



Individual Insurance Transfer Questionnaire

Personal Super member

You are an individual member

Corporate Super member

You are a member of an employer-sponsored plan

You can use this form if you are a member of an Employer or Personal Plan insured by AIA Australia and you wish to transfer your current insurance cover with another retail insurer or superannuation fund to your Employer or Personal Plan.

Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions.

IMPORTANT INFORMATION

AIA Australia agrees to provide individual transfer terms for Death/Total and permanent disablement cover (TPD) and income protection (indemnity) cover on the following basis:

- The cover in the 'former' fund ('former' fund refers to the fund which the member intends leaving) or 'insurance policy' ('insurance policy' refers to any external retail insurance arrangement the member might intend transferring from) ceases on acceptance of cover in the Employer or Personal Plan ('the Plan').
- The member has not received nor is eligible for a TPD benefit from another fund or insurance arrangement.
- The member is not terminally ill with a life expectancy of less than 12 months.
- The member is gainfully employed and physically capable of undertaking gainful employment for at least 30 hours per week.
- The member must be under the age of 60 at the date of application.
- The member must meet the eligibility criteria for insurance cover as set out in the relevant PDS.
- The member does not continue the cover under another insurance arrangement.
- The member provides a copy of an up-to-date statement letter or email produced by the former fund/insurer dated within the last 30 days, as evidence of cover currently held with the former fund/insurance policy.
- The member's replacement cover will not commence in the Employer or Personal Plan until the later of:
 - the insurer accepting the member's application, and
 - the existing insurance cover with the former fund/insurance policy being cancelled.
- The member completes the **Individual Insurance Transfer Questionnaire** (on next page) to the insurer's satisfaction.
- The level of cover provided to these members will be the level of cover held in the former fund/insurance policy and only where the previous insurer's acceptance terms were less than or equal to +100% extra mortality or two exclusions.
- The maximum amount of cover that can be transferred via the **Individual Insurance Transfer Questionnaire** is:
 - \$1 million each for death and TPD
 - \$10,000 per month for income protection (indemnity based).

(The waiting period (WP) and benefit period (BP) will be matched to the Employer or Personal Plan insurance offer. If the current WP is different, the member's WP will be rounded up to the next longest WP offered by the Employer or Personal Plan, ie a 45 day WP will be rounded up to a 60 day WP in the Plan. For BP, a member will receive the equivalent of their current BP, or if not available in the Plan, the lesser BP offered in the Plan.)
- These limits are subject to the maximum amount of cover that can be applied for each benefit. This means that following the transfer your total insurance cover (ie transferred cover plus insurance currently held) cannot exceed the maximum cover amounts provided by the Employer or Personal Plan for each benefit. In the event that the total insurance cover does exceed the maximum amount, the transferred cover may be restricted to the maximum cover amount. Refer to your Employer website or Product Disclosure Statement for further details on the maximum cover amounts.
- Occupational classifications will be based on the classifications used by AIA Australia.
- Ratings and premiums may change to adapt to the Plan's ratings and premiums.



Individual Insurance Transfer Questionnaire

You can use this form if you are a member of an Employer or Personal Plan insured by AIA Australia and you wish to transfer your existing insurance cover with another retail insurer or superannuation fund to your Employer or Personal Plan. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions.

INSTRUCTIONS

To apply to transfer your existing insurance cover to your Employer or Personal Plan you need to:

- complete Sections 1, 2, 3, 4 and 5 and provide the required details; and
- acknowledge the **Duty of Disclosure** section of this application form.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your former fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

1. Your membership

Tick ✓ which is applicable.

Personal Super member
– you are an individual member.

Corporate Super member
– you are a member of an employer-sponsored plan.

Date joined your Employer or Personal Plan Please see **Instructions** above.

2. Your details

Member number (for current members only)

Title Mr Mrs Miss Dr Other

First names

Surname

Postal address

Suburb State Postcode

Email

Telephone Date of birth Sex M/F

Occupation Industry

3. Your former fund or insurance company's details

You should check with your former fund or insurance company for information about your benefits in that previous fund or insurance policy including information on exit, transfer, withdrawal and other fees, any insurance cover you may have, and the availability of investment options. You should do this so that you fully understand the effects of transferring your benefits.

Please tick the appropriate option below to indicate if you are transferring your insurance cover from a super fund or an insurance company.

I am transferring my insurance cover from a super fund.

I am transferring my insurance cover from an insurance company.

Member account/policy number

Fund/Insurance company's name

Fund/Insurance company's postal address

Suburb State Postcode

Fund/Insurance company's telephone

Name of employer (if applicable)

Industry (if applicable)

4. Your personal statement and confirmation of requirements

1. Please confirm (by ticking one box below) that all of the following statements are true and correct:

- (a) I will cancel my existing insurance cover under my former fund/insurance policy;
- (b) I will not be transferring the cover under my former fund/insurance policy to any other division or section of the former fund or to any other fund, other than the Employer or Personal Plan;
- (c) I will not effect a continuation option, or subsequently reinstate cover within the former fund or with the former insurer or any other divisions or associated fund of the former fund or any other retail insurance arrangement.

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 former fund to the Employer or Personal Plan. You are not required to complete the remainder of this section of the form.

2. I confirm that my current level of cover under the former fund/ insurance policy is as follows:

(a) **Death cover** (maximum amount of cover you can transfer is \$1 million)

(b) **TPD cover** (maximum amount of cover you can transfer is \$1 million)

(c) **Income protection cover (indemnity)**

To be eligible for income protection cover under the Employer or Personal Plan you must be permanently employed and working at least 15 hours per week.

Income protection (per month) (maximum amount of cover you can transfer is \$10,000 per month)

Current income protection waiting period
(ie 30 days, 60 days, 90 days) days

Current income protection benefit period
(ie 2 years, 5 years, to age 65)

I understand that the transfer of my current death and TPD cover once accepted by the insurer, will be subject to the terms and conditions of the Employer or Personal Plan's insurance arrangements with AIA Australia and that my income protection benefit period and waiting period (if applicable) will be matched to the Employer or Personal Plan offer where possible.

You must obtain and attach an up-to-date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

3. Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis)?..... Yes No

4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD benefit with the Employer or Personal Plan, another superannuation fund or life insurance policy? Yes No

5. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?..... Yes No

If you answered 'Yes' to any of the questions 3 – 5 you will not be eligible to transfer your existing insurance cover from your former fund/insurance policy to the Employer or Personal Plan. You are not required to complete the remaining sections of this form.

6. Is your cover under the former fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions..... Yes No

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

Important note: If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a loading of more than +100% extra mortality, then cover for that benefit cannot be transferred to the Employer or Personal Plan.

5. Declaration and agreement

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 reasonably be 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 extend, vary, reinstate or transfer a contract of insurance. Any disclosure that you have made or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of an existing insurance cover does not release an applicant from the duty of disclosure under the Insurance Contracts Act 1984.

Non-disclosure and misrepresentation

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 insurance may, within three years of entering into it, elect not to void it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you in the normal course of our and AIA Australia's business, being used as outlined in our and AIA Australia's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of AIA Australia's privacy policy can be obtained from aia.com.au.

By signing this form I acknowledge that:

- if I do not fully complete, sign and date this **Individual Insurance Transfer Questionnaire**, I will not be eligible to transfer my current cover to the Employer or Personal Plan;
- if the insurer accepts my application, my current amount of cover as at the transfer date under my former fund will be replaced in my Employer or Personal Plan account but subject to a maximum of \$1 million each for death and TPD cover and \$10,000 per month for income protection (indemnity) cover;
- my replacement cover will not commence in the Employer or Personal Plan until the later of:
 - the insurer accepting my application; and
 - cancellation of my current insurance cover under my former fund/insurance policy
- the Employer or Personal Plan and the insurer may undertake appropriate enquiries and investigations to verify the answers I have provided;
- the Employer or Personal Plan and the insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the former fund/insurance policy;
- I agree to provide the Employer or Personal Plan or the insurer with access to the health and/or financial evidence I provided to any former fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a former fund or insurer may be acted upon by the Employer or Personal Plan or their insurer, and
- should it become apparent to the Employer or Personal Plan or the insurer that I have not responded truthfully or satisfied the requirements that I confirmed in Section 4 above, then any insured benefit that may be payable to me, my beneficiaries or my estate by the Employer or Personal Plan may be reduced by the insured amount paid or payable by my former fund; an associated section or division of the former fund; or any other fund or retail insurance arrangement; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions;
- I hereby declare that the information contained in this **Individual Insurance Transfer Questionnaire** (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld;
- if the insurer accepts my application, the terms and conditions as outlined in the insurer's policy document will apply, and the terms and conditions of my former fund and/or my former insurer will cease to apply; and
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the insurer has accepted the risk.

Your signature

X

Date

DD / MM / YY