



Application to transfer insurance cover

Complete this form if you are under age 65 and would like to transfer your external Death, Total and Permanent Disability (TPD) and/or Income Protection cover to Rest.

Please write in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen. This form will be invalid if unsigned and undated.

A maximum of \$1,000,000 of Death cover, \$1,000,000 of Total and Permanent Disability (TPD) cover and \$20,000 per month of Income Protection (IP) cover can be transferred from another super fund or insurance policy and added to your Rest account. These amounts are also subject to the maximum level of cover under the policy. If you're thinking about transferring IP cover, it's important you know that any benefit payable at claim time is subject to maximum limits.

For more information see the relevant Insurance Guide and Target Market Determination available at rest.com.au/pds.

Once you have completed all sections, send this completed form to: **PO Box 350, Parramatta NSW 2124**, or email a scanned copy or photo to **contact@rest.com.au**

You will need to:

- attach a copy of your most recent statement or equivalent evidence from your other fund or insurer, confirming the current type and level of cover you have with them
- attach a copy of any special acceptance terms you agreed to with your other fund or insurer (i.e. if your cover is provided with any cover loadings and/or exclusions) – refer to question 3 in 'Personal statement and confirmation of requirements'.

You should not cancel any existing cover until your new application is accepted. If the Insurer accepts your application, you will be allocated an equivalent level of cover provided to you by your other fund or insurer, and any special acceptance terms that apply to this cover (such as cover exclusions), will be transferred across to Rest and continue to apply. If Default cover units are provided, you will no longer be eligible for Default cover if you meet eligibility in the future.

The duty to take reasonable care

When completing this form you have a duty to take reasonable care not to make a misrepresentation to the Insurer. Further information on the duty to take reasonable care, consequences for not meeting this duty, and guidance on how to answer questions in this form can be found in Section 4.

The information you provide in this application form will be used by the Insurer to determine the type and level of insurance cover offered to you. If you do not comply with your duty you may experience delays upon lodging a claim or be determined ineligible to claim benefits. In some cases your insurance cover may be avoided or cancelled.

Section 1: Personal details

Member number	Date of birth (dd/mm/yyyy)	Gender
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> (M/F)
Mr/Mrs/Ms/Miss/Dr	Surname	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Unit number	Street number	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (business hours)	Mobile	
<input type="text"/>	<input type="text"/>	
Email address (Use a personal email address as we may send sensitive information)		
<input type="text"/>		

Section 2: Other super fund or insurer details

Name of fund or insurer	
<input type="text"/>	
ABN of fund or insurer	USI (Unique Superannuation Identifier) of fund
<input type="text"/>	<input type="text"/>

Section 2: Other super fund or insurer details - continued

Member number

Name of insurer (if known)

Business address

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Section 3: Personal statement and confirmation of requirements

1. Please confirm (by marking 'X' in the box below) that all of the following statements are true and correct:

- I will cancel my existing insurance cover in my other fund but only after my application has been accepted by Rest. If I do not cancel my previous cover I understand that I may be unable to claim on multiple insurance covers (depending on the terms of my other policies).
- I will not be transferring the cover within my other fund to any other division or section of that fund or to another fund/policy, other than Rest
- I will not effect a continuation option, or subsequently reinstate cover within my other fund or any other divisions or sections of that fund.

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

Yes No

If you answered 'NO' you will not be eligible to transfer your existing insurance cover from your other fund to Rest and this form will not be accepted.

2. I confirm that my current level of cover in my other fund is as follows:

- Death cover \$ (maximum amount of cover you can transfer is \$1,000,000)
- TPD cover \$ (maximum amount of cover you can transfer is \$1,000,000)
- Income Protection \$ (maximum amount of \$20,000 per month)

Waiting Period:

Existing IP waiting period

If your existing income protection cover has the same waiting period as your cover with the other insurer or fund, it will remain unchanged. If not, the next longest waiting period available with Rest will apply. This may be longer than the waiting period you currently have with the other insurer or fund.

Benefit Period:

Existing IP benefit period

If your existing income protection cover has the same benefit payment period as your cover with the other insurer or fund, it will remain unchanged. If not, the next shortest benefit period available with Rest will apply. This may be shorter than the benefit payment period you currently have with the other insurer or fund.

3. Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover; declined; or offered to you with an exclusion and/or loading?

Yes No

If 'Yes' please provide details of the exclusions and/or restrictions, including a copy of the advice you received from the existing insurer or other fund advising you of the acceptance of your cover subject to these additional terms.

4. Are you:

- unemployed; or
- unable to do the duties of your usual job without restriction for at least 20 hours per week due to illness or injury (even if you are not employed to work 20 hours per week).

Yes No

Section 3: Personal statement and confirmation of requirements – continued

5. Due to illness or injury, have you:

- a) been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months;
- b) been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months; or
- c) changed your usual job or work duties in the past 12 months?

Yes No

6. Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 24 months?

Yes No

7. Due to illness or injury have you ever made a claim, or are you intending to make a claim:

- a) for Workers' Compensation;
- b) for Government benefits (eg sickness benefit, invalid pension);
- c) from a motor accident scheme; or from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?

Yes No

If you answered 'Yes' to any of the questions 4 - 7 you will not be eligible to transfer your existing insurance cover from your other fund or insurer to Rest. Instead, to increase your cover you will need full underwriting. Log into rest.com.au/memberaccess, go to the insurance tab and use the 'Change your insurance' button to choose your cover. Or download the relevant 'Application for Insurance' from the insurance tab at rest.com.au/forms.

Employer name

Type of industry

Occupation/Job title

Detailed description of duties performed

Do you work in a:

shop office warehouse factory

other, please specify

Are you a senior manager in a company with at least ten employees?

Yes No

Are you working in a job that has any usual work hazards?

Yes No

(eg working at heights, working with explosives, working underground, underwater or in the air).

Qualifications (eg University Degree) and membership of professional associations

Section 4: Declaration

I acknowledge that:

- There are some risks if replacing existing cover, including the loss of any accrued benefits, the possibility of waiting periods to start again (if applicable), and the implications of making a misrepresentation on an application for cover
- If I do not fully complete, sign and date this Insurance transfer form, or provide suitable evidence of my current levels and/or types of cover, I will not be eligible to transfer my existing cover to Rest
- If TAL Life Limited (the Insurer) accepts my application, my existing amount of cover as at the transfer date from my other fund or insurer will be added to my current Rest insurance cover but subject to a maximum of \$1,000,000 Death, \$1,000,000 TPD cover and Income Protection of \$20,000 per month and will be added;
 - as Default and Voluntary units, if any (rounded up to the nearest unit) for Rest Super and Rest Corporate unit based cover or
 - as Voluntary units for Rest Corporate

My transferred cover may be accepted by the Insurer and added to my Rest account and premiums charged, but this cover will not commence until the cover with the existing fund or insurer has been cancelled (claims will not be paid if cover has not been cancelled)

- If my application is accepted and Default cover units are provided, I will no longer be eligible for Default cover if I meet eligibility in the future
- If accepted, premiums will reduce my super balance which will impact my retirement savings
- Rest and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided
- Rest and the Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied within my other fund
- I agree to provide Rest or the Insurer with access to the health and/or financial evidence I provided to my other fund and their insurer in an application for the cover. Any non-disclosure or misrepresentation (whichever is relevant) to my other fund or insurer may be acted upon by Rest or their Insurer
- Should it become apparent to Rest or the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate by Rest may be reduced by the insured amount paid or payable by my other fund; an associated Section or Division of that fund; another fund; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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 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. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Section 4: Declaration – continued

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support.

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 and understand the duty to take reasonable care above
- I understand that if my occupation category changes, my amount of insurance cover and insurance premiums may also change. I have sought advice (if required) from a licensed financial adviser to understand the impact of changing my occupational information.

Your privacy is important to us

When your personal details are provided to Rest, they are securely stored and are accessible only to authorised personnel for the purpose of maintaining your account and any insurance arrangements. If you would like to see Rest's Privacy Policy, visit rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at tal.com.au or free of charge on request to TAL by telephoning 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

Rest's current insurer is TAL Life Limited ABN 70 050 109 450, AFSL 237848.

Signature of applicant

(dd/mm/yyyy)