ADVANCE
ASSET MANAGEMENT

Advance Personal Protection Package

Individual Insurance Transfer – Super

Use this form if you are a current member of the Advance Personal Protection Package (APPP) and you wish to transfer your existing insurance cover with another superannuation fund or insurer to APPP.

You must be under the age of 65 at the date of this application. Please refer to the relevant Product Disclosure Statement (PDS) for information on premiums and conditions. **Please note: If this application is for Advance Personal Protection Package you can only add insurance to cover you already have.**

If your application is accepted by our Insurer you will be allocated the same level of cover provided by your current fund/insurer subject to the underwriting terms provided by your current fund/insurer. This includes premium loadings, restrictions, exclusions or any other limitations applying to your current cover.

Complete this form in **BLOCK LETTERS** by typing directly into the form or using **black pen**, print and sign it.

Send the completed form to us via one of the following methods:

> submit a copy via our secure Document Upload facility on Investor *Online* or AdviserNET (accessed from Forms > Document Upload menu)

> post to Advance Asset Management, GPO Box B87, Perth WA 6838

> email a copy to investorservices@advance.com.au

> fax to (08) 9481 4318

If you submit online, email or fax, you don't need to post us the original.

To avoid any delay in your transfer request process, please ensure you:

> attach an **up-to-date statement** from your current fund/insurer confirming the type, level and additional terms of your current insurance cover;

> complete **a separate form to transfer more than one insurance cover**. Please provide all relevant details and attach the required documentation for each insurance cover being transferred.

Questions? Call our Customer Relations team on 1800 819 935 Monday to Friday, between 8.30am and 7.00pm, Sydney time (8.00pm during daylight savings time) or email investorservices@advance.com.au.

This symbol indicates you need to give us more information.

1. Account details

Account number *(for existing Advance client only)* ☐☐☐☐☐☐☐ - ☐☐ - ☐☐

Title ☐☐☐☐ Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Given name(s) ☐☐

Residential address (PO Box is not acceptable)

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Postal address (if different from residential address)

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1. Account details (continued)

Email

Phone (home)

Phone (mobile)

Date of birth

Gender

Male Female

2. Your current fund/insurer's details

You should ask your current fund/insurer for information about your existing insurance cover, so that you fully understand the effects of transferring your current insurance cover.

Please tick the appropriate option below to indicate if you are transferring your insurance cover from a super fund or an insurance company.

transferring my insurance cover from a super fund **OR** transferring my insurance cover from an insurance company

Member account number

Fund/Insurance company's name

Fund/Insurance company's postal address

State Postcode

Fund/Insurance company's telephone

I confirm the following details in relation to the cover that I am applying to transfer:

(a) **Life cover** A$ (maximum amount of cover you can transfer is $2 million)

(b) **TPD cover** A$ (maximum amount of cover you can transfer is $2 million)

(c) **Salary Continuance Insurance cover**

I am permanently employed and working at least 15 hours per week, and capable of working 30 hours per week.

Yes No

Salary Continuance Insurance cover (per month) $ (maximum amount of cover you can transfer is 75% of your income, up to $20,000 per month)

Current Salary Continuance Insurance waiting period days (ie 30 days, 60 days, 90 days)

Current Salary Continuance benefit period (ie 2 years or to age 65)

What is your current annual income? $

I understand that the transfer of my current Life, TPD and Salary Continuance Insurance cover once accepted by the Insurer, will be subject to the terms and conditions of APPP Super insurance arrangements with the Insurer and that my Salary Continuance Insurance benefit period and waiting period (if applicable) will be matched to the APPP Super offer where possible.

For insurance cover held with another superannuation fund, you will need to attach your last annual statement from the fund (the statement must have been issued within the last 12 months of the date of the application.

For insurance cover held with an insurer, you will need to attach an up-to-date statement letter or email from the current insurer dated within 60 days from the date of this application form.

This evidence must confirm the type and level of cover, or any loadings or exclusions currently held with the current fund/insurer.

3. Duty of disclosure

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure. This could affect the insurance cover provided to you as described below.

Insured's duty of disclosure

A person who enters into a life insurance contract has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms. The person entering into the contract has this duty until the insurer agrees to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract. The person entering into the contract does not need to tell the insurer anything that:

> reduces the risk the insurer insures you for; or

> is common knowledge; or

> the insurer knows or should know as an insurer; or

> the insurer waives your duty to tell them about.

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

If the person entering the contract does not tell us 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 person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed that information to them, 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 he or she had told the insurer everything he or she should have. However, if the contract has a surrender value, or 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 them in the same position they would have been in if he or she had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or 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.

Personal information

By completing this form, you consent to any personal information, including sensitive information, that AIA Australia may collect about you (including your responses in this Personal Statement) being handled, used and disclosed in accordance with the *Privacy Act 1988* (Cth) and the AIA Australia Privacy Policy at aia.com.au.

Other important information

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in the Advance Privacy Policy. The Advance Privacy Policy is available at advance.com.au or by calling 1800 998 185. It covers:

> how you can access the personal information we hold about you and ask for it to be corrected;

> how you may make a complaint about a breach of the Australian Privacy Principles, or a registered privacy code, and how we will deal with your complaint; and

> how we collect, hold, use and disclose your personal information in more detail.

The BT Privacy Policy will be updated from time to time. Please read and understand the Privacy information contained in the PDS.

4. Your personal statement and confirmation of requirements

1. Please confirm (by ticking one box below) that all of the following statements are true and correct:

   (a) My current insurance cover with my current fund/insurer is in force and has not lapsed;

   (b) I will cancel my current insurance cover with my current fund/insurer once I receive confirmation from APPP that my Individual Insurance Transfer application has been accepted;

   (c) I will not be transferring my current insurance cover with my current fund/insurer to any other division or section of the current fund or to any other fund or insurer, other than Advance Personal Protection Package;

   (d) After my current insurance cover has been cancelled, I will not apply for a continuation option or reinstate my cover with my current fund/insurer;

   (e) I am either,

      (i) gainfully employed, and working at least 15 hours per week & capable of undertaking gainful employment for at least 30 hours per week;

      or

      (ii) where I am not gainfully employed for reasons other than illness and injury and performing full time unpaid domestic duties in my own residence, I am capable of undertaking gainful employment for at least 30 hours per week.

4. Your personal statement and confirmation of requirements (continued)

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

*If you answered **'No'** you will not be eligible to transfer your existing insurance cover from your current fund/insurer to Advance Personal Protection Package. Please do not return this form to APPP.*

2. Are you absent from work or restricted, due to injury or sickness, from carrying out any of the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)?

   ☐ Yes ☐ No

3. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD/Salary Continuance Insurance benefit with your previous fund or any other superannuation fund or life insurance policy?

   ☐ Yes ☐ No

4. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from the date of this application?

   ☐ Yes ☐ No

*If you answered **'Yes'** to any of the question 2–4 you will not be eligible to transfer your existing insurance cover from your current fund/insurer to Advance Personal Protection Package. Please do not return this form to APPP.*

5. Is your cover under the current insurance cover subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions.

   ☐ Yes ☐ No

*If you answered **'Yes'** please provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from your current fund/insurer advising you of the acceptance of your cover subject to these additional terms. **Please note:** if the Insurer accepts your application, any premium loadings, exclusions and/or restrictions will continue to apply to the new insurance cover.*

5(a). ☐ I understand that any premium loadings, exclusions and/or restrictions that apply to the insurance cover being consolidated will also apply to the new cover if accepted

Important note: If any insurance benefit(s) from your current fund/insurer has:

- *more than two exclusions; and/or*
- *a medical loading on your premium of more than +100%; or*
- *a combination of 1 exclusion and medical loading on your premium of more than +50%*

then cover for that benefit(s) cannot be transferred.

6. Have you smoked tobacco or any other substance during the last twelve months?

   ☐ Yes ☐ No

7. What is your current occupation[1]?

8. a. What is your usual occupation?

   b. Do you perform any manual work?

   ☐ Yes ☐ No

   If **'Yes'**, please describe duties and percentage of time spent in each

Type of work	% of time	Please describe your specific duties and where they are performed
Sedentary	%	
Light manual	%	
Heavy manual	%	

   c. Employer name:

   d. Type of industry:

9. What is your annual income? $ ☐☐☐,☐☐☐,X X p.a.

10. How many hours per week do you work in your principal/main occupation? ☐☐☐

1 The Insurer will assess your application based on your occupation and may decline your request to consolidate insurance cover.

5. Payment details

Insurance premiums will be deducted from your APPP account on a monthly basis.

6. Adviser's details only to be completed if you have an adviser

Adviser's name

Adviser's phone (work number)

Mobile number

Advance adviser's code

BA

Adviser's email address

Note: adviser commission is not available on new insurance policies within APPP in accordance with FOFA legislation, from 1 July 2014. Adviser commission is payable on increases to existing FOFA grandfathered policies within APPP.

7. Declaration and signature

By signing this form I acknowledge that:

> I agree I want my insurance to start and continue, even if my account is, or becomes, inactive*; has not had a balance of at least $6,000 ever; or I am under age 25. This declaration includes any additional benefit that I may add to my account in the future, until I notify otherwise.

* inactive means no contributions or rollovers have been received for a continuous period of 16 months (or longer) in my superannuation account.

> I have been given a copy of the current PDS and any Supplementary Product Disclosure Statement (SPDS), which I have read and understood;

> if I do not fully complete, sign and date this Individual Insurance Transfer form, I will not be eligible to transfer my current insurance cover to Advance Personal Protection Package;

> if the Insurer accepts my application, the cover I hold as at the transfer date with my current fund/insurer will be replaced with an equal amount of cover under Advance Personal Protection Package but subject to a maximum of $2 million each for Life and TPD cover and $20,000 per month for Salary Continuance Insurance cover;

> my replacement cover will not commence in Advance Personal Protection Package until the Insurer accepts my application;

> The Insurer and any person appointed by the Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided;

> should it become apparent to Advance, the Trustee or the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed in Section 3 above, then any insured benefit that may be payable may be reduced by the insured amount paid or payable by my current fund otherwise; or any other fund or retail insurance arrangement; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions;

> I acknowledge that I have access to the Advance Privacy Policy available on advance.com.au and the AIA Privacy Policy available on bt.com.au;

> I hereby declare that the information contained in this **Individual Insurance Transfer** form is true and correct and that no information material to this application for transfer has been withheld;

> if the Insurer accepts my application, my replacement cover will be held upon and subject to the terms and conditions of the relevant Master Policy of insurance held by the Trustee;

> I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the Insurer has accepted the risk;

> I understand that, if the amount of my total Life and Total and Permanent Disablement insurance cover is currently calculated based on factors such as salary or age (and may increase or decrease accordingly), the amount of cover provided under Advance Personal Protection Package will convert to a fixed sum insured;

> I agree to receive any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information I may request) and documents (including periodic reports) which Advance, the Trustee or the Insurer is or may be required to give, or has agreed to give, to me relating to my Account via Investor *Online*, or any other electronic means chosen by Advance, the Trustee or the Insurer (and for these purposes, I agree I will be taken to have received the relevant information whether or not I access the information);

> I acknowledge my replacement cover may become void if my current insurance cover has lapsed with my current fund/insurer before the Insurer accepts my application.

Signature of Life Insured

Date

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Customer Relations: 1800 819 935
Trustee: BT Funds Management Ltd ABN 63 002 916 458 AFSL 233724
Correspondence to: Advance Asset Management, GPO Box B87, Perth WA 6838
Insurer: AIA Australia Limited ABN 79 004 837 861 AFSL 230043