

Transfer of Insurance to NESS Super

*Please complete and return to NESS Super within 31 days of the form being signed and dated.
Please note that it is important to retain your insurance cover in your previous fund and not transfer your entire account balance from your previous fund or cancel your insurance in your previous fund until the Insurer has assessed and accepted your application to transfer your insurance to NESS Super.*

IMPORTANT NOTICES – PLEASE READ

Duty of Disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until the cover has been issued by us. The same duty applies before you extend, vary or reinstate the contract.

You do not 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 the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

If you or the person who becomes the life insured under the policy do not tell us something

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

If you or the life insured do not tell us something that you or they are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover.

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

Section A. Member Details

Please provide the following information:

Surname	<input style="width: 95%;" type="text"/>	Given Name(s)	<input style="width: 95%;" type="text"/>	
Ness Super Membership Number	<input style="width: 95%;" type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/>
Home Address	<input style="width: 95%;" type="text"/>			
	<input style="width: 45%;" type="text"/>	State	<input style="width: 15%;" type="text"/>	Postcode <input style="width: 25%;" type="text"/>
Occupation	<input style="width: 45%;" type="text"/>	Annual Salary (pre-tax)	\$ <input style="width: 45%;" type="text"/>	
Email	<input style="width: 95%;" type="text"/>			
Telephone	<input style="width: 45%;" type="text"/>	Mobile	<input style="width: 45%;" type="text"/>	

Section B. Eligibility & Transfer Details

If you are currently insured for Death, Total & Permanent Disablement (TPD) or Temporary Salary Continuance (TSC) under an employer sponsored superannuation policy and you are rolling over to **NESS Super**, you can transfer your existing Death, TPD and TSC cover without the need for underwriting (subject to number of conditions).

To be eligible:

- (a) Your cover in the existing Fund must cease on acceptance of cover by NESS Super;
- (b) You must transfer your entire Fund account balance to NESS Super (once your cover has been assessed and accepted by the Insurer);
- (c) You must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option with any Fund;
- (d) Your cover in the existing Fund must not be subject to any loadings or exclusions;
- (e) **You must provide a copy of your most recent Benefit Statement as evidence of the type and level of cover currently held;**
- (f) Your occupation is not an Excluded Occupation as defined under the NESS Super policy (refer Appendix 1) This condition will not apply if you are working in the Electrical and Communication industry and required to work at heights; and
- (g) For TSC insurance, you must be insured with Death only cover or Death and TPD cover under NESS Super and you must not be a seasonal worker. A seasonal worker is someone who is engaged in employment for a specific period of time or to complete a specific job and where continuity of employment is not guaranteed, regardless of your hours worked or period of employment.

Please specify the type and level of cover you wish to transfer to NESS Super. You must already hold this type and level of cover with your current employer sponsored superannuation fund:

<p>Death cover</p> <p>TSC/Salary Continuance cover:</p>	<p>\$</p>	<p>Total and Permanent Disablement cover</p>	<p>\$</p>	<p>Benefit period:</p>	<p>years</p>	<p>Waiting period:</p>	<p>days</p>
	<p>\$</p> <p style="text-align: right;">per mth</p>						

Section C. Statement of Good Health

Please tick the appropriate box for each of the following questions

1. Do you have any injury or illness which restricts you or is likely to restrict you in the future from carrying out, on a full-time basis, all the identifiable duties of your current employment? (*Full-time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so.*) No Yes
2. Have you ever submitted a Terminal Illness, Total and Permanent Disablement (TPD) claim or Salary Continuance claim, or are you eligible for or entitled to such a claim from any superannuation fund or any insurance policy? No Yes
3. Do you have or have you ever had, any disease, illness or injury or any other conditions (other than colds, flu or mild asthma) which:
 - a. Has required more than a total of 2 consecutive weeks off work during the last 12 months or
 - b. Has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment? No Yes
4. Is your existing insurance cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions? No Yes
5. Are you a seasonal worker as defined under Section B (g)? No Yes

If you answer 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover to NESS Super.

Appendix 1: Excluded Occupation

Unless the Insurer has expressly agreed in writing to provide cover for them under *The Policy*, any of the following occupations which include the following duties are an **Excluded Occupation**:

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| <ol style="list-style-type: none"> (a) working as a support person, domestic helper or carer (whether in a paid capacity or not) for an organisation which provides such services to persons suffering from Acquired Immune Deficiency Syndrome (AIDS), (b) air traffic controller, (c) earth drilling, mineral exploration, miner or person working with explosives, (d) professional entertainer such as actor, dancer, musician and stage performer, (e) fireman, police, ambulance officer and paramedic, (f) fisherman, (g) forestry worker whose duties include tree felling, (h) workers in the horse racing industry such as trainer, jockey and strapper, | <ol style="list-style-type: none"> (i) workers whose work requires them to work at heights such as rigger, scaffolder, roof worker and antenna erector, (j) offshore oil rig worker, (k) commercial pilot, (l) professional and semi professional sport person, (m) security guard, doormen, bouncer and person employed in crowd control, (n) sheltered workshop employee, (o) seasonal worker or employees in industries with casual workforce, (p) underground or underwater worker, (q) sex worker. |
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Declaration and Authority to provide information

I declare that:

- The information I have given on this form and any accompanying information is true and correct; and
- I satisfy the eligibility criteria listed under Section B for a transfer of superannuation insurances; and
- I have read and understood the Duty of Disclosure above and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover; and
- My existing insurance cover will be cancelled from the date your NESS Super cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the insurer that I have not cancelled my previous insurance cover, no claim will be payable under the NESS Super policy.

Furthermore, I acknowledge that:

- If I do not fully complete this application or I do not sign and date it, I will not be eligible to transfer my insurance cover to NESS Super; and
- My insurance cover will not commence until the Insurer has accepted my application. Cover will commence from the date that NESS Super advises in writing, subject to the payment of premiums; and
- My existing level of cover will be converted to units (rounded up to the next whole unit if necessary). My TPD cover must not exceed my death cover. For TSC cover the waiting period of my existing cover must be less than or equal to that offered under NESS Super and the Benefit Period does not exceed that offered by NESS Super; and
- The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

Applicant's Name	<input type="text"/>	Applicant's Date of Birth	<input type="text"/>
Applicant's Signature	<input type="text"/>	Date	<input type="text"/>

Privacy Collection Notice

The *Privacy Act 1988* sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the Australian Privacy Principles.

Collection and use: Your personal information is being collected by **Hannover Life Re of Australasia Ltd**. We collect personal information so that we can assess and process your application for insurance, and assess any claims made by you or on your behalf. If you fail to provide us with all or part of the personal information we require, we may be unable to assess and process your application for insurance or assess and pay any claim.

We may also use information for regulatory and compliance purposes. This may include conducting sanctions screening of policy holders.

Disclosure: We may disclose your personal information to other organisations for the same purposes as we collected it. We may disclose your personal information to medical practitioners, health service providers, legal and any other professional advisers, agents or consultants including accountants, third parties authorised by you, other insurers and reinsurers, our parent company, investigators and loss assessors, external dispute resolution bodies, legal tribunals and courts, the trustee and the administrator of superannuation funds, interpreters, and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law.

Overseas disclosure: We may disclose your personal information to our parent company in Germany for the same purposes as we collected it (see Collection and Use above). We may also disclose your personal information to other overseas recipients (including, for example, our reinsurers who are located overseas) for the same purposes as we collected it. For further information on the locations where your personal information may be disclosed, please refer to our privacy policy, which is available at <https://www.hannover-re.com/#/overlay/400611>.

Access: You may request access to the personal information we hold about you. We may be entitled to deny your request for access in some circumstances. If we deny your request, we will tell you why. Your right to access your personal information is set out in our Privacy Policy.

Contact: For more information about our privacy practices, please refer to our Privacy Policy or contact us as follows:

The Privacy Officer. Hannover Life Re of Australasia Ltd. Level 7, 70 Phillip Street SYDNEY NSW 2000
Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: privacyofficer@hlra.com.au

Please return this completed form to: **NESS Super**
Locked Bag 20
Parramatta, NSW 2124