

Insurance Transfer Form

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

Group Risk Administration

Phone 1800 199 414

Email group.riskuw@onepath.com.au

Website onepath.com.au

Instructions for completing this form

- All sections must be completed in black or blue ink and in BLOCK CAPITAL letters.
- Please attach to this form proof of your insurance cover (See Section 3b for details).
- Please return the completed form along with the attachments to: OnePath Life Limited, GPO Box 4129, Sydney NSW 2001.

When to use this form

We (OnePath Life) are the insurer in respect of a group insurance plan with either your employer ('Employer') or superannuation fund (whichever is applicable to you).

Please complete this form if you:

- are a member of your Employer's group insurance plan insured by OnePath Life ('Employer Plan'); or
- are a member of a superannuation fund insured by OnePath Life ('Fund'); and
- wish to apply to transfer your existing Death cover or Death and Total and Permanent Disablement (TPD) cover under another life insurance policy ('Previous Cover'), as a member of a superannuation fund ('Previous Fund') to OnePath Life ('Transferred Cover').

You can apply to transfer your insurance cover to OnePath Life if:

- your Previous Cover is held through a superannuation fund (you cannot transfer cover from an individual policy (non-super), non-superannuation group policy or with a self managed superannuation fund)
- your Previous Cover is valid and current at the time you submit this Insurance Transfer Form
- you satisfy the eligibility criteria applicable to the insurance policy
- you wish to transfer up to \$1 million of Death or Death and TPD cover, in addition to any cover already held by you with OnePath Life at the time of transfer
- transferring your Death or Death and TPD cover will not cause your TPD cover to exceed your Death cover
- you have not made, nor are entitled to make a claim, in relation to your Previous Cover.

Note: Transferred Cover will be converted to the same unitised or fixed-dollar cover arrangement as your existing cover with OnePath Life or, if you have no existing cover, then the default arrangement (unitised or fixed) provided by your Employer Plan or Fund.

Fixed-dollar cover will be rounded to the next highest multiple of \$1,000. Unitised cover will be rounded to the next highest unit (if rounding is required), subject to the limits set out in Section 7.

Important notice

It is important that you have read and understood your Fund's or OnePath's (if you are a member of an Employer Plan) current Product Disclosure Statement for the type of cover which you are applying to transfer. This Insurance Transfer Form is confidential – please refer to the Privacy Statement at Section 6.

Cancelling your previous cover

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

If we accept your application, you must cancel your Previous Cover upon notification of our 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.

Policy owner's duty of disclosure

The policy owner enters into a life insurance contract in respect of your life and has a duty, before entering into the contract, to tell OnePath Life anything that it knows, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms.

The policy owner has this duty until OnePath Life agrees to provide the insurance.

The policy owner entering into the contract has the same duty before they extend, vary or reinstate the contract.

The policy owner entering into the contract does not need to tell OnePath Life anything that:

- reduces the risk OnePath Life insures you for
- is of common knowledge
- OnePath Life knows or should know as an insurer, or
- OnePath Life waives your duty to tell it about.

If you do not tell OnePath Life something that you know, or could reasonably be expected to know, may affect OnePath Life's decision to provide the insurance and on what terms, this may be treated as a failure by the policy owner to tell OnePath Life something that it must tell OnePath Life.

If the policy owner does not tell OnePath Life something

In exercising the following rights, OnePath Life may consider whether different types of cover can constitute separate contracts of life insurance. If it does, OnePath Life may apply the following rights separately to each type of cover.

If the policy owner entering into the contract does not tell OnePath Life anything the policy owner is required to, and OnePath Life would not have provided the insurance or entered into the same contract with the policy owner if they had told OnePath Life, OnePath Life may avoid the contract within 3 years of entering into it.

If OnePath Life chooses not to avoid the contract, it 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 the policy owner had told OnePath Life everything they should have. However, if the contract provides cover on death, OnePath Life may only exercise this right within 3 years of entering into the contract.

If OnePath Life chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places it in the same position it would have been in if the policy owner had told OnePath Life everything they should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell OnePath Life is fraudulent, OnePath Life may refuse to pay a claim and treat the contract as if it never existed.

1 Member details

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"/>	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname	<input type="text"/>				Given name(s)	<input type="text"/>			
Date of birth (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>		Current occupation	<input type="text"/>					
Address (This cannot be a P.O. Box)	<input type="text"/>								
Suburb/Town	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>								
Phone	Work	<input type="text"/>	Home	<input type="text"/>	Mobile	<input type="text"/>			
Email	<input type="text"/>								

I authorise OnePath's underwriting service representative 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

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

2 Details of membership with Fund or Employer Plan insured by OnePath Life

Membership Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OnePath Life Policy Number (if known)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Fund/Employer Plan:	<input type="text"/>																		

3 Details of insurance cover that you wish to transfer to OnePath Life

Member Number/Policy Number (if known)

Name of Superannuation Fund

Name of Insurer

a) Type of insurance cover

Please complete the below table with respect to the Previous Cover that you wish to transfer to OnePath Life on the terms set out in OnePath Life's group insurance policy ('The Policy') issued to your Employer or Fund.

Details of cover	Type of cover	
	Death Only	Death & TPD
Amount of cover (\$)		
Date cover started	/ /	/ /

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by transferring your Previous Cover out of the Previous Fund. You should do this so that you completely understand the effects of transferring your insurance cover to OnePath Life.

b) Proof of insurance cover

Please attach proof of your insurance cover* 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 the attached statement or Certificate of Currency* was issued.

OnePath Life will not accept documentation that is older than six months than today's date.

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.

* Please refer to Section 7 – 'Frequently asked questions' for acceptable forms of proof of cover.

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? 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 your Previous Fund or insurer to confirm whether any premium loadings or limitations apply.

4 Personal statement

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

1. Other than for colds, flus, minor upper respiratory tract infections or minor headache: a) Are you now off work due to illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. a) Other than for colds, flus, minor upper respiratory tract infections or minor headaches, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you cannot answer 'No' to every part of every statement in Section 4, you can not proceed with this application. You will need to apply for cover by completing the Group Risk Personal Statement, which is available online at onepath.com.au

5 Declaration

- I have read and carefully considered all the information in this Insurance Transfer Form, and all the answers provided in this form are true and complete (including those not in my own handwriting).
- I have read and understood my Fund's or OnePath Life's current Product Disclosure Statement(s) with respect to the type of cover I am applying to transfer to OnePath Life.
- Upon being notified that OnePath Life has accepted my application to transfer my insurance, I will:
 - immediately cancel all my Previous Cover in the Previous Fund;
 - not be transferring my Previous Cover to any other division or section of the Previous Fund or to any other fund or policy, other than the one specified in Section 2; 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.
- I acknowledge and understand that 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 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.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by OnePath Life.
- I understand my Duty of Disclosure and the remedies available to OnePath Life if I fail to comply with my Duty of Disclosure under the *Insurance Contracts Act 1984* (Cth), as explained in this form. I understand that my Duty of Disclosure continues after I have completed this application until I am notified in writing that my application has been accepted.
- I understand that 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.
- I authorise OnePath Life and any person appointed by OnePath Life to undertake appropriate 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. I further 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 to OnePath Life 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 I may have made to the Previous Fund and/or their insurer may be acted upon by OnePath Life.
- I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement on this form (see Section 6).

Signature of member

Date (dd/mm/yyyy)

6 Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information (including health and other sensitive 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 (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information (including health and other sensitive information) to certain third parties as outlined below.

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 (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of OnePath Life Limited which will use the information for the same purposes as OnePath Life Limited and will act under OnePath Life'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 (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

We will also disclose your personal information (including health and other sensitive 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

OnePath Life Limited 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 onepath.com.au/insurance/privacy-policy

Privacy consent

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 personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information (including health and other sensitive information) we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we 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: insuranceprivacy@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 133 667.

More information can be found in our Privacy Policy which can be obtained from our website at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information (including health and other sensitive 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 our Privacy Policy at onepath.com.au/insurance/privacy-policy

7 Frequently asked questions

What are acceptable forms of proof of insurance cover referred to in Section 3(b)?

Acceptable forms of proof include:

- a recent member statement from your Previous Fund (or previous insurer) or
- a Certificate of Currency – this document 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.

A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

If your insurance cover has changed since the date your statement or Certificate of Currency was issued, you need to provide evidence of your current type and level of insurance in the Previous Fund.

Can I transfer part of my cover?

No. Partial transfers of cover are not allowed. For example, if you hold \$500,000 of Death cover in the Previous Fund, you must transfer the entire \$500,000 to OnePath Life. If you attempt to transfer a lesser amount, your application will not be approved. However, you may transfer the full amount of cover and then reduce your cover through OnePath Life at any time.

Can I only transfer my cover to OnePath Life if I was previously underwritten (i.e. if I provided medical evidence)?

No. You can transfer cover to OnePath Life even if you obtained it automatically through another superannuation fund.

How will my Transferred Cover be calculated?

For fixed-dollar cover, generally the amount of cover remains the same irrespective of changes in your age, but the premium will increase on each birthday. Transferred Cover will be rounded up to the next highest multiple of \$1,000. For example, if you hold fixed-dollar cover equal to \$150,200, your Transferred Cover will be rounded up to \$151,000.

For unitised cover, the insured benefit is based on a number of units, where one unit represents a set amount which generally depends on how old you are. Transferred cover will be based on the number of units of cover, rounded up to the next whole unit. Any increase in insurance due to rounding-up of units is provided on New Events terms, only covering claims arising from a sickness which first becomes apparent or an injury which first occurs on or after the date that cover is accepted by OnePath Life.

What happens to my existing cover with OnePath Life?

Generally, your Transferred Cover will be added to any existing cover (including automatic and voluntary cover) with OnePath Life, subject to the maximum levels of cover. Premiums may vary – please refer to your Fund's or OnePath Life's current PDS for maximum levels of cover and premium rates.

What if special conditions apply to my Previous Cover?

Any limitation, restriction or loading that applied to your Previous Cover will continue to apply to your Transferred Cover. For example, if your Previous Cover had a back exclusion, that back exclusion will apply to your Transferred Cover.

Is there a maximum amount of cover I can transfer using this form?

Yes. You can transfer up to \$1,000,000 of Death or Death and TPD cover.

What if I want to transfer more than the above maximum amount of cover?

It is recommended that you contact your Fund or OnePath Life prior to submitting your application form because your application may be given individual consideration.

When will my Transferred Cover commence?

From the date your insurance application is accepted by OnePath Life.

Will my Transferred Cover be on the same terms as my Previous Cover?

No. If your application to transfer insurance cover is approved, the insurance cover will be subject to the terms and conditions of the Policy issued by OnePath Life to the Fund or Employer. If you are unsure about what this means for your Transferred Cover, it is recommended that you obtain financial advice before applying to transfer your insurance cover.