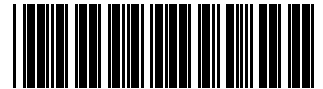


# FirstChoice Employer Super Transfer of Insurance Cover Form



1 February 2025

SAVE AS FORM

This form is to be completed for applications to transfer insurance from an external superannuation fund or life insurance policy.

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 Employer Super.**

The following documentation must be supplied:

- 1 the existing currency of the policy (issued within the last 60 days); or
- 2 the most recent statement (issued within the last 12 months) from your former fund or renewal notice from your insurer.

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

- you are joining FirstChoice Employer Super for the first time or are an existing member of FirstChoice Employer Super, and
  - you have insurance cover under a life insurance policy ('previous policy') or an existing superannuation fund ('former fund') and are transferring the account balance of that former fund to FirstChoice Employer Super, by
- 1 completing PARTS A, B and D of this form, providing all the required details and signing and dating the Duty to take reasonable care section of this application form, and
  - 2 attaching the most recent statement (issued within the last 12 months) from your former fund or previous policy confirming the type and level of cover you have with the former fund or previous policy 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 Employer Super's insurer, AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or previous policy, subject to product maximums (see below).

Refer to important information about transfer of insurance on pages 20 to 22 of the PDS.

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)

0 6 5

(dd/mm/yyyy)

Title

Gender

Mr Mrs Miss Ms Other

Male Female

Given name(s)

Surname

Postal address

Unit number Street number PO Box Street name

Suburb State Postcode

Country

Name of former fund or life insurance company

Former fund member number or policy number

Former fund USI (if known)

**Please note: If you are transferring cover from more than one fund, you need to complete a separate transfer of insurance cover form for each policy.**

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

**About this application**

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*. When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

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

**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 before the contract of insurance is entered into.

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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

**If you do not meet your duty**

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

**Guidance for answering our questions**

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

**Changes before your cover starts**

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 you need help**

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

**Notifying the insurer**

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*.

**PART A – PERSONAL DETAILS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)****1 INSURED DETAILS (CONTINUED)****1 a** What is your usual occupation

Main occupation


Industry


Self-employed?

No ☐ Yes ☐  
No ☐ Yes ☐
Permanent  
full-time☐Permanent  
part-time☐Casual<sup>1</sup>☐Unemployed<sup>1</sup>☐

Contractor

☐(dd/mm/yyyy)  
Contract end date**b** Do you perform any manual work?No ☐Yes ☐

If 'Yes', please describe duties and percentage of time spent in each.

Type of work

% of time

Please describe your specific duties and where they are performed

Sedentary		
Light manual		
Heavy manual		

**2** What is your annual income? (gross taxable income) \$**3** Hours currently working per weekZero ☐1–14 hours ☐15–60 hours ☐>60 hours ☐

Please provide number of hours if &gt;60

**PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (ALL QUESTIONS ARE MANDATORY)**

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 not arranged through a defined benefit fund.**b** I will cancel my existing insurance cover under my former fund or previous policy when I receive confirmation from FirstChoice Employer Super 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 or insurance policy.**d** I will not effect a continuation option, or subsequently reinstate cover within the former fund, previous policy or any other division, section or category of the former fund or previous life insurance company, 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 Employer Super and will not be eligible to make a claim for this portion of cover.

The following question only needs to be answered if you're applying to transfer cover from a different superannuation fund.

**2** If you are transferring insurance cover from an existing superannuation fund ('former fund'), 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 Employer Super and will not be eligible to make a claim for this portion of cover.

<sup>1</sup> You will not be eligible to transfer TPD or SCI cover to FirstChoice Employer Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Employer Super Insurance booklet.

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

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

Type of cover	Has this cover been in place for at least 12 months <sup>3</sup> ?	Date cover started (dd/mm/yyyy)
a Death cover <sup>2</sup> \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
b TPD cover <sup>1, 2</sup> \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
c SCI cover <sup>1, 2</sup> \$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

SCI waiting period, eg 30 days, 60 days, 90 days

SCI benefit period, eg 2 years, 5 years, to age 60, to age 65

**Please note:** TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (inclusive of up to 15% allowance for super contributions) of your total income.

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

8 Is your cover under the former fund or previous policy 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, former fund or previous policy advising you of the acceptance of your cover subject to these additional terms.

9 We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am ☐ 11am – 2pm ☐ 2pm – 5pm ☐

Contact details<sup>4</sup>

Mobile phone number

Work phone number

Home phone number

Email address

1 You will not be eligible to transfer TPD or SCI cover to FirstChoice Employer Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Employer Super Insurance booklet.

2 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.

3 If your current cover has not been in place for at least 12 months, you will not be eligible to transfer insurance cover into FirstChoice Employer Super.

4 The contact details you have provided will only be used to contact you regarding your insurance application. To update your account details, please log into FirstNet, call us or complete a Change of Details form, available at [cfs.com.au/forms](https://cfs.com.au/forms)

## PART C – PRIVACY

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at [www.aia.com.au](http://www.aia.com.au) or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online),
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser, employers, health professionals, reinsurers, government agencies, service providers and affiliates,

- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy, and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

If you do not provide the required personal and sensitive information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your personal information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's privacy policy.

## PART D – DECLARATION

### 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 Employer Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund or previous policy will be replaced by the equivalent amount of agreed fixed cover, and
- if the insurer has accepted my application, my cover will generally commence in FirstChoice Employer Super on the date my transfer of superannuation benefits is completed by the former fund or cover under my previous policy is cancelled, subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Employer Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Employer Super 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 or previous policy, and
- I agree to provide FirstChoice Employer Super or the insurer with access to the health evidence I provided to my previous insurer in my application for cover, and any non-disclosure to the previous insurer may be acted upon by FirstChoice Employer Super or the insurer, and
- should it become apparent to FirstChoice Employer Super 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 Employer Super may be reduced by the insured amount paid or payable from my former fund or previous policy, 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 Employer Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Employer Super 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 Employer Super 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 Employer Super insurance arrangements, and
- I acknowledge Part C and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law, and
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

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  
Or via the secure online system (e-post) with FirstNet Investor and FirstNet Adviser.

Please ensure that you attach a copy of the most recent statement from your former fund or life insurance company (as outlined on page 22 of the PDS). 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 Employer Super.

ADVISER USE ONLY

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.