



Please complete this form if you are under age 64 and would like to transfer your existing Death and/or Total and Permanent Disability (TPD or Income Protection) insurance cover to Rest.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. This form will be invalid if unsigned and undated.

Please send this completed form to: **PO Box 350, Parramatta NSW 2124.**

You have a duty to disclose information in an honest and accurate manner.

You will need to:

- complete all sections
- acknowledge the Duty of Disclosure section of this form
- attach a copy of your most recent statement from your other fund or insurer, confirming the type and level of cover you have with this fund or insurer. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover in your other fund or insurer
- attach a copy of any special acceptance terms you agreed to with your other fund or insurer (i.e. if your cover is provided with any cover exclusions) – refer to question 3 in ‘Personal statement and confirmation of requirements’.

If the Insurer accepts your application, you will be allocated an equivalent level of cover provided to you by your other fund, subject to the underwriting terms provided by the existing insurer, including cover exclusions or any other limitations imposed on the existing cover. Cover will be matched to Rest Default and Voluntary Units (rounded up to the next unit).

Please note that a maximum of \$1,000,000 of your existing Death cover, \$1,000,000 of your existing Total and Permanent Disability (TPD) cover and \$20,000 per month of your existing Income Protection cover can be transferred and added to your current Rest insurance cover.

Section 1: Personal details

Member number Date of birth (dd/mm/yyyy) Gender (M/F)

Mr/Mrs/Ms/Miss/Dr Surname

Given name(s)

Unit number Street number Street name

Suburb/Town State Postcode

Telephone (business hours) Mobile

Email address (Use a personal email address as we may send sensitive information)

Section 2: Other super fund details

Name of fund or insurer

ABN of fund or insurer USI (Unique Superannuation Identifier) of fund

Member number Name of insurer (if known)

Business address

Unit number Street number Street name

Suburb/Town State Postcode

Section 3: Personal statement and confirmation of requirements

1. Please confirm (by marking 'X' in the box below) that all of the following statements are true and correct:

- a) I will cancel my existing insurance cover in my other fund
- b) I will not be transferring the cover within my other fund to any other division or section of that fund or to another fund/policy, other than Rest
- c) I will not effect a continuation option, or subsequently reinstate cover within my other fund or any other divisions or sections of that fund.

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 other fund to Rest and this form will not be accepted.

2. I confirm that my current level of cover in my other fund is as follows:

- a) Death cover \$ (maximum amount of cover you can transfer is \$1,000,000)
- b) TPD cover \$ (maximum amount of cover you can transfer is \$1,000,000)
- c) Income Protection \$ (maximum amount of \$20,000 per month)

Waiting Period;

If your Rest insurance cover has the same benefit waiting period as your cover with the other insurer or fund, it will remain unchanged. If not, the next longest waiting period will apply. This may be longer than the waiting period you currently have with the other insurer or fund.

Benefit Period;

If your Rest insurance cover has the same benefit payment period as your cover with the other insurer or fund, it will remain unchanged. If not, the next shortest benefit period will apply. This may be shorter than the benefit payment period you currently have with the other insurer or fund.

3. Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover; declined; or offered to you with an exclusion and/or loading?

Yes No

If 'Yes' please provide details of the exclusions and/or restrictions, including a copy of the advice you received from the existing insurer or other fund advising you of the acceptance of your cover subject to these additional terms. Please note that you will not be eligible to transfer existing cover where a premium loading applies.

4. Are you:

unemployed; or unable to do the duties of your usual job without restriction for at least 20 hours per week due to illness or injury (even if you are not employed to work 20 hours per week).

Yes No

5. Due to illness or injury, have you:

been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months; been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months; or changed your usual job or work duties in the past 12 months?

Yes No

6. Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 24 months?

Yes No

7. Due to illness or injury have you ever made a claim, or are you intending to make a claim: for Workers' Compensation; for Government benefits (e.g. sickness benefit, invalid pension); from a motor accident scheme; or from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?

Yes No



Office Use

Section 3: Personal statement and confirmation of requirements Continued

If you answered 'Yes' to any of the questions 4 - 7 you will not be eligible to transfer your existing insurance cover from your other fund to Rest and this form will not be accepted.

Employer name

Type of industry

Occupation/Job title

Detailed description of duties performed

Do you work in a:

Shop Office Warehouse Factory

Other, please specify

Section 4: Your acknowledgement

I acknowledge that:

- If I do not fully complete, sign and date this Insurance transfer form, or provide suitable evidence of my current levels and/or types of cover, I will not be eligible to transfer my existing cover to Rest
- If TAL Life Limited (the Insurer) accepts my application, my existing amount of cover as at the transfer date in my other fund will be added to my current Rest insurance cover but subject to a maximum of \$1,000,000 Death, \$1,000,000 TPD cover and Income Protection of \$20,000 per month and will be added;
 - as Basic and Voluntary Units, if any (rounded up to the nearest unit) for Rest Super or
 - as Voluntary Units for Rest Corporate
- My replacement cover may commence in Rest but will not be effective until the later of:
 - the date the Insurer has accepted my application; and
 - cancellation of my existing insurance cover in my other fund or insurer (claims will not be paid if cover has not been cancelled).
- My replacement cover will be subject to the terms and conditions of Rest's insurance arrangement with the Insurer
- Rest and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided
- Rest and the Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied within my other fund
- I agree to provide Rest or the Insurer with access to the health and/or financial evidence I provided to my other fund and their insurer in an application for the cover. Any non-disclosure to my other fund or insurer may be acted upon by Rest or their Insurer
- Should it become apparent to Rest 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 Rest may be reduced by the insured amount paid or payable by my other fund; an associated Section or Division of that fund; another fund; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell us about.



Office Use

Section 4: Your acknowledgement Continued

If you do not tell us 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, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or 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 you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

I declare that:

- The information contained in this 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 have read the 'Your duty of disclosure' and 'If you do not tell us something' notice above 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 Insurance transfer form until the Insurer has accepted the risk.

Signature of applicant

(dd/mm/yyyy)

Your privacy is important to us

When your personal details are provided to Rest, they are securely stored and are accessible only to authorised personnel for the purpose of maintaining your account and any insurance arrangements. If you would like to see Rest's Privacy Policy, visit www.rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at <https://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

Rest's current insurer is TAL Life Limited ABN 70 050 109 450, AFSL 237848.

We're here to help

Our team at Rest is here to help. You can click to chat with our Live Chat team via rest.com.au weekdays 8am - 10pm and Saturday 9am - 6pm (AEST), or ask our Virtual Agent Roger your questions and he'll do his best to point you in the right direction. If you'd like to speak with us, you can call us on 1300 300 778, 8am - 10pm (AEST) weekdays.

