



SMSF Master Insurance Plan Individual Insurance Transfer



Policy Ref No.
(Office use only)

Use this form if you wish to transfer your current insurance cover with another retail insurer or superannuation fund to the SMSF Master Insurance Plan. Refer to your Product Disclosure Statement (PDS) for information on premiums and conditions. If your application is accepted, you will be allocated the same level of cover provided to you by your existing 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.

If you have any questions, please call AGI on (02) 9253 7909 or email smsf@agigroup.com.au.

SMSF Provider Code:

Member No:
(Office use only)

Important Information

AIA Australia agrees to provide individual transfer terms for Death/Total & Permanent Disablement (TPD) cover and Income Protection cover on the following basis:

- The maximum amount of cover that can be transferred per life insured is:
 - \$2 million for Death only or Death and TPD cover
 - \$20,000 per month for Income Protection cover.
- The Waiting Period (WP) and Benefit Period (BP) will be matched to the SMSF Master Insurance Plan offer. If the current WP is different, the life insured's WP will be rounded up to the next longest WP offered in the SMSF Master Insurance Plan offer, e.g. a 45 day WP will be rounded up to a 60 day WP. For BP, a life insured will receive the equivalent of their current BP, or if not available in the SMSF Master Insurance Plan, the lesser BP offered in the SMSF Master Insurance Plan.
- The level of cover provided to the life insured will be the level of cover currently held through their current fund/insurer and only where the current insurer's acceptance terms were less than or equal to +100% extra mortality or two exclusions for Death/TPD and Income Protection cover.
- For Death/TPD and Income Protection cover, if an exclusion is transferred from your current fund/insurer, the exclusion wording of AIA Australia will apply.
- The life insured has not received nor is eligible for a TPD or Income Protection benefit from another insurance arrangement.
- The life insured is aged less than 65.
- The life insured is not terminally ill with a life expectancy of less than 12 months.
- The life insured is Gainfully Employed and physically capable of undertaking gainful employment for at least 30 hours per week.
- The life insured must meet the eligibility criteria for insurance cover as set out in the PDS.
- The life insured does not continue the cover under another insurance arrangement.
- The life insured provides a copy of an up-to-date statement, letter or email produced by their current fund/insurer dated within the last 30 days, as evidence of cover currently held with the current fund/insurer.
- The life insured's replacement cover will not commence in the SMSF Master Insurance Plan until the later of:
 - AIA Australia accepting the life insured's application, and
 - the existing insurance cover with the current fund/insurer being cancelled.
- The applicant/life insured completes this Individual Insurance Transfer form to AIA Australia's satisfaction.
- Occupational classifications will be based on the classifications used by the SMSF Master Insurance Plan.
- Ratings and premiums may change to adapt to AIA Australia's ratings and premiums.

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Send your completed form to AGI at smsf@agigroup.com.au

The SMSF Master Insurance Plan is distributed and administered by
Australian Group Insurances Pty Ltd (AGI) ABN 97 140 572 434 AFSL 379565
Product Issuer: AIA Australia Limited ABN 79 004 837 861 AFSL 230043

Life Insured *(please provide your current details)*

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname	<input type="text"/>				Given Name(s)	<input type="text"/>
Date of Birth	<input type="text" value="DD / MM / YYYY"/>		Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	
Daytime contact No.	<input type="text"/>		Email address	<input type="text"/>		
Postal address	<input type="text"/>					
	State		Postcode	Country	<input type="text"/>	
Occupation	<input type="text"/>		Industry	<input type="text"/>		
Daily Duties (Including % time spent performing each duty, i.e. manual duties)						
<input type="text"/>						
Do you work full or part time?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	How many hours per week do you work?	<input type="text"/>		
Gross Annual Income	\$ <input type="text"/>					

Self Managed Superannuation Fund Details

Name of your Self Managed Superannuation Fund	<input type="text"/>		
ABN	<input type="text"/>		
Trustee Type	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual (Life Insured is Trustee)	
Name of Corporate Trustee (if applicable)	<input type="text"/>		
Trustee's Postal Address	<input type="text"/>		
	Suburb	State	Postcode

Your Existing Fund or Insurance Company's Details

You should check with your existing fund or insurance company for information about your benefits in that 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 insurance cover from a super fund
- I am transferring my insurance cover from an insurance company

Member account or policy number	<input type="text"/>		
Fund or insurance company's name	<input type="text"/>		
Fund or insurance company's postal address	<input type="text"/>		
	Suburb	State	Postcode
Fund or insurance company's telephone no.	<input type="text"/>		
Name of employer (if applicable)	<input type="text"/>		
Industry (if applicable)	<input type="text"/>		

Your Personal Statement and Confirmation of Requirements

Confirmation

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

I confirm that all three statements above 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 existing fund/insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this section of the form.

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 sickness (even if you are not currently working on a full time basis)? Yes No
3. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD or Income Protection benefit with AIA Australia, another superannuation fund or life insurance policy? Yes No
4. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? Yes No

If you answered 'Yes' to any of the above questions (2, 3 or 4), you will not be eligible to transfer your existing insurance cover from your current fund/insurance policy to the SMSF Master Insurance Plan. You are not required to complete the remainder of this form.

5. Is your cover under the existing fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?..... Yes No
- If you answered 'Yes', please provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the existing insurer or fund advising you of the acceptance of your cover subject to these additional terms.*

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 SMSF Master Insurance Plan.

Death and Total & Permanent Disablement (TPD) cover

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

Death cover \$

TPD cover \$

The maximum amount you can transfer in total is \$2 million for Death only or Death & TPD cover.

Do you currently have an Own Occupation* TPD definition in your existing fund/insurance policy?

No – your TPD cover in the SMSF Master Insurance Plan shall be held within your SMSF.

Yes – please select from the following options:

Retain the Own Occupation TPD definition. Your TPD cover will be held as a non-superannuation policy.

Change to a Standard Occupation TPD definition. Your TPD cover will be held within your SMSF.
Note that the Own Occupation definition is not available for TPD cover held within your SMSF.

*Own Occupation TPD is only available to Professional and Senior Management occupations. See the SMSF Master Insurance Plan Product Disclosure Statement for the definition of occupations that fall under Professional and Senior Management categories. 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 existing fund/insurer meets the definition within the SMSF Master Insurance Plan.

You must obtain and attach an up to date statement (such as an acceptance certificate, letter or email) from your existing fund/insurer confirming the type and level of cover, or any loadings or exclusions currently held with the existing 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 if accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan.

Income Protection insurance cover

7. To be eligible for Income Protection cover under the SMSF Master Insurance Plan you must be Gainfully Employed and working at least 15 hours per week.

Income Protection cover per month \$ (maximum amount of cover you can transfer is \$20,000 per month)

Current Benefit Period (please complete)

Current Waiting Period (please complete)

I understand that the transfer of my current Income Protection cover once accepted by AIA Australia, will be subject to the terms and conditions of the SMSF Master Insurance Plan and that my Income Protection Benefit Period and Waiting Period (if applicable) will be matched to the SMSF Master Insurance Plan offer where possible.

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

Declaration and Agreement

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, and on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, transfer, vary or reinstate a contract of insurance. Any disclosure that you have, may have made, or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of any existing insurance cover does not release an applicant from the Duty of Disclosure under the Insurance Contracts Act 1984.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into a contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the Sum Insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy Statements

The Privacy Statements of AIA Australia and AGI can be obtained by visiting www.aia.com.au and www.agi.com.au respectively. By completing this form you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of our business, being used as in the manner set out in these Privacy Statements.

Declaration

I, the trustee or corporate trustee of the above named superannuation fund, request AIA Australia to issue the insurance cover under the Policy described in this form.

I agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I confirm that I have the power under the trust deed and/or constitution of the company governing the superannuation fund to effect cover under the Policy described on this form.

I agree that no benefit will be paid under this Policy in any circumstances if I make the application on behalf of another person.

I am a Permanent Resident of Australia and want to be covered under this Policy of insurance.

I have read and understood the SMSF Master Insurance Plan Product Disclosure Statement (PDS) in conjunction with this application and agree to be bound by its terms.

I have read and understood my Duty of Disclosure and I declare that all the information provided is true and correct and complete and I have not withheld or omitted any information relevant to this application for insurance. I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.

I have read and understood the Privacy Statements and consent to the collection, use and disclosure of personal and sensitive information in accordance with the Privacy Statements.

I understand that after I receive the first Policy Insurance Certificate from AGI, I have a 28-day cooling off period in which I may cancel the insurance by notifying AGI in writing and returning the Policy Insurance Certificate and I will receive a full premium refund (unless a claim has been or could be made under the Policy).

I have read and considered the PDS in making my decision to apply for this insurance. I have not received any personal advice from AGI in relation to my application for insurance or whether the insurance is right for my personal objectives, financial situation or needs.

I understand that cover will not commence until my application is accepted by AIA Australia.

I consent to AIA Australia and AGI communicating electronically with me about my cover under the Policy as described in the current PDS. In providing this consent, I nominate and authorise AIA Australia and AGI to act on instructions it has received electronically. This consent and authority will apply to all communications permitted to take place electronically by law (including any applicable industry Code or Code of Conduct) including but not limited to (a) statements of my cover under the Policy; (b) notices and other documents received by me about my cover under the Policy; (c) variations to the contract relating to my cover under the Policy; and (d) notices from me to AIA Australia or AGI. Any such communication is to be made to the nominated address in my personal capacity, and with respect to any communication to the Trustee of the superannuation fund that are permitted to be communicated electronically.

- I understand that if I do not fully complete, sign and date this *Individual Insurance Transfer form*, I will not be eligible to transfer my current cover to the SMSF Master Insurance Plan.
- I understand that if AIA Australia accepts my application, my current amount of cover as at the transfer date under my existing fund/insurer will be replaced with an equal amount of cover under the SMSF Master Insurance Plan but subject to a total maximum of \$2 million for Death only or Death and TPD cover and \$20,000 per month for Income Protection cover.
- I understand that following the transfer, my total insurance cover (ie transferred amount plus my insurance currently held with the SMSF Master Insurance Plan) cannot exceed the maximum cover amounts provided by AIA Australia 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 SMSF Master Insurance Plan until the later of:
 - AIA Australia accepting my application, and
 - cancellation of my current insurance cover under my existing fund/insurance policy.
- I understand that AIA Australia and AGI may undertake appropriate enquiries and investigations to verify the answers I have provided.
- I understand that AIA Australia or AGI may investigate whether any premium loadings, restrictions and exclusions may have applied in the existing fund/insurance policy.
- I agree to provide AIA Australia and AGI with access to the health and/or financial evidence I provided to any existing fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to an existing fund or insurer may be acted upon by AIA Australia.
- I understand, should it become apparent to AIA Australia or AGI 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 under the SMSF Master Insurance Plan may be reduced by the insured amount paid or payable by my existing fund; an associated section or division of the existing 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 form (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 AIA Australia accepts my application, the terms existing conditions as outlined in the SMSF Master Insurance Plan master Policy held by AGI will apply, and the terms and conditions of my former fund and/or my existing insurer will cease to apply.
- I understand that AGI is the owner of the master Policy effected with AIA Australia and that I will become an Insured Member under that master Policy.
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until AIA Australia has accepted the risk.

Signature of Life Insured as Individual Trustee or as Director for Corporate Trustee

Date

X

DD / MM / YY