

# Insurance Transfer Form



**Please complete and return within 30 days of the form being signed and dated.**

Please note that it is important to retain your insurance cover in your previous fund, and not transfer your entire account balance from your previous fund, until the Insurer has assessed and accepted your application to transfer your insurance.

Where the words "we", "us" and "our" appear they refer to the insurer, Hannover Life Re of Australasia Ltd (ABN 37 062 395 484).

## Your duty of disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

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 the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

## If you or the person who becomes the life insured under the policy do not tell us something

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you or the life insured do not tell us something that you or they are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

## Section 1: PERSONAL DETAILS

Member Number:

Full Name:

Sex:  Male  Female Date of Birth:

Residential Address:

Suburb:  State:  Postcode:

Phone (Home):  Mobile:

Email Address:

Occupation:

Annual Salary:

(Pre-tax)

Have you smoked any substances in the last 12 months? Yes  No

**FoC, a division of AMG Super**

ABN 300 993 205 83  
PO Box 3528, Tingalpa DC Qld 4173  
Phone: 1800 806 013 | Fax: 07 3899 7299 | Email: enquiries@freedomofchoice.com.au

Issued by the trustee:  
**Equity Trustees Superannuation Limited**

ABN 50 055 641 757  
AFS Licence No 229757  
RSE Licence No LOO01458

## Section 2: ELIGIBILITY & TRANSFER DETAILS

If you are currently insured for Death, Total & Permanent Disablement (TPD) or Income Protection (IP) under an Australian group insurance policy held with another superannuation fund, or an Australian personal retail insurance policy that was underwritten in the past 3 years, you can transfer your Death only, Death and TPD, or IP cover subject to meeting certain conditions.

To be eligible (please tick the appropriate box for each of the following conditions):

1. You must be less than 65 years of age; and Yes  No
2. You must be at work actively performing all of the normal duties and normal hours of your regular occupation without restriction by any injury or illness, or if on employer approved leave (except leave caused by injury or illness), you must be in our opinion capable of actively performing all of the normal duties and normal hours of your regular occupation, without restriction by any injury or illness; and Yes  No
3. Your cover with the other superannuation fund or retail insurer must cease on the acceptance of the transfer of cover; and Yes  No
4. You must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option; and Yes  No
5. You must provide evidence of your cover from your superannuation fund or retail insurer that is dated in the previous 60 days that shows the type and amount of cover you hold and if your cover is subject to any non-standard terms (i.e. premium loadings, restrictions, exclusions or pre-existing condition exclusion in regards to medical or other conditions) as these will continue to apply; and Yes  No
6. Your occupation must not be an Excluded Occupation in the Occupational Ratings Guide. Yes  No

**If you answered 'No' to any of the above conditions, you will not be eligible to transfer your insurance cover, and you will need to complete an Insurance Cover Application to apply for additional cover.**

Please specify the type and amount of cover you wish to transfer to Freedom of Choice from your current superannuation fund or retail insurer.

Death Cover: \$  TPD Cover: \$

IP cover: \$  per month Benefit Period:  Waiting Period:  days

**The total insured cover after transfer (i.e. insured cover prior to transfer plus the transferred cover) must not exceed \$1,500,000 for death only or death & TPD cover, or \$15,000 per month for income protection cover. Your TPD cover after the transfer cannot exceed your death cover. For income protection cover, you will retain the same Waiting Period and Benefit Period as the other life insurance cover. If the same Waiting Period is not available, the next higher Waiting Period will apply, and if the same Benefit Period is not available the next lower Benefit Period will apply.**

## Section 3: STATEMENT OF GOOD HEALTH

Please tick the appropriate box for each of the below questions.

In order to be eligible to transfer your insurance cover to Freedom of Choice you must be able to answer 'No' to each of the questions below:

1. Do you have any injury or illness which restricts you or is likely to restrict you in the future from carrying out, on a full-time basis, all the identifiable duties of your current employment? (Full-time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so.) No  Yes
2. Have you ever submitted a claim for TPD, income protection or terminal illness? Or are you eligible for, or entitled to, such a claim from any superannuation fund or any insurance policy? No  Yes
3. Do you have, or have you ever had, any disease, illness or injury, or any other conditions (other than colds, flu or mild asthma) which:  
a. Has required more than a total of two consecutive weeks off work during the last 12 months, or  
b. Has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment? No  Yes

**If you answered 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover and you will need to complete an Insurance Cover Application to apply for additional cover.**

## Section 4: INSURANCE ELECTION

- I elect to maintain my insurance cover in Freedom of Choice even if:
- a. my account has not received any contributions or other amounts for a continuous 16 month period; and/or
  - b. my account has a balance of less than \$6,000 and/or
  - c. I am under 25 years old.

## Section 5: PRIVACY COLLECTION NOTICE

This Privacy Collection Notice outlines how Hannover Life Re of Australasia Ltd (“Hannover”, “we”, “us” or “our”) collects and handles your personal information in compliance with the Privacy Act 1988 (Cth).

### Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may on occasions collect it from a third party such as our related bodies corporate, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

### Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance / reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrator of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

### Overseas disclosure

We may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

### Access

Our Privacy Policy which is available at [https://www.hannover-re.com/1094181/australia\\_lh\\_privacy](https://www.hannover-re.com/1094181/australia_lh_privacy) (or, by contacting us using the details set out in the ‘Contact Us’ section below) outlines our personal information handling practices, including details on how you can seek access or correction of the personal information that we hold about you, how to complain if you believe we have breached the Australian privacy laws and our complaint handling processes.

### Contact

You may contact Hannover as follows:

The Privacy Officer, Hannover Life Re of Australasia Ltd, Tower 1, Level 33, 100 Barangaroo Avenue SYDNEY NSW 2000  
Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: [privacyofficer@hlra.com.au](mailto:privacyofficer@hlra.com.au)

## Section 6: DECLARATION

### I declare that:

1. I have read and carefully considered the questions in this document and that all the responses are true and correct. I agree that this questionnaire will form part of my application for insurance; and
2. I satisfy the eligibility criteria listed under Section 2 for a transfer of my insurance; and
3. I have read, understand and agree to the terms of our Duty of Disclosure and all my answers are correct and I have not withheld any information that may affect the Insurer’s decision as to whether or not to accept my application for cover; and
4. I have read, understand and agree to the terms of HLRA’s Privacy Collection Notice. In particular, I consent to HLRA collecting and where required disclosing certain personal information and sensitive information (including medical and health information) from or to third parties (the details of which can be found in HLRA’s Privacy Collection Notice [https://www.hannover-re.com/1094181/australia\\_lh\\_privacy](https://www.hannover-re.com/1094181/australia_lh_privacy)) who may contact me and provide information to me about HLRA or their services; and
5. I will cancel my existing insurance cover from the date my cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the Insurer that I have not cancelled my previous insurance cover, I understand that no claim will be payable under the policy.

### Furthermore, I acknowledge that:

6. If I do not fully complete this application, or I do not sign and date it, or if it is not received within 30 days of the date I sign it, or if I have not provided satisfactory evidence, I will not be eligible to transfer my insurance cover; and
7. Insured cover will commence from the latter of the date the Insurer accepts the form and my account balance being sufficient to pay premium. If my account balance is not sufficient to pay premium within 30 days of the date the Insurer accepts the form then the transfer of cover will not be considered to have started and I will be required to complete a new form; and
8. For income protection cover, I have selected the same or a longer waiting period and the same or a shorter benefit period. If these are not available, I agree to receive the next higher waiting period and the next lower benefit period; and
9. The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or a claim; and
10. This electronic authority replaces the need for a personally signed Consent, Declaration and Authority to provide information.

Signature:

Date:

**Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to [enquiries@freedomofchoice.com.au](mailto:enquiries@freedomofchoice.com.au)**

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice Privacy Statement, please let us know. We have published our Privacy Statement on our website [www.freedomofchoice.com.au](http://www.freedomofchoice.com.au)