

INSURANCE TRANSFER FORM

Use this form to transfer insurance cover from another life insurance policy or fund.

IMPORTANT INFORMATION

This form is for members who are eligible to hold insurance in the DEFAULT DIVISION. Generally, you're eligible to hold insurance in the Default Division if you joined the Fund on or after 20 May 2024, and haven't opted in to the MINING DIVISION (or are ineligible to do so).

If you hold insurance in the MINING DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

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

- are joining Team Super for the first time or an existing member of Team Super and you already hold or are eligible to hold insurance cover in the Default Division;
- have superannuation with another fund where you are entitled to a death and/or total and permanent disablement (TPD) benefit and/ or income protection benefit under that fund ('former fund'); or
- have an individual death and/or TPD and/or income protection insurance policy outside of superannuation from a life insurer ('individual insurer'); by
 1. completing Sections 1 to 8 of this Insurance Transfer Form (below), providing all the required details and signing the form; and
 2. attaching proof of your insured benefits from your former fund/individual insurer such as:
 - an up-to-date statement;
 - certificate of currency; or
 - confirmation email/letter from your former fund/individual insurer.

Documentation must confirm the type and level of cover you have under the former fund/individual insurer and must be received by Team Super within **60** days of it being issued.

If you are considering cancelling or replacing your existing insurance cover, be aware there are risks in doing so. You should consider the terms and conditions of each insurance cover before deciding to make a change.

Please note that acceptance of your transfer request is subject to the Insurer's acceptance and some limitations apply. Do not cancel your existing cover until you have received confirmation in writing that your transfer request has been accepted by Team Super.

If Team Super's Insurer (TAL Life Limited) accepts your application, you will generally receive an amount of cover equivalent to the level of cover you currently have with your former fund or individual insurer. If this cover is for death and/or TPD, and/or income protection, this cover will apply in addition to any existing cover held under Team Super (subject to terms and conditions of the policies).

The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met - for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
 Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



1. Your personal details

Mr Ms Mrs Miss Dr Other

Male Female

Member number

Given names

Surname

Date of birth (DD-MM-YYYY)

 - -

Residential address

Suburb

State

Postcode

Postal address. If the same as your residential address, mark 'X' in this box

Suburb

State

Postcode

Mobile phone

Home phone

Work phone

Preferred email

Other email

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3. Occupation Group

Name of current employer

Employment Status

- Self-employed
 Employee (full-time)
 Employee (part-time)
 Casual
 Not working
 Domestic duties

Annual salary

\$

Name of former fund or individual insurer

Former fund member number or Life Policy Number

Former fund SPIN (if known, not applicable for individual policies)

Tell us your Occupation Group and make sure you're not paying too much for insurance

The type of work you do affects the cost of your insurance with us. Until you tell us your Occupation Group, you will be given a Group 1 - High Risk (Undeclared) Occupation Group. It's important you provide an Occupation Group as soon as possible as you could pay more for your insurance than you have to.

Occupation Group (mark 'x' in one box)	You qualify for this Group if...
<input type="checkbox"/> Group 1 - High Risk	• Your occupation is considered dangerous (see below) and you do not meet the definition of Group 2 - Non-manual or Group 3 - Professional.
<input type="checkbox"/> Group 1 - Manual	• Your occupation is not considered dangerous (see below), AND • You do not meet the definition of Group 2 Non-manual or Group 3 Professional.
<input type="checkbox"/> Group 2 - Non manual	• Your occupation is not considered dangerous (see below), AND • You work at least 75% of the time in an office environment and perform only non-manual duties.
<input type="checkbox"/> Group 3 - Professional	• Your occupation is not considered dangerous (see below for a list of occupations), AND • You tell us you work 100% of the time in an office in a sedentary capacity, earn more than \$100,000 a year (or pro-rata if not working full time), and have an accredited higher education qualification or are eligible to belong to a recognised professional body.

Dangerous occupations

To understand if your occupation is considered dangerous, please refer to the Occupation Group descriptions above together with the following broad occupation categories:

- Automotive and Engineering Trades Workers
- Construction and Mining Labourers
- Construction Trades Workers
- Design, Engineering, Science and Transport Professionals
- Electrotechnology and Telecommunications Trades Workers
- Factory Process Workers
- Health and Welfare Support Workers
- Machinery and Stationary Plant Operators
- Mobile Plant Operators
- Other Labourers
- Protective Service Workers
- Road and Rail Drivers
- Store persons

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3. Personal statement and confirmation of requirements

1. Please confirm that the following statements are true and correct by ticking the appropriate box

- a) I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from Team Super
- b) I will not be transferring the cover with my individual insurer or former fund to any other part (including division, section or category) of the former fund, or to any other superannuation fund, other than Team Super;
- c) I will not effect a continuation option, or subsequently reinstate any cancelled cover with the individual insurer, or 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; and
- d) I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance cover provided by Team Super.

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

If you have ticked 'No' you are not eligible for insurance transfer to Team Super. This does not affect any cover you are entitled to, or may have under Team Super.

2. I confirm the details of my current cover with the former fund or individual insurer are as follows:

Death cover	\$ <input type="text"/>	Date cover started (DD-MM-YYYY)	<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 (TPD) cover	\$ <input type="text"/>	Date cover started (DD-MM-YYYY)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please note that you must transfer the total current cover to Team 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 insurance cover, rounded up to the next \$1,000.

Income Protection insurance	\$ <input type="text"/>	Date cover started (DD-MM-YYYY)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Income protection waiting period e.g. 30 or 90 days (if your current waiting period is greater than 90 days your waiting period will be transferred at 90 days). Please note Waiting periods of 30 days or less or 30 days to 59 days will be transferred at 30 days.

Income protection benefit period e.g. two years, five years, to age 60, to age 65 (Team Super has a two year benefit period. If your transfer application is successful, a two year benefit period will apply).

Income protection additional benefits e.g. nursing care benefit, specific illness benefit (these benefits may not be available under Team Super).

3. Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 35 hours per week even though you may not actually be currently working that number of hours. No Yes

4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total and Permanent Disablement or disability benefit from Team Super, another superannuation fund or under a life insurance policy? No Yes

5. Have you been diagnosed with an illness that reduces your life expectancy to less than twenty four months from today? No Yes

If you have ticked 'Yes' to question 3, 4 or 5 you are not eligible for insurance transfer into Team Super. This does not affect any cover you are entitled to, or may have under Team Super.

6. Is your cover with 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? No Yes

If 'Yes' please attach details of the premium loading, exclusion or restriction, including a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of that cover subject to these additional terms.

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4. Declaration

I declare that:

- I have read and understood the **Product Disclosure Statement (PDS)** and **Insurance Guide - Default Division** to which this application is related.
- I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct.
- If I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to Team Super; and
- If the Insurer has accepted my application, my cover will commence in Team Super on the date this application is accepted subject to cancellation of my existing cover as outlined in section 3. Personal Statement and Confirmation of Requirements; and
- Team 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 Team Super or the Insurer with any authority that may be necessary to access 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 applicable legal disclosure duty to the former fund, former fund's insurer or individual insurer may be acted upon by Team Super or its Insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to Team Super or its Insurer that I have not undertaken the requirements that I confirmed in section 3. Personal Statement and Confirmation of Requirements above, then any insured benefit that may be payable to me or my estate or my beneficiaries from Team 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 Team Super is no less than I would have been eligible to receive under the terms of the policy between Team Super and the Insurer had I not applied for a transfer of cover.
- I consent to the collection, use and disclosure of my personal information in accordance with the Team Super privacy policy outlined in the Team Super PDS and our insurer's privacy policy at tal.com.au/privacy-policy or available on request.
- Legislation requires all members, except those in the Group 1 - High Risk or Group 1- High Risk (Undeclared) Occupation Groups, to elect for insurance cover when their account balance is below \$6,000 and/or they are aged under 25. By choosing to proceed with this application, you are electing to:
 - retain your existing insurance cover (if you already have cover); or
 - be provided the insurance cover specified in this application (if you don't already have cover), where your account balance is below \$6,000 and/or you are aged under 25.

Your signature



Date (DD-MM-YYYY)

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Print name

When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300
Email help@admin.teamsuper.com

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