

CATHOLIC SUPER

Insurance Transfer Form



Address: GPO Box 180 Melbourne VIC 3001

Phone: 1300 655 002 **Fax:** (03) 9934 3465 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use BLOCK letters and black ink when completing this form. This request will be invalid if unsigned.

You can apply to transfer insurance cover you have outside of Catholic Super if you are:

- joining Catholic Super for the first time or an existing member of Catholic Super; and
- you have insurance through an employer sponsored plan or an individual insurance policy outside of superannuation from a life insurer

You will need to:

- complete all sections of this form and acknowledge the Duty of Disclosure section of this form; and
- attach an up-to-date statement from your former fund or from your individual insurer confirming the type and level of cover you have with the former fund or individual insurer

Do not cancel your existing insurance until you receive confirmation in writing that your transfer has been accepted.

Section 1: Life insured details

Catholic Super Member Number	Date of Birth (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>
Name of former Fund	Former Fund Member Number
<input type="text"/>	<input type="text"/>
Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	
Telephone (Business hours)	(Mobile)
<input type="text"/>	<input type="text"/>

If any of your answers are unclear, we would like to clarify them over the telephone, as this can save unnecessary delays.

Section 2: Personal health statement

- Please confirm (by marking 'X' in the box below) that the following statements are true and correct:
 - I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation Catholic Super of my successful transfer application;
 - I will not be transferring the cover under my former fund to any other division or section of the former fund or any other fund, other than Catholic Super; and
 - I will not effect a continuation option or subsequently reinstate any cancelled cover within the former fund or any other division, section, category of the former fund or within any fund or insurance policy where such reinstatement of cover is available to me.I confirm that all three statements are true and correct and agree to abide by these requirements **YES** **NO**
 - I confirm that my current level and type of cover under the former fund or individual insurer are as follows:
 - Death cover
 - TPD cover
 - Income protection

Current income protection waiting period e.g. 30 days, 60 days, 90 days, 180 days

Current income protection benefit period e.g. 2 years, 5 years, to age 60, to age 65
 - Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation? **YES** **NO**
 - Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total and Permanent from any superannuation fund or life insurance policy? **YES** **NO**
- Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? **YES** **NO**

Section 2: Personal health statement (continued)

5. Is your cover under the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions?

YES NO

If you have answered **YES** to any of the above please contact **1300 655 002** to obtain a full medical questionnaire as your current application cannot proceed without more detailed information being provided.

If you have answered **NO** to all of these questions please read the declarations and if you understand your duties as outlined please sign where indicated.

Section 3: Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 as amended, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered in the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 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 3 years of entering into it, elect not to avoid it but to reduce the sum insured 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.

Section 4: Privacy statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that the duty of disclosure explained above applies to the information you have submitted. If you fail to comply with this duty you may be in breach of it. The consequences of this are above.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application.

We may collect or disclose information relating to you or your application to or from a range of services including: reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers.

You have a right of access to any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy or you want to know more about your application, you can contact us on **1800 221 142**.

Section 5: Declaration

I acknowledge that I have read the notice of my duty of disclosure above 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 question in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I, the Applicant, authorise and direct any medical or other practitioner to divulge at any time to TOWER Australia Limited 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 valid as the original. To this extent, all professional confidence and privilege is waived.

I, confirm that I have not been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) and am not carrying antibodies to that virus, nor am I suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause my death or permanent inability to work before 65 years of age.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TOWER Australia Limited or its 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. This consent applies to any health and sensitive information TOWER Australia Limited collects on this form or future forms in relation to this insurance.

Signature of member



Date (dd/mm/yyyy)

Return the completed form to: Catholic Super, GPO Box 180, Melbourne VIC 3001