

# REQUEST TO TRANSFER INSURANCE COVER

Use this form to apply to transfer and replace your current insurance cover from another regulated super fund to Nationwide Super.

## 1. BEFORE YOU START:

You are applying to enter into a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that will impact on the insurer's decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer's decision on your application.

The full Duty of Disclosure is contained within this document and it is important you read it carefully.

Having read the above, I declare the information I am about to provide is honest, true and complete.

Signed:

 Date: 

## 2. MEMBER DETAILS:

Nationwide Super Member ID:

This information will be used to update our records where necessary.

 Title:  Surname: 

 Given Name(s): 

 Street or Postal Address: 

 Suburb:  State:  Postcode: 

 Date of Birth:  /  /  Daytime Phone No.: 

 Email: 

 Employer Name:



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### 3. EXISTING INSURANCE COVER DETAILS:

Please provide details of your existing insurance cover held with another regulated super fund that you wish to transfer to Nationwide Super:

Name of Other Regulated Super Fund:

Member / Account Number:

Please attach a **recent statement or confirmation** (issued in the last 90 days) from your other super fund showing the type, amount, waiting and benefit periods (income protection only) and any applicable loadings or exclusions for your existing insurance cover.

### 4. TRANSFER DEATH/TPD INSURANCE COVER:

Please provide the amount of your existing Death and/or Total and Permanent Disablement (TPD) insurance cover with another regulated super fund and the amount of insurance cover you require with Nationwide Super to replace it:

	Existing amount of cover	New amount of cover	
Death cover:	\$ <input type="text"/>	\$ <input type="text"/>	Max \$2 million in total
TPD cover:	\$ <input type="text"/>	\$ <input type="text"/>	Max \$2 million in total

\*The new amount of cover required must be equal to or less than your existing amount of cover with your other regulated super fund. This amount is in addition to any existing insurance cover held with Nationwide Super and will be converted into units and rounded up to the nearest unit. Where you hold fixed cover with Nationwide Super, this amount will be rounded up to the nearest \$10,000.

### 5. TRANSFER INCOME PROTECTION INSURANCE COVER:

Please provide details of your existing Income Protection insurance cover with another regulated super fund and the amount of insurance cover you require with Nationwide Super to replace it:

	Existing amount of cover	New amount of cover	
Income Protection cover:	\$ <input type="text"/> (per month)	\$ <input type="text"/> (per month)	Max \$20,000 pm, up to 85% of current salary
Existing waiting period:	<input type="text"/> days	Existing benefit period:	<input type="text"/> years

Your gross annual salary: \$

Your occupation:

\*The new amount of cover required must be equal to or less than your existing amount of cover. Where your existing waiting period is different to Nationwide Super's available options, your new waiting period will be next longest available. Where your existing benefit period is different to Nationwide Super's available options, your new benefit period will be next shortest available.



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## 6. ELIGIBILITY CONFIRMATION:

Please confirm that you meet the following requirements in order to transfer your insurance cover to Nationwide Super:

**I declare the following:**

(Confirm all of the following)

- I will be transferring the whole of my account balance from my other regulated super fund to Nationwide Super.
- The existing insurance cover with my other regulated super fund will be cancelled.
- I will not be transferring my existing insurance cover with my other regulated super fund to any other division or section of my other previous super fund or any other super fund.
- I will not take up a continuation option or subsequently reinstate insurance cover with my other super fund or any other division or associated super fund.
- I have never had an application for Death or TPD insurance declined by an insurer.

If you are not able to meet all of these requirements, you will not be eligible to transfer your insurance cover by submitting this form. Instead you will need to apply online by logging into your account at [nationwidesuper.com.au/login](http://nationwidesuper.com.au/login) or complete an **Application for Insurance** (available from our website or by contacting us) and be accepted by the insurer.

Is your existing insurance cover subject to any premium loading, exclusion or restriction?

- Yes (Provide confirmation of applicable loading/exclusion)       No (Provide confirmation of no loading/exclusion)

Any loading, exclusion or restriction that applies to your existing insurance will also be applied to the new amount of cover with Nationwide Super.

Please provide confirmation from your existing fund showing whether loadings or exclusions apply to your cover.

## 7. PERSONAL STATEMENT:

Please answer the following questions:

a) Are you restricted, due to illness or injury, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 30 hours per week.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you been diagnosed with an illness that reduced your life expectancy to less than two years from today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have you ever been paid, or are you eligible to be paid, or have you lodged or do you intend to lodge a claim for a Total and Permanent Disablement (TPD) or terminal illness benefit from another superannuation fund or life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered 'yes' to any of the questions in Section 7, you will not be eligible to transfer your insurance cover by submitting this form. Instead, please apply online by logging into your account at [nationwidesuper.com.au/login](http://nationwidesuper.com.au/login) or complete an **Application for Insurance**, available from our website or by contacting us.



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## 8. YOUR OCCUPATION DETAILS:

Please complete the below questions to determine if you qualify as a white collar or professional worker:

a) Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely (or at least 80%) within an office environment (excluding travel time from one office environment to another)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If 'Yes' to question a, you qualify as a white collar worker.</b>		
b) Are you earning in excess of \$100,000 per annum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Do you hold tertiary qualifications and are you a member of a professional institute or registered by a government body? OR Are you a member of your employer's executive leadership team with more than 10 years experience in your industry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If 'Yes' to all questions (a - c), you qualify as a professional worker. All other members will be rated as standard for death and TPD and either Light Manual or Heavy Manual for Income Protection</b>		

## 9. DECLARATION AND SIGNATURE:

**By signing this form I am making the following statements:**

- I declare I have fully read this form and the information completed is true and correct.
- I have read Nationwide Super's Product Disclosure Statement and Insurance Guide.
- I have read and understood the Duty of Disclosure on page 4 and I have not withheld any information that may affect the insurer's decision as to whether or not to accept my application for cover.
- I consent to my personal information being collected and used in accordance with CommInsure's Privacy Policy.
- I understand that insurance cover will not commence until I am notified of acceptance by Nationwide Super and that cover will be void if I do not transfer the whole account balance from my other regulated super fund, cancelling my existing insurance cover.
- I acknowledge that the terms and conditions of my new insurance cover with Nationwide Super may vary to the terms and conditions applicable to the insurance cover provided by my previous regulated super fund.

<input type="text"/>	Signature
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Date:
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Please return your completed form, along with proof of your existing insurance cover, to  
**PO Box 42 Charlestown NSW 2290**



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## IMPORTANT INFORMATION

### Please note:

Insurance cover is provided by The Colonial Mutual Life Assurance Society (ABN 12 004 021 809, AFSL 235035) ('CommInsure') and subject to the terms and conditions of the insurance policy issued to Nationwide Superannuation Fund (ABN 15 201 768 813) by CommInsure (the Policy), and as agreed with Nationwide Super and CommInsure from time to time. You should read Nationwide Super's PDS and/or Insurance Guide for a summary of the terms and conditions of the Policy. You can download the PDS and Insurance Guide from [nationwidesuper.com.au/PDS](http://nationwidesuper.com.au/PDS) or contact us on 1800 025 241 if you would like a copy of the Policy.

Once your application is assessed, we will notify you of the outcome.

### Privacy Notice

CommInsure's Privacy Policy can be found at [commbank.com.au](http://commbank.com.au) or upon request at any Commonwealth Bank Australia (CBA) branch. It describes their handling practices, information on how to make a complaint and how they deal with your complaint.

## NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU

### Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

### If the person entering into the contract does not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Contact Nationwide Super

**P:** 1800 025 241

**E:** [enquiries@nationwidesuper.com.au](mailto:enquiries@nationwidesuper.com.au)

**W:** [nationwidesuper.com.au](http://nationwidesuper.com.au)