

Individual Insurance Transfer Goldman Sachs & JBWere Superannuation Fund



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Use this form if you are a current member or joining the Goldman Sachs & JBWere Superannuation Fund as a new member and you wish to transfer your current insurance cover with another retail insurer or superannuation fund to the Goldman Sachs & JBWere Superannuation Fund. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your former fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

Important Information

A Member who is insured under another fund or policy for death only or death and total and permanent disablement cover may become a Member of this Policy or increase their cover under this Policy subject to the following:

- the Member must be under age sixty (60) at the date of transfer;
- cover under the other fund/policy must be cancelled on acceptance of the transferred cover by the Company into this Fund;
- the Member does not continue the cover for death only or death and total and permanent disablement under another insurance arrangement;
- the Member has not received or is eligible to receive a total and permanent disablement benefit from any other fund or insurance company;
- the Member is not terminally ill with a life expectancy of less than twelve (12) months;
- the Member is gainfully employed and physically capable of undertaking gainful employment for at least thirty (30) hour per week;
- · the Member meeting the eligibility criteria of this Policy;
- the other fund/policy having a maximum loading of 100% extra mortality or no more than two (2) exclusions;
- the Member providing to the Company an up-to-date statement letter or email from the other fund or insurer within the last thirty (30) days as evidence of insurance cover currently held with the other fund or policy;
- the Member satisfactorily completing an individual insurance transfer questionnaire which is accepted by the Company;
- · cover will be provided based on the terms, conditions, premiums and occupation categories provided under this Policy; and
- the Member's replacement cover will not commence in this Fund until the later of:
 - the Company accepting the Member's application; and
 - the existing insurance cover under the other fund/policy being cancelled.

A Member who meets the above criteria will have the transferring level of cover transferred to the Fund subject to a maximum Amount Insured of \$1,000,000 for death only or death and TPD. A Member may apply for Voluntary cover in addition to this transferred cover at any time up to the Maximum Amount set out in the Policy Schedule in accordance with the other terms and conditions of this Policy.

If the Member's insurance cover under the other fund/policy was accepted on non standard terms, all loadings, restrictions or exclusions applicable under the other fund/policy will be transferred to the Member's cover under this Policy. Any exclusion wording to be applied under this Policy will be in line with the Company's standard for that relevant exclusion and may differ to the exclusion wording applied under the other fund/policy.

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Send your completed form to Goldman Sachs & JBWere Superannuation Fund C/- Mercer, GPO Box 9946, Melbourne VIC 3001

Your Details

Please select the appropriate option below.

Corporate Super – you are a mem	member iber of an employer-sponsored plan	Employer name
Member number (for current members)		Date joined Goldman Sachs & DD / MM / YYYY JBWere Superannuation Fund
Title	Given names	
Surname		
Date of birth	DD/MM/YYYY Gende	er 🗌 F 🗌 M Telephone
Mobile		Email
Postal address		
	Suburb	State Postcode
Occupation*		Industry

*Some occupations may be uninsurable and may be declined.

Please refer to the latest Goldman Sachs & JBWere Superannuation Fund policy terms and conditions.

Your Former Fund or Insurance Company's Details

You should check with your former fund or insurance company for information about your benefits in that previous fund or insurance policy including information on exit, transfer, withdrawal and other fees, any insurance cover you may have, and the availability of investment options. You should do this so that you fully understand the effects of transferring your benefits.

Please select the appropriate option below.

	I am transferring my ir	m transferring my insurance cover from a super fund			
	I am transferring my insurance cover from an insurance company				
	nber account or cy number				
	d or insurance pany's name				
	d or insurance pany's postal address				
		Suburb		State	Postcode
	d or insurance pany's telephone				
Nan (if a	ne of employer pplicable)				
Indu	istry (if applicable)				

Confirmation

- 1. Please confirm that all of the following statements are true and correct:
 - · I will cancel my existing insurance cover under my former fund/insurance policy.
 - I will not be transferring the cover under my former fund/insurance policy to any other division or section of the former fund or to any other fund, other than the Goldman Sachs & JBWere Superannuation Fund.
 - I will not effect a continuation option, or subsequently reinstate cover within the former fund or with the former insurer or any other divisions or associated fund of the former fund or any other retail insurance arrangement.

I confirm that all three 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 former fund to the			
Goldman Sachs & JBWere Superannuation Fund. You are not required to complete the remainder of this section of the fi	orm		

- 2. Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis)?.....
- 3. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD benefit with the Goldman Sachs & JBWere Superannuation Fund, another superannuation fund or life insurance policy?......

If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a loading of more than +100% extra mortality, then cover for that benefit cannot be transferred to the Goldman Sachs & JBWere Superannuation Fund.

Death and Total Permanent Disablement (TPD) cover

6. I confirm that my current level of cover under the former fund/insurance policy is as follows:

Death cover	\$ (maximum amount you can transfer is \$1 million)
TPD cover	\$ (maximum amount you can transfer is \$1 million)

Please select the TPD definition that you had in your former fund/insurance policy.

Own occupation* TPD definition.

Any occupation TPD definition.

*Own occupation TPD is only available for some occupations for Personal Super members. See the Goldman Sachs & JBWere Superannuation Fund policy terms and conditions for the full list of eligible occupations. An additional premium will be applied to your TPD cover. Own Occupation will only be available to members if the TPD own occupation definition held with the previous fund/insurer meets the definition within the Goldman Sachs & JBWere Superannuation Fund.

You must obtain and attach an up to date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

I understand that the transfer of my current death and TPD cover once accepted by the insurer, will be subject to the terms and conditions of the Goldman Sachs & JBWere Superannuation Fund's insurance arrangements with AIA Australia.

Yes

No

No

Duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure
 of the meaning of any question, please ask us before you respond.
- · answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover*.

Privacy Policy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you in the normal course of our and AIA Australia's business, being used as outlined in our and AIA Australia's respective Privacy Policies.

These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act.

A copy of our privacy policy can be obtained from the Goldman Sachs & JBWere Superannuation Fund by calling 1800 025 026. The most recent version of the AIA Australia Privacy Policy at www.aia.com.au applies to and supersedes all previous Privacy Policies and/ or Privacy Statements and privacy summaries that you may receive or access. Declaration

- I understand that if I do not fully complete, sign and date this Individual Insurance Transfer, I will not be eligible to transfer my current cover to the Goldman Sachs & JBWere Superannuation Fund.
- I understand that if the insurer accepts my application, my current amount of cover as at the transfer date under my former fund will be replaced in my Goldman Sachs & JBWere Superannuation Fund account but subject to a maximum of \$1 million for death cover and \$1 million for TPD cover.
- I understand that following the transfer my total insurance cover (ie transferred amount plus my insurance currently held with the Goldman Sachs & JBWere Superannuation Fund) cannot exceed the maximum cover amounts provided by Goldman Sachs & JBWere Superannuation Fund for each benefit, otherwise my transferred cover may be restricted to the maximum cover amount.
- I understand that my replacement cover will not commence in the Goldman Sachs & JBWere Superannuation Fund until the later of:
 the insurer accepting my application and
- cancellation of my current insurance cover under my former fund/insurance policy.
- I understand that the Goldman Sachs & JBWere Superannuation Fund or the insurer may undertake appropriate enquiries and investigations to verify the answers I have provided.
- I understand that the Goldman Sachs & JBWere Superannuation Fund or the insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the former fund/insurance policy.
- I agree to provide the Goldman Sachs & JBWere Superannuation Fund or the insurer with access to the health and/or financial evidence I
 provided to any former fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a former fund or insurer
 may be acted upon by the Goldman Sachs & JBWere Superannuation Fund or their insurer.
- I understand, should it become apparent to the Goldman Sachs & JBWere Superannuation Fund or the insurer that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate by the Goldman Sachs & JBWere Superannuation Fund may be reduced by the insured amount paid or payable by my former fund; an associated section or division of the former fund, 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.
- The information contained in this *Individual Insurance Transfer* (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld.
- I understand that if the insurer accepts my application, the terms and conditions as outlined in the insurer's policy document will apply, and the terms and conditions of my former fund and/or my former insurer will cease to apply.
- I have read the Duty to take reasonable care notice and understand its contents and what is meant by my duty to take reasonable care. I also
 understand that my duty to take reasonable care continues after I have completed this application for transfer until the insurer has accepted the
 risk.

Signature

Adviser Authority

AIA Australia Adviser code

If you have appointed an adviser, and wish for information regarding this application to be released to them, please arrange for your adviser to complete the section below.

Mercer Adviser code	
Adviser name	

AIA06784 - 09/21

DD/MM/Y

Date