

Transfer of insurance form

For Super members previously with Christian Super



Use this form if you were previously
a Christian Super member.

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 or an individual retail life insurance policy with another Australian life insurer, to Australian Ethical Super (subject to terms and conditions set out in the [Insurance Guide](#) for Ex-Christian Super members).

Send your completed form to:

Australian Ethical Super, Locked Bag 5073
Parramatta NSW 2124

Email: members@australianethical.com.au

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 - 4 of this form and provide the appropriate documentation
- you sign and date the declaration contained in Section 6
- existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions
- those working in Excluded Occupations aren't able to Transfer Cover

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 12 months of it being issued)
- letter or email from your current insurance provider confirming the details listed above
- current print-out of your online member account

Your occupation classification will reflect the classification nominated when you joined Christian Super. You can update your occupation classification 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 no benefit will be paid to you.

Additional Information

There are limitations on what can be transferred.

- your transfer amount is within the allowable limits which is detailed in the [Insurance Guide](#) for Ex-Christian Super members.
- where the benefit period that applies under the fund you are transferring from cannot be matched by us, the next shortest benefit period available will apply. Where the waiting period that applies under the fund you are transferring from cannot be matched by us, the next longest waiting period available will apply.
- where the waiting period that applies under the fund you are transferring from cannot be matched by us, the next longest waiting period available will apply.

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](https://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 5 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

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 am less than 65;
- ☐ My occupation is not an Excluded Occupation, as defined under the Australian Ethical Super policy;
- ☐ I agree to cancel the existing insurance cover held with my other regulated superannuation fund once the transfer to Australian Ethical Super has been approved;
- ☐ 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 or Policy Renewal Statement**, confirming the level and type of cover I have.

I confirm that my current level and type of cover:

- 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: ☐ Yes ☐ No
 - a. you have not already consulted a medical professional for, or
 - b. appears to be getting worse?
- 6. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions? ☐ 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. The outcome of your application is subject to the Insurer's acceptance.

Section 4: Occupation Classification

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

There are three occupation classification:

- Group 1 – Professional White Collar
- Group 2 – White Collar
- Group 3 – Blue Collar

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

Group 1 (Professional/White Collar): Professionals, executives and senior professional workers who possess university qualifications and do not perform any manual work. e.g. lawyer, doctor, solicitor, accountant, principal, school business manager ☐

Group 2 (White Collar): Qualified community professionals, clerical or administrative workers who do not perform any manual work or salespeople not involved in deliveries. e.g. teacher, clergy, social worker, office worker, travel consultant, home duties ☐

Group 3 (Blue Collar): Skilled technician or trade-based worker and supervisors in non-hazardous industries who are involved in light manual work. Also Pilots of the Mission Aviation Fellowship, skilled or semi-skilled manual workers and heavy machine operators who are not exposed to high-risk accidents or health hazards. e.g. jeweller, computer technician, shop assistant, waiter, nurse, bus driver, police officer ☐

Position details

Position title

Position duties

Section 5: 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

- Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, or Adobe Acrobat Sign, and the forms will need to be accompanied by a time-stamped certificate.

X	

- 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.
- 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. Should it become apparent to the Insurer that I have not cancelled my previous insurance cover, no claim will be payable under the Australian Ethical policy.
- 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 , 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.

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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 CHR0001AU)

**Australian
Ethical**