

Transfer your insurance

About this form

This form is for members of Spirit Super who wish to transfer their existing death cover, total and permanent disablement or income protection held with another superannuation fund to Spirit Super.

Note: We suggest you should not cancel any existing cover until your new application is accepted. Once accepted, your transferred cover will not commence until Spirit Super has received the rollover of your entire account balance from your previous fund.

You will be required to provide documentary evidence of your existing insurance cover that you wish to transfer, including details of any exclusions or loadings that were applicable. Examples of documentary evidence include:

- Your last member statement (within 6 months of it being issued)
- Letter or email from your current super provider confirming the details listed above
- A current print-out of your online member account

Eligibility criteria

To be eligible to transfer cover you must:

- be under 65 years of age
- complete all sections of this form and satisfy the eligibility check
- include appropriate evidence of the insurance you are transferring which must be issued by the other fund within the last 6 months
- roll-over the entire account balance from the fund you are transferring from to Spirit Super
- have enough balance in your Spirit Super account to pay the first premium when it is due.

There are limitations on what can be transferred to Spirit Super.

- The maximum amount of cover that can be transferred for income protection is **\$15,000 per month**;
- The amount of cover that can be transferred will be limited such that the transferred cover, together with any cover already held with Spirit Super, cannot exceed **\$2,000,000** for death cover or total and permanent disablement cover;
- Any individual exclusions, restrictions or premium loadings which applied to the cover with your previous fund will apply to the cover you transfer to Spirit Super;
- Where the waiting period that applies under the fund you are transferring from cannot be matched with Spirit Super, the next longest waiting period available under this policy will apply;
- Where the benefit period that applies under the fund you are transferring from cannot be matched with Spirit Super, the next shortest benefit period available under this policy will apply;
- Death cover cannot be transferred if it has a premium loading of more than 200%;
- Total and permanent disablement or income protection cover cannot be transferred if either are subject to:
 - o a loading of more than 150%,
 - o more than 3 exclusions, or
 - o a combination of loadings and exclusions where that combination is more than a loading of 150% (where each exclusion is equivalent to a 50% loading).

Duty of Disclosure - Important information before you begin this application

You have a duty of disclosure when applying for insurance. If you do not comply with your duty of disclosure MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty of Disclosure section on page 4 of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Your privacy as a member of Spirit Super

The information you provide in this form is collected and held by Spirit Super to administer your insurance within your Spirit Super account. If you don't provide the requested information, Spirit Super may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to Spirit Super staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law.

The Spirit Super Privacy policy provides information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the Privacy Act 1988. You can access the Spirit Super Privacy policy at spiritsuper.com.au/privacy-policy.

Section 1. Member details

			Spirit Super member number	
Title	Given name(s)	Surname		
Residential address	Suburb	State	Postcode	
Postal address (if different to above)	Suburb	State	Postcode	
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Preferred contact number				

Section 2. Occupation rating

- Are the duties of your regular occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work or teaching, and you don't spend more than 20% of your working time outside the office environment (excluding travel time from one office environment to another)? Yes No
 - Is the income you earn from your occupation greater than \$110,000 per annum? Yes No
 - Do you:
 - hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession? Yes No

or

 - work in a management role? Yes No
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Section 3. Details of cover being transferred

Name of previous Super Fund	Member number
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What cover would you like to transfer?

Death cover: \$ _____ Total and permanent disablement: \$ _____

Income protection: \$ _____

a) Income Protection waiting period:

14 days 30 days 45 days 60 days 90 days

b) Income Protection benefit period:

2 years 5 years 10 years age 65 other _____

Section 4. Eligibility check*

1. Are you restricted, due to illness or injury from carrying out any of 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. Yes No

2. Are you contemplating, or have you ever made a claim for sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? Yes No

3. Have you been restricted from work or unable to perform any of your regular duties for more than 10 consecutive days over the past 12 months due to illness or injury (other than for colds or flu)? Yes No

4. Have you been diagnosed with an illness that in a doctor's opinion reduces your life expectancy to less than 2 years? Yes No

5. Are you currently contemplating any medical treatment or advice for any illness or injury for which you have not previously consulted a medical practitioner or an existing illness or injury, which appears to be deteriorating? Yes No

6. Have you had an application for life, total and permanent disablement, trauma or salary continuance insurance declined by an insurer? Yes No

7. Is your cover under the former insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? Yes No

If you answered Yes to question 7, please provide details below.

*Note: If you answer yes to any of the questions 1 to 6 above, you will not be eligible to transfer your existing insurance to Spirit Super. Please call 1800 005 166 for details.

Section 5. Duty of Disclosure

Before you become insured under the Spirit Super insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide you cover and on what terms. For the purposes of this section, 'us' and 'we' means Spirit Super's insurer.

This duty applies until we agree to provide your cover. You also have this duty when you extend, vary or reinstate your cover.

You don't 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 you don't tell us something

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

If we accept the transfer of your insurance cover, it is based on your representation that the information provided to your previous insurer was accurate and complete and that you complied with your duty of disclosure under the Insurance Contracts Act 1984 (Cth). The transferred cover will be treated as not having commenced with us if you breached your duty of disclosure or made misrepresentations in a way which would enable an insurer to exercise a remedy under that Act.

If you don't tell us anything you're required to, and we wouldn't have provided the cover if you had told us, we may avoid the cover within three years of entering into it.

If we choose not to avoid the cover, we may, at any time, reduce the amount of cover provided. This would be worked out using a formula that takes into account the premium (insurance cost) that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within three years of entering into the cover.

If we choose not to avoid the cover or reduce the amount of cover provided, we may, at any time vary the cover in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right doesn't apply if the policy provides cover on death.

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

Section 6. Declaration and signature

- I will cancel my existing insurance cover described in Section 3 within 60 days after acceptance in writing by MetLife.
- I will not be transferring the existing insurance cover described in Section 3 to another life insurance policy.
- I will not reinstate my insurance cover described in Section 3.
- Should it become apparent to MetLife that I have not undertaken the requirements that I have agreed to above, then the cover transferred to my Spirit Super account may be treated as not having started.
- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance by MetLife.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- My answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the insurance policy document.
- I will advise MetLife of any change to my health or occupation or any other matters that could be relevant to MetLife, prior to MetLife accepting this application to transfer cover.
- I understand that cover under a policy does not begin until acceptance by MetLife, of which I will be notified in writing, and I have cancelled my existing insurance cover.
- If I have made any nondisclosure or misrepresentation to the previous insurer which would have enabled the previous insurer to avoid my existing cover, I agree that my cover with MetLife will be treated as having never commenced.
- I have read and understood the Spirit Super Member guide and Spirit Super Insurance guide.

Section 6. Declaration and signature (continued)

Election

- I understand that if my Spirit Super account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit Spirit Super from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand Spirit Super will not be permitted to provide insurance cover if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct Spirit Super to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Spirit Super.

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)



Please return the completed form to
Spirit Super, GPO Box 1547, Hobart TAS 7001 or email info@spiritsuper.com.au
For assistance with the completion of the form, please contact us on **1800 005 166**
Monday to Friday 8am - 7pm AEST/AEDT.

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