

Insurance Transfer Application Form

This form is used when you want to transfer insurance cover from another super account to Emplus. It is important you read the important instructions at the end of this form and understand your duty of disclosure. This form can be used by all members of Emplus.

1. YOUR PERSONAL DETAILS

Title: Full Name:

Address:

Date Of Birth: Gender: Member Number:

Work Phone: Home Phone:

Mobile Phone: Email:

What is your usual occupation?

What are your normal duties of this occupation?

How many hours (on average) do you work per week?

What percentage of your normal duties of this occupation are manual work? %

Have you smoked tobacco or any other substance within the past 12 months, or used a nicotine replacement treatment within the past 3 months? Yes No

I authorise OnePath Life's underwriting service representative to contact me by phone if further information is required.

I can be contacted during the following times:

Monday Tuesday Wednesday Thursday Friday Any business day

Between am/pm and am/pm

Please tick your preferred contact method: Home Phone Work Phone Mobile Phone

Are you a permanent resident of Australia? Yes No

2. DETAILS OF INSURANCE COVER TO BE TRANSFERRED TO Emplus

Fund/Policy Name:

Insurer Name:

Member/Policy Number:

a. Type of insurance cover

Please complete the below table with respect to the Previous Cover that you wish to transfer into Emplus on relevantly the same terms as set out in Emplus' group life insurance contract(s) with OnePath Life.

You are responsible for making enquiries regarding any exit, transfer or other fees will be triggered by transferring your Previous Cover out of the former fund. You should do this so that you completely understand the effects of transferring your insurance cover to Emplus.

| Details of Cover | Type of Cover | | |
|----------------------|----------------|----------------|--------------------------------------|
| | Death Only | Death & TPD | Salary Continuance (Monthly Benefit) |
| Amount of cover (\$) | | | |
| Date cover started | / / | / / | / / |
| Benefit period | Not applicable | Not applicable | To age or years |

b. Proof of cover

YES - I have attached a copy of my most recent statement from my former fund (or former insurer) or a Certificate of Currency confirming the type and level of my existing insurance cover. I confirm that my cover remains valid at the date of this application and has not changed since the date the attached statement or Certificate of Currency was issued.

We must receive the statement or Certificate of Currency within 60 days of it being issued to you. Please refer to 'Frequently asked questions' for acceptable forms of proof of cover.

c. Cover limitations

Is your Previous Cover subject to any of the following:

- a premium loading? Yes No
- an exclusion? Yes No
- a restriction? Yes No
- a pre-existing condition? Yes No
- any other limitation of any sort? Yes No

If you answered 'Yes' to any of the above, please attach a copy of the correspondence you received from your former fund or insurer which sets out the special terms which apply to your Previous Cover. In assessing your application, OnePath Life may contact your former fund or insurance company to confirm whether any premium loadings or limitations apply.

3. PERSONAL STATEMENT

As at the date of signing this application, I declare that:

1. Other than for colds, flus, minor upper respiratory tract infections or minor headache:
 - a. Are you now off work due to illness or injury? Yes No
 - b. Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? Yes No
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury? (even if you are currently working less than 30 hours per week for non-medical reasons) Yes No
3. Have you ever made, or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury? Yes No
4. Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today? Yes No
5. Have you ever had an application for life, trauma or disability insurance on your life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? Yes No
6. Other than for colds, flus, minor upper respiratory tract infections or minor headache, do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? Yes No
7. Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

If you answered 'Yes' to any of the statements in Section 3, you can not proceed with this application. You will need to apply for cover by completing the Group Risk Personal Statement, available online from www.emplus.com.au.

4. DECLARATION

- I have read and understood the current PDS.
- I have read and carefully considered the questions in this application and all the answers provided are to the best of my knowledge, true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Duty of Disclosure section above, and understand my obligations under the Insurance Contracts Act 1984 I understand that the Duty of Disclosure continues after I have completed this form until my application has been accepted by OnePath Life and confirmation is issued in writing.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I have read and understood the Emplus Super's Privacy Statement contained in the Member Guide and OnePath Life's Privacy Statement in this form, and authorize the collection, use, storage and disclosure of my personal information (including health and other sensitive information) for the purpose of this application as described in OnePath's Privacy Policy which is available at OnePath's website onepath.com.au/insurance/privacy-policy or by calling Customer Services on 133 667. If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life require me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au/insurance/privacy-policy.
- Insurance cover will commence from the date this application is accepted by OnePath Life in writing.
- Upon being notified that OnePath Life has accepted my application to transfer my insurance, I will:
 - immediately cancel all my insurance cover in the previous fund and
 - not exercise a continuation option, or subsequently reinstate any cancelled cover within the previous fund or any other division, section, category of the previous fund or insurance policy where such reinstatement of cover is available to me.
- If OnePath Life accepts my application, I accept that any loadings, exclusions, restrictions or limitations (including any pre-existing condition clause) which were imposed by the previous insurer on my Previous Cover may apply to the Transferred Cover issued to me by OnePath Life.
- In the event that I do not validly cancel my previous cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection (Salary Continuance), OnePath Life will reduce any benefit paid or payable under the Policy issued by OnePath Life by the amount of any benefit paid under the Previous Cover.
- I have provided proof of my insurance cover (either my latest superannuation statement or a Certificate of Currency) confirming the type and amount of my previous cover at the time of completing this application.
- If OnePath Life accepts my application, the terms and conditions outlined in the Policy issued by OnePath Life will apply to the Transferred Cover and the terms and conditions of my Previous Fund and its insurer will cease to apply. In particular, I understand that if I have existing cover under the Policy, the total amount of cover after the transfer of Previous Cover cannot exceed the maximum benefit level under the Policy.
- I acknowledge that insurance cover will not commence until I am notified of acceptance in writing.
- I acknowledge that if this application is accepted by OnePath Life, any exclusion or loading imposed as part of the acceptance of this application will be confirmed in writing and will apply to the amount of cover accepted by OnePath Life.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by OnePath Life in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.
- I authorise OnePath Life and any person appointed by OnePath Life to undertake appropriate enquiries and investigations to verify the answers I have provided. I acknowledge that this authorisation enables OnePath Life to obtain from the Previous Fund and their insurer my application for cover the application I lodged for insurance cover with my Previous Fund. I further authorise OnePath Life to investigate whether any premium loading(s), restriction(s) and exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to OnePath Life's consideration and assessment of this application.
- I agree to provide OnePath Life with access to the health and/or financial evidence I provided to my Previous Fund and its insurer in an application for cover. By signing this declaration, I acknowledge and declare to OnePath Life that the disclosures and representations made in that application for cover to the Previous Fund and its insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation I may have made to the Previous Fund and/or their insurer may be acted upon by OnePath Life.

Your Signature:

Date:

/ /

Following the transfer of insurance, I would like to maintain all my insurance cover in Emplus even if my account is or becomes inactive for 16 continuous months.

We are committed to respecting the privacy of the personal information you give us. Our formal Privacy Statement sets out how we do this. If you would like a copy of Emplus Super's Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.emplus.com.au/privacy

5. FREQUENTLY ASKED QUESTIONS

What are acceptable forms of proof of insurance cover referred to in Section 2(b)?

Acceptable forms of proof include:

- A recent member statement from your former fund (or former insurer) or
- A Certificate of Currency – this document provides proof of your insurance coverage on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request. You can ask your former fund to obtain a Certificate of Currency directly from your fund's insurer.

A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

If your insurance cover has changed since the date your statement or Certificate of Currency was issued, you need to provide evidence of your current type and level of insurance.

Can I only transfer my cover to my current fund if I was previously underwritten (i.e. if I provided medical evidence)?

No. You can transfer cover into your current fund even if you obtained it automatically, through another superannuation fund.

How will my Transferred Cover be calculated?

For fixed-dollar cover, the amount of cover remains the same irrespective of changes in your age, but the premium will increase on each birthday. Transferred Cover will be rounded up to the next highest multiple of \$1,000. For example, if you hold fixed-dollar cover equal to \$150,200, your Transferred Cover will be rounded up to \$151,000.

For unitised cover, the insured benefit is based on a number of units, where one unit represents a set amount which generally depends on how old you are. Transferred Cover will provide a sufficient number of units to replace your Previous Cover.

What happens to my existing cover with my current fund?

Generally, your transferred Death and/or TPD cover will be added to any current Death and/or TPD cover (including automatic and voluntary cover) with the current fund, subject to your current fund's maximum levels of cover.

For transferring Salary Continuance cover, you will be insured for the greater of the monthly benefit held with the former fund and the monthly benefit held with the current fund, subject to the maximum level of cover. Premiums may vary – please refer to Emplus current PDS for maximum level of cover and premium rates.

What if special conditions apply to my Previous Cover?

Any limitation, restriction or loading that applied to your Previous Cover will continue to apply to your Transferred Cover in Emplus. For example, if your Disability cover in the former fund had a back exclusion, that back exclusion will apply to your increased Disability cover in Emplus.

What waiting period and benefit period will apply to my Salary Continuance cover?

The waiting period will be matched as best as possible to the same relevant period applicable to your Previous Cover.

When you transfer Salary Continuance cover to Emplus, the waiting period that applies to your cover will be:

- 30 days if it was 30 days or less with the former fund;
- 60 days if it was between 30 and 60 days with the former fund, and you are a member of the Childcare Division of Emplus Super;
- 90 days if it was greater than 30 days but less than or equal to 90 days with your former fund, and you are not a member of the Childcare Division of Emplus.

The benefit period will be 2 years.

Is there a maximum amount of cover I can transfer using this form?

Yes. You can transfer up to \$1,000,000 of Death or Death and TPD cover and /or Salary Continuance with a monthly benefit of up to \$20,000.

When will my Transferred Cover commence?

From the date your insurance application is accepted by OnePath Life, provided there are sufficient funds in your account to pay the premium.

Will my Transferred Cover be on the same terms as my Previous Cover?

No. If your application to transfer insurance cover into Emplus is approved, the insurance cover will be subject to the terms and conditions of OnePath's policies issued to the Trustee of Emplus. If you are unsure about what this means for your Transferred Cover, it is recommended that you obtain financial advice before applying to transfer your insurance cover.

IMPORTANT NOTES

Instructions for completing this form

- All sections must be completed in black or blue ink and in BLOCK CAPITAL letters.
- Please return the completed form along with the attachments to: Emplus, PO Box 3528, Tingalpa DC QLD 4173

When to use this form

Please complete this form if you are a Member of Emplus and would like to apply to transfer your current insurance cover (**Previous Cover**) under another life insurance policy (**Transferred Cover**). You can use this form to transfer up to \$1,000,000 Death or Death & TPD cover and or a monthly benefit of up to \$20,000 Salary Continuance cover.

Your application to transfer cover will be assessed by OnePath Life Ltd, ABN 33 009 657 176, AFSL 238341, (OnePath Life) and we will notify you of the outcome. OnePath Life may need to contact your former fund or the insurer of your former policy to complete the assessment of your application.

To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application for Transferred Cover has been accepted by OnePath Life.

You cannot apply to transfer your insurance cover to Emplus if:

- your Previous Cover is held with a self-managed superannuation fund
- your Previous Cover has been cancelled or is not valid
- you are aged less than 16 years or older than 64 years
- you have made, or you are entitled to make a claim, in relation to your Previous Cover
- you are a not a member of the Childcare Division, you wish to transfer Salary Continuance Cover and your Previous Cover is subject to a waiting period that is greater than 90 days
- you are a member of the Childcare Division, you wish to transfer Salary Continuance Cover and your Previous Cover is subject to a waiting period that is greater than 60 days

For further information, please refer to 'Frequently Asked Questions' at the end of this form.

Canceling your Previous Cover

You must cancel your Previous Cover upon OnePath Life's acceptance of your application for Transferred Cover. If you do not cancel your Previous Cover, and in the event OnePath Life accepts a claim for Death, Terminal Illness, Total and Permanent Disablement, Total or Partial Disability, OnePath Life will reduce any benefit payable under this policy by the amount of Previous Cover that should have been cancelled.

DUTY OF DISCLOSURE

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer) anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an Insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us [Trustee] and the Insurer, anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell us and the Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that they must tell the Insurer.

If you do 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 you do not tell us or the Insurer anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, 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 you had told the Insurer and the Trustee everything you should have. However, if the contract 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 it would have been in if you had told the Insurer and the Trustee everything you should have.

However this right does not apply if the contract 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.

As a condition of your membership to the Fund, the Trustee requires you to comply with this Duty of Disclosure and to disclose every matter that you know will be relevant to the Insurer's decision to accept the risk of insurance, and if so, on what terms.

ONEPATH LIFE'S PRIVACY STATEMENT

Privacy

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy

We may disclose your personal information to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial advisor)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- the disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75, Sydney NSW 2001
Email: insuranceprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/ or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy