



Perpetual WealthFocus Super Plan

Perpetual Superannuation Limited ABN 84 008 416 831 AFSL 225246 RSE L0003315
Perpetual WealthFocus Superannuation Fund ABN 41 772 007 500 RSE R1057010

INSURANCE TRANSFER FORM

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

Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your insurance application has been accepted by Perpetual WealthFocus Super.

Please complete this form if you would like to transfer your existing insurance cover to Perpetual WealthFocus Super Plan.

To transfer your existing insurance cover the following conditions must be satisfied, you:

- are a permanent resident of Australia under age 55 and an existing Perpetual WealthFocus Super Plan member, and
- are transferring existing Death only, TPD only or Death and TPD of no more than \$1,000,000 and you are currently permanently employed, and/or
- are transferring salary continuance cover of no more than \$10,000 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 WealthFocus Super Plan confirming the type and level of your existing cover under another fund or insurance policy.
This can be a copy of your latest superannuation statement (issued within the last 12 months) confirming the insurance cover is in place with your other fund or a renewal certificate or certificate of currency (issued within the last 60 days) confirming your existing cover under another insurance policy, and
- have no more than 1 exclusion or a premium loading no greater than 50%.

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

Perpetual WealthFocus Super Plan

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

1. Member 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"/> | <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:

If no selection is made we will assume that you do not wish to transfer any insurance to Perpetual WealthFocus Super Plan and will reject this application.

| | | |
|--------------------|-------------------------|--|
| death only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000) or |
| TPD only | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000) or |
| death and TPD | \$ <input type="text"/> | (maximum amount of cover you can transfer is \$1,000,000) and/or |
| salary continuance | \$ <input type="text"/> | per month (maximum amount of cover you can transfer is \$10,000 per month) |

Salary continuance only

| | | | | | | | | |
|--|-----------|--------------------------|---------|--------------------------|-----------|--------------------------|-----------------------|----------------------|
| what type of cover are you transferring? | Indemnity | <input type="checkbox"/> | | | | | | |
| 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 WealthFocus Super Plan, where possible
- your existing insurance policy must be cancelled when your insurance application has been accepted by Perpetual WealthFocus Super
- if your current waiting period is different, it will be rounded up to the next highest offer under Perpetual WealthFocus 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 WealthFocus Super Plan.

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 WealthFocus Super Plan, including occupation classification and eligibility rules.

Please apply indexing to my sum insured

yes (default) no This feature is not available if you have chosen to be insured for a premium amount per month

Please pay my insurance premium:

| | | | | | |
|--------------------------|--|--------------------------|---------|----------------------|-------------------|
| <input type="checkbox"/> | proportionally according to my account balance | <input type="checkbox"/> | from my | <input type="text"/> | investment option |
| <input type="checkbox"/> | from my investment option with the highest balance** | | | | |

** If no selection is made or if the balance in your nominated investment option is insufficient, we will deduct premiums from the investment option with the highest balance.

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 restricted due to an injury or illness from carrying out all of the usual duties of your current and normal 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)? no yes
2. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Salary Continuance, Terminal Illness or a Total and Permanent Disablement benefit with Perpetual, another superannuation fund or life insurance policy? no yes
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today? no yes
4. Have you been absent from work due to injury or illness for more than 10 days in the last 12 months? no yes
5. Have you previously been declined Death only or Death and Total and Permanent Disablement or Salary Continuance cover under the policy or with any insurer at the date of transfer? no yes

If you answered 'yes' to questions 1 to 5 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.

6. Have you had any insurance application previously declined? no yes
7. 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' to question 7 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 become covered by the insurer, or otherwise extend, vary or reinstate your insurance cover, both the Trustee (as the policy holder under the contract) and you (as the insured member) 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 do not need to tell us and/or 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.

The insurer may exercise different rights in relation to different types of cover.

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 cancel your cover from inception, or any extension, variance or reinstatement of your cover, within three years of its commencement.

If the insurer chooses not to cancel your cover, 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 from its commencement.

If the insurer chooses not to cancel your cover or reduce the amount you have been insured for, the insurer may, at any time vary the terms of your cover 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 your cover, or any extension, variance or reinstatement of your cover under the contract as if it never existed.

Privacy statement

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

4. Signature and declaration (continued)

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 Perpetual WealthFocus Super Plan PDS
- I have read the 'Your duty of disclosure' 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 WealthFocus Super Plan
- I will be cancelling the insurance cover that I am transferring to Perpetual WealthFocus 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 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 WealthFocus Super Plan. I also acknowledge that my salary continuance (if applicable) benefit and waiting periods will be matched to the cover provided by Perpetual WealthFocus Super Plan (where possible).
- My cover will not commence under the Perpetual WealthFocus 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 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 member | <input type="text"/> | date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |
| print name | <input type="text"/> | | | | | | |

5. Financial adviser use only

Financial adviser details

| | | | | | | | | | | | | | | | |
|-----------------------------|----------------------|--|--|--|--|------------------------|----------------------|---|----------------------|---|----------------------|----------------------|--|--|--|
| financial adviser name | <input type="text"/> | | | | | | | | | | | | | | |
| phone (after hours) | <input type="text"/> | | | | | phone (business hours) | <input type="text"/> | | | | | | | | |
| mobile | <input type="text"/> | | | | | fax | <input type="text"/> | | | | | | | | |
| AFSL licensee name | <input type="text"/> | | | | | AFSL number | <input type="text"/> | | | | | | | | |
| Perpetual adviser number | <input type="text"/> | | | | | | | | | | | | | | |
| dealer group | <input type="text"/> | | | | | dealer branch | <input type="text"/> | | | | | | | | |
| financial adviser signature | <input type="text"/> | | | | | date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | | | |



IL GN // (Group)
 IL AN // (Adviser)
 IL CN // (Client)