

Individual Insurance Transfer Form – Employee Section

When to use this form

You can apply to transfer insurance cover that you have outside of the ANZ Australian Staff Superannuation Scheme (the “**Scheme**”) to the Scheme (“**Transferred Cover**”) if:

- you are a member of Employee Section of the Scheme;
- you are aged less than 65 years;
- you have death only or death and Total and Permanent Disablement (TPD) insurance with another superannuation fund (“**Other Fund**”);
- you are transferring up to \$1,000,000 of death only or death and TPD cover (“**Previous Cover**”);
- your Previous Cover is not held under a non-superannuation policy or through a self-managed superannuation fund;
- your Previous Cover is not subject to a premium loading;
- your Previous Cover is valid and has not been cancelled; and
- you have not made, or are not entitled to make a claim, and are not eligible to be paid a benefit in relation to your Previous Cover.

Please return your completed form along with any requested documents to:

ANZ Staff Super
GPO Box 4303
Melbourne VIC 3001

About the Insurer

Insurance cover is provided by Zurich Australia Limited ABN 92 000 010 195 (the “**Insurer**”) and subject to the terms and conditions of the insurance policy issued to ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543 (the Trustee of the Scheme) by the Insurer (the “**Policy**”). You should read the Product Disclosure Statement (PDS) for Employee Section members for a summary of the terms and conditions of the Policy. You can download the PDS from www.anzstaffsuper.com or contact ANZ Staff Super on **1800 000 086** if you would like a copy of the Policy.

Your application will be assessed by the Insurer and ANZ Staff Super will notify you of the outcome in writing. If accepted, additional premiums will apply for this cover.

The Insurer requires this form, and may require other health information, to determine your application for cover. This form is confidential. Please refer to “Protecting members’ privacy” at the end of this form for more information about confidentiality.

Cancelling your Previous Cover

You must cancel your Previous Cover once you are informed that your application has been accepted by the Insurer. If you do not cancel your Previous Cover, in the event the Insurer accepts a claim for death, Terminal Illness or Total and Permanent Disablement, the Insurer will reduce any benefit payable under the Policy by the benefit payable under the Previous Cover.

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by cancelling your Previous Cover. You should do this so that you completely understand the effects of transferring your insurance cover to the Scheme.

To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application has been accepted by the Insurer.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, 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

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (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.

About this application

When you apply for life insurance, we conduct a process called underwriting. It’s how we decide whether we can provide cover, and if so on what terms and at what cost.

Continued over

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. 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. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

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

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

Duty to take reasonable care – OPL group products

Confidential \ Non Personal Data

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

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. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

If you do 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 they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer or Trustee anything you are required to and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer 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 you had told the Insurer and the Trustee everything you should have. However, if the contract 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, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

ANZ Australian Staff Superannuation Scheme

Individual insurance transfer form – Employee Section

If you need help

For assistance call ANZ Staff Super on **1800 000 086** or refer to **www.anzstaffsuper.com**.

Step 1 – Complete your personal details		Please print in black or blue pen, in uppercase, one character per box.		A	✓
Title	Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		
Given names	<input type="text"/>				
Surname	<input type="text"/>				
Current occupation	<input type="text"/>				
Address (this cannot be a PO Box)	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Work telephone	<input type="text"/>	Home telephone	<input type="text"/>	Mobile	<input type="text"/>
E-mail	<input type="text"/>				
Member number	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> I authorise one of the Insurer's underwriting service representatives to contact me by phone if further information is required.					
I can be contacted during the following times:					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Any business day
Between	<input type="text"/> AM/PM	and	<input type="text"/> AM/PM		
Please tick your preferred contact phone number: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile					
Are you an Australian citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "no", do you have a working visa? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you have a working visa, please identify the type of visa:					
<input type="text"/>					



Step 2 – Provide details of Previous Cover that you wish to transfer to the Scheme

Please provide the details of your Previous Cover that you wish to transfer to the Scheme on the terms set out in the Policy.

Membership number/Policy number (if known)

Name of superannuation fund

Name of insurer

1. Type of insurance cover

Death only Death & TPD

2. Is your Previous Cover subject to a special condition or exclusion which prevents you from claiming a benefit for a specific medical condition or for pre-existing medical conditions?

Yes No

If "yes", please attach a copy of the correspondence you received from your Other Fund (or its insurer) advising you of the acceptance of cover subject to that special condition or exclusion.

3. Is your Previous Cover subject to a premium loading?

Yes No

If "yes", you cannot transfer your Previous Cover to the Scheme.

In assessing your application, the Insurer may contact your Other Fund (or their insurer) to confirm whether any premium loadings or exclusions apply to your Previous Cover.

4. Have you made, or are you entitled to make a claim, or are you eligible to be paid a benefit in relation to your Previous Cover?

Yes No

If "yes", you cannot transfer your Previous Cover to the Scheme.

If the Insurer accepts your application, the amount of your Previous Cover will be added as a fixed dollar amount to any existing death and TPD cover you may have with the Scheme, subject to the maximum benefit level of \$5,000,000 for death cover and \$3,000,000 for TPD cover. Your Previous Cover must not be more than \$1,000,000.

I confirm the details of my Previous Cover are as follows:

Death cover	Date cover started	Total and Permanent Disablement (TPD) cover	Date cover started
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please note that you must transfer the total amount of your Previous Cover and you cannot transfer TPD cover without death cover.

Step 3 – Proof of Previous Cover

Please attach proof of your insurance cover* confirming the type and amount of your Previous Cover at the time of completing this application. You must submit proof of your insurance cover with your application. If you don't provide proof of your insurance cover with your application, your application cannot be processed.

Your insurance cover must be valid and current at the date of this application and must not have changed since the date the attached proof was issued. The Insurer will not accept documentation that was issued more than 60 days before the date of this application.

I have attached proof of my insurance cover confirming the type and amount of my Previous Cover.

* Acceptable forms of proof include:

- An up-to-date member statement;
- Written evidence from your Other Fund (or their insurer) confirming the type and level of your Previous Cover at the time of completing this application; or
- A Certificate of Currency. (This document provides proof of your insurance cover on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request.)

A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.



Step 4 – Complete your personal health statement

Personal health statement

As at the date of signing this application, I declare that:

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches:
 - a) I am not off work due to illness or injury True False
 - b) I have not been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury True False
2. I am not currently prevented from performing all the usual duties of my occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if I am currently working part-time or for less than 30 hours per week for non-medical reasons) True False
3. I have not ever made, and am not entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury True False
4. I have not been diagnosed with a medical condition that is expected to reduce my life expectancy to less than 12 months from today True False
5. I have never had an application for life, trauma or disability insurance on my life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion True False
6. a) Other than for colds, flus, minor upper respiratory tract infections or minor headaches, I do not have a medical condition for which I take or have been advised to take medication or undergo any other form of medical treatment True False
b) I am not currently under investigation and I have not been advised to undergo investigations for any medical condition or symptom True False

If you cannot answer 'True' to every part of every statement in Step 4, you cannot proceed with this application. You will need to apply for cover by completing the *Application to change death and Total and Permanent Disablement insurance cover – Employee Section form* available on the Scheme's website www.anzstaffsuper.com.

Step 5 – Sign the declaration

- I have obtained, read and understand the insurance information in the current PDS for Employee Section members.
- I have read and understand the questions in this Individual Insurance Transfer Form.
- The answers I have provided to the questions in this Individual Insurance Transfer Form signed by me are true and correct.
- I have read the "Protecting members' privacy" statement on this form (see over).
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the "Protecting members' privacy" statement on this form.
- I have read the "duty to take reasonable care" and understand the remedies available to the Insurer if I fail to take reasonable care not to make a misrepresentation to the Insurer. I understand that the duty to take reasonable care continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I authorise any medical practitioner, other professional or any person named in this Individual Insurance Transfer Form to verify any aspect of it, and disclose any information that they may possess about me to the Insurer in relation to insurance issued under the Policy. I further acknowledge that this authorisation enables the Insurer to obtain from the Other Fund (or its insurer) my application for cover. I further authorise the Insurer to investigate whether any premium loading(s), special condition(s) and/or exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to the Insurer's consideration and assessment of this application.
- I agree to provide the Insurer with access to the health and/or financial evidence I provided to my Other Fund (or its insurer) in an application for cover. By signing this Declaration, I acknowledge and declare to the Insurer that the disclosures and representations made in that application for cover to the Other Fund (or its insurer) are true and correct. I acknowledge that in making this Declaration, any non-disclosure or misrepresentation to the Other Fund (or its insurer) may be acted upon by the Insurer.
- I understand that if my application is accepted by the Insurer:
 - the cover I have applied to transfer to the Scheme will not commence under the Policy until my application is accepted by the Insurer in writing;
 - any existing cover will not be affected should my application be declined by the Insurer; and
 - insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.

Continued over



Step 5 – Sign the declaration (continued)

- Upon being notified that the Insurer has accepted my application to transfer my insurance, I will:
 - immediately cancel all my Previous Cover;
 - not be transferring the Previous Cover to any other division or section of the Other Fund or to any other fund or policy, other than the Scheme; and
 - not exercise a continuation option, or subsequently reinstate any cancelled cover with the Other Fund or any other division, section, category of the Other Fund or life insurance policy where such reinstatement of cover is available to me.
- I acknowledge and understand that in the event that I do not validly cancel my Previous Cover, then the Insurer will reduce the insurance benefit provided to me under the Policy as explained under “Cancelling your Previous Cover” on this form.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Signature

X

Date

/ /

Please return your completed form along with any requested documents to:

ANZ Staff Super

GPO Box 4303

Melbourne VIC 3001

Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super

GPO Box 4303

Melbourne VIC 3001

Telephone: 1800 000 086

Facsimile: 03 9245 5827

Email: anzstaffsuper@superfacts.com

The Trustee's Privacy Policy Statement is available on the Scheme's website www.anzstaffsuper.com or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's website.

The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling Zurich on 131151 or may be downloaded from zurich.com.au/important-information/privacy.html.

