

# ANZ SUPER ADVANTAGE INDIVIDUAL INSURANCE TRANSFER FORM

Death Only or Death and TPD Applications up to and including \$1,000,000



1 February 2020

## Customer Services

Phone 13 38 63

Email [customer@onepath.com.au](mailto:customer@onepath.com.au)

Website [anz.com](http://anz.com)

## INSTRUCTIONS

OnePath Life is the group life insurer to OnePath Custodians, the trustee of the Fund. ANZ Super Advantage is a division of the Fund.

Please complete this form if you:

- are a Personal Division member of ANZ Super Advantage; or
- are a member of an employer plan in ANZ Super Advantage insured by OnePath Life; and
- wish to apply to transfer your existing Death or Death and TPD cover up to \$1 million (including any existing cover) under another life insurance policy issued by OnePath Life ('Previous Cover') as a member of another superannuation fund ('Previous Fund') to OnePath Life ('Transferred Cover').

By completing this form, you are requesting OnePath Custodians to submit an application to OnePath Life to enable OnePath Life to assess your request to transfer your Previous Cover to OnePath Life under the group insurance policy (Policy) issued to OnePath Custodians through the Fund. You can obtain a copy of the Policy by contacting Customer Services on 13 38 63 or alternatively refer to the PDS for a summary of the Policy. To the extent of any inconsistency between the Policy and the PDS, the terms of the Policy prevail.

If OnePath Life accepts your application, any loadings, exclusions, restrictions or limitations which were imposed by the previous insurer on your Previous Cover will apply to the Transferred Cover.

Before proceeding with this application it is important that you have read and understood the ANZ Super Advantage Product Disclosure Statement (PDS).

You will be required to complete some or all of the questions in this statement. Please follow the instructions carefully. Please also attach proof of the insurance cover you had with the previous fund.

Complete and sign the form and return to:

### ANZ Super Advantage

OnePath Life Limited

GPO Box 4028

Sydney NSW 2001

### Cancelling your previous cover

OnePath Life will assess your application to transfer cover. You will be notified of its decision in writing. OnePath Life may need to contact your Previous Fund or its insurer to complete the assessment of your application.

If OnePath Life accepts your application, you must cancel your previous cover upon notification of its decision. If you do not cancel your previous cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness or Total and Permanent Disablement, OnePath Life will reduce any benefit payable under the policy issued by OnePath Life, by the amount of any benefit payable under the Previous Cover.

**To ensure you are covered at all times, do not cancel your previous cover until you are notified in writing that your application for transferred cover has been accepted by OnePath Life.**

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## 1. PERSONAL DETAILS

Member number

Employer plan name

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Given name

Date of birth        Male  Female

Work phone  Home phone

Mobile phone

Email

### Contact authorisation

I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  am/pm and  am/pm

Please tick your preferred contact method:  Home phone  Work phone  Mobile phone

## 2. GENERAL DETAILS

Are you an Australian citizen or permanent resident of Australia?  Yes  No

If no, do you have a working visa?  Yes  No

If yes please identify the type of working visa

## 3. INSURANCE DETAILS

Is this an application for:  New cover in ANZ Super Advantage  Adding to existing cover in ANZ Super Advantage

### Amount\* of cover to be transferred:

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

Fixed Death Only \$  (maximum insurance is \$1,000,000)<sup>†</sup>

Death and Total and Permanent Disablement \$  (maximum insurance is \$1,000,000)<sup>†</sup>

\* In some circumstances the cover basis of your employer plan may prevail, for example, where your employer's plan has established unitised cover, the equivalent number of units will be provided in accordance with the amount you specify. If you are unsure, please contact Customer Services on 13 38 63.

<sup>†</sup> If the insurance cover you wish to apply for is greater, please complete the Group Risk Personal Statement available from Customer Services on 13 38 63 or at anz.com

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## 4. DETAILS OF INSURANCE COVER THAT YOU WISH TO TRANSFER TO ANZ SUPER ADVANTAGE

Please complete this section in relation to the previous cover that you wish to transfer to ANZ Super Advantage on the terms set out in OnePath Life's insurance policy.

### a) Insurance details

Member Number/Policy Number (if known)

Name of Superannuation Fund

Name of Insurer

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by transferring your cover out of the previous fund. You should do this so that you completely understand the effects of transferring your insurance cover to ANZ Super Advantage.

### b) Proof of insurance cover

Please attach proof of your insurance cover (such as your latest superannuation statement or a Certificate of Currency\*) confirming the type and amount of your previous cover at the time of completing this application. Your cover must be valid and current at the date of this application and must not have changed since the date your proof of cover was issued.

OnePath Life will not accept documentation that is older than six months than today's date. A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

\* A Certificate of Currency is a document which provides proof of your insurance coverage on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request. You can ask your previous fund to obtain a Certificate of Currency directly from their insurer.

Have you attached to this form proof of your insurance cover described above?  Yes  No

If you ticked 'No', you cannot submit this application form without the proof of insurance cover.

### c) Cover limitations

Is your previous cover subject to any of the following limitations:

- a premium loading?  Yes  No
- an exclusion?  Yes  No
- a restriction?  Yes  No
- a pre-existing condition/ new events limitation?  Yes  No
- any other limitation of any sort?  Yes  No

If you answered 'Yes' to any of the above, please attach a copy of the correspondence you received from your previous fund or insurer which sets out the special terms which apply to your previous cover. In assessing your application, OnePath Life may contact the Previous Fund or Insurer to confirm whether any premium loadings or limitations apply. The cover provided through the Fund will be subject to the underwriting terms provided by the Former Insurer (if any).

## 5. OCCUPATION

Occupation

Occupational duties (include the percentage of time spent on each)

Hours worked per week\*

Annual salary \$

Amount of manual work (%)

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## 6. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD APPLICATIONS UP TO \$1,000,000

As at the date of signing this application, I declare that:

Other than for colds, flu, minor upper respiratory tract infections or minor headache:

a. Are you now off work due to illness or injury?

Yes  No

b. Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury?

Yes  No

Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury? (even if you are currently working less than 30 hours per week for non-medical reasons)

Yes  No

Have you ever made, or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury?

Yes  No

Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today?

Yes  No

Have you ever had an application for life, trauma or disability insurance on your life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion?

Yes  No

Other than for colds, flu, minor upper respiratory tract infections or minor headache, do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment?

Yes  No

Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom?

Yes  No

**If you answered 'No' to any of the statements in Section 6, you can not proceed with this application. You will need to apply for cover by completing the Full Personal Health Statement, which is available online at anz.com**

## 7. IMPORTANT NOTICES, AUTHORISATIONS AND ACKNOWLEDGEMENTS

### The Trustee's duty of disclosure

The Trustee, 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 it knows, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

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

### You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, the Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

### If the Trustee 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 Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee 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 the Trustee had told the Insurer everything it should have. However, if the contract 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 it would have been in if the Trustee had told the Insurer everything it should have. However, this right does not apply if the contract 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.

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## I ACKNOWLEDGE THAT:

- I have read and understood the PDS.
- I have read and considered the questions in this application and all the answers provided are to the best of my knowledge, true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Trustee's Duty of Disclosure sections above, and understand my obligations under the *Insurance Contracts Act 1984* and understand that the Trustee's Duty of Disclosure continues after I have completed this form until my application has been accepted by OnePath Life and confirmation is issued in writing.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I have read the Privacy Statement in this form, and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement set out in this form on page 5, ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy), OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) and OnePath Life's Privacy Policy which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy). If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that ANZ, OnePath Custodians and OnePath Life require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ, OnePath Custodians and OnePath Life.
- Insurance cover will commence from the date this application is accepted by OnePath Life in writing.
- Upon being notified that OnePath Life has accepted my application to transfer my insurance, I will:
  - immediately cancel all my insurance cover in the previous fund and
  - not exercise a continuation option, or subsequently reinstate any cancelled cover within the previous fund or any other division, section, category of the previous fund or insurance policy where such reinstatement of cover is available to me.
- If OnePath Life accepts my application, I accept that any loadings, exclusions, restrictions or limitations (including any pre-existing condition clause) which were imposed by the previous insurer on my Previous Cover may apply to the Transferred Cover issued to me by OnePath Life.
- In the event that I do not validly cancel my previous cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection (Salary Continuance), OnePath Life will reduce any benefit paid or payable under the Policy issued by OnePath Life by the amount of any benefit paid under the Previous Cover.
- I have provided proof of my insurance cover (either my latest superannuation statement or a Certificate of Currency) confirming the type and amount of my previous cover at the time of completing this application.
- If OnePath Life accepts my application, the terms and conditions outlined in the Policy issued by OnePath Life will apply to the Transferred Cover and the terms and conditions of my Previous Fund and its insurer will cease to apply. In particular, I understand that if I have existing cover under the Policy, the total amount of cover after the transfer of Previous Cover cannot exceed the maximum benefit level under the Policy.
- I acknowledge that insurance cover will not commence until I am notified of acceptance in writing.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim, irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.
- I acknowledge that OnePath Life is no longer a related body corporate of OnePath Custodians.
- I authorise OnePath Life and any appointed person to undertake enquiries and investigations to verify the answers I have provided. I acknowledge that this authorisation enables OnePath Life to obtain from the Previous Fund and their insurer my application for cover the application I lodged for insurance cover with my Previous Fund. I authorise OnePath Life to investigate whether any premium loading(s), restriction(s) and exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to OnePath Life's consideration and assessment of this application.
- I agree to provide OnePath Life with access to the health and/or financial evidence I provided to my Previous Fund and its insurer in an application for cover. By signing this declaration, I acknowledge and declare that the disclosures and representations made in that application for cover to the Previous Fund and its insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation made to the Previous Fund and/or their insurer may be acted upon by OnePath Life.

Name of member

Signature of member

Date 

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## PRIVACY STATEMENT

Your personal information will be handled by OnePath Custodians, as issuer of this product, ANZ, as alliance partner of IOOF Holdings Limited ABN 49 100 103 722 (IOOF), who wholly owns OnePath Custodians and One Path Life, as group life insurer. Please read the information contained in this section carefully, as it describes how each of these parties will handle your personal information. In this section, any reference to your personal information includes any health or other sensitive information that OnePath Custodians, ANZ or OnePath Life may hold about you. Any or all of these parties may send you information on their products and services from time to time. If you do not wish to receive this information from any or all of these parties, please ensure you follow the separate opt out processes for the relevant party specified below.

### OnePath Custodians Privacy Statement

OnePath Custodians Pty Limited ABN 12 008 508 496, RSE L0000673 (**OnePath**), as issuer of this product, will collect your personal information when you deal with it, its agents, its related bodies corporate, including other members of the IOOF Group, distributors of this product (such as ANZ), or suppliers acting on OnePath's behalf.

OnePath uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OnePath may disclose your personal information to related bodies corporate, relevant group life insurers, such as OnePath Life, and organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as set out in OnePath's privacy policy.

OnePath may also use and disclose your personal information to send you information on its products and services from time to time. OnePath may also disclose your personal information to its related companies, relevant group life insurers, such as OnePath Life and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OnePath using and disclosing your information for this purpose at any time by calling Customer Services on 133 665.

OnePath may also send your personal information overseas, as set out in OnePath's privacy policy.

OnePath's privacy policy, available at [onpath.com.au/superandinvestments/privacy-policy](http://onpath.com.au/superandinvestments/privacy-policy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OnePath deals with any privacy complaints.

### ANZ Privacy Statement

ANZ is committed to ensuring the confidentiality and security of your personal information. As an alliance partner of IOOF, ANZ will collect your personal information when you deal with it, its agents, or its related bodies corporate, issuers and distributors of this product, or suppliers acting on ANZ's behalf. ANZ may use your personal information for the purposes of carrying out business functions, undertaking analytics activities and as otherwise set out in ANZ's privacy policy available at [anz.com/privacy](http://anz.com/privacy).

ANZ may disclose your personal information to certain third parties, including OnePath (as issuer of this product), OnePath Life (as general life insurer), ANZ's related companies, organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as otherwise set out in the ANZ Privacy Policy.

ANZ may send you information about its products and services from time to time. ANZ may also disclose your personal information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service. You can opt out of ANZ using and disclosing your information for this purpose at any time by contacting ANZ Customer Services on 13 13 14.

Sometimes ANZ discloses your personal information overseas. The location varies, but includes the Philippines, India, Ireland, the UK, the USA, China and countries within the European Union.

ANZ's Privacy Policy, available at [anz.com/privacy](http://anz.com/privacy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) ANZ deals with any privacy complaints.

### OnePath Life Privacy Statement

OnePath Life Limited ABN 33 009 657 176, AFSL 238341 (OnePath Life), as group life insurer of this product, will collect your personal information when you deal with it, its agents, or its related bodies corporate, distributors of this product (such as ANZ), or suppliers acting on OnePath Life's behalf. OnePath Life uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OnePath Life may disclose your personal information to related bodies corporate and organisations, including service providers and those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, enhance customer service, undertake analytics activities and as set out in OnePath Life's privacy policy.

OnePath Life may also use and disclose your personal information to send you information on its products and services from time to time.

OnePath Life may also disclose your personal information to its related companies and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OnePath Life using and disclosing your information for this purpose at any time by contacting customer services on 133 667.

In disclosing or using your personal information as described above, OnePath Life may also send your personal information overseas, as set out in OnePath Life's privacy policy.

OnePath Life's privacy policy, available at [onpath.com.au/insurance/privacy-policy](http://onpath.com.au/insurance/privacy-policy) sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OnePath deals with any privacy complaints.