

Transfer your insurance

* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

When completing this form use all capital letters eg and check boxes with a cross eg

Apply online for fastest response – simply login at vicsuper.com.au and complete the application.

Instructions:

About this form:

- MetLife will be treating this contract as a 'consumer insurance contract'
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

Important information

Transferring your other insurance

Please take the time to read through the eligibility requirements to transfer your insurance.

Income Protection

If you have income protection cover through another superannuation fund, including a self-managed super fund, you may be able to **replace** any existing income protection insurance cover you have with VicSuper FutureSaver with your transferred cover. Any existing income protection cover you have with us will be cancelled.

An individual retail policy cannot be transferred to your VicSuper FutureSaver account.

Transferred cover for income protection will be rounded up to the nearest unit.

Death and TPD

If you have death only or death and TPD cover through another superannuation fund, including a self-managed super fund, you may be able to replace or increase your cover under this policy up to certain cover limits.

An individual retail policy cannot be transferred to your VicSuper FutureSaver account.

Transferred cover for death only or death and TPD plus any existing cover you hold under this policy will be automatically converted to fixed cover. You cannot have a combination of unit based and fixed cover. You can apply to have your cover converted to unit based at a later time if you wish.

Important

Do not cancel your existing insurance cover or close your account with your current fund/Insurer until you receive confirmation in writing from us that your insurance transfer has been approved. If existing cover is already cancelled it cannot be transferred. Transferred cover will commence on the date your application is accepted.

Eligibility to transfer cover

To be eligible to transfer cover you must:

- be under 60 years of age
- be *at work* on the date you apply (see definition of "at work" below)
- meet the eligibility requirements in Step 5.

To be considered "*at work*" you need to be either

- performing all your normal and usual duties of paid employment without restriction (or would have been if it wasn't a public holiday or weekend, or on approved leave for reasons other than illness or injury), or
- if you're not in paid employment you must be capable of being able to carry out the duties of your usual occupation for at least 35 hours per week without restriction by illness or injury,

AND

you are not receiving, or claiming and/or entitled to claim income support benefits from any source including (but not limited to) workers' compensation benefits, statutory accident benefits and disability income benefits.

Limitations and conditions of transfers

The following conditions will apply to any cover that is transferred:

Important information (continued)

For Income Protection

- The maximum amount of cover that can be transferred is \$15,000 per month (or 30 units).
- The transferred cover will be rounded up to the next whole unit (that is, to the next \$500) per month.
- Where the waiting period that applies under the former super fund cannot be matched under this policy, the next longest waiting period available under this policy will apply, except in the following cases:
 - a waiting period under the former super fund of 13 weeks will be considered to be 90 days, and;
 - a waiting period under the former super fund of 9 weeks will be considered to be 60 days; and;
 - If the waiting period is more than 90 days it cannot be transferred.
- Where the benefit period that applies under the former super fund cannot be matched under this policy, the next shortest benefit period available will apply. For example, if the cover to be transferred has a benefit period to age 60, your transferred cover with us will have a 5 year benefit period. If the benefit period is less than 2 years it cannot be transferred.
- IP cover cannot be transferred if
 - it is subject to a loading of more than 150%, or
 - has more than 3 exclusions, or
 - has a combination of loadings and exclusions equal to more than 150% (where each exclusion is worth 50%).
- Any individual exclusions, restrictions and premium loadings which applied to the cover in the former super fund will apply under this policy, until they expire according to their terms.
- Otherwise the terms of this policy will apply to any transferred cover.

For Death and TPD

- The maximum amount of cover that can be transferred is \$2 million for Death cover and \$1.5 million for TPD cover.
- The transferred cover, together with any other cover provided under your policy cannot exceed \$3.5 million for Death cover and \$2.5 million for TPD cover.
- Death cover cannot be transferred if it is subject to a loading of more than 200%.
- TPD cover cannot be transferred if
 - it is subject to a loading of more than 150%, or
 - has more than 3 exclusions, or
 - has a combination of loadings and exclusions equal to more than 150% (where each exclusion is worth 50%).
- Any individual exclusions, restrictions and premium loadings which applied to the cover in the former super fund will apply under this policy, until they expire according to their terms.
- Otherwise the terms of this policy will apply to any transferred cover.

Important

Following confirmation by us accepting your transferred cover, you **must cancel the cover with the former super fund** and not reinstate it or continue it through another insurance arrangement. The Insurer reserves the right to see evidence of this cancellation at any time. If you do not cancel the cover with the former super fund, the Insurer will not pay a benefit on the amount of the transferred cover.

Privacy - Use and disclosure of personal information

The personal information you provide in this form is collected by and held by us to administer your insurance within your VicSuper FutureSaver (EmployeeSaver) account. If you do not provide the requested information, we may be unable to process your insurance application or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, MetLife Insurance Limited and/or our legal or other professional advisors if reasonably necessary. You should read the 'Our privacy information' section in the *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at vicsuper.com.au/privacy

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the *Privacy Act* 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 7 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Step 1:
Personal details

Member number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member type	<input type="checkbox"/> PersonalSaver	<input type="checkbox"/> EmployeeSaver						
Title*	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name/s*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address*	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Residential address* <i>(if the same as your postal address, mark 'AS ABOVE')</i>	<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"/>	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Daytime phone number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred time of contact	<input type="checkbox"/> Morning (9am-12pm)	<input type="checkbox"/> Afternoon (12pm-6pm)	<input type="checkbox"/> Any time					
Date of birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female						
Email*	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you legally permitted to reside and work for reward in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

By providing your email address you are agreeing to receive communications via email, or via MembersOnline. You can change or further customise how you receive your communications at any time by logging into MembersOnline or calling the Member Centre on **1300 366 216**. If you are not registered for MembersOnline you can register online. Some correspondence cannot be sent electronically so you may still receive some communications in the post.

Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.

Step 2:
Activate, take up and maintain insurance cover

As a new member you don't automatically receive default cover until you are at least 25 years old and your account balance has reached \$6,000 at some point and meet the eligibility criteria mentioned in Insurance Handbook. If you would like to begin your insurance cover prior to either turning 25 or your account balance reaching \$6,000, elect/tick the box below to activate your default insurance cover.

Once your cover is activated it will continue unless you have not received a contribution or rollover into your EmployeeSaver account for a continuous period for 16 months. By selecting the box below your cover will remain active subject to you meeting the terms and condition of policy.

Complete this section if:

- You are a new member to EmployeeSaver, and have not yet activated your default insurance cover, you need to do that before your transfer of insurance will take place. Use this step to activate your default insurance cover.
- You currently have no insurance cover in place, and your account balance is under \$6,000 and/or you are under 25 years old.
- You have existing cover in place and you want to ensure it is not automatically cancelled when your account becomes inactive.

By ticking this box you declare that:

- If my default cover has not been activated as a new EmployeeSaver member, I agree to begin this cover prior to my transfer of insurance being completed
- I understand that my insurance cover will commence and continue subject to the terms and conditions of the insurance policy even if I am under the age of 25, my account balance is less than \$6,000 and/or my account becomes inactive (which includes receiving no contributions or other amounts) for a continuous period of 16 months
- I have read and understood the *Insurance Handbook*
- I understand that any change to this election must be made in writing.

Step 3:
Occupation category

The premiums you are charged for your insurance cover are determined by your occupation category and age. The standard premiums are the general occupation category. Depending on your occupation, you may be eligible for reduced premiums. Complete the section below to apply to change your occupation category to White Collar or Professional.

What industry do you work in?

e.g. *finance, agriculture, education*

What is your current occupation?

1. Are the duties of your regular occupation limited to either: a. Professional, managerial, administrative, clerical or similar 'white collar' duties which are undertaken in an office environment for at least 90% of your regular working hours, or managerial duties within an educational institution (for example school principal or deputy principal)? Or b. Educational duties performed within a school or other educational institution (other than school principal or deputy principal)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the income you earn from your occupation greater than \$100,000 per annum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you: a. Hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession? Or b. Work in a management role?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>

Compare your answers above with the table below to determine which category you qualify for.

General	White Collar	Professional
Answering 'no' to both parts of Question 1	Answering 'yes' to Question 1.(b) or answering 'yes' to Question 1.(a) but 'no' to Question 2 or both parts of Question 3	Answering 'yes' to Question 1.(a) and Question 2 and either (a) or (b) in Question 3. <i>Note, members who answer 'yes' to Question 1.(b) are not eligible for the "Professional" occupation scale</i>

Own occupation

If you qualify for the white collar or professional occupation category, and you select an income protection benefit period of 5 years or age 65, you may elect the own occupation category. Electing the own occupation category does incur a higher premium. See the Income Protection section of the *Insurance Handbook* for further details relating to own occupation.

I would like to elect the own occupation category for my IP cover.

Step 4:
Provide details of
your insurance
cover outside of
VicSuper FutureSaver

By completing this form you are agreeing to transfer your insurance only.

If you wish to transfer your benefits or balance to the Fund please read the VicSuper FutureSaver Product Disclosure Statement and Member Guide, and complete the *Roll over your super to VicSuper Fund* form.

Transfer from

Super fund/Insurer name*

Member number/client number*

Super fund/Insurer address

Postcode

Super fund phone number

Income Protection

Income protection cover that is transferred **replaces** any existing cover you have with VicSuper FutureSaver, including benefit amount, waiting period and benefit period. **Cover cannot be added together.**

Please provide details of your cover to be transferred below.

Amount to be transferred \$ (per month)

Transferred waiting period days

Transferred benefit period

Death and TPD cover

I wish to Increase my cover under this policy by adding my transferred cover to existing cover (within cover limits).

Replace my cover under this policy up to the transferred cover amount

The amount of insurance cover I wish to transfer: \$ **Death only**

\$ **Death & TPD cover**

You must obtain and attach a statement or letter from your Super fund/Insurer that is no more than 6 months old from the date of issue, confirming the type and level of cover, and full details of any premium loadings, restrictions, exclusions or any other special conditions applicable to the cover, including pre-existing conditions exclusions, limited cover or new events cover (as applicable). This is also known as a 'certificate of currency'.

Step 5:
Your personal
statement

Eligibility Questions

1.	Are you under age 60 and at work on the date you are applying for this insurance transfer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are you legally permitted to reside and work for reward in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	In the last 12 months have you had any illness or injury that: a. caused you to take time off work for more than 10 consecutive working days, or b. required modification to your normal working hours or duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Are you considering seeking any medical advice or treatment for any illness or injury that: a. you have not already consulted a medical professional for, or b. appears to be getting worse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answer 'No' to question 1 or 2, or answer 'Yes' to any of the questions 3 to 8 above, you will not be eligible to transfer your existing insurance cover from the transferring fund to us. Please call the Member Centre on **1300 366 216** for details.

9.	Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? If Yes , please provide details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/> <input type="text"/>		

Transferred cover will be accepted on the basis that you comply with each of the agreed terms and declaration below. Failure to do so will invalidate the transfer and in the event of a claim the transferred cover will not be paid.

Step 6: Duty to take reasonable care

Important

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most

Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

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 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.

It's important that you understand this information and the questions we ask, so if you have any queries please contact the fund's Member Centre on 1300 366 216.

Step 7:
General consent
& Sign

You must read and acknowledge the General Consent by signing below -

- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I have read the insurance section of the current Product Disclosure Statement.
- I understand I must cancel the existing insurance cover being transferred from the other fund following confirmation that my transfer has been approved.
- I will not transfer the cover I am transferring to any other super fund or Insurer, I will not exercise a continuation option, or subsequently reinstate any cancelled cover within the transferring fund or any other fund or Insurer.
- I understand that all cover, including all transferred cover and any existing cover with the Fund, will be subject to the terms and conditions relating to insurance provided by the Fund.
- I have read and understand the Duty to take reasonable care on page 7 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I have read and understood the privacy policy available at vicsuper.com.au/privacy and the Privacy Disclosure Statement entitled 'Privacy – Use and Disclosure of personal information' on page 2 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I understand that death and death and TPD cover ceases at age 70 and that income protection cover ceases at age 65.
- I understand that if I transfer death and TPD cover, any existing unit-based cover I have will be automatically converted to fixed cover upon approval of my transfer.
- I understand that the fixed TPD component of my cover will reduce by 10% per annum between the ages of 61 and 68. From my 68th birthday TPD benefits will remain at 20% of my cover value through to age 70 when cover ceases.
- I understand that my insurance cover will continue subject to the terms and conditions of the insurance policy even if my account becomes inactive (which includes receiving no contributions) for a continuous period of 16 months.
- I understand that cover will only be provided if there are sufficient funds in my VicSuper FutureSaver account at all times to pay for the premiums.
- I understand that if I close my VicSuper FutureSaver account in the future all cover will cease and there is no option to continue my previous insurance cover provided by the Insurer.
- I acknowledge that if MetLife accepts the transfer of my existing insurance cover, it is doing so on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as having not commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when applying for the existing cover.

Given name/s*

Surname*

Signature*

Date*

Step 8:
Send your form
to us

Send your completed form along with any supporting documentation to

**VicSuper
GPO Box 89
MELBOURNE VIC 3001**

Please **do not fax this form**. We will not process any changes to your cover received via fax as we must receive the original form to make changes to your cover.

Insurance cover outlined in the form is provided under group life insurance and group income protection policies issued and underwritten by MetLife Insurance Limited ABN 75 004 274 882 AFSL NO. 238 096

Aware Super Pty Ltd, ABN 11 118 202 672, AFSL 293340, The trustee of Aware Super ABN 53 226 460 365.