

Insurance Transfer Form

You are applying to enter a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement in this form, you should also tell us about any other information that will impact on the insurer’s decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer’s decision on your application.

The full Duty of Disclosure is contained within this document and it is important you read it carefully. Having read the above, I declare the information I am about to provide is honest, true and complete.

Signature

X	Date (DD/MM/YY)										
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Important: Do not cancel your existing cover, and/or transfer your account balance from the former fund (if applicable), until you have received confirmation in writing that your transfer request has been accepted by Vision Super.

You can apply to transfer insurance cover that you have outside of Vision Super if you:

- are joining Vision Super for the first time or an existing member of Vision Super; and
- are under 60 years of age, and
- do not have a waiting period of more than 60 days on the insurance cover you wish to transfer, and
- have an employer sponsored superannuation insurance policy or an individual insurance policy linked to superannuation where you have cover for Death only or Death/TPD and/or Income Protection benefits, and
- are transferring your **total or a proportion** of your superannuation account balance with your former fund to Vision Super within 60 days from the date your application to transfer your cover has been accepted.

Please note that a transfer of insurance cover to Vision Super can apply:

- Only to Death, TPD and Income Protection cover.
- Any other ancillary benefits your have with your former fund or individual insurer or individual insurer (such as trauma, accident or funeral cover) will not be transferred to Vision Super. These ancillary benefits will not be provided by Vision Super and will cease with the closure of your external policy on transfer to Vision Super.
- MLC Limited will not accept transfers of cover for retail policies (where they are not linked to superannuation), policies held by a 3rd party or where the policy covers multiple lives.

To transfer your insurance please:

- complete all sections (in this form), providing all the required details and acknowledging the Duty of Disclosure section of this application form; and
- return this completed insurance transfer form. The form must be received by Vision Super no later than 45 days after signing and dating this form.

Note: Your transferred cover amount, together with any cover that you currently have with Vision Super (where evidence of health was not required) cannot exceed the total amount of:

- \$2,000,000 for Death and TPD cover
- \$20,000 per month for Income protection cover

Any exclusions, including but not limited to pre-existing condition exclusions or restrictions, or premium loadings that apply to the cover being transferred will continue to apply to your transferred cover under our policy.

Please obtain and attach proof of your insured benefits with your former fund or individual insurer such as:

- an up-to-date insurance statement;
- certificate of currency; or
- confirmation email/letter from your former fund or individual insurer.

The statement from your previous fund must confirm the type and level of cover, including any premium loadings and/or exclusions that your cover may be subject to. The statement must be no more than 6 months old.

Section A – Personal details

Your Vision Super membership number (if known)

Title

Mr Mrs Miss Ms Other

Date of birth (DD/MM/YYYY)

Given name(s)

Family name

Postal Address

State

Postcode

Phone number

Email

Name of current employer

Name of former fund or individual insurer

Former fund member number or Life Policy Number

Former fund Unique Superannuation Identifier (USI)
(if known, not applicable for individual policies)

Section B – Personal statement and confirmation of requirements

1. Provide the details of your current level and type of cover under the former fund or individual insurer (where applicable)

Death Cover

Date cover started

TPD Cover

Date cover started

Please note that you must transfer the total current cover to Vision Super, and you cannot transfer TPD cover without Death Cover, and if the Insurer accepts your application, your amount of cover with the former fund or individual insurer will be matched by an equivalent level of fixed Vision Super insurance cover, rounded up to the next \$1,000.

Income protection Cover Date cover started

Vision Super provides monthly cover in units of \$500. If your transfer application is successful, you will be given the number of units closest to your current monthly cover (rounded up to the nearest unit).

2. Provide details of your transferring Income Protection waiting period (e.g. 30 days, 60 days, 90 days)

Please note The waiting periods that Vision Super offer are 30 and 60 days. The waiting period from your previous fund will be matched to the waiting period being transferred to Vision Super. If the transferred waiting period is not available with Vision Super the waiting period that will apply will be the next longest waiting period (e.g. if you had a 45 day waiting period with your previous fund you will receive a 60 day waiting period when you transfer to Vision Super). If you currently have a waiting period that is greater than 60 days you will not be eligible to transfer your cover to Vision Super. You will be required to complete a full personal statement for your request of cover to be considered. You are not required to complete the remaining sections of this form. This does not affect any default cover you are entitled to, or may have under Vision Super.

Personal statement and confirmation of requirements continued

3. Provide detail of your transferring Income Protection benefit payment period (e.g. 2 years, 5 years, to age 65)

Please note The Benefit Payment Period that Vision Super offers is 2 years and to age 65. If the transferred Benefit Payment Period is not available with Vision Super the Benefit Payment Period that will apply will be the next shortest Benefit Payment Period (e.g. if you had a Benefit Payment Period to age 60 with your previous fund you will receive a 2 year Benefit Payment Period when you transfer your cover to Vision Super).

4. Are you currently not working, or restricted or unable to perform, the full and normal duties and contracted hours of your occupation, due to an illness or injury? Yes No
5. Have you :
- a) In the last 12 months: been unable to work because of injury or illness for more than 10 consecutive days?; Yes No
or
- b) been advised that due to illness or injury you will need to take 10 or more consecutive days off work? Yes No
6. Have you ever had an application for death, total and permanent disablement (TPD) and/or Income Protection cover declined? Yes No
7. In the last 5 years, have you made a claim or are you eligible to make a claim for an injury or illness through Workers' Compensation, sickness benefits, invalid pension or any other cover or insurance policy providing injury or illness benefits (except health insurance)? Yes No
8. Have you been diagnosed with any illness that reduces your life expectancy to less than 24 months from the date of this application? Yes No

If you have answered 'Yes' to any of the Questions 4 - 8 above, you will not be eligible to transfer your cover into Vision Super. You will be required to complete a full personal statement for your request of cover to be considered. You are not required to complete the remaining sections of this form. This does not affect any default cover you are entitled to, or may have under Vision Super.

9. 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 Question 9, you must attach a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of that cover under those terms.

Confirmation of requirements – please read the following statements and indicate your acceptance below

- I will cancel all existing insurance cover under my former fund or individual insurer within 60 days of receiving confirmation from Vision Super of my successful transfer application. (MLC Limited reserve the right to seek confirmation of this at claim time. If satisfactory evidence is not provided, the transfer will be considered void).
- I will not be transferring the cover under my former fund or individual insurer to any other Division or Section of the former fund or individual insurer or to any other fund, other than Vision Super.
- I will not effect a continuation option, or subsequently reinstate cover within the former fund or individual insurer or any other division or associated fund of the former fund or individual insurer.
- I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by Vision Super.

I confirm that the above statements are true and correct and I agree to abide by these requirements Yes No

If you have answered 'No' you will not be eligible for insurance transfer insurance cover into Vision Super. This does not affect any default cover you are entitled to, or may have under Vision Super.

Section C – Telephone underwriting

The telephone underwriting facility reduces the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (MLC Limited) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my duty of disclosure as described in Section D.

No Yes If 'yes', I am contactable on the following number ()

between the hours of am/pm am/pm

(note they must be usual business hours eastern standard time)

Section D – Acknowledgments

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to Vision Super; and
- if the Insurer has accepted my application, my cover will commence in Vision Super on the date this application is completed subject to cancellation of my existing cover as outlined in Section B; and
- Vision Super and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide Vision Super or the Insurer with any authority that may be necessary to access to the health evidence I provided to my former fund, the former fund's insurer or my individual insurer for the purposes of assessing any application for that cover, and I agree that any failure to abide by my duty of disclosure to the former fund, former fund's insurer or individual insurer may be acted upon by Vision Super or its Insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to Vision Super or its Insurer that I have not undertaken the requirements that I confirmed in Section B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from Vision Super may be reduced in whole or in part as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from Vision Super is no less than I would have been eligible to receive under the terms of the policy between Vision Super and the Insurer had I not applied for a transfer of cover; and
- If my insurance transfer application is for any reason declined, my existing insurance with Vision Super will continue unless I choose to cancel it or my insurance ends.

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.

Acknowledgments continued

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.

By signing this form, I confirm that:

- I have read Vision Super's Privacy Statement as outlined in the Vision Super Product Disclosure Statement (PDS) and the Vision Super Insurance Booklet. I understand how Vision Super intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified.
- I have read and understood section D 'acknowledgements' and my 'duty of disclosure'.
- I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

If you have any questions about your rights under the privacy legislation, please call Vision Super on **1300 300 820**

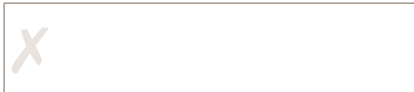
I confirm I have:

- completed Section A, B and C of this Insurance Transfer Form, providing all the required details and signing the form; and
- attached an up-to-date statement from my former fund or written evidence from my individual insurer confirming the type and level of cover I have with the former fund or individual insurer.

Please sign and date below:

Full name

Member's signature

	Date (DD/MM/YY)							
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**Please return the completed form, with attachments, to Vision Super, P.O. Box 18041, Collins Street East, VIC 8003.
Freecall: 1300 300 820**