



Perpetual Select Super Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315
Perpetual's Select Superannuation Fund ABN 51 068 260 563 RSE R1057034

Insurance transfer form

Please complete all pages of this form in black ink using **BLOCK** letters.

Please complete this form if you would like to transfer your existing insurance cover to Perpetual Select Super Plan. To transfer your existing insurance cover the following conditions must be satisfied, you:

- are a permanent resident of Australia under age 65 and an existing Perpetual Select Super Plan member, and
- are transferring existing Death only, TPD only or Death and TPD of no more than \$1,500,000, and/or
- are transferring salary continuance cover of no more than \$15,000 per month and you are currently permanently employed for at least 15 hours per week, and
- have attached to this form an up to date statement of the insurance cover you are transferring to Perpetual Select Super Plan confirming the type and level of cover you have under the current policy. If applicable, this can be a copy of your latest superannuation statement confirming the insurance cover was in place with your other fund, and
- have no more than 2 exclusions or a premium loading greater than 100%.

If you do not satisfy the above conditions you will need to complete the full insurance application form available in the Perpetual Select Super Plan PDS or on our website.

Perpetual Select Super Plan

| | | |
|----------------|----------------------|---------------------|
| account number | <input type="text"/> | (must be completed) |
|----------------|----------------------|---------------------|

1. Investor details

| | | | | | | | | | | | | | | |
|------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|------|--------------------------|-------|----------------------|------|--------------------------|--------|--------------------------|
| title | Mr | <input type="checkbox"/> | Mrs | <input type="checkbox"/> | Ms | <input type="checkbox"/> | Miss | <input type="checkbox"/> | Other | <input type="text"/> | | | | |
| first name(s) | <input type="text"/> | | | | | | | | | | | | | |
| last name | <input type="text"/> | | | | | | | | | | | | | |
| date of birth | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | | | | | gender | male | <input type="checkbox"/> | female | <input type="checkbox"/> |
| po box | <input type="text"/> | unit number | <input type="text"/> | street number | <input type="text"/> | | | | | | | | | |
| street name | <input type="text"/> | | | | | | | | | | | | | |
| suburb | <input type="text"/> | | | | | | | | | | | | | |
| state | <input type="text"/> | postcode | <input type="text"/> | | | | | | | | | | | |
| country | <input type="text"/> | | | | | | | | | | | | | |
| phone (business hours) | <input type="text"/> | phone (after hours) | <input type="text"/> | | | | | | | | | | | |
| mobile | <input type="text"/> | | | | | | | | | | | | | |
| email address | <input type="text"/> | | | | | | | | | | | | | |

2. Insurance details

Details of insurance policy being transferred:

| Insurer (if known) | fund name (if applicable) | commencement date (if known) | type of cover |
|----------------------|---------------------------|------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Amount of benefit/cover being transferred:

| | | |
|--------------------|-------------------------|--|
| death only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1.5 million) or |
| TPD only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1.5 million) or |
| death and TPD | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1.5 million) and/or |
| salary continuance | \$ <input type="text"/> | per month (maximum amount of cover you can transfer is \$15,000 per month) |

Salary continuance only

| | | | |
|------------------------|----------------------------------|----------------------------------|---|
| current benefit period | 2 years <input type="checkbox"/> | 5 years <input type="checkbox"/> | to age 65 <input type="checkbox"/> |
| current waiting period | 30 days <input type="checkbox"/> | 60 days <input type="checkbox"/> | 90 days <input type="checkbox"/> other, please specify <input type="text"/> |

The following conditions will apply to salary continuance benefits being transferred:

- your current benefit and waiting periods will be matched to the insurance cover provided under Perpetual Select Super Plan, where possible
- if your current waiting period is different, it will be rounded up to the next highest offer under Perpetual Select Super Plan (i.e. a 45 day waiting period will be rounded to a 60 day waiting period)
- if your current benefit period is different, this will be the lesser benefit period offered under Perpetual Select Super Plan
- your salary continuance benefit will be on an indemnity basis. Please refer to the current Perpetual Select Super Plan PDS for more information.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your current fund or insurer subject to the underwriting terms provided by the current insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on your current cover. Availability of cover and exclusion wordings are subject to the terms and conditions of Perpetual's Select Superannuation Fund, including occupation classification and eligibility rules.

Please apply indexing to my sum insured

yes (default) no

Insurance premiums will be deducted proportionally from your investment options.

3. Personal statement and general details

Are you a smoker? no yes

occupation

industry

1. At the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, for at least 30 hours per week (even if you are not currently working on a full time basis or are unemployed) due to an injury or illness?
2. Have you been paid, or are you eligible to be paid, or have you lodged a claim for Total and Permanent Disablement benefit with Perpetual, another superannuation fund or life insurance policy?
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?

no yes

no yes

no yes

If you answered 'yes' to questions 1 to 3 you will not be eligible to transfer your existing insurance cover from your current fund/insurer to Perpetual. You are not required to complete the remaining sections of this form.

4. Is your cover under your current fund or policy subject to any premium loadings and or exclusions including but not limited to pre-existing conditions exclusions, or restrictions in regards to medical or other conditions?

no yes

If you have answered 'yes' please provide details below of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the current insurer or fund advising you of the acceptance of your cover subject to these additional terms.

4. Signature and declaration

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984* to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may void the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may void the contract at any time. An insurer who is entitled to void a contract of insurance may, within three years of entering into it, elect not to void it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer. Your duty of disclosure continues until after the insurer has accepted or declined your application.

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual Select Super Plan PDS. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

I acknowledge that:

- I have read and carefully considered the questions in this form and all answers provided are to the best of my knowledge true and correct
- I hereby declare that the information contained in this form is true and correct and that no information material to this application for transfer has been withheld
- I have received and read the current Perpetual Select Super Plan PDS
- I have read the Duty of Disclosure notice above and understand its contents and what is meant by my duty to disclose
- If I do not fully complete, sign and date this form, I will not be eligible to transfer my existing cover to Perpetual Select Super Plan
- I will be cancelling the insurance cover that I am transferring to Perpetual Select Super Plan

4. Signature and declaration (continued)

- I will not effect a continuation option, or subsequently reinstate cover within the other fund or policy or any other divisions or associated funds of the other fund
- I understand that the transfer of my existing Death, TPD and salary continuance cover once accepted by AIA Australia, will be subject to the terms and conditions, loadings, restrictions and exclusion wording (which could differ to the wording of the outgoing policy) of the cover provided by Perpetual Select Super Plan and that my salary continuance (if applicable) benefit and waiting periods will be matched to the cover provided by Perpetual Select Super Plan (where possible)
- My cover will not commence under the Perpetual Select Super Plan until the later of the date AIA Australia has accepted my application and the cancellation of my existing insurance cover under my other fund or policy
- I agree to provide Perpetual or AIA Australia with access to the health and or financial evidence I provided to any other fund and their insurer in an application for the cover. Any non-disclosure to another fund or insurer may be acted upon by the Perpetual or AIA Australia
- Should it become apparent to Perpetual or AIA Australia that I have not responded truthfully or satisfied the requirements that I confirmed in this form, then any insured benefit that may be payable to me, my beneficiaries or my estate by Perpetual, may be reduced by the insured amount paid or payable by my former fund, an associated section or division of the former fund, or any other fund, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.


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|-----------------------|----------------------|------|----------------------|---|----------------------|---|----------------------|----------------------|----------------------|
| signature of investor | <input type="text"/> | date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| print name | <input type="text"/> | | | | | | | | |

5. Adviser use only

Insurance commission

Please note that you will be remunerated under the level option.

Adviser details

| | | | | | | | | | | | |
|--|----------------------|--|--|--|--|--------|----------------------|---|----------------------|---|----------------------|
| adviser name | <input type="text"/> | | | | | | | | | | |
| phone (business hours) | <input type="text"/> | | | | | mobile | <input type="text"/> | | | | |
| email | <input type="text"/> | | | | | | | | | | |
| [1] Perpetual adviser ID | <input type="text"/> | | | | | | | | | | |
| OR [2] dealer group AND b.dealer branch* | <input type="text"/> | | | | | | | | | | |
| If Private Client Adviser details are completed above, please also provide name of your accountant | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | |
| adviser signature | <input type="text"/> | | | | | date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
| | | | | | | | | | |  | |