

Transfer your insurance & consolidate your super



When you become a member of Australian Catholic Superannuation and Retirement Fund (Australian Catholic Superannuation) we provide you the opportunity to bring your existing Death Only, Death and Total and Permanent Disablement (TPD) and/or your Income Protection Insurance (TSC) cover with you.

The Australian Catholic Superannuation and Retirement Fund's insurance is provided by OnePath Life Limited ABN 33 009 657 176, AFSL 238 341 ("OnePath Life").

Simply complete this form using a dark pen and capital letters or type directly into this form online, print it out and send it to us. Ensure all appropriate check boxes are marked with an (X). Once the form is complete, remember to sign and date it. Return the form to:

**Australian Catholic Superannuation and Retirement Fund
PO Box 656, Burwood NSW 1805**

- ✉ PO Box 656, Burwood NSW 1805
- ☎ 1300 658 776
- 🌐 www.catholicsuper.com.au
- 🐦 @AskAusCathSuper
- ✉ fundoffice@catholicsuper.com.au

! For details on whether you are eligible to transfer your existing cover, please complete the small questionnaire at Section 1.

1 Your eligibility to transfer your insurance

To be eligible to transfer your existing insurance to Australian Catholic Superannuation, you must be able to answer 'Yes' to all the following questions:

1. Are you a member of Australian Catholic Superannuation? Yes No
2. Is your existing cover through an employer sponsored or personal superannuation fund? Yes No
3. Are you applying to transfer up to a maximum of \$1,000,000 of Death Only, or Death and TPD cover and are aged between 15-69? Yes No
4. Are you applying to transfer your Income Protection Insurance (TSC) cover that is equal to the number of units required to cover up to 85% of your salary (up to a maximum \$25,000 per month) and are you aged between 15-64? Yes No
5. Do you agree to cancel your existing cover in the superannuation fund of which you are an insured member? (but not before this application has been accepted by the Insurer) Yes No
6. Do you agree to transfer your account balance from your existing superannuation fund to Australian Catholic Superannuation if and/or when your insurance transfer has been accepted? Yes No
7. Is your cover valid and current at the date of this application? Yes No

If you answered 'No' to any of the questions above, you may be ineligible to transfer your current insurance arrangement to Australian Catholic Superannuation. Refer to the Important information section on page 5 of this form or call us on **1300 658 776** for further details.

! Important

Client ID login allows you to access our service via the internet. Ask us about setting up this convenient service.

2 Your current details

Client ID	Account number	Date of birth	Male	Female
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	Surname			
<input type="text"/>	<input type="text"/>			
Given names				
<input type="text"/>				
Postal address				
<input type="text"/>				
Suburb	State		Postcode	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Mobile	Home telephone number			
<input type="text"/>	<input type="text"/>			
Email				
<input type="text"/>				



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3 Your existing cover

a) Your current Death only and Death & TPD cover details, please select one of the following options

Type of cover	Amount of cover	Date cover started
<input type="checkbox"/> Death only cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

OR

<input type="checkbox"/> Death and Total and Permanent Disablement cover		
Death	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total and Permanent Disablement	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

i The Death only or Death and TPD cover you transfer will be matched on the same basis to similar fixed-dollar or age-based unitised Australian Catholic Superannuation cover.

b) Your current Income Protection Insurance (TSC) cover details.

Your cover must be valid and current at the date of this application.

Type of cover	Amount of cover	Date cover started
<input type="checkbox"/> Income Protection Insurance (TSC) cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

What is the waiting period for your Income Protection Insurance (TSC) cover? days

What is the benefit period for your Income Protection Insurance (TSC) cover? years

The waiting and benefit periods that will apply to your Income Protection Insurance (TSC) will be as follows:

If your waiting period was	Your new waiting period is	If your benefit period was	Your new benefit period is
Less than 60 days	30 days	2 years or less	2 years
60 – 89 days	60 days	Greater than 2 years but less than 10 years	5 years
90 days or more	90 days	To age 60 or 65	To age 65

c) Limitations and restrictions on your existing cover

Is the insurance cover you are transferring subject to:

A premium loading? Yes No Any limitations or restrictions? Yes No
 A pre-existing condition? Yes No Any exclusions? Yes No

Please provide documents showing details of your existing cover, waiting and benefit periods (if applicable) and any loadings or exclusions. The Insurer will not accept documentation that is older than 6 months prior to today's date.

4 Personal health statement

Your request to transfer your existing insurance cover to Australian Catholic Superannuation is subject to eligibility conditions and final approval by our insurer.

- Other than for colds, flus, minor upper respiratory tract infections or minor headache:
 - Are you now off work due to illness or injury? Yes No
 - 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 TPD benefit from any source, or Yes No
 - Other than any TPD claim disclosed in question 3a), 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



Form continues overleaf

4 Personal health statement (continued)

4. 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
5. 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
6. a) Other than for colds, flus, 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
- b) Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

If you have answered 'Yes' to any of these questions, please complete the *Insurance application: Full personal statement* available from catholicsuper.com.au as this application cannot proceed without more detailed information.

Important

You may be required to provide proof of identity to transfer your funds to us if you do not complete all the required mandatory* information.

Important things to consider before consolidating your super:

1. Completing this form does not change the Fund your employer makes contributions to. To ensure your employer makes contributions to your Australian Catholic Superannuation account, you will also need to complete a Choice of Fund form.
2. This form can be used to transfer part of the balance of your account or your full balance of your account.
3. Check to see whether your other Funds charge an exit fee. An exit fee may be charged by the Fund when you withdraw your balance from your account.
4. Ensure you are not losing any benefits such as your insurance cover or that your benefits with us are comparable before consolidating your super.

5 Your Tax File Number (TFN)

We are authorised to collect your TFN under the Superannuation Industry (Supervision) Act 1993. We will treat it as confidential and only use it for lawful purposes. This includes disclosing it to another superannuation fund when we're arranging a transfer of funds for you. However, you may request in writing that your TFN not be disclosed to any other trustee.

I advise that my Tax File Number is

- i** You don't have to provide your TFN to us. If you choose not to, you:
- May be taxed at a higher rate
 - Are unable to make personal contributions to your account
 - May not be able to receive contributions from your employer, and
 - May be unable to monitor your account or locate any lost super

6 Consolidate Your Super and Insurance

FROM (Transferring fund)

Name of Fund / Plan*

Australian business number (ABN)

Unique Superannuation identifier

Membership or account number*

Full transfer – transfer the full amount of my balance

TO (Receiving fund)

Fund name

Australian Catholic Superannuation and Retirement Fund

Australian business number (ABN)

24 680 629 023

Unique Superannuation identifier

24 680 629 023 111



Form continues overleaf ▶

! Take note

Don't forget to sign and date your form before sending it back to us.

7 Declaration

By signing this form I understand and acknowledge that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the Duty of Disclosure and understand the consequences available to OnePath Life if I fail to tell OnePath Life any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I must provide a copy of my most recent superannuation statement or statement of benefit letter and any other documentation deemed necessary. Please note that any of these documents cannot be older than 6 months prior to today's date.
- I agree that upon notification by the Trustee confirming that my application to transfer my insurance cover has been accepted, I will:
 - Cancel my existing insurance cover immediately following confirmation of acceptance by Australian Catholic Superannuation
 - Not transfer my existing insurance cover to another division or section of my former fund or to another fund other than Australian Catholic Superannuation
 - Not effect a continuation of, or subsequently reinstate any cancelled cover with my former fund, or a division, section or category of that fund or insurance policy where reinstatement of cover is available to me
 - Transfer the account balance of the relevant fund to Australian Catholic Superannuation.
- I understand that if I do not cancel my insurance in the relevant employer or personal superannuation fund, at the time a claim is accepted, I will not be eligible to receive the benefit of both policies.
- I have not received or am eligible to receive a lump sum Total and Permanent Disablement benefit or a Terminal Illness benefit from any superannuation fund.
- I have read and understood the information contained in the *Superannuation Product Disclosure Statement and Insurance: Superannuation* fact sheet available from catholicsuper.com.au. I understand that this information is general in nature and that I should seek professional advice in relation to my personal situation before transferring my existing insurance cover.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in the Trustee's insurance policy with OnePath Life as changed from time to time.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by OnePath Life.
- I authorise any medical practitioner, other professional or any person named in this Insurance Transfer Form to verify any aspect of it, and disclose any information that they may possess about me to OnePath Life in relation to insurance issued under the Policy. I further acknowledge that this authorisation enables OnePath Life to obtain from the Previous Fund or Individual Insurer my application for cover.
- I further authorise OnePath Life to investigate whether any premium loading(s), special condition(s) and/or 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 or Individual Insurer in an application for cover. By signing this Declaration, I acknowledge and declare to OnePath Life that the disclosures and representations made in that application for cover to the Previous Fund or Individual Insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation to the Previous Fund or Individual Insurer may be acted upon by OnePath Life.
- I consent to OnePath Life collecting, using, storing and disclosing my personal information (including health information) to assess and process my application, as well as to manage and administer my insurance in accordance with the ANZ Privacy Policy (It may be downloaded from onepath.com.au/privacy-policy or contact the Fund for a copy). The parties to whom OnePath Life may routinely disclose the information include: the policy owner and the policy owner's administration provider; other ANZ group companies; any agent, contractor or services provider that helps OnePath Life/ANZ carry out its activities; and organisations that assist OnePath Life/ANZ to prevent unlawful activity. I understand that some of the recipients of this information may be located outside of Australia and may not be established in or do not carry on business in Australia. ANZ's Privacy Policy contains information about where these overseas recipients are located and also details: how I can access and correct my information; how I can raise concerns about privacy breaches; and how ANZ will deal with these matters.
- I understand that my insurance will not become effective until OnePath Life has accepted my application for insurance cover in writing.
- If I give OnePath Life information about someone else, I will inform them of the contents of this authorisation so that they understand how their information may be used and disclosed.
- I understand that OnePath Life may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OnePath Life or any other organisation appointed by OnePath Life any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OnePath Life.
- I have read and understood the Australian Catholic Superannuation and Retirement Fund's Privacy Statement. (Please see below.)
- I am aware that I may ask my superannuation provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and have obtained or do not require such information.
- I discharge my superannuation provider of all further liability in respect of benefits paid and transferred to Australian Catholic Superannuation.
- I consent to my tax file number being disclosed for the purpose of consolidating my account.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.

Print full name (use BLOCK letters)

Signature

Date

PRIVACY STATEMENT: By signing this form you consent to Australian Catholic Superannuation and Retirement Fund collecting and using your personal information to manage your superannuation and to comply with relevant legislation. If you do not provide this information, we may not be able to accurately manage your superannuation. Your personal information may be disclosed to other parties, including the Trustee Board, the Fund's insurer and professional advisors, government bodies and the trustee of any other fund to which you transfer. To access your personal information or for a copy of our Privacy Policy, visit catholicsuper.com.au or phone **1300 658 776**.



Form continues overleaf

Important information

The Trustee of Australian Catholic Superannuation has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member you are bound by the terms and conditions of this contract of insurance.

About the insurer

Insurance cover is provided by OnePath Life Limited ABN 33 009 657 176 AFSL 238 341 (the Insurer) and subject to the terms and conditions of the insurance policy issued to the Trustee of Australian Catholic Superannuation by OnePath Life Limited (the Policy). You should read Australian Catholic Superannuation's *Superannuation Product Disclosure Statement (PDS)* and the *Insurance: Superannuation* fact sheet for a summary of the terms and conditions of the Policy. You can download these documents from www.catholicsuper.com.au (Forms & publications section), or call Australian Catholic Superannuation on 1300 658 776 if you would like a copy of the Policy.

Your application will be assessed by the Insurer and Australian Catholic Superannuation will notify you of the outcome in writing.

The Insurer requires this form, and may require other health information, to determine your application for cover. This form is confidential. Please contact the Fund should you require a copy of OnePath's Privacy Policy.

Before you complete this form, please ensure you read the duty of disclosure information below.

Cancelling your Previous Cover

You must cancel your Previous Cover once you are informed that your application has been accepted by the Insurer. If you do not cancel your Previous Cover, and in the event the Insurer accepts a claim for a Death, Terminal Illness, Total and Permanent Disablement or Income Protection benefit – the Insurer will reduce any benefit payable under the Policy by the benefit payable under the Previous Cover.

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by cancelling your Previous Cover. You should do this so that you completely understand the effects of transferring your insurance cover to Australian Catholic Superannuation.

To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application has been accepted by the Insurer.

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 OnePath Life Limited (Insurer) anything that they know, 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 they extend, vary or reinstate 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.

In order for the Trustee to comply with the duty of disclosure, we require you, to tell us (Trustee) and the Insurer, anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

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

If you do 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 you do not tell the Insurer or Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you 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 you had told the Insurer and the Trustee everything you 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 you had told the Insurer and the Trustee everything you 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.

Contact us

Please sign and date this form and return it to us:

 Australian Catholic Superannuation
and Retirement Fund
PO Box 656, Burwood NSW 1805


 (02) 9715 0090

For more information contact our helpful staff:

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