

Application to Transfer Insurance Cover

COMPLETE PARTS 1 TO 3 BELOW OF THIS APPLICATION TO TRANSFER INSURANCE COVER, AND SEND IT TO: REI SUPER, PO BOX 832, NEWCASTLE NSW 2300.

You may be eligible to transfer any existing Death (including Terminal Illness) only or Death and Total and Permanent Disablement (TPD) insurance cover or Income Protection (IP) Insurance that you have under **your existing superannuation fund (Previous Fund)** to your REI Super membership (subject to conditions).

If you wish to apply to transfer your cover, you need to:

- Complete **PART 1** and provide all the required details; and
- Answer all questions contained in **PART 2** (Personal Statement and Confirmation of Requirements); and
- Sign and date the Declaration contained in **PART 3**.

If REI Super's Insurer (MetLife Insurance Limited) accepts your application:

- You will be allocated sufficient units of cover rounded up to the next unit to replace the level of cover that you currently have under your existing superannuation fund in addition to cover you hold with REI Super.

Please note: You may transfer a maximum of \$750,000 of Death and TPD cover or 15 units of cover (whichever is the lesser amount) and up to 16 units of Income Protection (IP) Benefit. You are able to transfer cover from multiple funds at any time during your membership subject to maximums/terms and conditions.

About this form:

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

Privacy Statement: Use and disclosure of personal information

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 www.metlife.com.au/privacy.

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 on page 3 of 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.



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➤ PART 1: YOUR DETAILS

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other		Member number	
Given names		Date of Birth (DD-MM-YYYY)	
Surname			
Residential address			
Suburb		State	Postcode
Postal address. If the same as your residential address, mark X in this box.			
Suburb		State	Postcode
Mobile phone		Home phone	
Email			

Employer details

Company name																									
Contact person																									
Contact telephone number												Facsimile													
()												()													
Postal address																									
Suburb																		State				Postcode			

Previous fund details (the Fund/s from which cover is to be transferred)

This application will be considered incomplete without at least one of the identifiers provided.

Name of Fund		
Member number	Australian Business Number (ABN)	SPIN
Name of Fund		
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Name of Fund		
Member number	Australian Business Number (ABN)	SPIN

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▶ PART 2: PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

In order for REI Super and its Insurer to consider your application to transfer your insurance cover from your Previous Fund, you must answer each of the questions below.

NOTE - You can only transfer insurance cover from your Previous Fund which is the same type of insurance cover that you currently have with REI Super.

For example, if you currently have Death & TPD insurance with REI Super, you can apply to transfer your Death & TPD insurance cover from your Previous Fund. If you do not have insurance cover with REI Super at all, you will not be eligible to transfer your insurance cover until your insurance commences with REI Super.

DO NOT CANCEL YOUR PREVIOUS COVER UNTIL REI SUPER CONFIRMS ACCEPTANCE.

1. Will you be transferring the whole of your account balance in your Previous Fund to REI Super? ☐ YES ☐ NO

If 'Yes', please complete a *Rollover Form* (available on the REI Super website at reisuper.com.au) and attach it to this application.

If your answer is 'No', you will not be eligible to transfer your insurance cover via this form. You will need to complete a *Application for Insurance* form and be accepted by the Insurer.

Note: If you have already transferred your superannuation account balance from your Previous Fund, you do not need to complete the *Rollover Form*.

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

- a) The existing insurance cover under my Previous Fund will be cancelled; and
- b) I will not be transferring the cover under my Previous Fund to any other division or section of my Previous Fund or to any other fund; and
- c) I will not either effect a continuation option, or subsequently reinstate cover within my Previous Fund or any other division or associated fund.

I confirm that all three statements are true and correct and agree to abide by these requirements. ☐ YES ☐ NO

If your answer is 'No', you will not be eligible to transfer your insurance cover via this form. You will need to complete a *Application for Insurance* form and be accepted by the Insurer.

3. Do you currently hold the same type of insurance cover with REI Super that you are applying to transfer from your Previous Fund? ☐ YES ☐ NO

If you answer is 'No', you will not be eligible to transfer your insurance cover via this form. You will need to complete a *Application for Insurance* form and be accepted by the Insurer.

4. The level and type of cover under my Previous Fund(s) are as follows:

- a) Total Death Cover:

\$

(maximum \$750,000 or the equivalent of 15 units of cover)

- b) Total TPD Cover:

\$

(maximum \$750,000 or the equivalent of 15 units of cover)

- c) Monthly Income Protection Insurance Benefit:

\$ (maximum 16 units of cover)

You will be allocated the nearest number of units to replace the monthly benefit in your Previous Fund.

- d) Income Protection waiting period: days

If the waiting period you had with your former fund is not available with REI Super, you will be allocated the next longest waiting period available under REI Super.

- e) Income Protection Insurance benefit period: 2 years

If you are applying to transfer your income protection cover, what is your annual insurable income (salary)?

\$

Please also attach the most recent superannuation statement(s), confirming the level and type of cover you have under your Previous Fund.

Health questions

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)? ☐ YES ☐ NO

2. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury? ☐ YES ☐ NO

3. 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? ☐ YES ☐ NO

4. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months? ☐ YES ☐ NO

5. 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? ☐ YES ☐ NO

6. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred? ☐ YES ☐ NO

Note: If you answer Yes to any of the questions 1 to 6, you will not be eligible to transfer your existing insurance to REI Super.

7. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? ☐ YES ☐ NO

If you answered Yes to question 7, please provide details below.

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▶ PART 3: INFO FROM METLIFE – THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION:

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.

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.

The duty to take reasonable care

When applying for insurance, there is a 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 a 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.

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 cover starts, you think you may not have met your duty, please contact us immediately and 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 queries please contact the fund on 1300 13 44 33.

