

You can apply to transfer insurance cover that you have outside of NGS Super if you:

- are joining NGS Super or are an existing member of NGS Super; and
- have superannuation with another fund where you are entitled to a death and/or total and permanent disablement (disablement) benefit and/or income protection benefit under that fund ('former fund'); and/or
- have an individual death and/or disablement and/or income protection insurance policy outside of superannuation from a life insurer ('individual insurer').

Part A – Personal details

Surname	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address		
<input type="text"/>		
		State Postcode
NGS Super member number (if known)		Phone number
<input type="text"/>		<input type="text"/> (<input type="text"/>)
Name of current employer	Name of former fund or individual insurer	
<input type="text"/>	<input type="text"/>	
Former fund member number or Life policy number	Former fund SPIN (if known, not applicable for individual policies)	
<input type="text"/>	<input type="text"/>	

Part B – Details of cover and personal statement

- Please note that you must transfer your total current cover. If you are transferring cover from an existing super fund, you must also transfer the balance of your super account to NGS Super.
- Please ensure that you attach an up to date statement from your former fund, or written evidence from your individual insurer, confirming the type and level of cover you wish to transfer. NGS Super must receive this evidence within 45 days of it being issued.

1. Provide the details of your current Death and/or Disablement cover under the former fund or individual insurer (where applicable)

Death cover	Date cover started	Disablement cover	Date cover started
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please select one of the following options;

Convert your cover into the equivalent number of Age-based units

Or

Maintain your cover as fixed dollar value (any existing default or voluntary cover will also be fixed)

2. Provide the details of your current Income Protection cover under the former fund or individual insurer (where applicable)

Income protection cover	Date cover started
\$ <input type="text"/> p/mth	<input type="text"/> / <input type="text"/> / <input type="text"/>

Income Protection waiting period (e.g. 30 days, 60 days, 90 days or 180 days)	Days
Income Protection benefit period (e.g. 2 years, 5 years, to age 60*, to age 65)	

***NGS Super does not provide a benefit 'to age 60'; however it does have a benefit period 'to age 65'. CommInsure may be able to provide you with a benefit period 'to age 65', however no transferred insurance benefit shall be payable beyond your 60th birthday for any sickness or injury which was evident at the acceptance date of the Insurance transfer. If this applies to you, an additional form will be sent to you outlining these terms**

3. Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 30 hours per week even though you may not actually be currently working that number of hours. No Yes
4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Disablement benefit or an Income Protection benefit from NGS Super, or another superannuation fund or life insurance policy? No Yes



Part B – Details of cover and personal statement (continued)

5. Have you been diagnosed with an illness that reduces your life expectancy to less than twelve months from today? No Yes

If you have answered 'Yes' to Question 3, 4 or 5 you will not be eligible to transfer your cover into NGS Super. You will receive any default or existing cover applicable (conditions apply). You are not required to complete the remaining sections of this form.

6. Is your cover under the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions or restrictions in regards to medical or other conditions? No Yes

If you have answered 'Yes' to Question 6, you must attach a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of that cover subject to these additional terms

Confirmation of requirements – please read the following statements and indicate your acceptance below

- I will cancel my existing insurance cover under my former fund or individual insurer within 60 days of receiving confirmation from NGS Super of my successful transfer application.
- I will not be transferring the cover under my former fund or individual insurer to any other Division or Section of the former fund or individual insurer or to any other fund, other than NGS Super.
- I will not effect a continuation option, or subsequently reinstate cover within the former fund or individual insurer or any other division or associated fund of the former fund or individual insurer.
- I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by NGS Super.

I confirm that the above statements are true and correct and I agree to abide by these requirements. No Yes

If you have answered 'No' you will not be eligible for insurance matching in NGS Super. You will receive any default or existing cover applicable (conditions apply). You are not required to complete the remaining sections of this form.

Part C – Acknowledgments

Your Duty of Disclosure

Before you enter into or become insured under 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, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may void your cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may void your cover at any time.

An insurer who has not voided your cover may, within three years of issuing it, elect to reduce the sum that you have been insured for 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

NGS Super collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information we may not be able to process your membership application or administer your account. By signing this form, I confirm:

- I have read NGS Super's Privacy Statement as outlined in the Member Guide (PDS). I understand how NGS Super intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified.
- I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

If you have any questions about your rights under the privacy legislation, please call NGS Super Customer Service Team on **1300 133 177**.

I acknowledge that:

- If I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to NGS Super; and
- If the insurer has accepted my application, my cover will commence in NGS Super on the date this application is accepted by the insurer subject to cancellation of my existing cover as outlined in Part A and B; and
- NGS Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide NGS Super or the insurer with any authority that may be necessary to access the health evidence I provided to my former fund, the former fund's insurer or my individual insurer for the purposes of assessing any application for that cover, and I agree that any failure to abide by my duty of disclosure to the former fund, former fund's insurer or individual insurer may be acted upon by NGS Super or its insurer in respect of cover transferred on the basis of this application; and



Part C – Acknowledgments (continued)

- Should it become apparent to NGS Super or its insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from NGS Super may be reduced in whole or in part as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from NGS Super is no less than I would have been eligible to receive under the terms of the policy between NGS Super and the insurer had I not applied for a transfer of cover.
- My transferred cover will commence in NGS Super on the date that all of the following are satisfied:
 - The date the insurer accepts my application; and
 - I cancel my existing insurance cover under my former fund; and
 - the whole account balance from my former fund has been transferred to NGS Super (for Super transfers).
- If the insurer accepts my application, my existing amount of death/disablement cover as at the transfer date under my former fund will be added to any existing death/disablement cover held with NGS Super by allocation to my NGS Super account, depending on my election in Part B above either:
 - the fixed dollar value of cover held under my former fund, in which case any existing default or voluntary cover I hold with NGS Super will be converted to fixed cover; or
 - sufficient units of NGS Super insurance cover rounded up to the next whole unit.

Your insurance cover is subject to a maximum of \$10,000,000 for Death, \$3,000,000 for Disablement, and \$31,174 per month or \$41,093 per month for Income Protection (the latter being dependent on the benefit period). Transferred income protection cover will replace any income protection cover you may already have under NGS Super.

I confirm I have:

- completed **Part A, B and C** of this Insurance Transfer Form (above), providing all the required details and signing the form; and
- attached an up-to-date statement from my former fund or written evidence from my individual insurer confirming the type and level of cover I have with the former fund or individual insurer (NGS Super must receive this evidence within **45** days of it being issued).

Please note that acceptance of your transfer request is subject to the insurer's acceptance and some limitations may apply. Do not cancel your existing cover, and/or transfer your account balance from the former fund (if applicable), until you have received confirmation in writing that your transfer request has been accepted by NGS Super.

If NGS Super's insurer (Commlinsure) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or individual insurer. If this cover is for death only or death and disablement, it will apply **in addition** to any existing cover you hold under NGS Super. Transferred income protection cover will **replace** any income protection cover you may have under NGS Super.

Full name

Member's signature

Date

**Please return the completed form, with attachments, to NGS Super, GPO Box 4303, Melbourne, VIC, 3001.
or call the NGS Super Customer Service Team on 1300 133 177.**



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