance cover.

4.1 What is the amount of insurance you are transferring?

Death amount:

\$

Total and Permanent Disablement amount:

\$

I confirm that this request to transfer insurance cover wholly replaces my previous cover, and I will cancel my existing cover within 60 days of receiving confirmation that my transfer request has been accepted.

4.2 Are you transferring insurance cover from:

a superannuation fund? an insurance policy?

4.3 Existing insurance cover details

| | | | |
|---|--|---------------|--|
| Name of current insurance company/superannuation fund | <div style="border: 1px solid black; height: 25px;"></div> | | |
| Policy number | <div style="border: 1px solid black; width: 350px; height: 25px;"></div> | Type of cover | <div style="border: 1px solid black; width: 350px; height: 25px;"></div> |
| Date cover commenced | <div style="border: 1px solid black; padding: 2px;">DD / MM / YYYY</div> | Sum insured | <div style="border: 1px solid black; padding: 5px;">\$</div> |

I have attached a copy of an up-to-date statement, letter or email produced by my current insurer dated within the last 30 days of any application for insurance under this Policy, as evidence of the existing cover currently held with the current insurer. This information must include details of any exclusion(s) or loading(s) that currently apply.

NOTE: If transferring insurance cover from more than one insurance policy, please attach details for each additional amount of cover.

5. CONFIRMATIONS

- 5.1 Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?** Yes No
- 5.2 Have you in the last 12 months been absent from work and not physically capable of undertaking gainful employment for at least 30 hours per week or unable to carry out any of the duties of your current or usual occupation, due to an injury or illness (other than cold or flu) for more than six days?** Yes No
- 5.3 Have you made any claims in relation to illness or injury (eg. income protection, workers' compensation, compulsory third party) in the last five years or have you received, or are you eligible for a Terminal Illness or Total and Permanent Disablement benefit from another insurance arrangement?** Yes No
- 5.4 Have you been diagnosed with, or do you suffer from, an injury or illness 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
- 5.5 Have you exercised a continuation option under the existing insurance cover?** Yes No
- 5.6 Have you ever had an insurance application for death, Total and Permanent Disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?** Yes No
- 5.7 Is the existing insurance cover subject to a premium loading of more than +100% extra mortality or subject to two or more exclusions for death and/or Total and Permanent Disablement cover?** Yes No
- 5.8 Is the existing insurance cover for an amount greater than \$2 million?** Yes No

If you answered 'yes' to any of the above you will not be able to transfer cover to IOOF SMSF Insurance.

6. DECLARATIONS

By signing this form:

- I have read and understood the Duty of Disclosure as detailed on page one of this form and understand that this duty also applies until formal notification of acceptance. I understand that TAL will rely on my answers in this statement in deciding whether to accept my application and that the insurance applied for shall not become effective until TAL accepts my application.
- I have read and checked all answers in this statement, including those not completed in my handwriting, and to the best of my knowledge and belief all answers in this statement are true and correct.
- I authorise and direct any medical practitioner or other professional to disclose at any time information they possess in relation to my insurance, including my state of health and medical history, to TAL or any organisation duly appointed by TAL or to any lawfully constituted tribunal. To this extent, all professional confidence and privilege is waived. A photocopy of this authority is valid and may be treated as if it was the original.
- I authorise TAL or any organisation duly appointed by TAL to disclose my personal information (including health and sensitive information) in relation to my application for insurance to any person for the purpose of assisting TAL to assess and verify the information provided and make a decision in relation to my application for insurance.
- I have read and understood the Privacy Statement and I agree to the collection and use of personal information about me in accordance with the way that TAL handles personal information which is set out in the Privacy section of this form.
- In accordance with the way that TAL handles personal information which is set out in the Privacy section of this form.
- I have received and read the PDS in making my decision to apply for this insurance cover.
- I agree to be bound by the terms and conditions of the Policy.
- I understand that if my application for insurance cover is accepted by TAL, it will be subject to the terms and conditions as set out in the Important Information section on page one of this application form and the terms and conditions of the Policy.
- If my application is acceptable to TAL, I will cancel my existing insurance cover and will confirm the cancellation of my existing insurance cover to TAL in writing, and I will not subsequently reinstate this cover.

Name of
applying life insured

Signature of
applying life insured

Date

DD / MM / YYYY