

# Insurance Transfer



Complete this form to transfer existing Death, Total and Permanent Disablement (TPD) and Income Protection (IP) insurance cover you have with another superannuation fund or insurer (other provider) to GuildSuper.

## What you need to do

Complete this form and return it to **GuildSuper, GPO Box 1088 Melbourne VIC 3001.**

### 1. Personal details (please complete all sections in block letters)

Member no. (if available)																				
Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>								
Surname	<input type="text"/>																			
Given name(s)	<input type="text"/>																			
Preferred name	<input type="text"/>								Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						
Phone no. (home)	(	<input type="text"/>	<input type="text"/>	)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone no. (work)	(	<input type="text"/>	<input type="text"/>	)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Email	<input type="text"/>																			
<b>Residential address</b>																				
Street no.	<input type="text"/>				Street name	<input type="text"/>														
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>										
<b>Postal address (if different to Residential address)</b>																				
Street no. / PO Box	<input type="text"/>				Street name	<input type="text"/>														
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>										

### 2. Personal statement

Are you restricted, due to injury or sickness, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 35 hours per week.  Yes  No

Have you been paid, or are you eligible to be paid, or have you lodged a claim for TPD with GuildSuper, another superannuation fund or another insurer under a life insurance policy?  Yes  No

Have you been diagnosed with an injury or sickness that reduces your life expectancy to less than 24 months from the date you sign this form?  Yes  No

**If you have answered 'Yes' to any of the above questions, you will not qualify to transfer your existing cover from your other provider to GuildSuper. You may be able to obtain insurance cover in GuildSuper either under Default Cover (subject to meeting eligibility conditions) or only after being subject to underwriting acceptance by our Insurer. You are not required to complete the remainder of this form.**



### 3. Existing cover details held with the other provider that you wish to transfer to GuildSuper

Name of other provider

Member/Policy no. with your other provider

**1) Please confirm, by ticking the box, that all of the following statements are true and correct:**

- a) I will cancel the existing cover with my other provider on acceptance of cover from GuildSuper.
- b) I will not be transferring the existing cover with my other provider to any other division/section of the provider or to any other fund or insurer other than GuildSuper.
- c) I will not effect a continuation option in relation to, or subsequently reinstate, the existing cover with or through the other provider.
- d) I have never had an application for Death, TPD or IP insurance declined by an insurer (including any other fund's insurer).

**I confirm that all four statements are true and correct and agree to abide by these requirements**

Yes  No

If 'No' GuildSuper will not be able to accept the transfer of your existing cover.

**2) I confirm that my current level and type of cover with the other provider is:**

Death cover  (maximum total cover in GuildSuper as a result of the transfer is \$1 million)

TPD cover  (maximum total cover in GuildSuper as a result of the transfer is \$1 million)

Monthly IP cover  (maximum total cover in GuildSuper as a result of the transfer is \$10,000 a month)

After the transfer, you can apply to increase your cover amount to a maximum of \$5 million for Death cover, \$3 million for TPD cover and \$30,000 a month for IP cover, subject to providing health information.

IP waiting period  30 days or  60 days or  90 days  other (see important notes below)

IP Benefit Period  5 years or  to age 65  other (see important notes below)

If you are applying to transfer your existing IP cover, what is your annual gross income (salary)? \$

**Death and TPD cover**

If you have Unitised cover in GuildSuper and if this application is accepted, then the amount of Death Only or Death and TPD cover transferred to GuildSuper will be rounded down to the nearest whole number of units of cover applicable to your age in GuildSuper at the date of application. The maximum amount of cover inclusive of the transferred amount is \$1 million.

**IP cover**

If you have Unitised cover in GuildSuper and if this application is accepted, the amount of IP cover transferred to GuildSuper will be rounded down to the nearest whole number of units of cover applicable to your age in GuildSuper at the date of application, subject to the maximum total insured benefit of \$10,000 per month.

If the waiting period you had with your other provider is not available with GuildSuper, then you will be allocated the next longest waiting period available under GuildSuper. For example, if your waiting period with your other provider was 45 days, then you will be allocated a 60 day waiting period with GuildSuper. Further, if the waiting period you had with your other provider is greater than 90 days, then transfer of IP cover will be subject to you choosing a 30, 60 or 90 day waiting period and subject to approval by our Insurer following the provision of health information and/or undergoing medical testing and/or examination.

If the IP Benefit Period you had with your other provider is not available with GuildSuper, then you will be allocated the next shorter Benefit Period available under GuildSuper. For example, if your Benefit Period with your other provider was 10 years, then you will be allocated a 5 year Benefit Period with GuildSuper. If the Benefit Period you had with your other provider cannot be matched with GuildSuper (because the Benefit Period you had with your other provider is less than 5 years), transfer of IP cover will be provided with the 5 year Benefit Period but subject to approval by our Insurer following the provision of health information and/or undergoing medical testing and/or examination.

Where the waiting period and/or Benefit Period relating to your IP cover with the other provider cannot be matched within GuildSuper, and your transferred IP cover replaces your current GuildSuper IP cover, our Insurer will confirm the terms applicable to your IP cover in writing before your application to transfer is approved.

**3) I confirm that this transfer of cover is (tick one box only):**

in addition to my current GuildSuper cover (if any), or

to replace my current GuildSuper cover of the same type (if you tick this box, any additional terms relating to your existing cover with your other provider (under question 4) will be applied by our Insurer to the insurance cover of the same type you currently hold in GuildSuper.)



### 3. Existing cover details held with the other provider that you wish to transfer to GuildSuper (continued)

#### 4) Is your cover with the other provider subject to any premium loading, exclusions or restrictions in relation to any medical condition or other conditions (additional terms)?

Yes  No

If 'Yes' please provide full details of the premium loadings, restrictions and/or exclusions in the table below (including a copy of the advice you received from the other provider advising you of the acceptance of your cover subject to these additional terms).


**If you have answered 'Yes' to question 4, our Insurer will impose the same additional terms in relation to the transferred amount and will confirm these terms in writing to you if your application to transfer is approved. If your transferred amount replaces your current GuildSuper cover, the additional terms will apply to the replacement cover.**

### 4. Documentary evidence of existing cover to be transferred

I have attached documentary evidence of the above cover. For example a copy of the most recent benefit statement or letter from the other provider confirming the level and type of cover.

Yes  No

**If 'No' GuildSuper will be unable to transfer your existing level of cover.**

### 5. Acknowledgements

Furthermore, I acknowledge that:

- If I do not fully complete, sign and date this *Insurance Transfer* form, I will not be able to transfer my existing cover with the other provider to GuildSuper
- If our Insurer accepts this application for transfer, my existing amount of Death, TPD and/or IP cover (as applicable) with the other provider as at the transfer date will be added to or replace my GuildSuper cover (by way of additional units rounded down to the nearest whole unit(s) applicable to my age where GuildSuper cover is Unitised) but subject to my cover in GuildSuper as a result of the transfer not exceeding \$1 million for Death, \$1 million for TPD or \$10,000 per month for IP cover
- The transfer of cover will not commence in GuildSuper until the later of: i) our Insurer accepting my application; and ii) cancellation of my existing insurance cover with my other provider
- It is my responsibility to answer this form correctly (including whether any premium loadings, restrictions and exclusions applied with my other provider) but GuildSuper and our Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided
- I agree to provide GuildSuper or our Insurer access to the health and/or financial evidence I provided to my other provider in an application for the cover. Any non-disclosure to another provider may be acted on by GuildSuper or our Insurer
- If it becomes apparent to GuildSuper or our Insurer that I have not responded truthfully or satisfied the requirements as set out in this form, then any insured benefit that may be payable to me, my beneficiaries or my estate under GuildSuper may be reduced by the insured amount paid or payable from my former fund, any division or section of the former fund, or any other fund, or any insurer under a policy, including a policy issued under any continuation option that I exercised. This reduction in benefit will, however, be limited to the extent that my benefit from GuildSuper is no less than I would have been eligible to receive under the terms of the policy between GuildSuper and our Insurer had I not applied for a transfer of existing cover
- If our Insurer accepts this application, the terms and conditions as outlined in our Insurer's policy documents will apply, and the terms and conditions of my other provider (except additional terms applicable to my existing cover, retained by our Insurer) will cease to apply
- I declare that the information contained in this *Insurance Transfer* form (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld
- I have read the *Product Disclosure Statement (PDS)* and *Insurance Guide*, including the 'Duty of Disclosure' section and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the Insurer has accepted the risk
- I understand that our Insurer may not accept this application and I should therefore not cancel my existing cover with my other provider before being notified that our Insurer has accepted this transfer application.

Continued over



## 5. Acknowledgements (continued)

### NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU

#### Duty of disclosure

The following section applies to members who are applying for cover including any application to vary or increase cover.

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell our Insurer anything that he or she knows, or could reasonably be expected to know, that may affect our Insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until our Insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

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

- reduces the risk our Insurer insures you for; or
- is common knowledge; or
- our Insurer knows or should know as an insurer; or
- our Insurer waives your duty to tell it about.

If you do not tell our Insurer something that you know, or could reasonably be expected to know, this may affect our 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 tell our Insurer something that he or she must tell our Insurer.

### If the person entering the contract does not tell our Insurer something

In exercising the following rights, our Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, our Insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell our Insurer anything he or she is required to, and our Insurer would not have provided the insurance if he or she had told our Insurer, our Insurer may avoid the contract within 3 years of entering into it.

If our Insurer chooses not to avoid the contract, our 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 he or she had told our Insurer everything he or she should have.

However, if the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

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

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

Signature



Date

 /  / 

## Next steps

Send completed form to: **GuildSuper, GPO Box 1088, Melbourne, VIC 3001**

## Need help?

Please call GuildSuper on **1300 361 477** from 8am to 7pm (AEST) Monday to Friday.

