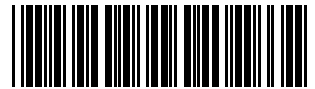


FirstChoice Personal Super products Transfer of Insurance Cover Form



18 September 2017

SAVE FORM

This form is to be completed for applications to transfer insurance from an external superannuation fund and transfers from Essential Super.

PRINT FORM

Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Super products.

Please attach an up-to-date statement from your former fund confirming the type, level and additional terms of your existing cover. Your statement must be dated within the last six months.

You can apply to transfer insurance cover that you have outside of FirstChoice Super products if:

- you are joining FirstChoice Super products for the first time or are an existing member of FirstChoice Super products, and
 - you have insurance cover under an existing superannuation fund ('former fund') and are transferring the account balance of that former fund to FirstChoice Super products, by
- 1 completing PARTS A, B and C of this form, providing all the required details and signing and dating the Duty of Disclosure section of this application form, and
 - 2 attaching the most recent statement (dated within the last six months) from your former fund confirming the type and level of cover you have with the former fund and any exclusions, premium loadings or restrictions on that cover (if your cover has changed since your most recent statement was issued, you will need to provide an up-to-date statement).

If FirstChoice's insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence 235035 (Commlnsure) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund, subject to product maximums (see below).

Refer to important information about transfer of insurance on pages 5 to 6.

Please note that acceptance of your request is subject to the insurer's acceptance, and some limitations apply.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words.

PART A – PERSONAL DETAILS – ALL FIELDS ARE MANDATORY

1 INSURED DETAILS

Existing account number (if known)

Date of birth (Maximum entry age is 54)

 (dd/mm/yyyy)

Title

Mr Mrs Miss Ms Other

Gender

Male Female

Given name(s)

Surname

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Name of former fund

Former fund member number

Former fund USI (if known)

Please note: You need to complete a separate transfer of insurance cover form for each policy you are transferring.
Please note: Total cover that may be transferred is limited to \$1.5 million for Death and TPD (includes existing cover) and \$10,000 per month for SCI.

PART A – PERSONAL DETAILS (CONTINUED) – ALL QUESTIONS ARE MANDATORY

1 INSURED DETAILS (CONTINUED)

1 What occupation do you currently work in?

Please note: If you are employed for less than 15 hours per week, a casual employee or unemployed, you will only be able to transfer death cover into FirstChoice Super products.

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

Permanent full-time Permanent part-time Casual¹ Unemployed¹ Contractor Contract end date

Annual salary (including average bonus for last three years) \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. **Note:** The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
Total	100%

2 Have you smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months?

No Yes

2 DEDUCTION OF PREMIUMS

Please select the investment option from which you want your premiums to be deducted. **Please note:** Choosing FirstRate Term Deposit or FirstRate Investment Deposit options for the deduction of insurance premiums will create early withdrawals. We recommend you choose other investment options if available.

Indicate only one option (if you have an adviser service fee, this should be the same option).

If no option or an invalid option is nominated, we will deduct your premium from the more conservative option (with a sufficient balance), as outlined on page 10 of the Insurance Booklet.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to question 1.

1 Do you confirm that the following statements are true and correct and agree to abide by these requirements?

- a** I confirm that my existing cover is arranged through an external superannuation fund (not a self-managed superannuation fund, stand-alone corporate fund or defined benefit fund).
- b** I will cancel my existing insurance cover under my former fund when I receive confirmation from FirstChoice Super products of my successful application.
- c** I will not be transferring the cover under my former fund to any other division or section of the former fund, or to any other fund, other than FirstChoice Super products.
- d** I will not effect a continuation option, or subsequently reinstate cover within the former fund provider or any other division, section or category of the former fund, or within any fund or insurance policy where such reinstatement of cover is available to me.

No Yes

If you answered 'No' to question 1, you will not be eligible for a transfer of insurance in FirstChoice Super products and will not be eligible to make a claim for this portion of cover.

2 Do you have an account balance in the superannuation fund providing the cover to be transferred?

No Yes

If you answered 'Yes' to question 2, you need to transfer your entire balance; otherwise, you will not be eligible for a transfer of insurance in FirstChoice Super products and will not be eligible to make a claim for this portion of cover.

¹ You will not be eligible to transfer TPD or SCI cover to FirstChoice Super products if you are a casual employee or unemployed.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED)

3 I confirm that my current level and type of cover under the former fund which I wish to transfer is as follows:

Type of cover	Has this cover been in place for at least 12 months?	Date cover started (dd/mm/yyyy)
a Death cover ¹ \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
b TPD cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
c SCI cover ^{1,2} \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
SCI waiting period, eg 30 days, 60 days, 90 days, 180 days	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SCI benefit period, eg two years, five years, to age 60, to age 65	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Please note: SCI benefit cannot be greater than 85% (10% allowance for super) of your total income.

I understand that my cover, once accepted, will be subject to the terms and conditions of FirstChoice Super products insurance arrangements.

4 Due to injury, illness or impairment:

- a** Are you unable to work 35 hours per week? No Yes
- b** Have you had your duties or workplace modified in the last two years and have you not resumed your pre-modified duties? No Yes
- c** Are you working in a role or occupation that has been designed or chosen to suit your needs? No Yes

5 Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as Workers' Compensation, Social Security, Veterans' Affairs or a motor accident scheme? No Yes

6 In the last 12 months, have you been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? No Yes

7 Have you had any application for death, TPD or SCI cover declined? No Yes

If you answered 'Yes' to any of the questions 4 through to 7, you will not be eligible for a transfer of insurance in FirstChoice Super products.

8 Are you currently in the process of applying for insurance cover through Colonial First State or CommInsure? No Yes

9 Is your cover under the former fund subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No Yes
 If 'Yes', please provide details of the premium loadings, exclusions or restrictions, 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.

10 Telephone underwriting

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion.

I permit the insurer (CommInsure) to call me to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty of Disclosure as described in Part C. No Yes

If 'Yes', I am contactable on (phone)

Between the hours of (note they must be usual business hours).

PART C – DUTY OF DISCLOSURE

ACKNOWLEDGEMENT

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to FirstChoice Super products, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund will be replaced by an equivalent amount of fixed cover, and
- if the insurer has accepted my application, my cover will commence in FirstChoice Super products on the date this application is completed subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Super products and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Super products and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund, and

1 Please note: Total cover that may be transferred is limited to \$1.5 million for Death and TPD (includes existing cover) and \$10,000 per month for SCI.

2 You will not be eligible to transfer TPD or SCI cover to FirstChoice Super products if you are a casual employee or unemployed.

PART C – DUTY OF DISCLOSURE (CONTINUED)

- I agree to provide FirstChoice Super products or the insurer with access to the health evidence I provided my former fund and its insurer in my application for cover, and any non-disclosure to a former fund or insurer may be acted upon by FirstChoice Super products or the insurer, and
- should it become apparent to FirstChoice Super products or the insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from FirstChoice Super products may be reduced by the insured amount paid or payable from my former fund, an associated section or division of the former fund, or other fund, or any policy issued under any option I exercised, as a consequence of my failure to abide by these conditions; this reduction in benefit will, however, be limited to the extent that my benefit from FirstChoice Super products is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Super products and the insurer had I not applied for a transfer of cover, and
- I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Super products insurance arrangements, as described in the current PDS, and
- I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Super products insurance arrangements.

- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract does 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 the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or

Original signature of the person to be insured

Date signed

 (dd/mm/yyyy)

Print name

Please send the completed form to:
Colonial First State
Reply Paid 27, Sydney NSW 2001

ADVISER USE ONLY

Are you submitting any life insurance applications for this customer through CommInsure? No Yes

Product name (eg Total Care Plan)

Proposal/Policy number

Adviser name

Contact number

Dealer ID Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.

Transferring cover from another super fund

About cover transfers

You can apply to transfer your existing death, death and TPD and/or SCI cover (income protection) from another super fund to FirstChoice Super products.

To do this, you will need to complete the transfer of insurance cover form on page 1. Transfer of cover is subject to the insurer's acceptance.

Transferring cover gives you the ability to consolidate your super without losing the type of cover and amount of cover that you had in your previous super fund, subject to the transfer of cover maximums set out on the following page.

If the insurer accepts your application for the transfer of cover, the insurance terms and premium rates applying to FirstChoice Super products will apply to your transferred cover. Therefore, you should compare the terms of your existing cover with the terms of insurance available through FirstChoice Super products before deciding whether transferring your existing cover is right for you.

Am I eligible to transfer my cover?

To be eligible to apply for the transfer of cover, the following conditions apply:

- You must be less than 55 years of age. This age restriction does not apply when transferring cover between FirstChoice products.
- Only insurance cover held within super can be transferred and only if:
 - you transfer the entire account balance from your previous super fund to FirstChoice Super products
 - the cover is not from a self-managed super fund or a defined benefit arrangement
 - the cover to be transferred has been in place for at least 12 months, and
 - for SCI and TPD cover you are employed on a **permanent basis**.
- The cover to be transferred:
 - must not have an individual premium loading
 - if it is income protection/SCI cover, it cannot have a waiting period greater than 90 days.
- You cannot have previously had an application for death, TPD or income protection/SCI cover declined.
- You must not have not been diagnosed with an illness that reduces your life expectancy to less than 12 months.
- No amount can have been paid or be payable by, and no claim can have been lodged with, an insurer, super fund or government body because you have suffered a disability.
- In the last 12 months, you must not have been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication).

- You can't transfer cover if, due to injury, illness or impairment:
 - you are unable to work 35 hours per week
 - you have had your duties or workplace modified in the last two years and you have not resumed your pre-modified duties, or
 - you are working in a role or occupation that has been designed or chosen to suit your needs.

If you are in a high risk occupation, you may not be eligible to transfer TPD and SCI cover.

Is there a limit to the amount of cover that can be transferred?

For death only cover or death and TPD cover – your existing cover in FirstChoice Super products plus the amount of cover you transfer to FirstChoice Super products cannot exceed \$1.5 million.

For SCI cover – the cover you transfer to FirstChoice Super products cannot exceed a \$10,000 monthly benefit. The transferred cover will replace any existing SCI cover.

Transferring cover: how it works

Death and TPD cover

If you have \$150,000 of death only cover within your FirstChoice Super product, and your former cover is \$100,000 death and TPD, your new FirstChoice Super cover will provide \$250,000 death and \$100,000 TPD cover.

SCI cover

If your cover within your FirstChoice Super product is \$4,000 per month (30-day **waiting period** and to age 65 **benefit period**) and your former fund cover is \$7,500 per month (90-day waiting period and two-year benefit period), your new FirstChoice Super cover will be \$7,500 per month (90-day waiting period and two-year benefit period).

Other things you should know

You can transfer like-for-like cover, depending on the product restrictions and eligibility rules. For example, if you have death and TPD cover with your former fund, you must transfer both types of cover into your FirstChoice Super products fund. This means that if we decline the TPD cover, we won't accept your death cover either.

You can also transfer partial cover, as long as the cover is like-for-like.

How do I transfer my cover?

To transfer cover you already have with another super fund, you will need to complete the transfer of insurance cover form on page 1.

Cancelling your previous cover

It is important that you receive an acceptance confirmation from your FirstChoice Super product before you cancel your previous cover or transfer your superannuation account balance. This will allow for the transferred cover to commence in your FirstChoice Super product. Otherwise, you may be left without any insurance cover. Once you have received an acceptance confirmation, if you do not cancel your transferred cover, you will not be entitled to claim on the portion of cover transferred to your FirstChoice Super product.

Providing proof of cover

You will need to provide proof of existing cover by providing a valid statement from the former fund, which is dated within the last six months, or a Certificate of Currency on company letterhead, or an adviser-generated portfolio report. The statement needs to clearly outline the existing insurance cover held and the acceptance terms of the cover including any loadings, exclusions or special conditions.

What will change and what will stay the same?

When you transfer your death, death and TPD and/or SCI cover to FirstChoice Super products, some things about your old cover will change, while some will stay the same.

What stays the same?

Things that won't change about the cover you are transferring to FirstChoice Super products are:

- the type of cover (eg death cover)
- your sum insured/monthly benefit (as applicable), subject to the maximum transfer cover amounts (although you can select a lesser amount)
- any individual exclusions (as opposed to standard policy exclusions), but the exclusion wording will be on FirstChoice Super product insurance terms.
- for SCI cover:
 - the **benefit period** (if available – see below)
 - the **waiting period** (if available – see below)

Benefit period in former fund	New benefit period
2 years	2 years
5 years and up to age 65	5 years
To age 65 or older	To age 65

Waiting period in former fund	New waiting period
30 days or less	30 days
31–90 days	90 days

What changes?

Here's a summary of the changes to your transferred cover:

What changes?	
Terms and conditions	The FirstChoice Super product insurance terms and conditions will apply to your transferred cover. This includes FirstChoice Personal Super exclusions and definitions, so carefully check both policies to make sure you understand the differences and how they may affect you.
Premium rates	Your premiums will be calculated based on FirstChoice Super products' rates, your smoking status and your occupation classification – see page 21 of the Insurance Booklet for further details.
SCI cover	Any SCI cover you have in your FirstChoice Super product will be replaced with any transferred SCI cover (subject to the above changes).

When does my transferred cover start?

Your transferred cover starts on the transfer date, which is the later of:

- the date the insurer accepts the transfer, and
- the date that your cover ends in the previous super fund.

If you are not at work on the last working day immediately before the transfer date, your transferred cover will exclude cover for any disability arising from an illness or injury which prevented you from being at work. This exclusion will apply until you are at work again.

'At work' means you are actively performing all the duties and work hours of your usual occupation, being free of any limitation due to illness or injury and, in the insurer's opinion, capable of performing those duties on an ongoing and prolonged basis.