



CBUS MEMBERSHIP NUMBER

If you have nominated Cbus as your **Fund of Choice** for the payment of future Superannuation Guarantee contributions by your employer, you may be eligible to transfer any existing death only or death and Total and Permanent Disablement (TPD) insurance cover that you have under your employer's existing fund, to your Cbus membership (subject to conditions).

To apply to transfer your cover to Cbus, you need to:

- Complete PART A and provide all the required details; and
- Confirm that you will comply with each of the requirements outlined in PART B below, by ticking the box provided at the end of each statement or completing the required information; and
- Answer all questions contained in PART C of the Personal Statement below; and
- Sign and date the declaration contained in PART D; and
- Return this completed application to Cbus with your membership application form. If you have already returned your membership application form, please ensure you return this application to Cbus within 30 days of the date on which your employer makes their first contribution to Cbus on your behalf. You should also include the documentary evidence as specified in PART B.

If the Cbus insurer accepts your application, you will be allocated sufficient units of Cbus cover to replace the level of cover that you currently have under your employer's existing superannuation fund, (**'Former Fund'**). Your allocation of cover will be based on either the Cbus Manual or Non Manual Benefit scales, as applicable, based on the information that you have provided on your Cbus membership application.

PART A – Personal Details

Surname

First name

Address

SUBURB/TOWN STATE POSTCODE

Telephone HOME WORK MOB

AREA CODE

Name of Employer

Employer Address

SUBURB/TOWN STATE POSTCODE

PHONE

AREA CODE

Employer Contact Name

Name of Employer Sponsored Fund from which cover is to be transferred ('Former Fund').

PART B – Confirmation of Requirements

Please confirm that you will abide by each of these requirements, by ticking the confirmation box provided at the end of statements 1 and 2 and completing statement 3.

- 1) I confirm that I will transfer the whole of my account balance in my Former Fund to Cbus. Confirmed
- (Please complete a Cbus 'Rollover your Super' application and attach it to this application)**
- 2) I confirm that:
- a) The existing insurance cover under my Former Fund will be cancelled; and
 - b) I will not transfer the cover under my Former Fund to any other Division or Section of the Former Fund or any other Fund other than Cbus; and
 - c) I will not effect a continuation option, or subsequently reinstate cover within the Former Fund. Confirmed
- 3) I confirm that my current level and type of cover under the Former Fund is as follows:
- a) Death Cover: \$
 - b) TPD Cover: \$

(Please attach documentary evidence, e.g. a recent benefit statement, confirming the level and type of cover you have under the Former Fund)



PART C – Personal Statement

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

- Is there any injury or illness which restricts you 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
- Have you ever submitted a Total and Permanent Disablement (TPD) claim, or are you entitled to a TPD benefit from any superannuation fund or any insurance policy? Yes No
- Do you have, or have you had, any disease, illness or injury, or any other conditions (other than colds, flu or mild asthma) which:
 - Has required more than a total of 2 weeks off work during the last 12 months OR
 - Has recurred more than twice in the last two years, and/or is currently causing you symptoms or requiring treatment? Yes No
- Is your cover under the existing employer sponsored fund subject to any premium loading or exclusion in regards to medical or other conditions? Yes No

If you answer 'Yes' to any of the above questions, you will not be eligible to transfer your insurance cover. You will only be eligible for cover under the Cbus standard insurance offering and subject to the standard Cbus eligibility rules.

PART D – Declaration

Duty of Disclosure: Before you enter into a contract of life insurance, 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 as to whether to accept the risk of 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 a contract of life insurance. Your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- 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 entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid but 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 information to the insurer.

I declare that I:

- have read and carefully considered the statements in PART B above, and that I undertake to abide by these requirements. All answers provided are true and correct; and
- have read and carefully considered the questions in PART C above, and all answers provided are true and correct; and
- have read and understood the Duty of Disclosure and Non Disclosure above, and I have not withheld any information that may affect the insurer's decision as to whether or not to accept my application for cover.
- have read and understood the Cbus Product Disclosure Statement, in particular, the section entitled 'Insurance' including the Cbus insurance scales and cost per unit of insurance.

Furthermore, I acknowledge that:

- if I do not fully complete this application, or I do not sign and date it, I will not be eligible to transfer my existing cover to Cbus; and
- if the insurer accepts my application, my existing level of cover under my Former Fund will be replaced, by allocation to my Cbus account of sufficient units of Cbus insurance cover rounded up to the next whole unit; and
- once allocated cover under Cbus, my future level of cover will be based on the applicable Cbus benefit scale, regardless of the basis of cover that was applying under my Former Fund; and
- my replacement cover will not commence in Cbus until the insurer has accepted my application; and
- Cbus and the insurer may undertake appropriate inquiry and investigation to verify the answers I have provided. These inquiries and investigations may be made at any time including, but not limited to, when Cbus and the insurer are considering this application or at the time of a claim; and
- should it become apparent to Cbus or the 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 from Cbus may be reduced by the insured amount paid or payable from: my Former Fund; an associated Section or Division of the Former Fund; or other Fund; or any policy issued under any option that I exercised, 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 Cbus is no less than I would have been eligible to receive had I not applied for a Transfer of Cover.

The information that you have provided on this form will only be used by Cbus and its insurer to implement the transfer of your insurance cover.

SIGN HERE



DATE	DAY	MONTH	YEAR

**Please return this form to Cbus at the following address:**

Cbus Administration
 Locked Bag 999
 Carlton South VIC 3053