

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 the APPP insurance arrangements with the Insurer and that my Salary Continuance Insurance benefit period and waiting period (if applicable) will be matched to the APPP offer where possible.

i 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. Your personal statement and confirmation of requirements

Duty of Disclosure

Before you become covered by the Insurer, or extend, vary or reinstate your insurance cover, you need to disclose to the Insurer anything that you know, or could reasonably be expected to know, may affect the Insurer's decision to insure you and on what terms.

You have the same duty to disclose these matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

However, you do not need to tell the Insurer anything that:

- > reduces the Insurer's risk; or
- > is common knowledge; or
- > the Insurer knows or should know as an insurer; or
- > the Insurer waives your duty to tell it about.

If you do not tell the Insurer something the Insurer has a number of rights in the event of non-disclosure. In exercising these 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. The rights are as follows:

- > If you do not tell the Insurer anything you are required to, and the Insurer would not have provided the insurance if you had told them, the Insurer may avoid the contract within three 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 everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within three 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 they would have been in if you had told the Insurer 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.

Privacy Consent

I have read the Privacy section of the Additional Information Booklet and I agree to the various uses and disclosures of my personal information (including my health information) set out in that section. I hereby consent to the Trustee collecting, using and disclosing my personal health information (including disclosure to the Trustee's Insurer and to the Insurer's reinsurers, contractors or third party service providers) for the purpose of assessing your eligibility for cover and assessing claims you make, and for directly related purposes.

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 Advance 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 APPP;
- (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) You are 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 you are not gainfully employed for reasons other than illness and injury and performing full time unpaid domestic duties in your own residence, you are capable of undertaking gainful employment for at least 30 hours per week.

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 APPP. Please do not return this form to Advance.

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

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 APPP. Please do not return this form to Advance.

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

i 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 within the past 12 months, or used a product containing nicotine within the last 3 months?
 Yes No

7. What is your current occupation¹?

8. Do you work at heights more than 10 metres, underground or offshore more than 40% of your working hours, or handle explosives?
 Yes No

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

4. Payment details

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

5. 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

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.

6. Declaration and signature

By signing this form I acknowledge that:

- > 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;
- > I agree to provide Advance, the Trustee or the Insurer with access to the health and/or financial evidence I provided to any current fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a current fund/insurer may be acted upon by Advance, the Trustee or their insurer, and
- > 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 authorise the Insurer to disclose personal medical information and any other information gathered in relation to this application to my financial adviser and any other entity involved in the administration of this insurance, including reinsurers, medical consultants and legal advisers. I acknowledge that I have access to the Advance Privacy Policy available on advance.com.au and the Westpac Life 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

Customer Relations: 1800 819 935

Trustee: CCSL Ltd ABN 51 104 967 964 AFSL 287084

Correspondence to: Advance Asset Management, GPO Box B87, Perth WA 6838

Insurer: Westpac Life Insurance Services Limited ABN 31 003 149 157