

Essential Super

Transfer of Insurance Cover Form from FirstChoice

14 December 2024



Provided by



Use this form to apply for a transfer of insurance from FirstChoice Employer Super or FirstChoice Wholesale Personal Super. Your request is subject to the insurer's acceptance and some limitations apply.

To complete this application, please complete Parts A, B & D of this form, providing all the required details and acknowledging the Important information section below.

If the insurer (AIA Australia) accepts your application, you will receive an amount of fixed cover equivalent to the level of cover you currently have under your AIL product (subject to our maximum cover levels).

Take note

If you are transferring insurance cover from more than one fund, you need to complete a separate 'Transfer of insurance cover' form for each policy.

For more details on transferring insurance into your Essential Super account, please refer to the Insurance Reference Guide at commbank.com.au/essentialinfo

Important information

In this important information section, 'we' 'our' 'us' means the insurer, AIA Australia Limited.

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.

Essential Super is distributed by Commonwealth Bank of Australia.



Part A – Your personal details (all fields are mandatory)

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.

Your details

Existing account number (if known)					Date of birth				
Title	Mr	Mrs	Miss	Ms	Other	Gender	Female	Male	
Given name(s)									
Surname									
Postal address									
Unit number		Street number			PO Box				
Street name									
Suburb						State		Postcode	
Country									

Select the fund you want to transfer your insurance from

<input type="checkbox"/> FirstChoice Employer Super	<input type="checkbox"/> FirstChoice Wholesale Personal Super
Member number for this account	

About your occupation

1. a What is your usual occupation

Main occupation	Industry	Self-employed?	
		No Yes	
		No Yes	
<input type="checkbox"/> Permanent full-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Contractor	Contract end date
<input type="checkbox"/> Permanent part-time	<input type="checkbox"/> Unemployed		

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 week

Zero 1–14 hours 15–60 hours >60 hours Please provide number of hours if >60

Part B – Personal statement and confirmation of requirements

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to the following questions:

I confirm that the following statements are true and correct and agree to abide by these requirements:

- | | | |
|--|----|-----|
| • My existing insurance cover under my former fund will be cancelled when I receive confirmation from the trustee of Essential Super of my successful application, and | No | Yes |
| • 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, other than Essential Super. | No | Yes |

If you answered 'No' to either of the above questions, you will not be eligible for a transfer of insurance in Essential Super.

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 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

1. I acknowledge that:

- I have read the duty to take reasonable care section of this form, and
- if I do not fully complete, sign and date this application, I will not be eligible to roll over my existing cover to Essential Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund will be replaced by an equivalent amount of fixed cover in Essential Super, and
- if the insurer has accepted my application, my cover will commence in Essential Super on the date this application is completed subject to cancellation of my existing cover as outlined in Part B, and
- the Trustee and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- the Trustee 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, and
- I agree to provide the Trustee or the insurer with access to the health evidence I provided my former fund and its insurer in my application for cover, and any non-disclosure to a former fund or insurer may be acted upon by the Trustee or the insurer, and
- should it become apparent to the Trustee 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 Essential Super may be reduced by the insured amount paid or payable from my former fund, 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 Essential Super is no less than I would have been eligible to receive under the terms of the policy between Essential Super and the insurer had I not applied for a transfer of cover, and

2. I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of Essential Super insurance arrangements, as described in the current PDS, and

3. I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the Essential Super insurance arrangements, and

4. 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

5. 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.

Member signature

Print name

Date signed

Please return the completed form to: **Essential Super, Reply Paid 86495, Sydney NSW 2001**
or upload a scanned copy on NetBank

Bank use only

This form should not be accepted or processed at branch.

Please mail to: Essential Super, Reply Paid 86495, Sydney NSW 2001 or contact 13 4074