# **Application to Transfer Insurance Cover**



### Complete Parts 1 to 3 below of this *Application to Transfer Insurance Cover*, and send it to: REI Super, GPO Box 4303, Melbourne VIC 3001.

You may be eligible to transfer any existing Death (including Terminal Illness) only or Death and Total and Permanent Disablement (TPD) insurance cover or Income Protection (IP) Insurance that you have under **your existing superannuation fund (Previous Fund)** to your REI Super membership (subject to conditions).

If you wish to apply to transfer your cover, you need to:

- · Complete PART 1 and provide all the required details; and
- Answer all questions contained in PART 2 (Personal Statement and Confirmation of Requirements); and
- · Sign and date the Declaration contained in PART 3.

If REI Super's Insurer (MetLife Insurance Limited) accepts your application:

 You will be allocated sufficient units of cover rounded up to the next unit to replace the level of cover that you currently have under your existing superannuation fund in addition to cover you hold with REI Super.

Please note: You may transfer a maximum of \$750,000 of Death and TPD cover or 15 units of cover (whichever is the lesser amount) and up to 16 units of Income Protection (IP) Benefit. You are able to transfer cover from multiple funds at any time during your membership subject to maximums/terms and conditions.

#### **About this form:**

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

#### **Privacy Statement: Use and disclosure of personal information**

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at www. metlife.com.au/privacy.

## Duty to take reasonable care not to make a misrepresentation – Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 3 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

PART	1: YOUR	<b>DETA</b>	ILS												
										Date	of birth	ı			
Mr	Mrs	Ms	Miss	Dr	Gender						/		/		
Surname															
Given names	;														
Residential a	ddress														
Suburb											State		Post	code	
Email															
Preferred con	ntact number				Mobile										
( )															
Preferred tim	e of contact														
Morning	g (9am-12pm	)	Afternoon	(12pm-6	pm)	Any tir	ne								











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### **Application to Transfer Insurance Cover cont...**

### PART 1: YOUR DETAILS cont...

Employer details Company name								
Contact person								
Contact telephone number Facsimi	le							
	)							
Postal address								
Suburb	State Postcode							
Previous fund details (the Fund/s from which cover is to be tra This application will be considered incomplete without at least one of the idea Name of Fund								
realite of Fund								
Member number Australian Business Numb	per (ABN) SPIN							
Name of Fund								
Member number Australian Business Numb	per (ABN) SPIN							
Name of Fund								
Member number Australian Business Numb	per (ABN) SPIN							
PART 2: PERSONAL STATEMENT AND CONFIRMA  In order for REI Super and its Insurer to consider your application to transfer you must answer each of the questions below.  NOTE - You can only transfer insurance cover from your Previous Fund if you co								
For example, if you currently have Death insurance with REI Super, you can apply to have insurance cover with REI Super at all, you will not be eligible to transfer your in								
DO NOT CANCEL YOUR PREVIOUS COVER UNTIL REI SUPER CO	NFIRMS ACCEPTANCE.							
1. Will you be transferring the whole of your account balance in your Previous Fund to REI Super?  YES NO  If 'Vor', places complete a Relly year form (available on the REI Super)  or associated fund.								
If 'Yes', please complete a <i>Rollover Form</i> (available on the REI Super website at <b>reisuper.com.au</b> ) and attach it to this application. Funds from the previous Fund must be received within 3 months of acceptance of transfer of cover, otherwise the cover will be be treated	I confirm that all three statements are true and correct and agree to abide by these requirements.  NO If your answer is 'No', you will not be eligible to transfer your insurance cover via this form. You will need to complete an <i>Application for Insurance</i> form and be accepted by the Insurer.							
as not having started.  If your answer is 'No', you will not be eligible to transfer your insurance								
cover via this form. You will need to complete an Application for Insurance form and be accepted by the Insurer.	3. Do you currently hold the same type of insurance cover with REI Super that you are applying to transfer							
Please confirm (by ticking the box below) that all of the following statements are true and correct:	from your Previous Fund? YES NO							
a) The existing insurance cover under my Previous Fund will	If your answer is 'No', you will not be eligible to transfer your insurance cover via this form unless you are transferring IP cover only. You will need to complete an Application for Insurance form and be accepted by the							

Insurer.



any other fund; and

b) I will not be transferring the cover under my Previous Fund to any other division or section of my Previous Fund or to

#### 4. The level and type of cover under my Previous Fund(s) are as follows: a) Total Death Cover: d) Income Protection waiting period: days If the waiting period you had with your former fund is not available Ś with REI Super, you will be allocated the next longest waiting period (maximum \$750,000 or the equivalent of 15 units of cover) available under REI Super. b) Total TPD Cover: e) Income Protection Insurance benefit period: 2 years \$ If you are applying to transfer your income protection cover, what is your annual insurable income (salary)? (maximum \$750,000 or the equivalent of 15 units of cover) c) Monthly Income Protection Insurance Benefit: Please also attach the most recent superannuation statement(s), \$ (maximum 16 units of cover) confirming the level and type of cover you have under your You will be allocated the nearest number of units to replace the Previous Fund monthly benefit in your Previous Fund. **Health questions** 1. Do you have any illness or injury that prevents you 5. Are you considering seeking any medical advice or from performing any of the duties of your usual treatment for any illness or injury that: occupation in a full-time capacity (even if you are (a) you have not already consulted a medical YES NO not currently employed on a full-time basis)? professional for, or 2. Have you ever claimed, or are you considering (b) appears to be getting worse? YES NO claiming, any sickness, accident, disability or life 6. Has an application for Life, Trauma, Total & Permanent insurance benefits, worker's compensation, or any Disability (TPD), Income Protection (IP) or Disability other benefits for illness or injury? YES NO YFS NO Insurance on your life ever been declined or deferred? 3. In the last 12 months have you had any illness or **Note:** If you answer Yes to any of the questions 1 to 6, you will not be injury that: eligible to transfer your existing insurance to REI Super. (a) caused you to take time off work for more than 7. Was your previous cover accepted with any premium 10 consecutive working days, or loadings, exclusions or any other special terms (b) required modification to your normal working YES NO or conditions? hours or duties? YES NO If you answered Yes to question 7, please provide details below. 4. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your

PART 2: PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS cont...

# PART 3: INFO FROM METLIFE – THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION:

YES

NO

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.

#### The duty to take reasonable care

life expectancy to less than 24 months?

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

#### Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims			
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable			
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable			
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable			

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

### **Application to Transfer Insurance Cover cont...**

#### PART 3: cont...

#### **Guidance for answering our questions**

- · 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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

#### Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask 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 after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact the fund on 1300 13 44 33.

#### PART 4: DECLARATION

- I have read and understand the Duty to take reasonable care not to make a misrepresentation on pages 3 – 4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy Statement – Use and Disclosure of personal information' on page 1 of this form.
- I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I acknowledge that MetLife is accepting the transfer of my insurance cover on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as not having commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I have read the insurance section of the current Product Disclosure Statement.

#### Cover in my former super fund

When MetLife notifies me that it has accepted this application to transfer cover from another super fund, I will promptly:

- cancel the cover under my other fund. I will not exercise a continuation option, reinstate the cancelled cover or transfer that cover to any super fund other than REI Super, and
- transfer my entire account balance from my other super fund.

Should it become apparent to MetLife that I have not undertaken the requirements that I have agreed to above, then the cover transferred to my REI Super account may be treated as not having started.

#### I acknowledge that:

 I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

