

Insurance Transfer Form



Please complete and return within 30 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, until AIA Australia Limited (ABN 79 004 837 861) (insurer) has assessed and accepted your application to transfer your insurance.

Where the words 'we', 'us', 'our' and 'insurer' appear they refer to AIA Australia Limited ABN 79 004 837 861 AFSL 230043. AIA Australia Limited (the insurer) who is providing the Group Cover for Hejaz Islamic Super & Pension.

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the Insurance Contracts Act 1984 (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

Duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

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If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application, please check every answer (and if necessary, make any corrections) before the application is submitted.

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Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Section 1: Personal Details

| | | | |
|-------------------------------------------------------|----------------------|-------------------------|----------------------------------------------------------|
| Surname: | <input type="text"/> | Salutation: | <input type="text"/> |
| Given name(s): | <input type="text"/> | | |
| Date of birth: | <input type="text"/> | Gender: | <input type="text"/> |
| Residential address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Telephone(BH): | <input type="text"/> | (AH): | <input type="text"/> |
| | | Mobile: | <input type="text"/> |
| Email address: | <input type="text"/> | | |
| Occupation: | <input type="text"/> | Annual salary(pre-tax): | \$ <input type="text"/> |
| Have you smoked any substances in the last 12 months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 2: Eligibility & Transfer Details

If you are currently insured for Death, Total & Permanent Disablement (TPD) or Income Protection (IP) under an Australian group insurance policy held with another superannuation fund, or an Australian personal retail insurance policy that was underwritten in the past 3 years, you can transfer your Death only, Death and TPD, or IP cover subject to meeting certain conditions.

To be eligible (please tick the appropriate box for each of the following conditions):

- You must be less than 65 years of age; and Yes No
- You must be at work actively performing all of the normal duties and normal hours of your regular occupation without restriction by any injury or illness, or if on employer approved leave (except leave caused by injury or illness), you must be in our opinion capable of actively performing all of the normal duties and normal hours of your regular occupation, without restriction by any injury or illness; and Yes No
- Your cover with the other superannuation fund or retail insurer must cease on the acceptance of the transfer of cover; and Yes No
- You must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option; and Yes No



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5. You must provide evidence of your cover from your superannuation fund or retail insurer that is dated in the previous 60 days that shows the type and amount of cover you hold and if your cover is subject to any nonstandard terms (i.e premium loadings, restrictions, exclusions or pre-existing condition exclusion in regards to medical or other conditions) as these will continue to apply; and Yes No
6. Your occupation must not be an Excluded Occupation in the Occupational Ratings Guide. Yes No

If you answered 'No' to any of the above conditions, you will not be eligible to transfer your insurance cover, and you will need to complete an Insurance Cover Application to apply for additional cover.

Please specify the type and amount of cover you wish to transfer to the Fund from your current superannuation fund or retail insurer.

Death cover: \$ TPD cover:

IP cover: \$ per month Benefit period: Waiting period: days

The total insured cover after transfer (i.e. insured cover prior to transfer plus the transferred cover) must not exceed \$1,500,000 for death only or death & TPD cover, or \$15,000 per month for income protection cover. Your TPD cover after the transfer cannot exceed your death cover. For income protection cover, you will retain the same Waiting Period and Benefit Period as the other life insurance cover. If the same Waiting Period is not available, the next higher Waiting Period will apply, and if the same Benefit Period is not available the next lower Benefit Period will apply.

Section 3: Statement of Good Health

Please tick the appropriate box for each of the below questions.

In order to be eligible to transfer your insurance cover to the Fund you must be able to answer 'No' to each of the questions below:

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.) Yes No
2. Have you ever submitted a claim for TPD, income protection or terminal illness? Or are you eligible for, or entitled to, such a claim from any superannuation fund or any insurance policy? Yes No
3. In the last 12 months have you had any medical treatment, been referred for or advised to undertake any medical or health related investigation or procedure, by a medical doctor (other than for cold or flu and oral contraceptives)? Yes No

If you answered 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover and you will need to complete the Insurance Cover Application Form to apply for additional cover.

Section 4: Insurance Election

Do you wish to transfer a benefit from another superannuation fund into this Fund?

- I elect to maintain my insurance cover in the Fund even if:
- my account has not received any contributions or other amounts for a continuous 16-month period; and/or
 - my account has a balance of less than \$6,000 and/or
 - I am under 25 years old.



Section 5: Privacy

Personal and sensitive information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 1800 333 613 to request a copy (AIA Australia Privacy Policy).

AIA Australia handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy.

By providing information to us, the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the AIA Australia Privacy Policy as updated from time to time on our website.

We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 613 and we can take reasonable steps to correct the personal information. Where you provide us with personal and sensitive information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Privacy Policy.

Section 6: Declaration

I declare that:

1. I have read and carefully considered the questions in this document and that all the responses are true and correct. I agree that this questionnaire will form part of my application for insurance; and
2. I satisfy the eligibility criteria listed under Section 2 for a transfer of my insurance; and
3. I have read, understand and agree to the terms of our duty to take reasonable care and not make a misrepresentation that may affect the insurer's decision as to whether or not to accept my application for cover; and
4. I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website; and
5. I will cancel my existing insurance cover from the date my 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, I understand that no claim will be payable under the policy.

Furthermore, I acknowledge that:

6. If I do not fully complete this application, or I do not sign and date it, or if it is not received within 30 days of the date I sign it, or if I have not provided satisfactory evidence, I will not be eligible to transfer my insurance cover; and
7. Insured cover will commence from the latter of the date the insurer accepts the form and my account balance being sufficient to pay premium. If my account balance is not sufficient to pay premium within 30 days of the date the insurer accepts the form then the transfer of cover will not be considered to have started and I will be required to complete a new form; and



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8. For income protection cover, I have selected the same or a longer waiting period and the same or a shorter benefit period. If these are not available, I agree to receive the next higher waiting period and the next lower benefit period; and
9. 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 a claim; and

If I provide electronic authority this replaces the need for a personally signed Consent, Declaration and Authority to provide information.

Member signature:

Date:

Date of Birth:

**Please return this completed form to Hejaz Islamic Super & Pension PO Box 96 Flinders Lane VIC 8009
or email to super@hejazfs.com.au.
Phone: **1300 043 529** Website: www.hejazfs.com.au.**

We are committed to respecting the privacy of the personal information you give us.

The Fund is subject to a Privacy Statement which sets out how we do this. Refer to the information about privacy in the Hejaz Islamic Super & Pension Additional Information Booklet. You can obtain the Trustee's privacy policy at www.eqt.com.au/global/privacystatement or request a copy by contacting us.

You can also find information about privacy at www.hejazfs.com.au.