



Perpetual MySuper

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315

Perpetual's Select Superannuation Fund ABN 51 068 260 563 RSE R1057034

MySuper product authorisation number 51068260563643

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 MySuper.

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 MySuper member, and
- are transferring existing Death only, TPD only or Death and TPD of no more than \$2,000,000, 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 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 Perpetual 'Insurance in your super' document on our website.

Please send your completed form to: **Reply Paid 4171, Perpetual MySuper, GPO Box 4171, Sydney NSW 2001**

account number (must be completed)

1. Investor details

title		Mr	Mrs	Ms	Miss	Other										
first name(s)																
last name																
date of birth			/		/		gender		male	female						
po box	unit number	street number														
street name																
suburb																
state		postcode														
country																
phone (business hours)		phone (after hours)														
mobile																
email address																

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 MySuper, where possible
- if your current waiting period is different, it will be rounded up to the next highest offer under MySuper (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 MySuper
- your salary continuance benefit will be on an indemnity basis. Please refer to the current MySuper 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.

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"/>

- 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"/>
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- 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?

no	<input type="checkbox"/>	yes	<input type="checkbox"/>
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- 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"/>
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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.

- 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

Your duty of disclosure

Before entering into a life insurance contract, both you and the Trustee have a duty under the Insurance Contracts Act 1984 to tell the insurer anything that you or we know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until we and the insurer agree to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell us and the insurer anything that:

- reduces the insurer's risk
- is common knowledge
- the insurer knows or should know as an insurer
- the insurer waives your duty to disclose.

Non-disclosure

If you do not disclose anything you are required to, and the insurer would not have insured you if you had disclosed it, the insurer may avoid the contract within three years of entering into it. If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had disclosed everything you should have. However, for death cover, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, the insurer may, at any time vary the contract in a way that places the insurer in the same position the insurer would have been in if you had disclosed everything you should have. However, this right does not apply for death cover. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Privacy statement

I have read and understood the privacy disclosure as detailed in the Perpetual MySuper PDS and incorporated by reference documents that form part of the 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 MySuper PDS and all relevant documents which form part of the 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 MySuper
- I will be cancelling the insurance cover that I am transferring to Perpetual MySuper
- 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 MySuper and that my salary continuance (if applicable) benefit and waiting periods will be matched to the cover provided by Perpetual MySuper (where possible)
- My cover will not commence under the Perpetual MySuper 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.

signature of
investor

date

 / /

print name

