





# Application for transfer of insurance

## 4 Transfer details

Please provide details of the Death only or Death and Total & Permanent Disablement (TPD) cover you would like to transfer:

Fund/insurer you are transferring from	<input type="text"/>																											
Policy/account number	<input type="text"/>																											
Death only amount	\$	<input type="text"/>						Death and TPD amount	\$	<input type="text"/>																		
Date cover started	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>				TPD definition	<input type="checkbox"/> Any	<input type="checkbox"/> Own															

**Please note** that if your transfer is successful, the Fund definition will apply

Please provide details of the Income (also called Salary Continuance Insurance) cover you would like to transfer:

Fund/insurer you are transferring from	<input type="text"/>																											
Policy/account number	<input type="text"/>																											
Insured salary	\$	<input type="text"/>						Monthly benefit (inc super benefit)	\$	<input type="text"/>																		
Waiting period	<input type="checkbox"/>	30 days	<input type="checkbox"/>	60 days	<input type="checkbox"/>	90 days	Benefit period	<input type="checkbox"/>	2 years	<input type="checkbox"/>	5 years	<input type="checkbox"/>	to age 65															
Insured percentage	<input type="text"/>		%	Superannuation contributions benefit	<input type="text"/>		%	Cover basis	<input type="checkbox"/>	Agreed value <sup>5</sup>	<input type="checkbox"/>	Indemnity																
Date cover started	<input type="text"/>		/	<input type="text"/>		/	<input type="text"/>				5 Agreed value is not available in the Fund																	

## 5 Your duty of disclosure

### Your duty of disclosure to IOOF Investment Management Limited (IIML) and TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL):

Before you enter in to 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 TAL and IIML before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure on the matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that the insurer knows or, in the ordinary course of his business, ought to know
- disclosure of which is waived by the insurer.

The duty of disclosure applies even after this application is completed until the insurer advises acceptance 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 avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

All questions on this application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

## 6 Privacy statement

Privacy laws protect your privacy. The way in which IIML and TAL collect, use, disclose and handle your information is described in their respective Privacy Policies.

IIML and TAL may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. Any information, including health and sensitive information, collected by TAL is collected on behalf of IIML and is used by TAL to assess applications for insurance and claims that may be made under the Trustee's Group Life Policies with TAL. Such information is collected directly by TAL to enable expeditious underwriting and claims assessment by TAL and may be disclosed by TAL to IIML. IIML and TAL may collect or disclose information relating to you or your application or any claims you may make to or from each other and a range of services including: financial advisers, re-insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless IIML or TAL is legally entitled to deny access. If you want to know more about IIML's or TAL's approach to privacy, please contact our client services team or TAL on 1300 209 088.

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## 7 Member declaration

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- I acknowledge that I have read the notice explaining my duty of disclosure in Step 5 and understand that this duty also applies until formal notification of acceptance. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TAL to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as valid as the original.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TAL collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
  - we collect, hold and use the personal information for the purpose set out in IIML's and TAL's privacy statement
  - their personal information may be disclosed to a third party
  - they may access or correct any personal information held about them.
- I understand that this new insurance cover wholly replaces my previous cover. Accordingly, I confirm that I will not apply for a continuation option, or reinstate my existing cover, with the current fund or insurer.
- I confirm that since the cover to be transferred was issued by the current insurer, I have not had an application for life insurance, disability insurance or other related insurance cover declined, deferred or offered on special terms.
- I will cancel my existing insurance cover within 30 days of receiving confirmation from the Fund that my application has been accepted.
- I will not be transferring my existing cover into any other superannuation fund or any other division, section or product of the Fund.
- I confirm that, when applying to the superannuation fund or insurer for the cover I want to transfer, I truthfully answered all personal health, medical and lifestyle questions asked.
- I understand that by transferring my insurance cover to the Fund, I may lose any additional benefits, product features or accrued rights provided by my current superannuation fund or insurer.
- I understand that if I have applied to transfer:
  - Death only or Death and TPD cover, I will receive (in addition to any cover I may have with the Fund already), an amount of cover that is no less than my current cover, rounded up to the nearest dollar.
  - Salary Continuance Insurance cover, I will receive an amount of cover that is no less than my existing cover, rounded up to the nearest dollar and this cover will replace any cover I may have with the Fund already.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Fund's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

Member signature

Date

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Please forward all correspondence and queries to

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