

FirstChoice Employer Super Rollover of Insurance Cover Amount form



This form is to be completed for applications to rollover insurance from an external superannuation policy.

Do not cancel your existing cover until you have received confirmation in writing that your request has been accepted by FirstChoice Employer Super.

Please complete this checklist before sending the form to Colonial First State

- I have attached an up-to-date statement from my former fund confirming the type, level and additional terms of my existing cover
- I have attached an application form or additional application form with details of the balance to be transferred from my former fund
- I have completed all sections and signed and dated this form

You can apply to roll over insurance cover that you have outside of FirstChoice Employer Super if you are:

- joining FirstChoice Employer Super for the first time or are an existing member of FirstChoice Employer Super, and
- you have insurance cover under an existing superannuation fund ("former fund") and are transferring the account balance of that former fund to FirstChoice Employer Super; by

- 1. Completing PARTS A, B and C of this form, providing all the required details and acknowledging the Duty of Disclosure section of this application form, and**
- 2. Attaching the most recent statement from your former fund confirming the type and level of cover you have with the former fund (if your cover has changed since your most recent statement was issued, you will need to provide an up-to-date statement), and**
- 3. Attaching an application form or additional application form with details of your former fund and balance to be transferred.**

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 cover equivalent to the level of cover you currently have with your former fund. Refer to Important Information attached.

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. 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

Given name(s)

Surname

Date of birth

/ /

Gender

Male Female

Postal address

Unit number Street number P.O. Box Street name

Suburb State Postcode

Country

Name of Employer

Name of former fund

Former fund member number

Former fund SPIN (if known)

1. INSURED DETAILS (CONTINUED)

1. What is the main occupation you are currently working in?

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

Full-time Part-time Casual 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)	%
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	%
Supervisor of manual work (not actual performance)	%
Caring for dependants (only for TPD and if occupation is 'home duties')	%
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	%
Truck driving greater than a distance of 800km from base or working underground	%
Total	100%

2. Have you smoked tobacco or any other substance at any time during the last 12 months?

No

Yes

2. DEDUCTION OF PREMIUMS

Please select the investment option from which you want your premiums to be deducted.

Indicate only one option

If no option or an invalid option is nominated, we will deduct your premium from the first option invested in with a sufficient balance, in the order outlined on page 40 of Part 1 of the PDS.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

In order to apply for a rollover of insurance cover, you must be able to answer 'Yes' to questions 1 and 2 below.

- Will you be transferring all of your account balance in your former fund to FirstChoice Employer Super? No Yes
If 'Yes', please ensure you complete an application form, or if already an investor, an additional and regular investment form, and attach it to this application.
- I confirm that the following statements are true and correct and agree to abide by these requirements: No Yes
 - I confirm that my existing cover is arranged through an external superannuation fund (not a self managed superannuation fund)
 - I will cancel my existing insurance cover under my former fund within 60 days of receiving confirmation from FirstChoice Employer Super of my successful application
 - 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, and
 - I will not effect a continuation option, or subsequently reinstate cover within the former fund or any other division, section or category of the former fund, or within any fund or insurance policy where such reinstatement of cover is available to me.

If you answered 'No' to either question 1 or question 2, you will not be eligible for a rollover of insurance in FirstChoice Employer Super.

ADVISER USE ONLY

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

Product name (eg Total Care Plan)

Proposal/Policy number

Should a blood test or a medical examination be required, please indicate whether you would like us to organise for a nurse to visit your client:

No Yes

Adviser name

Contact number

Dealer ID Adviser ID

ILCN ILAN

ILGN

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.

Important information about rollover of insurance

How is your cover applied when rolled into FirstChoice?

The way your cover will be applied depends on whether you are rolling Death and Total and Permanent Disablement (TPD) cover or Salary Continuance cover, as follows:

→ **Death and TPD** – your total cover will be equal to the sum of any existing cover within FirstChoice Employer Super and the amount of cover held under your former fund (subject to product maximums).

Example: FirstChoice cover \$150,000 death only + former fund cover \$100,000 death only = new FirstChoice cover \$250,000 death only.

→ **Salary Continuance** – your total cover will be the greater of any existing cover within FirstChoice Employer Super and the amount of cover held under your former fund (subject to product maximums).

Example: FirstChoice cover \$4,000 per month, former fund cover \$7,500 per month = new FirstChoice cover \$7,500 per month.

Do you need to have been previously underwritten in order to transfer your cover?

No. Your existing cover may have been obtained either through underwriting or automatically, for example, through an employer-sponsored plan arrangement.

What aspects of existing cover transfer?

When cover is rolled to FirstChoice, investors receive an equivalent sum insured as outlined above. Any exclusions and any forward underwriting limit (FUL) that applied to the cover under the former fund will also apply under FirstChoice. FirstChoice Employer Super premiums, terms and conditions will apply and may be different to your existing cover.

Can you roll different types of cover into FirstChoice?

We allow rollover of like for like cover (subject to product restrictions/eligibility rules) and not partial cover. For example, if you have Death and TPD cover with your former fund, you must roll in **all** Death and TPD cover. If we reject the TPD cover, then the rollover of cover is declined.

What waiting period will apply to your Salary Continuance cover?

When you roll cover to FirstChoice Employer Super, the waiting period applied to your Salary Continuance cover will be:

- 30 days, if it was 30 days or less with your former fund
- 60 days, if it was between 30 and 60 days with your former fund
- 90 days, if it was greater than 60 days but less than 90 days with your former fund.

New underwriting will be required, if the waiting period is greater than 90 days, to be considered for either a 30, 60 or 90 day waiting period.

What benefit period will apply to your Salary Continuance Cover?

- two years, if it was two years, five years and to age 60
- to age 65, if it was to age 65.

Does this form allow you to roll over your super as well?

Investors still must complete an application form for their chosen FirstChoice super product if they don't already have an active account, or an additional application form if they are an investor.

Is there a limit to what insurance you can roll to FirstChoice?

Investors are able to roll multiple superannuation account balances and associated insurance policies to FirstChoice, subject to our product maximums. Refer to the Insurance section of our current PDS for further details.

Transfer cover while you are in either 'unemployed' or 'working less than 15 hours per week' or 'casual employment' category, which occupation class do we apply?

- If you fall into one of the above categories, we will classify you as blue collar for your TPD cover.
- No transfer of salary continuance cover is allowed if you fall into one of the above categories.
- If your occupation falls into an uninsurable class eg pilots, miners, armed forces etc, we will apply blue collar class to all cover.

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