



Individual Insurance Transfer

Lutheran Super

Lutheran Super
You're valued

Date issued: 1 January 2016

Use this form if you are a current member or joining Lutheran Super (the Fund) as a new member and you wish to transfer your current insurance cover with another retail insurer or superannuation fund to Lutheran Super. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your former fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

Important Information

A Member who is insured under another fund or policy for Death only or Death & TPD cover, may transfer that cover to the Fund and become an Insured Member of this Policy on the basis of the transferred cover; or increase their cover under this Policy (with the exception of Defined Benefit Members) by the transferred cover amount, subject to the following:

- a) cover under the other fund/policy must be cancelled as soon as practicable on acceptance of the transferred cover by the Company under this Policy with such cancellation to take effect from the date of acceptance by the Company;
- b) the Member does not continue the cover under another insurance arrangement;
- c) the Member has not been paid/lodged, or is eligible to be paid a TPD, Terminal Illness or Income Protection benefit with the Fund or any other fund or insurance company at the date of transfer;
- d) the Member is not diagnosed with an illness that reduces their life expectancy to less than 12 months at the date of transfer;
- e) the Member meeting the General Eligibility Conditions and Eligibility Conditions of this Policy;
- f) the Member is aged less than age 55 at the date of transfer;
- g) the Member providing to the Company an up-to-date statement letter or email from the other fund or insurer within the last 30 days of the date of requesting the transfer as evidence of insurance cover currently held with the other fund or policy;
- h) for transfers from a superannuation fund, supporting documents must be less than 12 months old. For transfers from an insurer, documents must be received 30 days or less from the date of issue;
- i) the Member is gainfully employed and physically capable of undertaking Gainful Employment for at least 30 hours per week at the time of request for transfer;
- j) the level of cover provided to the Member will be the level of cover held under the former insurance policy or fund and only accepted by the previous insurer at standard premium rates or up to a maximum of a 50% premium loading or with no more than one exclusion or with no more than a combination of 50% premium loading and one exclusion;
- k) the Member satisfactorily completing the required form which is accepted by the Company;
- l) cover will be provided based on the terms, conditions, premiums and occupation categories provided under this Policy; and
- m) the Member's replacement cover will not commence in this Fund until the later of:
 - i) the Company accepting the Member's application; or
 - ii) the existing insurance cover under the other fund/policy being subsequently cancelled.

A Member who meets the above criteria will have the transferring level of cover transferred to the Fund subject to a maximum Amount Insured of \$1,000,000 for Death only or Death & TPD cover.

If the Member's insurance cover under the other fund/policy was accepted on non standard terms, all loadings, restrictions or exclusions applicable under the other fund/policy will be transferred to the Member's cover under this Policy.

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**Send your completed form to Lutheran Super
C/- Mercer, GPO Box 9946, Melbourne VIC 3001**

Your Details

Please select the appropriate option below.

Corporate Super member
– you are a member of an employer-sponsored plan

Employer name

Member number
(for current members)

Date joined Lutheran Super

DD / MM / YYYY

Title

Given names

Surname

Date of birth

DD / MM / YYYY

Gender

F

M

Telephone

Mobile

Email

Postal address

Suburb

State

Postcode

Occupation*

Industry

Daily duties (including % time spent performing each duty including any manual work):

Daily duties	% of time

*Some occupations may be uninsurable and may be declined.
Please refer to the latest Lutheran Super policy terms and conditions.

Your Former Fund or Insurance Company's Details

You should check with your former fund or insurance company for information about your benefits in that previous fund or insurance policy including information on exit, transfer, withdrawal and other fees, any insurance cover you may have, and the availability of investment options. You should do this so that you fully understand the effects of transferring your benefits.

Please select the appropriate option below.

I am transferring my insurance cover from a super fund

I am transferring my insurance cover from an insurance company

Member account or
policy number

Fund or insurance
company's name

Fund or insurance
company's postal address

Suburb

State

Postcode

Fund or insurance
company's telephone

Name of employer
(if applicable)

Industry (if applicable)

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Your Personal Statement and Confirmation of Requirements

Medical Questions

Please answer yes or no to the following questions:

Are you absent from work or restricted due to injury or illness from carrying out all 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)?..... Yes No

Have you ever been paid/lodged, or are you eligible to be paid/lodge, a claim for Total and Permanent Disablement, Terminal Illness or IP benefit with any superannuation fund or insurance company?..... Yes No

Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? Yes No

Have you, as at the date of this application been off work for more than 10 days in the last 12 months for the same medical condition? Yes No

If you answered 'Yes' to any of the above questions, you will not be eligible to transfer your existing insurance cover to the Lutheran Super. You are not required to complete the remainder of this form.

Have you ever been declined insurance cover or had any special conditions or restrictions (pre-existing conditions, loadings or exclusions) placed on any Death, TPD or IP Insurance? Yes No
If yes, please provide all details you have received from the insurer or fund with this application.

Confirmation

Please confirm that all of the following statements are true and correct:

- I will cancel my existing insurance cover under my former fund/insurance policy.
- I will not be transferring the cover under my former fund/insurance policy to any other division or section of the former fund or to any other fund, other than Lutheran Super.
- I will not effect a continuation option, or subsequently reinstate cover within the former fund or with the former insurer or any other divisions or associated fund of the former fund or any other retail insurance arrangement.

I confirm that all three statements are true and correct and agree to abide by these requirements..... Yes No

If you answered 'No' you will not be eligible to transfer your existing insurance cover from your former fund to Lutheran Super. You are not required to complete the remainder of this section of the form.

Death and Total Permanent Disablement (TPD) cover

I confirm that my current level of cover under the former fund/insurance policy is as follows:

Death cover \$ (maximum amount you can transfer is \$1 million)

TPD cover \$ (maximum amount you can transfer is \$1 million)

You must obtain and attach an up to date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

For transfers from a superannuation fund, supporting documents must be less than 12 months old. For transfers from an insurer, documents must be received 30 days or less from the date of issue.

I understand that the transfer of my current death and TPD cover once accepted by the insurer, will be subject to the terms and conditions of Lutheran Super's insurance arrangements with AIA Australia.

Transferred cover to be taken as:

Units of cover

Fixed cover

*If you request to change from fixed cover to unit-based cover, your fixed cover amount will be rounded up to the next nearest unit of cover. If your cover increases as a result of rounding, your increased amount will be provided as limited cover for 12 consecutive months. If you are **at work** on the date 12 months after your cover was increased, you will be provided with full cover at the increased level from that date. If you are not **at work** on that date, your limited cover will continue until the date you meet the **at work** requirement. Full cover will be provided from the date you meet the **at work** requirement. Please refer to the Policy Document for full terms and conditions.*

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Declaration and Authorisation

Insured's duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect the insurers decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell the insurer about.

If you do not tell the insurer something that you know, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell the insurer something that he or she must tell the insurer.

If the person entering the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had told the insurer, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told the insurer everything he or she should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, 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 he or she had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

AIA Australia Privacy

Your privacy is important to AIA Australia. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information ("Personal Information") in the manner described in the AIA Australia Privacy Policy on AIA Australia's website as updated from time to time. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect Personal Information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your Personal Information from, and provide to, third parties in Australia and overseas, such as your representatives (including your financial adviser and the Australian Financial Service Licensee they

represent), the trustee and administrator of a superannuation fund, employers, health professionals, reinsurers, government agencies, service providers and affiliates;

- be required or authorised to collect your Personal Information under various laws including insurance, taxation, financial services and other laws set out in AIA Australia's Privacy Policy; and
- disclose Personal Information to third parties which may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy and you acknowledge that Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, AIA Australia will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act.

If you do not provide the required Personal Information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your Personal Information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's Privacy Policy.

The most recent version of the AIA Australia Privacy Policy at www.aia.com.au applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

Declaration

I declare that:

- I understand that if I do not fully complete, sign and date this Individual Insurance Transfer, I will not be eligible to transfer my current cover to Lutheran Super.
- I understand that if the insurer accepts my application, my current amount of cover as at the transfer date under my former fund will be replaced in my Lutheran Super account but subject to a maximum of \$1 million for death cover and \$1 million for TPD cover.
- I understand that following the transfer my total insurance cover (ie transferred amount plus my insurance currently held with Lutheran Super cannot exceed the maximum cover amounts provided by Lutheran Super for each benefit, otherwise my transferred cover may be restricted to the maximum cover amount.
- I understand that my replacement cover will not commence in Lutheran Super until the later of:
 - the insurer accepting my application and
 - cancellation of my current insurance cover under my former fund/ insurance policy.
- I understand that Lutheran Super or the insurer may undertake appropriate enquiries and investigations to verify the answers I have provided.
- I understand that Lutheran Super or the insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the former fund/insurance policy.
- I agree to provide Lutheran Super or the insurer with access to the health and/or financial evidence I provided to any former fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a former fund or insurer may be acted upon by Lutheran Super or their insurer.
- The information contained in this *Individual Insurance Transfer* (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld.
- I understand that if the insurer accepts my application, the terms and conditions as outlined in the insurer's policy document will apply, and the terms and conditions of my former fund and/or my former insurer will cease to apply.
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the insurer has accepted the risk.

Signature

Date

Adviser Authority

If you have appointed an adviser, and wish for information regarding this application to be released to them, please arrange for your adviser to complete the section below.

Adviser code

Adviser name

AIA Australia Adviser code