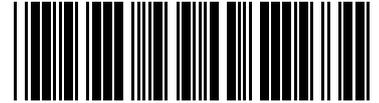


FirstChoice Employer Super Transfer of Insurance Cover Form (Internal)



18 May 2015

This form is to be completed for applications to transfer insurance cover that you have in a Colonial First State (CFS), Commonwealth Custodial Services Limited ABN 26 000 485 487 AFS Licence 235027 (CCSL) or Colonial Mutual Superannuation Pty Ltd ABN 56 006 831 983 AFS Licence 235025 (CM Super) superannuation fund, or a retirement savings account with Commonwealth Bank of Australia ABN 48 123 123 124 AFS Licence 234945 (CBA). Please do not use this form for transfers from Essential Super.

SAVE FORM

PRINT FORM

To complete this application, please complete Parts A, B & C of this form, providing all the required details and acknowledging the Duty of Disclosure section.

If FirstChoice Employer Super's insurer, The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 AFS Licence 235035 (CommInsure) accepts your application, you will receive an amount of fixed cover equivalent to the level of cover you currently have under your CFS, CCSL, CM Super or CBA product (subject to our maximum cover levels).

Please note that acceptance of your request is subject to the insurer's acceptance and some limitations apply.

Please complete this form using BLACK INK and print well within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross like the following . Start at the left of each answer space and leave a gap between words.

PART A – PERSONAL DETAILS

1 INSURED DETAILS

Existing account number (if known)

0 6 5

Title

Mr Mrs Miss Ms Other

Date of birth

dd/mm/yyyy

Given name(s)

Surname

Postal address

Unit number Street number PO Box Street name
Suburb State Postcode
Country

Name of employer

Employer contact name

Employer phone number

Name of former fund

CFS CCSL CM Super CBA

Former fund member number

Former fund Unique Superannuation Identifier (USI) (if known)

Please note: You need to complete a separate Transfer of Insurance Cover form for each policy you are transferring.

Please note: Total cover that may be rolled over is limited to \$1.5m for Death and TPD (includes existing cover) and \$10,000 per month for SCI.

1. INSURED DETAILS (CONTINUED)

1 What occupation do you currently work in?

Please note: If you are a casual employee or unemployed, you will only be eligible to transfer death cover into FirstChoice Employer Super.

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

Permanent full-time Permanent part-time Casual Unemployed Contractor Contract end date

Annual salary (including average bonus for last three years) \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. **Note:** The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare-paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
Total	100%

2 Have you smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months? No Yes

PART B – CONFIRMATION OF REQUIREMENTS

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to the following question:

I confirm that the following statements are true and correct and agree to abide by these requirements:

c I confirm I will cancel my existing insurance cover under my former fund when I receive confirmation from FirstChoice Employer Super of my successful application, and

d I will not be transferring the cover under my former fund to any other Division or Section of the former fund or to any other fund, other than FirstChoice Employer Super. No Yes

If you answered 'No' to the above question you will not be eligible for a transfer of insurance into FirstChoice Employer Super.

PART C – DUTY OF DISCLOSURE

ACKNOWLEDGEMENT

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 FirstChoice Employer Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund will be replaced by the equivalent amount of agreed fixed cover, and
- if the insurer has accepted my application, my cover will generally commence in FirstChoice Employer Super on the date my transfer of superannuation benefits is completed by the former fund, subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Employer Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Employer Super and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund, and
- I agree to provide FirstChoice Employer Super or the insurer with access to the health evidence I provided to my former fund and its insurer in my application for cover, and any non-disclosure to a former fund or insurer may be acted upon by FirstChoice Employer Super or the insurer, and
- should it become apparent to FirstChoice Employer Super 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 or my beneficiaries from FirstChoice Employer Super 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 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 FirstChoice Employer Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Employer Super and the insurer had I not applied for a transfer of cover, and
- I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Employer Super insurance arrangements, as described in the current PDS, and
- I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Employer Super insurance arrangements.

YOUR DUTY OF DISCLOSURE

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, 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 extend, vary or reinstate your insurance.

Your duty, however, doesn't 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 wouldn't have issued the cover if the failure had not occurred, the insurer may avoid the cover within three years of issuing it.

If your non-disclosure is fraudulent, the insurer may avoid the cover at any time.

An insurer who is entitled to avoid cover may elect not to avoid it, but apply either of the following options:

- 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
- vary the cover in such a way as to place the insurer in the position it would have been in had the failure to comply with the duty of disclosure not occurred.

If your cover is death cover, the insurer may only apply the first of the two options and it must do so within three years of issuing the cover.

Investments in FirstChoice Employer Super are issued from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Colonial First State Investments Limited ABN 98 002 348 352, AFS Licence 232468 (Colonial First State).

Original signature of person to be insured

Date signed

dd/mm/yyyy

Print name

Please send the completed form to:

Colonial First State
Reply Paid 27, Sydney NSW 2001

ADVISER USE ONLY

Are you submitting any life insurance applications for this customer through CommInsure? Yes No

Product name (eg Total Care Plan)

Proposal/Policy number

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.