

Insurance Transfer Form

Please complete this form in **BLOCK** letters using a black ballpoint pen.

IMPORTANT.

If your current insurance is subject to any premium loadings or exclusions you will be unable to transfer your cover to AMIST Super. Do not cancel your existing insurance cover just yet.

Rolling over your superannuation results in cancellation of any insurance cover attached to that account, so you should delay such action until your new insurance terms with AMIST Super have been confirmed in writing. This will ensure that you are covered during the transfer period, plus you can check that your new insurance with us is satisfactory. A Life Insurance benefit will not be paid above 1 unit and no Total and Permanent Disability (TPD) benefit will be paid if the illness or injury resulting in Death or TPD is directly or indirectly caused by any intentional self-inflicted injury or any attempt to commit suicide, whether sane or not at the time.

You can apply to transfer your current life and Total and Permanent Disablement (TPD) insurance policy to AMIST Super up to a maximum of 20 units, if you are covered by another complying superannuation fund ('former fund').

Transfer instructions:

1. Obtain a recent Member Statement from your 'former fund' or 'individual insurer', confirming your **type and level of coverage. This Member Statement must be received by AMIST Super within 60 days of its issue date.**
2. Complete all parts of this form (A, B and C) and acknowledge the Duty of Disclosure section.
3. Return completed form and Member Statement to AMIST Super within 60 days of signing and dating.

Please note: your insured cover with AMIST Super is based on your age, and reduces over time until it reaches nil coverage at age 70. Please see the insurance tables in the Insurance Guide booklet for more information or call the **AMIST Super Hotline on 1800 808 614**, and we'll be happy to help.

DUTY OF DISCLOSURE - IMPORTANT INFORMATION BEFORE YOU BEGIN THIS APPLICATION

You have a duty of disclosure when applying for insurance. If you do not comply with your duty of disclosure MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty of Disclosure section on page 2 of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

Part A – Personal details (Please tick (✓) appropriate box for each Question)

1.	a. I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from AMIST Super of my successful transfer application;	
	b. I will not effect a continuation option, reinstate or transfer cover with my former fund or individual insurer, to any other part of the former fund or to any individual insurer or fund, other than AMIST Super;	
	c. I understand that my cover, once accepted, will be subject to the terms and condition relating to insurance provided by AMIST Super.	
I confirm the above statements are true and correct and I agree to abide by these requirements.		<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have ticked 'No' you are not eligible for insurance transfer into AMIST Super. You will receive the default cover applicable to all new members (conditions apply). You are not required to complete the remaining sections of this form.		
2.	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.	<input type="checkbox"/> No <input type="checkbox"/> Yes
3.	Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total and Permanent Disablement or disability benefit from another superannuation fund or under a life insurance policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.	Have you been diagnosed with an illness that reduces your life expectancy to less than 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have ticked 'Yes' to question 2, 3 or 4 you are not eligible for insurance transfer into AMIST Super.		
5.	Is your cover with 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?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If you have ticked 'Yes' to question 5 you are not eligible for insurance transfer into AMIST Super.		

Part A – continued

Surname	Given name(s)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Address		
<input type="text"/>		
		State
		Postcode
AMIST Super member number (if known)	Phone number	Email address
<input type="text"/>	<input type="text" value="()"/>	<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 current cover with Former Fund

I confirm the details of my current Death and TPD cover with the former fund or individual insurer are as follows:

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

Please note that you must transfer your total Death and TPD cover to AMIST Super.

Part C – Acknowledgments

Your Duty of Disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, which may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures him or her for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives his or her duty to tell them about.

If the person does not tell the insurer something that he or she knows, or could reasonably be expected to know, this may affect the insurer's decision to provide the insurance and on what terms, and may be treated by the insurer as a failure by the person entering into the contract to tell the insurer something that he or she must disclose to the insurer.

If the person entering the contract does not tell the insurer 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, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed the information, the insurer may avoid the contract within 3 years of entering into it.

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

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

Privacy

AMIST 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 AMIST Super's Privacy Statement as outlined in the Product Disclosure Statement (PDS) and associated material that is incorporated by reference, such as the AMIST Super Insurance Guide. I understand how AMIST 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 contact AMIST Super on **1800 808 614**.

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 AMIST Super; and
- if the insurer has accepted my application, my cover will commence in AMIST 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
- AMIST 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 AMIST 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 AMIST Super or its insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to AMIST Super or its Insurer that I have not undertaken the requirements that I confirmed in PART A, then any insured benefit that may be payable to me or my estate or my beneficiaries from AMIST 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 AMIST Super is no less than I would have been eligible to receive under the terms of the policy between AMIST Super and the Insurer had I not applied for a transfer of cover.

- My transferred cover will commence in AMIST Super on the date 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 AMIST Super (for Super transfers).

I acknowledge that:

- If the insurer accepts my application, my existing amount of;
 - Death and Total and Permanent Disablement (TPD) cover as at the transfer date under my former fund will be added to any existing Death and Total and Permanent Disablement (TPD) cover held with AMIST Super by allocation to my AMIST Super account, of sufficient units of AMIST Super insurance rounded up to the next whole unit. This is subject to a maximum of 20 units of cover.

I confirm I have:

- completed **PART A, B and C** of this Insurance Transfer Form, 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 (AMIST Super must receive this evidence within **60** days of it being issued).

Full name

Member's signature

Date

Please return the completed form, with attachments, to AMIST Super Locked Bag 5390 Parramatta NSW 2124.

Life and TPD products are offered by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group. Income Protection is provided by Australian Income Protection Pty Ltd on behalf of certain underwriters at Lloyds.

Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (AMIST) ABN: 28 342 064 803 Registration No. R1001778

AMIST Super Hotline
1800 808 614

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AMISTSUPER 
Your industry fund