

**ONLY COMPLETE THIS FORM IF YOU CURRENTLY HAVE INSURANCE WITH ANOTHER INSURER.**

## SECTION A Member Details

Christian Super Membership Number \_\_\_\_\_

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Sex  Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Salary (pre-tax) \_\_\_\_\_

Telephone Number (home/work/mobile) \_\_\_\_\_ Most convenient time to contact you: \_\_\_\_\_ (am/pm)

## SECTION B Eligibility & Transfer Details

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:

- (a) 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  Yes  No
- (b) I am less than 65 years of age, and  Yes  No
- (c) My occupation is not an Excluded Occupation, as defined under the Christian Super policy, and  Yes  No
- (d) My existing cover in the other fund or personal retail insurance policy will cease on acceptance by Christian Super, and  Yes  No
- (e) I will transfer my entire superannuation fund account balance to Christian Super, and  Yes  No
- (f) I will not continue the existing cover under any other insurance arrangement, reinstate cover or effect a continuation option with another fund, and  Yes  No
- (g) 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  Yes  No
- (h) My existing benefits are not subject to any premium loading, restriction, exclusion or pre-existing condition.  Yes  No

**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 C Statement of Good Health

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

- (a) 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).  Yes  No
- (b) 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?  Yes  No
- (c) 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  Yes  No
  - 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.**

Please turn over

## SECTION D Duty of Disclosure

Before you enter into a contract of 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 be reasonably 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 renew, extend, vary or reinstate a contract of 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; as to which compliance with your duty is waived by the Insurer.

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 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.

## SECTION E Declaration

### I declare that:

- (a) The information I have given on this form and any accompanying information is true and correct, and
- (b) 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 of Disclosure above, and
- (d) I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.
- (e) 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
- (g) 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