RetireSelect

RetireSelect
Insurance transfer form

1. Personal Details

Account number	
Full name	
Gender	
Date of Birth	
Occupation	
Address	
Email	
Contact Number	

2. Eligibility Details

If you are currently insured for death only cover, death and total and permanent disablement (TPD) cover or income protection with another Australian insurer under an employer sponsored superannuation policy or a personal retail insurance policy which commenced within the last 5 years, you can transfer your existing benefits into the fund without the need for underwriting.

To be eligible:

(a) You must be less than 65 years of age, and

(b) Your existing cover in the other fund or personal retail insurance policy must cease on acceptance by RetireSelect, and

(c) You must transfer your entire employer sponsored fund account balance to RetireSelect, and

(d) You must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option, and

(e) You must provide evidence of the type and level of cover currently held. If your transfer is from a superannuation fund you must provide a copy of your most recent Benefit Statement from your employer sponsored fund. If your transfer is from a personal retail insurance policy you must provide a copy of the current renewal notice and policy document from the Insurer, and

(f) Your benefits to be transferred must not be subject to any premium loading, restriction, exclusion or pre-existing condition, and

(g) Your occupation must not be an Excluded Occupation as defined under the fund's policy.

3. Cover Details

Transferring from	
Death Cover	
Death & TPD Cover	

3. Cover Details Continued

Income Protection	
Transfer Cover	
SG Cover	
Benefit Period	
Waiting Period	

4. Statement of good health

Do you have any injury or illness, which restricts you or is likely to restrict you in the future from carrying out, on a full time basis all the identifiable duties of your current employment? (Full time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full time but only that you have the physical and mental capacity to do so.)	
Are you eligible for or entitled to a claim from any superannuation fund or any insurance policy?	
Have you ever submitted a claim for Total and Permanent Disablement (TPD) or Terminal Illness?	
Have you every submitted a claim for Income Protection?	
Do you have, or have you ever had, any disease, illness or injury, or other conditions (other than colds, flu or mild asthma) which • has required more than a total of 2 consecutive weeks off work during the last 12 months, or • has reoccurred more than twice in the last 2 years, and/or is currently causing you symptoms or requiring treatment?	
Is your existing cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions?	

If you answer 'Yes' to any of the above questions you will not be eligible to transfer your insurance cover.

5. Duty Of Disclosure

Before you enter into a contract of life insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know or could be reasonably expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the Insurer; that is of common knowledge; that the Insurer knows or in the ordinary course of its business ought to know; as to which compliance with your duty is waived by the Insurer.

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

6. Declaration

I declare that:

(a) The information I have given, inclusive of any accompanying information is true and correct, and

(b) I satisfy all of the eligibility criteria for a transfer of insurances, and

(c) I have read and carefully considered the eligibility questions, and I understand the Duty of Disclosure, and

(d) I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.

(e) My existing insurance cover will be cancelled from the date that RetireSelect cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the Insurer that I have not cancelled my previous insurance cover, no claim will be payable under this policy.

(f) If am transferring an employer sponsored fund, my entire account balance will be transferred to RetireSelect.

Furthermore, I acknowledge that:

(a) If I do not fully complete this application or I do not sign and date it, I will not be eligible to transfer my insurance cover to RetireSelect, and

(b) My insurance cover will not commence until the Insurer has accepted my application. Cover will commence from the date that RetireSelect advises in writing, subject to the payment of premiums, and

(c) My existing level of cover will be converted to fixed level cover or unitized cover (rounded up to the next whole unit if necessary) depending on my RetireSelect membership type. For income protection cover the waiting period of my existing cover must be less than or equal to that offered under RetireSelect and the benefit period does not exceed that offered by RetireSelect, and

(d) The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

Signature	
Date	

You are required to send in evidence of your existing insurance cover you are intending to transfer, along with this document.

Evidence (one of the below depending on the where you are transferring your current insurance from)

- **Superannuation Benefit Statement**
- **Copy the current renewal notice and policy document.**

RetireSelect
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Phone: 1800 640 055

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