

ANZ Super Advantage

Individual Insurance Transfer Form

Death Only or Death and TPD Applications up to and including \$1,000,000



18 December 2015

Customer Services

Phone 13 38 63

Fax 02 9234 6668

Email customer@onepath.com.au

Website anz.com

INSTRUCTIONS

OnePath Life is the group life insurer to OnePath Custodians, the trustee of the Fund. ANZ Super Advantage is a division of the Fund.

Please complete this form if you:

- are a Personal Division member of ANZ Super Advantage; or
- are a member of an employer plan in ANZ Super Advantage insured by OnePath Life; and
- wish to apply to transfer your existing Death or Death and TPD cover up to \$1 million (including any existing cover) under another life insurance policy issued by OnePath Life ('Previous Cover') as a member of another superannuation fund ('Previous Fund') to OnePath Life ('Transferred Cover').

By completing this form, you are requesting OnePath Custodians to submit an application to OnePath Life to enable OnePath Life to assess your request to transfer your Previous Cover to OnePath Life under the group insurance policy (Policy) issued to OnePath Custodians through the Fund. You can obtain a copy of the Policy by contacting Customer Services on 13 38 63 or alternatively refer to the PDS for a summary of the Policy. To the extent of any inconsistency between the Policy and the PDS, the terms of the Policy prevail.

If OnePath Life accepts your application, any loadings, exclusions, restrictions or limitations which were imposed by the previous insurer on your Previous Cover will apply to the Transferred Cover.

Before proceeding with this application it is important that you have read and understood the ANZ Super Advantage Product Disclosure Statement (PDS).

You will be required to complete some or all of the questions in this statement. Please follow the instructions carefully. Please also attach proof of the insurance cover you had with the previous fund.

Complete and sign the form and return to:

ANZ Super Advantage

OnePath Life Limited

GPO Box 4028

Sydney NSW 2001

Cancelling your previous cover

OnePath Life will assess your application to transfer cover. You will be notified of its decision in writing. OnePath Life may need to contact your Previous Fund or its insurer to complete the assessment of your application.

If OnePath Life accepts your application, you must cancel your previous cover upon notification of its decision. If you do not cancel your previous cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness or Total and Permanent Disablement, OnePath Life will reduce any benefit payable under the policy issued by OnePath Life, by the amount of any benefit payable under the Previous Cover.

To ensure you are covered at all times, do not cancel your previous cover until you are notified in writing that your application for transferred cover has been accepted by OnePath Life.

1. PERSONAL DETAILS

Member number	<input type="text"/>		
Employer plan name	<input type="text"/>		
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr Other <input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Phone	Work <input type="text"/>	Home	<input type="text"/>
	Mobile	<input type="text"/>	
Email	<input type="text"/>		

ANZ Super Advantage

Individual Insurance Transfer Form

Death Only or Death and TPD Applications up to and including \$1,000,000



Contact authorisation

I authorise one of OnePath Life's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday Tuesday Wednesday Thursday Friday Any business day

Between am/pm and am/pm

Please tick your preferred contact method: Home phone Work phone Mobile phone

2. GENERAL DETAILS

Are you an Australian citizen or permanent resident of Australia? Yes No

If no, do you have a working visa? Yes No

If yes please identify the type of working visa

3. INSURANCE DETAILS

Is this an application for: New cover in ANZ Super Advantage Adding to existing cover in ANZ Super Advantage

Amount* of cover to be transferred:

If no selection is made we will assume that you do not wish to transfer any insurance to ANZ Super Advantage and will reject this application.

Fixed Death Only \$ (maximum insurance is \$1,000,000)*

Death and Total and Permanent Disablement \$ (maximum insurance is \$1,000,000)*

* In some circumstances the cover basis of your employer plan may prevail, for example, where your employer's plan has established unitised cover, the equivalent number of units will be provided in accordance with the amount you specify. If you are unsure, please contact Customer Services on 13 38 63.

† If the insurance cover you wish to apply for is greater, please complete the Group Risk Personal Statement available from Customer Services on 13 38 63 or at anz.com

4. DETAILS OF INSURANCE COVER THAT YOU WISH TO TRANSFER TO ANZ SUPER ADVANTAGE

Please complete this section in relation to the previous cover that you wish to transfer to ANZ Super Advantage on the terms set out in OnePath Life's insurance policy.

a) Insurance details

Member Number/Policy Number (if known)

Name of Superannuation Fund

Name of Insurer

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by transferring your cover out of the previous fund. You should do this so that you completely understand the effects of transferring your insurance cover to ANZ Super Advantage.

b) Proof of insurance cover

Please attach proof of your insurance cover (such as your latest superannuation statement or a Certificate of Currency*) confirming the type and amount of your previous cover at the time of completing this application. Your cover must be valid and current at the date of this application and must not have changed since the date your proof of cover was issued.

OnePath Life will not accept documentation that is older than six months than today's date. A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

* A Certificate of Currency is a document which provides proof of your insurance coverage on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request. You can ask your previous fund to obtain a Certificate of Currency directly from their insurer.

Have you attached to this form proof of your insurance cover described above? Yes No

If you ticked 'No', you cannot submit this application form without the proof of insurance cover.



4. DETAILS OF INSURANCE COVER THAT YOU WISH TO TRANSFER TO ANZ SUPER ADVANTAGE (CONTINUED)

c) Cover limitations

Is your previous cover subject to any of the following limitations:

- a premium loading? Yes No
- an exclusion? Yes No
- a restriction? Yes No
- a pre-existing condition/ new events limitation? Yes No
- any other limitation of any sort? Yes No

If you answered 'Yes' to any of the above, please attach a copy of the correspondence you received from your previous fund or insurer which sets out the special terms which apply to your previous cover. In assessing your application, OnePath Life may contact the Previous Fund or Insurer to confirm whether any premium loadings or limitations apply. The cover provided through the Fund will be subject to the underwriting terms provided by the Former Insurer (if any).

5. OCCUPATION

Occupation

Occupational duties
(include the percentage of time spent on each)

Hours worked per week* Annual salary \$ Amount of manual work (%)

* Average over the past six months.

6. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD APPLICATIONS UP TO \$1,000,000

As at the date of signing this application, I declare that:

- Other than for colds, flu, minor upper respiratory tract infections or minor headache:
 - a. Are you now off work due to illness or injury? Yes No
 - b. 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 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
- 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
- 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
- Other than for colds, flu, 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
- Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

If you answered 'No' to any of the statements in Section 6, you can not proceed with this application. You will need to apply for cover by completing the Full Personal Health Statement, which is available online at anz.com

7. IMPORTANT NOTICES, AUTHORISATIONS AND ACKNOWLEDGEMENTS

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 the insurer, 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 us and the 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 they 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 us or the Insurer 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 and the Trustee, 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.

I ACKNOWLEDGE THAT:

- I have read and understood the current PDS.
- I have read and considered the questions in this application and all the answers provided are to the best of my knowledge, true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Duty of Disclosure sections above, and understand my obligations under the Insurance Contracts Act 1984 and understand that the Duty of Disclosure continues after I have completed this form until my application has been accepted by OnePath Life and confirmation is issued in writing.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I have read the Privacy Statement in this form, and authorise the collection, use, storage and disclosure of my personal information for the purposes of this application, as outlined in the Privacy Statement. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life require me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au
- Insurance cover will commence from the date this application is accepted by OnePath Life in writing.
- Upon being notified that OnePath Life has accepted my application to transfer my insurance, I will:
 - immediately cancel all my insurance cover in the previous fund and
 - not exercise a continuation option, or subsequently reinstate any cancelled cover within the previous fund or any other division, section, category of the previous fund or insurance policy where such reinstatement of cover is available to me.
- If OnePath Life accepts my application, I accept that any loadings, exclusions, restrictions or limitations (including any pre-existing condition clause) which were imposed by the previous insurer on my Previous Cover may apply to the Transferred Cover issued to me by OnePath Life.
- In the event that I do not validly cancel my previous cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection (Salary Continuance), OnePath Life will reduce any benefit paid or payable under the Policy issued by OnePath Life by the amount of any benefit paid under the Previous Cover.
- I have provided proof of my insurance cover (either my latest superannuation statement or a Certificate of Currency) confirming the type and amount of my previous cover at the time of completing this application.
- If OnePath Life accepts my application, the terms and conditions outlined in the Policy issued by OnePath Life will apply to the Transferred Cover and the terms and conditions of my Previous Fund and its insurer will cease to apply. In particular, I understand that if I have existing cover under the Policy, the total amount of cover after the transfer of Previous Cover cannot exceed the maximum benefit level under the Policy.
- I acknowledge that insurance cover will not commence until I am notified of acceptance in writing.

ANZ Super Advantage

Individual Insurance Transfer Form

Death Only or Death and TPD Applications up to and including \$800,000



- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim, irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.
- I authorise OnePath Life and any appointed person to undertake enquiries and investigations to verify the answers I have provided. I acknowledge that this authorisation enables OnePath Life to obtain from the Previous Fund and their insurer my application for cover the application I lodged for insurance cover with my Previous Fund. I authorise OnePath Life to investigate whether any premium loading(s), restriction(s) and 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 and its insurer in an application for cover. By signing this declaration, I acknowledge and declare that the disclosures and representations made in that application for cover to the Previous Fund and its insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation made to the Previous Fund and/or their insurer may be acted upon by OnePath Life.

Name of member

Signature of member

Date (dd/mm/yy)

ANZ Super Advantage

Individual Insurance Transfer Form

Death Only or Death and TPD Applications up to and including \$800,000



PRIVACY STATEMENT

In this section 'we', 'us' and 'our' refers to OnePath Custodians Pty Limited, OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from anz.com/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner; (where you are a life insured who is not the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

ANZ may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at anz.com/privacy

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

Privacy consent

We and other members of the ANZ Group may send you information about our financial products and services from time to time. ANZ may also disclose your information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service offered by them or a third party with whom they have an arrangement.

You may elect not to receive such information at any time by contacting Customer Services.

Where you wish to authorise any other parties to act on your behalf, to receive information and/ or undertake transactions please notify us in writing.

If you give us or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

Our Privacy Policy contains information about:

- when we or ANZ may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75

Sydney NSW 2001

Email: privacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 38 63.

More information can be found in our Privacy Policy which can be obtained from our website at anz.com/privacy

Overseas recipients

We or ANZ may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in ANZ's Privacy Policy at anz.com/privacy