



## Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until after the cover has been issued by the insurer. The same duty applies before you extend, vary or reinstate the contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

## If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. If you do not tell the insurer something that you are required to tell the insurer, and they would not have insured you on the same terms if they had been told, they may avoid your cover within 3 years of issuing it.

If the insurer chooses not to avoid your cover, they may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for death cover, the insurer may only exercise this right within 3 years of issuing the cover. If the insurer chooses not to avoid the cover or reduce the amount for which you have been insured, they may, at any time, vary the cover in a way that places them in the same position they would have been in if they had been told everything they should have been told. However, this right does not apply to death cover.

If the failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the cover as if it never existed.

## Our duty of disclosure

We, the trustee, also have a duty to tell the insurer anything that we know that may affect their decision to offer you cover. The consequences of non-disclosure are the same as described above.

## Privacy

The personal information you provide on this form will be used in accordance with Equip's Privacy Statement, which you can view online at [www.equipsuper.com.au/privacy](http://www.equipsuper.com.au/privacy) or you can obtain a copy by contacting us on 1800 682 626.

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy 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, will also handle your personal information. You can view Mercer's Privacy Policy online at [www.mercer.com.au/privacy.html](http://www.mercer.com.au/privacy.html).

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.

## 4 – Sign the form

### By signing this form I:

- acknowledge that I have received all 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 the Trustee has advised me in writing of its acceptance of the transferred cover;
- have read and understood the *Equip MyFuture PDS* and *Financial Services Guide* 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 not transfer my previous cover to any other policy or fund or reinstate it under my previous fund.

Signature

Date (ddmmyyyy)

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**Please return your completed form to Equip, GPO Box 4303, Melbourne VIC 3001**

## Need help?

☎ Call us on 1800 682 626 or 🌐 [www.equipsuper.com.au](http://www.equipsuper.com.au) 📄 Equip, GPO Box 4303, Melbourne VIC 3001

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