

# Insurance transfer form

## Death only or Death and Total and Permanent Disability (TPD) transfers up to \$800,000

1 February 2020

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

### Retirement Portfolio Service

ABN 61 808 189 263 RSE R1000986

347 Kent Street, Sydney NSW 2000

### Customer Services

Phone 133 667

Email [customer.risk@onepath.com.au](mailto:customer.risk@onepath.com.au)

Website [onepath.com.au](http://onepath.com.au)

### Instructions

Complete this form to transfer your Death, or Death and TPD Cover from your previous super fund, to your current fund, which is insured by OnePath Life.

You will be required to complete some or all of the questions in this form. Please follow the instructions carefully. Please also attach a copy of your latest superannuation statement showing the insurance cover you had with your previous superannuation fund.

## 1. Personal details

Title  Mr  Mrs  Ms  Miss  Dr Other

Surname

Given name(s) (including middle name)

Address

State  Postcode

Gender  Male  Female Date (dd/mm/yyyy)  /  /

Contact phone

## 2. Superannuation details

Name of previous superannuation fund

Policy number (if known)

Name of the fund you wish to transfer your cover to

## 3. Amount of cover to be transferred

Death only \$    ,

(maximum transferable amount is the lesser of your existing insurance benefit or \$800,000\*)

Death and TPD \$    ,

(maximum transferable amount is the lesser of your existing insurance benefit or \$800,000\*)

Is the Death Only or Death and TPD insured benefit you currently have and wish to transfer greater than \$800,000?

- No – Please proceed to sections 4 – 6
- Yes – Complete the OnePath Life Full Personal Statement

Have you cancelled, or will you be cancelling the insurance cover that you are transferring within a period of 30 days from being accepted for cover by the Insurer\*(OnePath Life)?

- Yes – Proceed to next section
- No – Complete the OnePath Life Full Personal Statement

\* Please note: where existing cover is not cancelled we will reduce any benefit payable under this fund by the amount of insurance cover retained in your previous superannuation fund.

#### 4. Occupation details

Occupation

Occupational duties

Hours worked per week

Qualifications

Annual Salary \$ ,  Amount of manual work  %

#### 5. General details

During the past 12 months have you smoked tobacco or any other substance? .....  Yes  No

If **yes**, please state type and quantity per day:

If you smoke more than 40 tobacco cigarettes per day/or you smoke any other substance, please complete the OnePath Life Full Personal Statement.

Have you ever smoked regularly in the past? .....  Yes  No

If **yes**, please state type and quantity per day:

If you have smoked more than 40 tobacco cigarettes per day/or you have smoke any other substance, within the last five years, please complete the Full Personal Statement.

#### 6. Health declaration

**a)** Can you confirm that you are actively working as at the cover application date and that you are able to perform all your usual duties of your normal occupation?

Yes – Proceed to question **b**

No – Complete the OnePath Life Full Personal Statement

**b)** Are you planning to, or are you receiving any form of medical treatment or medication?

Yes – Complete the OnePath Life Full Personal Statement

No – Proceed to question **c**

**c)** Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)?

Yes – Complete the OnePath Life Full Personal Statement

No – Proceed to question **d**

**d)** Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure or cholesterol, heart/vascular complaint, back or joint disorder/pain, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression?

Yes – Complete the OnePath Life Full Personal Statement

No – Proceed to question **e**

**e)** Do you participate in any sexual or recreational activities that may expose you to the HIV virus or are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus or carrying antibodies to the HIV virus?

Yes – Complete the OnePath Life Full Personal Statement

No – Proceed to question **f**

**f)** Have you ever suffered from a respiratory disorder, thyroid or glandular trouble, kidney, liver, bladder or bowel disorder, epilepsy, or ulcers?

Yes – Complete the OnePath Life Full Personal Statement

No – Proceed to question **g**

**g)** Have you ever been advised to lose weight for health reasons?

Yes – Complete the OnePath Life Full Personal Statement

No

## Important notice

### The Trustee's 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 anything that it knows, 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 it extends, varies or reinstates 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.

### You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, the Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

### If the Trustee does 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 the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, 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 the Trustee had told the Insurer everything it 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 the Trustee had told the Insurer everything it 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.

Please ensure that the following questions are fully understood.

I acknowledge that:

- I have read and understood the current PDS.
- I have read and carefully considered the questions in this transfer form and all the answers provided that are true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Trustee's Duty of Disclosure and understand my obligations under the *Insurance Contracts Act 1984* as explained above.
- 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 transfer form correctly, or I do not sign and date this transfer form, my application will be invalid and will not be considered by the Insurer.
- I have read the privacy section of the PDS. I hereby authorise the release to OnePath Life, or any other organisation duly appointed by OnePath Life, of any medical information needed in connection with this application, including full details of my past medical history. A photostat (or similar) of this authorisation will be as valid as the original.
- Insurance cover will not commence until I am notified of acceptance by the Trustee.
- I have cancelled or will be cancelling (within a period of 30 days of being accepted for cover by the insurer) the insurance cover that I am transferring.
- I have provided a copy of my latest superannuation statement confirming the insurance cover was in place with my previous superannuation fund.

Signature of applicant

X

Date (dd/mm/yyyy)

/ /

## 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](http://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 overleaf.

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;
- 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;
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd group), 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](http://onepath.com.au/insurance/privacy-policy)

## Marketing and privacy

We and our related entities may use your personal information (including health and other sensitive information) to send you information about our financial products and services from time to time. We may also disclose your personal information (including health and other sensitive information) to our related companies and organisations in an arrangement or alliance with us and/or our related companies to share information for marketing purposes.

This is to enable them to tell you about a product or service offered by them or a third party with whom they have an arrangement.

If you do not want us to use and disclose your information as set out above, please contact Customer Services on 133 667 to withdraw your 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 (including health and other sensitive information) about someone else, please show them a copy of this document or our privacy policy available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) so that they may understand the manner in which their personal information (including health and other sensitive 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 5367  
Sydney NSW 2001  
Email: [InsurancePrivacy@onepath.com.au](mailto: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 at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy)

## Overseas recipients

We or 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](http://onepath.com.au/insurance/privacy-policy)

### Head office

**Office located at**  
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Sydney NSW 2000

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Sydney NSW 2001