

# Group Risk Insurance

## Transfer of insurance cover



Suncorp Life & Superannuation Limited ABN 87 073 979 530 AFS Licence No 229880  
 Suncorp Portfolio Services Limited ABN 61 063 427 958  
 AFS Licence No 237905 RSE Licence No L0002059

Issued 1 January 2012

### Please read the important information

Important: Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated.

This Transfer of insurance cover application form is to be used to apply to transfer your current insurance cover from an existing superannuation fund ("previous fund") or an individual insurance policy ("previous policy") to e-Clipse Super ABN 88 010 720 840 AFSL No. 228975 Trustee of the e-Clipse Super Superannuation Fund ABN 98 503 137 921. You need to complete all mandatory sections, read the Important Information, Declaration and Duty of Disclosure, sign and return along with all the supporting documentation to

e-Clipse Super  
 SMA Super Pty Ltd  
 P.O. Box 1282  
 Albury NSW 2640.

You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted by e-Clipse Super. If you are under 18 please contact us on 1300 728 525 before completing this form.

Your e-Clipse Super member number (if already a member)

Office use only

Once you fill out this form, please sign and return the form to:  
**e-Clipse Super**  
**SMA Super Pty Ltd**  
**P.O. Box 1282**  
**Albury NSW 2640**

### 1. Your details (Must be fully completed)

Given name(s)

Surname

Date of birth  /  /  Gender\* Male  Female

Street address/ PO Box

Suburb/Town  State  Postcode

Phone (home)  Mobile

Phone (work)

Preferred email address

### 2. Employment details (Must be fully completed)

Current Occupation

Employment status Permanent  Casual  Contractor  Average hours worked per week

### 3. Previous cover details

#### Applying to transfer cover from a super fund or an individual policy

Previous Super fund or Life Insurance Company name

Member/policy number

I have attached an up to date statement issued within the last 30 days from my previous fund/insurer showing details of my existing cover which confirms the type and level of cover, waiting and benefit periods (if applicable) and any loadings or exclusions. I confirm that my cover remains valid at the date of this application.

#### 4. Death or Total and Permanent Disability (TPD) and Income Protection cover

I confirm that the existing level of cover under my previous fund or previous policy is as follows:

Death cover \$  Your transferring cover will be fixed cover (your cover stays the same and your premiums will increase on each birthday).

TPD cover \$

**Income Protection cover**

Insured Salary \$

Monthly benefit \$

**Waiting Period**  30 days **Benefit Period**  2 years  
 60 days  5 years  
 90 days  to age 65

I understand that any transferred cover will be subject to the terms and conditions of the e-Clipse Super insurance policy (including definition of Total and Permanent Disablement), and subject to a maximum dollar value of \$2,000,000 in respect of e-Clipse Super Death and TPD cover and \$20,000 per month for Income Protection Cover.

#### Important Information

Your application for transfer of cover will be assessed by our insurer and we will notify you of the outcome. Our insurer may need to contact your previous fund or the insurer of your previous policy in completing its assessment of your application.

If your application to transfer existing Death and Total and Permanent Disablement (TPD) cover is accepted, you will be allocated additional cover (up to a maximum dollar value of \$2,000,000) to replace your Death and TPD cover under your previous fund or previous policy. This replacement cover will be fixed cover. Any automatic cover amount you were eligible to receive on joining e-Clipse Super (and any existing additional cover) will not be affected by our insurer's acceptance of this application. However, premiums may vary.

The cost of approved transferred cover will be based on the applicable premiums applying under the relevant membership division of e-Clipse Super and will reflect your occupation category and any premium loadings or exclusions that may have applied to your previous cover.

**You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted by e-Clipse Super.**

#### 5. Death or Total and Permanent Disability (TPD) and Income Protection cover

Please confirm (by ticking the relevant box below) that the applicable set of statements are true and correct and you agree to abide by the requirements set out in these statements:

- |   |  |
|---|--|
| <input type="checkbox"/> a) For transfer of cover from an existing superannuation fund: <ul style="list-style-type: none"> <li>i. the existing insurance cover under my previous fund will be cancelled and my entire account balance (if any) transferred to e-Clipse Super, upon acceptance of this request;</li> <li>ii. I will not be transferring the cover under my previous fund to any other division of that previous fund or to any other fund (other than e-Clipse Super);</li> <li>iii. I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund.</li> </ul> | <input type="checkbox"/> b) For transfer of cover from an individual insurance policy: <ul style="list-style-type: none"> <li>i. the existing insurance cover under my previous policy will be cancelled, upon acceptance of this request;</li> <li>ii. I will not subsequently reinstate cover under my previous policy.</li> </ul> |
|---|--|

#### 6. Personal Statement and Confirmation of Requirements

1. Are you absent from work or restricted, due to injury or illness, from carrying out all the usual duties of your current and normal occupation on a full time-basis (even if you are not currently working on a full-time basis)?.....Yes  No
2. Have you been paid (or are you eligible to be paid) or have you lodged (or intend to lodge) a claim for Total and Permanent Disablement or Total and Temporary Disablement from your previous fund, any other superannuation fund or life insurance policy?..... Yes  No
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? ..... Yes  No
4. Is your cover under the previous fund or previous policy subject to any premium loadings and or exclusions (including but not limited to pre-existing conditions, exclusions or restriction in regard to medical or other conditions)?.....Yes  No
5. Have you smoked in the past 12 months? .....Yes  No

If 'Yes', type of substance  Average daily quantity

**REQUIREMENT: If you answered "Yes" to this question 6.4, please provide details of any 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.**

*NOTE: If you did not tick a box in Section 6 or answered "Yes" to questions 1-4 above, you may not be eligible to transfer your insurance to e-Clipse Super. You may be eligible for the default cover applicable to eligible members under your employer's arrangements with e-Clipse Super.*

## 7. Acknowledgements and Declaration

### Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Act 1984, to disclose to the insurer 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 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 life 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 your 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.

### Non-disclosure

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 3 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 life insurance may, within 3 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.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all applicable questions are fully answered.

### Privacy Act 1988 - Our Obligations under the Act

The Privacy Act 1988 ("the Act") sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the National Privacy Principles. The following information is provided to you in accordance with these Principles.

The organisation collecting information about you is Suncorp. We can be contacted at the address shown on our website, [www.suncorp.com.au](http://www.suncorp.com.au), either in writing, by telephone or by fax.

If you ask us, we must provide you with access to the personal information we hold about you. We may be entitled to refuse access to some information as set out in the Act.

Your right to access this information is set out in our Privacy Policy Document, which is available on request.

The information we collect will be used to assess and process your application for life insurance. We may also use the information if a claim is submitted by you, or by someone acting on your behalf.

The information we collect may be disclosed to other organisations, including but not limited to, medical and legal practitioners, health service providers or any other service provider, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, the policy owner, an organisation that is duly appointed to manage the administration of such fund and interpreters.

If you fail to provide us with all or part of the information we require, we will be unable to assess and process your application.

### Consent

I understand that in order to assess and process my application, Suncorp may need health and employment information about me. I consent to Suncorp obtaining information about me from any medical practitioner or health professional that I have or may consult in the future, or that Suncorp appoints to examine me, and from my employers. I further understand that if I apply for increased or different insurance cover, Suncorp may require further information about me. I now consent to Suncorp obtaining such further information as and when required, from any medical practitioner or health professional that I have consulted or may consult in the future, or that Suncorp appoints to examine me, and from my employers.

I understand that if I or anyone else on my behalf, makes a claim for a benefit, Suncorp will need information about me in order to assess and process the claim. I hereby consent to Suncorp obtaining information about me from any of the following: Medical practitioners that I have consulted at any time and any that Suncorp wishes to appoint to examine me, legal practitioners, health service providers, legal tribunals and courts, investigation organisations, accountants or other consultants, Suncorp's parent company, other insurance or reinsurance companies, the policy owner, an organisation appointed by the trustees of my superannuation fund to receive or give information, my past and present employers and interpreters.

For the purpose of this application and any future application and any claim for a benefit, I also consent to Suncorp disclosing information about me to any of the organisations mentioned above, insofar as such disclosures are necessary for Suncorp to perform its functions.

### Declaration

I have read and carefully considered the questions on this Personal Statement. I have also read the Duty of Disclosure, Nondisclosure, Consent and the Disclosure of Information and all my answers on this Personal Statement are true and correct.

### I acknowledge:

- This Declaration is part of an application for Death and TPD, and the making of a false statement or failure to comply with my duty of disclosure may invalidate my application.
- That, if I fail to provide all or part of the information required, or consent to Suncorp obtaining such information, as it requires, this application will not be assessed and processed.
- That at the date of this application I am not absent from work for reasons of illness or injury and I am performing all of the duties of my usual occupation.

The information I have given in this application and any separate statements I have given with it are true. I have disclosed everything about me and my health that e-Clipse Super and its insurer need to know when deciding whether to accept my application for transfer of cover. I will notify e-Clipse Super of any changes to my health before my cover transfer application has been assessed.

I have read and understood my Duty of Disclosure and accept the acknowledgements.

**I authorise my previous fund or the insurer of my previous policy to provide e-Clipse Super and/or its insurer with any information about my current insurance cover. For this authority, a photocopy of this Declaration is as valid as the original.**

Full name\*

(print in BLOCK letters)

Signature\*

Date / /

\*Please read the important information before signing