

# Transfer Application Form

If you have Death or Death and TPD Insurance with another superannuation fund, group insurer or retail policy, you may be eligible to apply to transfer your insurance.

Please complete and sign this form, making sure you provide all of the requested details.

Once we've confirmed we accept your application, you must cancel your existing insurance within 60 days.

## 1. Health questions

If you answer 'Yes' to any of the questions below, or if you have a premium loading attached to your existing insurance or you're currently claiming or intend to claim on any other existing insurance, you won't be eligible to transfer your insurance.

- a** Are you currently working restricted hours in your normal occupation due to injury or illness or have you taken more than a total of 10 days off work due to illness or injury in the past 12 months?  
Yes  No
- b** Are you currently disabled, not working or unable to perform any of your pre-disability duties?  
Yes  No
- c** Have you put a claim into your insurer in the last two years on a disability and/or trauma policy or worker's compensation policy?  
Yes  No
- d** Have you been diagnosed with any illness that reduces your life expectancy to less than 12 months from today, or do you have any illness or condition that requires ongoing medication, counselling or regular review by a medical practitioner or health professional? (Excluding controlled blood pressure and cholesterol)  
Yes  No

## 2. Member details

Policy number <input type="text"/>	Member number <input type="text"/>	Policy name <input type="text"/>
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	First name <input type="text"/>	
Middle name <input type="text"/>	Family name <input type="text"/>	
Date of birth (DD/MM/YYYY) <input type="text"/>	Mobile phone number <input type="text"/>	
Email address (Please provide your email so notices relating to your application can be sent to you) <input type="text"/>		

### Address

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"/>	

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### 3. Insurance details

Name of current insurance provider or fund

The type and amount of insurance you want transferred:

Type of insurance	Amount
Death	\$
Total and Permanent Disablement (TPD)	\$

Please note:

- You must agree to transfer all insurance held with your existing insurance provider or fund up to the transfer maximum of \$1.5 million. This amount is inclusive of your existing insurance. Any amount in excess of \$1.5 million may be retained with your existing insurance provider or fund.
- Any exclusions or non-standard terms which apply to your existing insurance will continue to apply to your insurance under the Policy.
- Please be sure to attach your latest insurance statement outlining the type and level of insurance you have.
- Your TPD insurance cannot be transferred without your death insurance and cannot exceed the amount of death insurance.
- TPD insurance can only be transferred where you currently hold existing TPD insurance under the Policy.
- The above insurance, if accepted, will be in addition to any existing insurance you have under the Policy. If your transfer isn't accepted, your level of insurance will remain unchanged.

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### 4. Your Duty of Disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

#### If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we 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 told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

#### Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (**transfer application**), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

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## 5. Your agreement and declaration

Please review this declaration and sign you agree to it.

I understand and agree:

- I've read the current PDS / Insurance guide (as applicable) which explains the terms and conditions that will apply to me once my application has been accepted
- I've read and understood the duty of disclosure and I understand the duty continues until the Insurer accepts my application and agrees to provide the requested insurance
- the information provided in this application is true and complete
- I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address.
- the Insurer may undertake appropriate enquiry and investigation to verify answers I have provided
- the Insurer has authority to access health evidence I provided to my current insurer(s) in my application for insurance. Any non-disclosure to a former fund or insurer may be acted upon by the Insurer
- the Insurer is authorised to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by the Insurer with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance
- my consolidated insurance will not start until I receive written confirmation the Insurer has accepted my application
- once I receive confirmation my application has been accepted I will cancel my insurance held with the other insurance provider within 60 days and won't request an insurance transfer, consolidation, continuation option or reinstatement of my current insurance with any other insurance provider
- I acknowledge that I have access to the Insurer's privacy policy and agree that the Insurer may collect, use, disclose and handle my personal information in a manner set out in the Insurer's privacy policy available on **mlc.com.au**

### Signature of member

Name

	Date (DD/MM/YY)				

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## 6. Send us your form

Please mail or fax your completed, signed and dated form to:

**MLC Group Insurance**  
**Reply Paid 200**  
**North Sydney NSW 2059**

**Email [group\\_insurance@mlc.com.au](mailto:group_insurance@mlc.com.au)**

For more information or assistance with completing this form, please call **02 8908 6111**.