

Transfer your insurance cover to Equip Super



About this form

You can use this form to transfer your death, total and permanent disablement (TPD) or Income Protection (IP) cover from another super fund or insurer into Equip Super. For full details of the terms and conditions applying to transfers of cover, please refer to the *Equip Super MyFuture Product Disclosure Statement (PDS)* and *Insurance in your super guide*.

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 later on 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.

1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Sex

Male ☐ Female ☐

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Business hours phone

After hours phone

Mobile

Email

2 – Transferring cover details

Name of fund or insurer that cover is transferring from (must be provided)

Your member number in the fund or insurer

Unique Superannuation Identifier (USI) for the fund or insurer

☐ Please attach proof of your insurance (a copy of your most recent member statement or a signed letter, also known as a certificate of currency, from your other fund or insurer, that is less than 6 months old).

How much cover do you wish to transfer into Equip Super?

| Cover to be transferred | Death and TPD Cover | Income Protection cover |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transfer all your cover? | <input type="checkbox"/> Transfer all my death and TPD cover | <input type="checkbox"/> Transfer all my income protection cover |
| Transfer only some cover? | <p>Death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/></p> <p>TPD cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/></p> | <p>IP monthly cover amount \$ <input type="text"/> , <input type="text"/></p> <p>Benefit period <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years</p> <p>Waiting period <input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days</p> |

If approved, any cover transferred will be added to your existing cover in Equip Super, but death and TPD cover is limited to a total cover amount of \$1.2 million and income protection cover is limited to a maximum monthly benefit of \$15,000. If you transfer death and TPD cover from another fund or insurer, both your existing death and TPD cover and the cover transferred in will become fixed cover.

Need help?



1800 682 626



equipsuper.com.au



Equip Super, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383
as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

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3 - Previous claims, work and health status

To be eligible to transfer your cover, you must be able to answer **No** to each of the following questions.

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. 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)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has an application for Life, Trauma, Total and Permanent Disablement (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a loading or exclusion, or any other special terms or conditions? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer **Yes** to any of the questions above, you will not be eligible to transfer your existing insurance.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at equipsuper.com.au/privacy or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercerc.com.au/privacy

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

Your privacy with MetLife

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 metlife.com.au/privacy

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

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.

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 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 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.

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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 contract starts, you think you may not have met your duty, please contact us immediately 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 questions, please contact Equip Super on **1800 682 626**.

4 – Sign the form

By signing this form I:

- acknowledge that I have received all the information I require in order to exercise the choices I have made.
- understand that the transfer of any cover will be subject to the provision of satisfactory evidence and will not be completed until Equip Super has advised me in writing of the acceptance of the transferred cover.
- have read and understood the *Equip Super MyFuture PDS* and agree to be bound by the terms and conditions outlined in them.
- declare that I will not effect a continuation option for my previous cover.
- declare that I will cancel all similar insurance cover with my fund or individual insurer within 60 days of receiving written confirmation of my successful application from Equip Super. I understand that any insurance proceeds from this policy will be offset by the proceeds paid or payable by the previous policy and any costs paid by this policy will not be refunded.
- declare that I understand that my cover will not commence under this policy if I have breached the duty to take reasonable care when applying for cover with a previous insurer and the previous insurer would have been permitted to avoid cover under their policy.

Signature

Date (ddmmyyyy)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001

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