

# Insurance Cover Transfer Application Form

## What's this form for?

Complete this form if you wish to transfer your current insurance cover under another life insurance policy ("Previous Cover") to Virgin Money Super ("Transferred Cover").

You can apply to transfer your cover if:

- you are transferring up to \$1 million of Death only or Death & TPD cover;
- your Previous Cover is not held with a self-managed superannuation fund; and
- your Previous Cover is valid and has not been cancelled.



This form can be completed digitally or by hand with a black or blue pen in uppercase with one character per box.

## About the Insurer

Virgin Money Super's insurer is Zurich Australia Limited ABN 92 000 010 195 (Zurich). To understand what insurance cover is all about, be sure to read the current Virgin Money Super Product Disclosure Statement (PDS), Product Guide and Insurance Guide which is available at [virginmoney.com.au/super](http://virginmoney.com.au/super) or by contacting our Customer Care Team on **1300 652 770**.

If your application is successful, the Transfer portion of your cover will be on Tailored aged based rates. The Tailored age based rates and how to calculate the cost of this cover can be found in the Insurance Guide.

## Cancelling your Previous Cover

You must cancel your Previous Cover once you are informed that your application has been accepted by the Insurer. If you do not cancel your Previous Cover, and in the event the Insurer accepts a claim for Death, Terminal Illness or Total and Permanent Disablement – the Insurer will reduce any benefit payable under the Policy by the benefit payable under the Previous Cover.

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

**To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application has been accepted by the Insurer.**

## Duty to take reasonable care not to make a misrepresentation

**When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.**

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

## If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

## About this application

When you apply to transfer cover, in addition to your existing insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether it can provide cover, and if so on what terms and at what cost.

The insurer will ask questions they need to know the answers to. The information you give to the Insurer in response to their questions are vital to their decision.

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## Guidance for answering our questions

You are responsible for the information you provide to the Insurer. When answering their questions and providing documentation, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us or the Insurer before you respond;
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the Insurer will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

## Changes before your cover starts

Before your cover starts, please tell the Insurer about any changes that mean you would now answer their questions differently. It could save time if you let the Insurer know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

## Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please tell the Insurer immediately and we'll let you know whether it has any impact on the cover.

## Telephone contact

After you submit your application, we or the Insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us or the Insurer.

## What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

If the duty is not met we may avoid the cover increased portion of cover, vary the amount of cover or vary the terms of the cover. Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

## If you need help

It's important that you understand this information and the questions the Insurer may ask. Ask or the Insurer for help if you have difficulty answering their questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

For assistance call our Customer Care Team on **1300 652 770** (Mon to Fri 8am to 6pm (AEST)).

# Step 1: Complete your personal details

Virgin Money Super customer number

Title: Mr  Mrs  Ms  Miss  Other

Date of birth  /  /

Given names

Surname

Email

Home telephone

 - 

Work telephone

 - 

Mobile

 - 

Address

Suburb

State

Postcode

Postal Address (if different from above)

Suburb

State

Postcode

Are you an Australian citizen or permanent resident of Australia?

 Yes  No

If NO, what type of working visa do you hold?

## Step 2: Previous cover details

Please provide the details of your Previous Cover that you wish to transfer to Virgin Money Super on the terms set out in the Policy.

Member number/Policy number (if known)

Name of super fund

Name of insurer

**Type and amount of insurance cover** (Tick the appropriate box(es)

Death only      OR       Death and TPD      \$

Date cover started (dd/mm/yyyy):

/  /

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

### Proof of insurance cover

Please attach proof of your insurance cover\* confirming the type and amount of your Previous Cover at the time of completing this application. Your cover must be valid and current at the date of this application and must not have changed since the date the attached proof was issued.

The Insurer will not accept documentation that is older than six months than today's date.

Have you attached to this form proof of your insurance cover described above?  Yes  No

If you ticked NO, you cannot submit this application form without the proof of insurance cover.

### \* Acceptable forms of proof include:

- A recent member statement; 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.

Note: 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 Previous Cover.

## Step 3: Cover Limitations

Is your Previous Cover subject to any of the following limitations:

- 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 answer "yes" to any of the above, please attach a copy of the correspondence you received from your Previous Fund or insurer which sets out the special terms which apply to your Previous Cover. In assessing your application, the Insurer may contact Previous Fund or insurer to confirm whether any premium loadings or limitations apply.

## Step 4: Personal statement

As at the date of signing this application:

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 above statements, you cannot proceed with this application. You will need to apply for cover by completing our Tailored Insurance Cover Application Form available at [virginmoney.com.au/super](https://virginmoney.com.au/super).

## Step 5: Authorisation

- I authorise the Insurer's underwriting service representative to contact me by phone and/or email if further information is required. I can be contacted during the following times:
- Monday  Tuesday  Wednesday  Thursday  Friday  Any business day
- Between   and
- Please tick your preferred contact method:  home phone  work phone  mobile phone

## Step 6: Declaration

I declare and agree as follows:

- I have read the duty to take reasonable care and I am aware of the consequences if I do not meet my duty. I understand that my duty to take reasonable care continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- The answers that I have provided to all questions and the declarations are true and correct.
- I understand that my insurance cover will not become effective until my application has been accepted by the Insurer in writing and provided my Virgin Money Super account has adequate funds to meet the premium payable.
- Upon being notified that the Insurer has accepted my application to transfer my insurance, I will:
  1. immediately cancel all my Previous Cover;
  2. not be transferring the Previous Cover to any other division or section of the Previous Fund/Plan or to any other fund or policy, other than Virgin Money Super; and
  3. not exercise a continuation option, or subsequently reinstate any cancelled cover within the Previous Fund/Plan or any other division, section, category of the Previous Fund or insurance policy where such reinstatement of cover is available to me.
- I acknowledge and understand that in the event that I do not validly cancel my Previous Cover, then the Insurer will reduce the insurance benefit provided to me under the Policy as explained under "Cancelling your Previous Cover".
- I authorise the Insurer and any person appointed by the Insurer to undertake appropriate enquiries and investigations to verify the answers I have provided. I further acknowledge that this authorisation enables the Insurer to obtain from the Previous Fund or insurer my application for cover. I further authorise the Insurer to investigate whether any premium loading(s) and exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to the Insurer's consideration and assessment of this application.
- I agree to provide the Insurer with access to the health and/or financial evidence I provided to my Previous Fund or insurer in an application for cover. By signing this declaration, I acknowledge and declare to the Insurer that the disclosures and representations made in that application for cover to the Previous Fund or insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation to the Previous Fund or insurer may be acted upon by the Insurer.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Virgin Money Super's insurance policy as changed from time to time.
- I understand that if my Previous Cover was subject to any loading or exclusion(s), the same loading and exclusion(s) will apply to the insurance cover provided by the Insurer upon acceptance of this application.
- 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 the Insurer 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 have read and understood the Virgin Money Super Product Disclosure Statement (PDS), Product Guide and Insurance Guide.
- I have read the Zurich Life Privacy Statement below. The Privacy Policy details how the Insurer manages personal information. It is available free of charge and may be downloaded from <https://www.zurich.com.au/important-information/privacy.html>.
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as set out in the Insurer's Privacy Statement.
- 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 the Insurer may require me to inform the person concerned that I have done so and direct them to the Insurer's Privacy Policy which is located at <https://www.zurich.com.au/important-information/privacy.html>.
- I understand that if my application is accepted I will be notified in writing and my insurance cover will change in accordance with the terms and conditions set out in the Insurer's written acceptance. The change will be effective from the date the Insurer accepts this application and provided my Virgin Money Super account has adequate funds to meet the premium payable.

Signature

Date

 /  / 

Print name

**Send your completed form to: Virgin Money Super, GPO Box 4650, Melbourne VIC 3001**

## Your privacy

Mercer collects your personal information and will use it to manage your superannuation benefits and give you information about your super. Your personal information will be disclosed to Virgin Money. Both Virgin Money and Mercer may supply you with information about other products and services offered by them and our related companies, to conduct customer satisfaction research or improve products and develop new products. Call the Customer Care Team on **1300 652 770** if you do not want to receive marketing material from Virgin Money and Mercer.

If you don't provide your personal information or otherwise authorise us to collect this information from third parties, we may not be able to provide you with one or more of our products or services.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations to manage your super, including your employer; the fund's administrator; our professional advisors; insurers; our related companies which provide services or products relevant to your super; any relevant government authority that requires your personal information to be disclosed; and our other service providers that help manage your super.

To manage your super, your personal information will be disclosed to Mercer's service providers in another country, most likely at the administrator's processing centre in India. It may also be disclosed to some of Virgin Money's partners, service providers and other third parties in New Zealand, Philippines, India, Singapore, the United States of America, United Kingdom, Spain and Israel. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies include more details about how we deal with your personal information and who you can talk to if you wish to access and/or correct information we hold about you. These policies also include details about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

You can read Virgin Money's Privacy Policy online at [virginmoney.com.au/super](http://virginmoney.com.au/super) and Mercer's Privacy Policy at [mercersuper.com.au](http://mercersuper.com.au) or you can obtain a copy by calling the Customer Care Team. If you have a question or you have a complaint about a breach of your privacy, please contact our Customer Care Team or write to Mercer's Privacy Officer, Mercer Superannuation (Australia) Limited, GPO Box 4303, Melbourne VIC 3001 or Virgin Money's Privacy Officer, Level 8, 126 Phillip Street, Sydney NSW 2000, or email [privacy@virginmoney.com.au](mailto:privacy@virginmoney.com.au)

## 3 easy ways to return your form

To make submitting your completed form as simple as possible, we've provided three easy options for you to choose from. Please read through the choices below and select the one that's most convenient for you.



### Use Member Online

The fastest and more secure way to send back your forms is through the contact us page within Member Online. Simply save and attach the PDF of your completed form and you're done.

Login at [virginmoney.com.au/super](http://virginmoney.com.au/super)



### Email Us\*

Another way to send back your form is via email. It's quicker if you use your email address you use to log in and send to

[MST@Mercer.com](mailto:MST@Mercer.com)

*Please note this is a 'no-reply' mailbox and is not monitored.*



### Post it back

Otherwise, you can always send it back to us using the below postal address

**Virgin Money Super  
GPO Box 4650  
Melbourne, VIC 3001**

#### \*Email note:

- This is a 'no-reply' mailbox and should only be used to submit a form. If you have an inquiry, please submit this via the contact us page or call the helpline on **1300 652 770**
- The file formats accepted for form submissions are PDF, JPEG, PNG, and JPG
- Only one form per email avoids confusion and ensures each form and its supporting documentation is processed correctly
- Total of 6 attachments per form/email with a maximum size limit of 14MB