

Transfer of insurance cover form

For Super members

You may be eligible to transfer any existing Death or Death and Total & Permanent Disablement (TPD) or Income Protection insurance cover you have through another regulated superannuation fund, to the Australian Ethical Retail Superannuation Fund (subject to terms and conditions set out in the [Insurance Guide](#)).

Send your completed form to:

Australian Ethical Super, Locked Bag 20013,
Melbourne VIC 3001

Or login to the member portal at
australianethical.com.au/login and upload your
completed form under the 'Contact Us' tab

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.

Important notes

If you wish to apply to transfer your existing insurance cover you must meet all of the following criteria:

- your existing cover must be of a similar nature to the cover provided under the Fund's insurance arrangements
- you complete Sections 1 - 3 of this form and provide the appropriate documentation
- you sign and date the declaration contained in Section 6

You will be required to provide documentary evidence of your existing insurance cover that you wish to transfer, including details of any exclusions or loadings that were applicable. Examples of documentary evidence include:

- last member statement (within 6 months of it being issued)
- letter or email from your current super provider confirming the details listed above
- current print-out of your online member account

Your occupation category will reflect the category you nominated when you joined the fund. You can update your occupation category on this form.

If the transfer of your insurance cover is accepted by us, but you continue to hold the insurance cover transferred to the Fund elsewhere, then any benefit paid to you under insurance held through the Fund will be reduced by the amount of insurance cover that you continue to hold elsewhere that was the subject of your transfer cover application. You will not be entitled to a refund of premiums for any cover that has been reduced in these circumstances.

Additional information

Before you submit a Transfer of Insurance Cover form, you should consider whether you wish to **opt-in** to Default Cover if you do not have Default Cover already. If you already received Default Cover before your Transfer of Insurance Cover application is accepted, the total cover you will have is Default Cover plus the cover that you have applied for under this Transfer of Insurance Cover form. If your application is accepted, your Default Cover will become Fixed Cover.

If your Transfer of Insurance Cover application is accepted and you do not have Default Cover at the time of your application, you will not be eligible to receive Default Cover in the future.

If the Fund's Insurer (MetLife Insurance Limited ABN 75 004 274 882, AFSL No, 238 096) accepts your application to transfer cover, you will receive the cover as Fixed Cover and any insurance cover held in the fund will be transferred to Fixed Cover.

If you are applying to transfer cover from more than one fund, you will need to complete a separate form for each fund.

The maximum amount of insurance cover that you can transfer to the Fund (together with insurance cover you already hold in the Fund, or have applied to hold) is:

- for Death or Death & TPD; \$1,500,000
- for Income Protection; \$15,000 per month

Important note if you have Income Protection Cover: If you are no longer in *permanent employment* or *self-employment* when you become *disabled*, the Income Protection benefits that the Insurer will pay is limited to a maximum of 2 years. No premium refund will be made if your benefit period is longer than 2 years. It is important to update your Income Protection benefit period if your employment status changes (for example, if you become a casual employee or a short-term contractor) so that we can decrease your premium.

If the waiting period that applies under the fund you are transferring from cannot be matched with Australian Ethical Super, the next longest waiting period available under this policy will apply. If the benefit period that applies under the fund you are transferring from cannot be matched with Australian Ethical Super, the next shortest benefit period available under this policy will apply.

Note: we'll send you a letter confirming that you opted-in to have insurance even if your account becomes *inactive* and a separate confirmation that the application for insurance is accepted along with any applicable conditions.

Privacy - 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 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 6 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.

Section 1: Personal details (the applicant)

Member number

Surname

Date of birth (DD/MM/YYYY)

Sex at birth

Male Female

Full given name(s)

Address

City

State

Postcode

Country

Home phone

Mobile number

Are you currently living in Australia?

Yes No

Preferred time of contact

Morning (9am-12pm) Afternoon (12pm-6pm) Any time

Other superannuation fund details (the fund from which cover is to be transferred)

Name of fund

Member number

ABN

USI/SPIN

Your Smoking Status

Have you smoked any substance, including cigarettes, e-cigarettes or used nicotine replacement products within the last 12 months?

Yes No

Section 2: Insurance Cover

In order for the Fund and MetLife to consider your application to transfer your insurance cover from another regulated superannuation fund you must answer each of the following questions.

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

- I agree to cancel the existing insurance cover held with my other regulated superannuation fund once the transfer to Australian Ethical Super has been completed;
- I understand that if my previous insurance is not cancelled, I may not be able to make a claim with respect to the transferred insurance cover;
- I acknowledge I will not be transferring the cover under the other regulated superannuation fund to any other division or section of that fund or to any other fund;
- I acknowledge I will not either effect a continuation option, or subsequently reinstate cover within the other regulated superannuation fund or any other division or associated fund; and
- I have also attached the **most recent superannuation statement**, confirming the level and type of cover you have under the fund you are transferring your cover from.

I confirm that my current level and type of cover under the other regulated superannuation fund is as follows:

- a. Death Cover:
- b. TPD Cover:
- c. Income Protection Cover: per month
- Waiting Period: days
- Benefit Period: years

Section 3: Eligibility check

- 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: Yes No
 - 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?
- 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 have answered 'Yes' to any of the above questions, you are not eligible to transfer your existing insurance cover. You can apply for additional cover by completing the [Insurance Application form](#) available from our website or by applying online via the member portal. The outcome of your application is subject to the Insurer's acceptance.

- 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.

Section 4: Occupation category

Your occupation category determines the premium rates that applies to you.

There are five occupation categories:

- Professional
- White Collar
- Light Manual
- Manual
- Heavy Manual

The occupation category that applies to you depends on your responses to the questionnaire below:

Question 1: Are the duties of your regular occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work or teaching, and are undertaken entirely within an office environment (excluding travel time from one office environment to another)? Yes No **Skip to Q2**

a. Do you either hold tertiary qualifications or are you a registered member of a professional institute or governing body in relation to your profession, or do you work as a member of the executive leadership team with your employer? Yes No

b. Is the income you earn from your regular occupation greater than \$100,000 per annum? Yes No

If you have answered 'Yes' to both Q1 a) and b) your occupation category is Professional.

If you have answered 'No' to either a) or b) your occupation category is White Collar.

Question 2: Are you either performing light manual skilled work or trade qualified working in a non-hazardous industry*? Yes No **Skip to Q3**

*Trade qualified working in a non-hazardous industry can include:

- qualified tradespeople such as electricians or carpenters working in a domestic environment
- trade occupations in an office environment such as equipment repair person
- occupations involving light manual work such as Café owner, retail sales or travelling sales- person
- technical occupations requiring field work greater than 20% involving light manual work such as insurance assessor, building inspector or surveyor
- occupations involving the supervision of manual work such as building foreman

If you have answered 'Yes' to Q2 your occupation category is Light Manual.

Question 3: Do you perform moderate to heavy manual work or operate heavy machinery, and you hold tertiary or trade qualifications relevant to your current occupation, and you do not work in high risk occupations^? Yes No

^High risk occupations can include:

- working at heights or underground
- working in any occupation that exposes you to danger, such as firefighter or pilot
- working with firearms, such as police officers
- working in heavy manual occupations that does not require tertiary or trade qualifications such as labourer, warehouse worker, brick layer, factory worker
- working as an inter-state bus or truck driver

If you have answered 'Yes' to Q3 your occupation category is Manual.

If you have answered 'No' to Q3 your occupation category is Heavy Manual.

Section 5: Duty of Information from the Insurer (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 us on 1800 021 227.

Section 6: Declaration

- I have read and understand the Duty to take reasonable care on page 6 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information' on page 2 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of the Privacy Disclosure Statement.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current Product Disclosure Statement.
- Agree to be bound by the terms and conditions set out in the **Insurance Guide** available on the Australian Ethical website.
- I understand that if my superannuation account has not received any contributions or other amounts for a continuous period of 16 months (*inactive account*), superannuation legislation will prohibit Australian Ethical Superannuation from providing me with insurance cover unless I make a *valid election*.
- I understand Australian Ethical Superannuation will not be permitted to provide insurance cover if my superannuation account has not had a minimum balance of at least \$6,000 after 1 November 2019 (low balance) and/or I am under 25 years of age, unless I make a *valid election*.
- If my application is accepted, I direct Australian Ethical Superannuation to accept this application as a *valid election* to be provided with insurance cover even if my account is an *inactive account*.
- I understand this election will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement and Income Protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Australian Ethical Superannuation.

Additionally I acknowledge that:

- If I do not fully complete this application, including by sending any required documentation, where applicable, or I do not sign and date it, I will not be eligible to transfer my existing insurance cover to my account with the Australian Ethical Retail Superannuation Fund.
- If MetLife accepts my application to transfer my existing insurance cover, I will receive the cover as Fixed Cover and any Default Cover already held in the Australian Ethical Retail Superannuation Fund will be transferred to Fixed Cover.
- My replacement cover will not commence in the Australian Ethical Retail Superannuation Fund until acceptance by MetLife, of which I will be notified in writing, and I must then cancel the existing cover that is being transferred.
- I acknowledge that if MetLife accepts the transfer of my existing insurance cover, it is doing so on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as having not commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when applying for the existing cover.
- The Australian Ethical Retail Superannuation Fund and MetLife may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires and investigations may be made at any time including, but not limited to, when the Australian Ethical Retail Superannuation Fund and MetLife are considering this application or in the event of a claim at that time.
- The Australian Ethical Retail Superannuation Fund and MetLife may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on my benefit statement.
- Should it become apparent to the Australian Ethical Retail Superannuation Fund or MetLife that I have not undertaken the requirements that I confirmed in Section 2 on page 3 and 4, then any insured benefit that may be payable to me, my estate or my beneficiaries from the Australian Ethical Retail Superannuation Fund may be reduced by the insured amount paid or payable from any other regulated superannuation fund as a consequence of my failure to abide by these conditions.

! Please note we currently do not accept electronic signatures on forms. To avoid delays or having to complete this form again, ensure you sign the documents with a wet ink signature (i.e. by hand with a black or blue ink pen).

Signature

X

Member's full name (please print)

Date (DD/MM/YYYY)

? If you have any questions, please contact Australian Ethical Super on 1800 021 227.

Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSE L0001441, AFSL 526 055),
Trustee of the Australian Ethical Retail Superannuation Fund (ABN 49 633 667 743, USI/SPIN AET0100AU)

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