

Only complete this form to change your default insurance option.

Please note that confirmation of your insurance switch will be sent to you within 7 days of us actioning your change. Please check this carefully and contact us immediately if it does not reflect the instructions you provided on this form.

Please write in blue or black pen.

Section A

Member details

Member Number

Title Mr/Mrs/Miss/Ms Dr Other

Surname

Given Name

Sex

Date of Birth

Address

I have attached a Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of my current cover and insured benefit previously held. This includes a copy of the other insurer's letter advising acceptance of cover and if cover was subject to additional terms, and

My existing benefits are not subject to any premium loading, restriction, exclusion or pre-existing condition.

If you answer 'No' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Health Statement to apply for additional cover with Christian Super.

The amount of cover transferred will be added to any cover currently held with Christian Super. The transferred cover must not exceed \$1,000,000 for Death only or Death & TPD cover, or \$15,000 per month for Income Protection cover. When combined with your existing Christian Super cover the total must not exceed the maximum cover limit.

Please specify the type and amount of cover you wish to transfer to Christian Super:

Death cover \$

Total and Permanent Disablement cover \$

Income Protection cover (per week) \$

Section B

Eligibility & Transfer Details

Y N

If you are currently insured for death only cover, death and total and permanent disablement (TPD) cover or income protection with another Australian insurer you may be able to transfer your existing benefits into Christian Super without the need for underwriting.

To be eligible you must be able to answer 'Yes' to each of the following questions. Please tick the appropriate box:

I am currently insured for the type and amount of cover in my current employer sponsored superannuation fund, or under a retail insurance policy which commenced within the last 5 years, (if yes, please attach details of insurance company, alterations made to policy, date and reason, if known), and

I am less than 65 years of age, and

My occupation is not an Excluded Occupation, as defined under the Christian Super policy, and

My existing cover in the other fund or personal retail insurance policy will cease on acceptance by Christian Super, and

I will transfer my entire superannuation fund account balance to Christian Super, and

I will not continue the existing cover under any other insurance arrangement, reinstate cover or effect a continuation option with another fund, and

Section C

Statement of good health

Y N

Please tick the appropriate box for each of the following questions:

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).

Section E

Declaration

Y N

I declare that:

The information I have given on this form and any accompanying information is true and correct, and

I satisfy all of the eligibility criteria for a transfer of insurances, and

(c) I have read and carefully considered the questions on this form, and I have understood the Duty to take reasonable care above, and

I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.

My existing insurance cover will be cancelled from the date that Christian Super cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the Insurer that I have not cancelled my previous insurance cover, no claim will be payable under the Christian Super policy.

Furthermore, I acknowledge that:

(f) If I do not fully complete this application or I do not sign and date it, I will not be eligible to transfer my insurance cover to Christian Super, and

My insurance cover will commence on the date the Insurer has accepted my application provided Christian Super has received the entire account balance transferred from my other fund and my account balance is sufficient to pay premium. I will be required to re-complete a new Transfer of Insurance Form if Christian Super does not receive my entire account balance from my other fund within 31 days after the Insurer has accepted my application or my balance remains insufficient to pay premium, and

(h) My existing level of cover will be converted to units (rounded up to the next whole unit if necessary), and

(i) For Income Protection cover, a waiting period of 60 days and a benefit period of 2 years will apply, and

(j) The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

Member signature

Date

Please ensure that you have completed all sections, have attached sufficient evidence of the type and level of cover currently held, and have signed and dated this Transfer of Insurance Form. Please return within 31 days of signing together with sufficient evidence to:

Christian Super
Locked Bag 5073
Parramatta, NSW 2124

Have you ever submitted a claim for TPD, income protection or terminal illness? Or are you eligible for, or entitled to, such a claim from any superannuation fund or any insurance policy?

Do you have or have you ever had any disease, illness, injury or any other conditions (other than colds, flu or mild asthma) which:

1. Has required more than a total of 2 consecutive weeks off work during the last 12 months, or

2. Has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment?

If you answer 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover and will need to complete a Personal Health Statement to apply for additional cover with Christian Super.

Section D

Duty to take reasonable care

The duty to take reasonable care

When you apply for life insurance cover, you are treated as though you are applying for insurance cover under an individual consumer insurance contract. When you apply for cover under a consumer insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to us before the contract of insurance is entered into.

A misrepresentation is an answer that is false, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be voided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, you must tell us about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Please contact us and ask for help if you have difficulty understanding the process or answering any of our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you while speaking with us.