

Section B—Your employment details

| | | | | | |
|-----------------------|----------------------|-----------------|----------------------|----------|----------------------|
| Name of employer | <input type="text"/> | | | | |
| Employer address | <input type="text"/> | | | | |
| Suburb | <input type="text"/> | State/Territory | <input type="text"/> | Postcode | <input type="text"/> |
| Employer contact name | <input type="text"/> | | | | |
| Employer telephone | <input type="text"/> | | | | |

Section C—Your former insurance details

| | |
|-------------------------|----------------------|
| Name as applicable: | <input type="text"/> |
| Member or Policy no | <input type="text"/> |
| Employer Sponsored Fund | <input type="text"/> |
| Personal Super Fund | <input type="text"/> |
| Former Insurer | <input type="text"/> |

Section D—Personal statement and confirmation of requirements

In order for MTAA Super and its insurer to consider your application to transfer your insurance cover from your former fund, you must answer each of the questions.

1. Will you be transferring all of your account balance in your former fund to MTAA Super? Yes No

If 'yes' please complete an **'Authorisation to rollover superannuation into MTAA Super'** form and attach it to this application.
If 'no' please provide details of the fund(s) in which your account balance will be retained and advise whether you will receive insurance cover under this fund (or these funds).

Fund name

2. Please confirm, by ticking the box, that all the following statements are true and correct:

- a) The existing insurance cover under my former insurer or fund **will be** cancelled
- b) I **will not** be transferring the cover under my former insurer or fund to any other division or section or to any other fund or any other insurer, other than MTAA Super
- c) I will **not effect** a continuation option, or subsequently reinstate cover within the former insurer or fund.

I confirm that all three statements are true and correct and agree to abide by these requirements:

Yes

3. I confirm that my current level and type of cover under the former insurer or fund is as follows:

- | | | |
|-------------------------------------|---|----------------------|
| a) Death cover | Sum Insured \$ | <input type="text"/> |
| b) TPD Cover | Sum Insured \$ | <input type="text"/> |
| c) Income protection | Monthly insured benefit \$ | <input type="text"/> |
| d) Income protection waiting period | days / months* | <input type="text"/> |
| e) Income protection benefit period | 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> | |

*Delete whichever is not applicable.

(Please attach documentary evidence—for example your most recent benefit statement or letter from the former insurer or fund—confirming the level and type of cover you have under the former fund or insurer)

Note that the maximum level of death-only or death plus TPD cover that can be replaced under this application is \$1 million, and the maximum monthly income protection benefit is \$10 000. If you require cover in excess of these amounts will you need to also complete an 'Application for additional insurance cover' form—located in the *MTAA Super Insurance Handbook*.

4. If you are applying to replace your income protection cover, what is your current gross annual salary. \$
5. Are you restricted by injury or illness from carrying out all of your normal work duties or from working normal hours? Yes No
6. Have you ever been paid, or eligible to be paid, a total and permanent disablement benefit from MTAA Super, another superannuation fund or life insurance policy? Yes No
7. Is your cover under the existing employer-sponsored fund, personal superannuation fund or your individual retail life insurance policy subject to any premium loading, exclusion or restriction in relation to medical or other conditions? Yes No

If 'yes' please provide details of the premium loading, exclusion or restriction, including a copy of the advice you received from the insurer or former fund advising you of the acceptance of your cover subject to these additional terms.

Your duty of disclosure

Before you become insured under a contract of life insurance, the Trustee has a duty to disclose, under the *Insurance Contracts Act 1984*. In order for the Trustee to comply with this duty, you must disclose in this application form, every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure also applies before cover is renewed, varied or reinstated. The duty does not, however, require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- as to which compliance with your duty is waived by the insurer
- that your insurer knows, or in the ordinary course of its business, ought to know
- that is of common knowledge.

Non-disclosure

If the duty of disclosure is not complied with and the insurer would not have provided the insurance cover on any terms if the failure had not occurred, the insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the insurer may void the cover at any time. An insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void 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. The duty of disclosure continues until the insurer accepts (or declines) your application and issues confirmation in writing. Please ensure that all applicable questions are fully answered.

As a member of MTAA Super you may ask to see the information that insurer holds about you and have it corrected if required.

Declaration

I declare the following:

- I have read and understood the conditions of cover that include:
 - I must be able to answer 'no' to questions 5 and 6 in Section D of this application.
 - I have disclosed all premium loadings, exclusions and restrictions in relation to medical or other conditions under my existing cover at question 7 in Section D of this application.
 - My application must be received within 30 days of my first employer contribution into MTAA Super or, if a personal super member, within 30 days of confirmation of my membership from MTAA Super.
 - I must provide documentary evidence of my current insurance cover with my former insurer or fund.
 - The fund I currently have insurance cover with must be an employer sponsored fund or if it is not, I have answered, signed and attached the additional health questions (as found in the Member Handbook) from MTAA Super. I understand that the transfer of current insurance cover from a personal policy, even if I have employer contributions made to it, requires the questions on this additional form to be completed and returned with this matching insurance form.
- I have read and carefully considered the questions and statements in Section D above and that I undertake to abide by these requirements. All answers provided are true and correct.
- I have read and understood the duty of disclosure and non-disclosure sections above and I have not withheld any information that might affect the insurer's decision as to whether or not to accept my application for cover.

Furthermore I acknowledge that if I do not correctly complete this application form correctly, or I do not sign and date the form, I will not be eligible to replace my existing cover with the former insurer or fund within MTAA Super.

If the insurer accepts my application, the level of cover I have under the former insurer or fund will be replaced by an allocation to my MTAA Super account, of:

- fixed cover for death-only or death plus TPD cover (rounded up to the next \$1000) to a maximum of \$1 000 000
- units of income protection cover sufficient to replace the level of cover I had with my former fund or 75 percent of my current gross annual salary, (plus up to an additional 10 per cent of salary for superannuation contributions, if applicable) whichever is lesser, up to a maximum monthly benefit of \$10 000.

I also acknowledge the following:

- Once I am allocated cover under MTAA Super, my future level of cover will be governed by the terms of the MTAA Super insurance arrangements, regardless of the basis of cover that applied under my former fund.
- My replacement cover will not commence in MTAA Super until the insurer has accepted my application.
- MTAA Super and the insurer may make inquiries to verify the answers I have provided. These inquiries can be made at any time including when MTAA Super and the insurer are considering this application or at the time of any claim that I may make.
- Should it become apparent to MTAA Super or the insurer that I have not fulfilled the requirements that I confirmed in Section D, any insured benefit payable to me or my estate from MTAA Super might, as a consequence of my failure to abide by the conditions, be reduced by the insured amount paid or payable from my former insurer or fund, an associated section or division of the former insurer or fund, or another fund, or any policy issued under any option I exercised. This reduction in benefit will, however, be limited to the extent that my benefit from MTAA Super is no less than that which I would have been eligible to receive had I not applied for a replacement of cover.

Member signature

Date

Please return the completed, signed and dated form to MTAA Super, Locked Bag 15, Haymarket NSW 1236.

Additional health questions

If the existing cover you are seeking to transfer is not provided under an employer-sponsored superannuation fund, you need to complete these additional health questions.

These questions need to be submitted with the Matching insurance cover form:

Additional health questions

1. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today Yes No
2. Have you been diagnosed with cancer or suffered a heart attack or stroke within the last three years Yes No
3. Have you been unable to work because of illness or injury for a total of two weeks (10 days) or more in the last 12 months or been on workers compensation claim for four or more weeks in the last three years Yes No
4. To the best of your knowledge have you ever had cancer, chest pain, high blood pressure, high cholesterol, heart/vascular complaint, back or joint disorder, paralysis, stroke or mental/nervous disorder including stress, anxiety or depression, respiratory disorder, been diagnosed as terminally ill (as defined) or any condition for which you are still receiving advice or treatment (other than a cold or flu) Yes No

If 'yes' please provide further details. You may not be eligible to transfer cover to MTAA Super.

Your duty of disclosure

Before you become insured under a contract of life insurance, the Trustee has a duty to disclose under the *Insurance Contracts Act 1984*. In order for the Trustee to comply with this requirement, you must disclose in this application form every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The duty of disclosure also applies before cover is renewed, varied or reinstated.

It does not, however, require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that the insurer knows or, in the ordinary course of its business, ought to know
- as to which the duty of disclosure is waived by the insurer.

If the duty of disclosure is not complied with and the insurer would not have provided the insurance cover on any terms if the failure had not occurred, the insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the insurer may void the cover at any time. An insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void it but to reduce the sum you have been insured for, in accordance with a formula that takes into account the premium that would have been payable had you disclosed all relevant matters to the insurer. The duty of disclosure continues until the insurer accepts (or declines) your application and confirmation is issued in writing. Please ensure that all applicable questions are fully answered.

As a member of MTAA Super, you may ask to see the information the insurer holds about you and have it corrected if necessary.

Declaration

I declare the following:

- I have read and understood the duty of disclosure and non-disclosure sections above; and
- All answers provided are true and correct

Member signature

Date

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