

## 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 \$2 million, 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 confirmation of the insurance cover you are transferring. Acceptable forms of confirmation include one of the following:
  - your most recent member statement (issued within the last 12 months) if insurance was provided under automatic acceptance conditions in another fund, or
  - the acceptance advice and your most recent member statement (issued within the last 12 months) where cover was obtained in another fund through underwriting or
  - the acceptance advice and your most recent renewal certificate from the insurer (issued within the last 60 days) where cover was obtained under another policy, 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 'Insurance in your super' document or on our website.

Please send your completed form to:

**Perpetual Select Super and Pension, Reply Paid 95150, PO Box 616, Parramatta NSW 2124**

member number

(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"/>	<input type="text"/>				
gender		male		<input type="checkbox"/>	female		<input type="checkbox"/>				
po box	unit number	street number									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
street name											
<input type="text"/>											
suburb											
<input type="text"/>											
state		postcode									
<input type="text"/>		<input type="text"/>									
country											
<input type="text"/>											
phone (business hours)		phone (after hours)									
<input type="text"/>		<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 \$2 million) or
TPD only	\$ <input type="text"/>	(maximum amount of cover you can transfer is \$2 million) or
death and TPD	\$ <input type="text"/>	(maximum amount of cover you can transfer is \$2 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 and Insurance in your super Your Super 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. Perpetual's Select Superannuation Fund, including occupation classification and eligibility rules.

### Please apply indexing to my sum insured

yes <input type="checkbox"/>	no <input type="checkbox"/>
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## 3. Personal statement and general details

Are you a smoker?	no <input type="checkbox"/>	yes <input type="checkbox"/>
occupation	<input type="text"/>	industry <input type="text"/>

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?	no <input type="checkbox"/>	yes <input type="checkbox"/>
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 us, another superannuation fund or life insurance policy?	no <input type="checkbox"/>	yes <input type="checkbox"/>
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?	no <input type="checkbox"/>	yes <input type="checkbox"/>

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 us. 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 <input type="checkbox"/>	yes <input type="checkbox"/>
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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

### The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, the insurer conducts a process called underwriting. It's how the insurer decides whether they can cover you, and if so, on what terms and at what cost.

The insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the insurer in response to the questions is vital to their decision.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the insurer later investigates whether the information given to them was true. For example, the insurer may do this when a claim is made.

Before the insurer exercises any of these remedies, the insurer will explain their reasons and what you can do if you disagree.

### Guidance for answering our questions

You are responsible for the information provided to the insurer. When answering their 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
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- Review your application carefully before it is submitted.

If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

### Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that mean you would now answer their questions differently.

As any changes might require further assessment or investigation, it could save time if you let the insurer know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions the insurer asks. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

### Notifying the insurer

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.

### Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual Select Super Plan 'Your Super Plan account'.

I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.

4. Signature and declaration (continued)

Acknowledgments

I acknowledge that:

- I have satisfied all of the conditions listed at the beginning of this form for transferring my existing cover
- 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 Product Disclosure Statement (PDS) and any relevant incorporated material which form part of the PDS for Select Super Plan
- I have read the 'Duty to take reasonable care' in the Perpetual Select Super Plan 'Insurance in your super' and above and understand its contents and what is meant by my duty to take reasonable care
- 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
- 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 only, TPD only, Death and TPD and salary continuance cover, once accepted by the insurer, 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. I also acknowledge 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 the insurer has accepted my application and the cancellation of my existing insurance cover under my other fund or policy
- I agree to provide the Trustee or the insurer 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 Trustee or the insurer
- Should it become apparent to the Trustee or the insurer 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 the Trustee, 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.

signature of investor	<div></div>	date	<div></div>	<div></div>	/	<div></div>	<div></div>	/	<div></div>	<div></div>	<div></div>	<div></div>
print name	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

5. Adviser use only

Adviser details

adviser name																																								
postal address	po box				unit number				street number																															
	street name																																							
	suburb (if relevant) OR city																																							
	state				postcode				country																															
phone	(business hours)																		mobile																					
email																																								
[1] adviser ID																																								
OR [2] dealer group																																								
AND b.dealer branch*																																								
	*City or suburb of the dealer group office you operate through																																							
	If Senior Adviser details are completed above, please also provide name of your accountant																																							
adviser signature																			date				/		/						<div>ADVISER STAMP</div>									