Application to Transfer Cover

About this form

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

This form is for members who wish to transfer their existing Death Cover, Total & Permanent Disability (TPD) or Income Protection (IP) held with another superannuation fund to smartMonday.

Note: We suggest you should not cancel any existing cover until your new application is accepted. Once your new cover is accepted, if you do not cancel your previous cover, you may be unable to claim on multiple insurance covers (depending on the terms of your policies).

You will be required to provide documentary evidence of your existing insurance cover that you want to transfer, including details of any exclusions or loadings that were applicable. Examples of documentary evidence include:

- Your last member statement (within 6 months of it being issued)
- Letter or email from your current super fund confirming the details listed above
- A current print-out of your online member account
- A statement from the insurer of your individual policy

Eligibility criteria

To be eligible to transfer cover you must:

- meet the entry age criteria for your fund,
- complete all sections of this form and satisfy the eligibility check,
- include appropriate evidence of the insurance you are transferring which must be issued by the other fund within the last 6 months, and
- have sufficient balance in your fund's account to pay the first premium when it is due.

There are limitations on what can be transferred to your fund:

- The maximum amount of cover that can be transferred is detailed in your fund's Product Disclosure Statement (PDS) or Insurance Guide;
- Any individual exclusions, restrictions or premium loadings which applied to your previous cover will apply to the cover you transfer, up to the maximum acceptance limits;
- You are not eligible to transfer your existing insurance cover if any premium loadings apply to the insurance cover you want to transfer;
- Where the waiting period that applies under the fund you are transferring from cannot be matched with your fund, the next longest waiting period available under this policy will apply;
- Where the benefit period that applies under the fund you are transferring from cannot be matched your fund, the next shortest benefit period available under this policy will apply.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 3 - 4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Issued on behalf of Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049 , RSE Licence L0000185 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). smartMonday is a registered trading name of smartMonday Solutions Pty Ltd (ABN 48 002 288 646). smartMonday products are part of the Fund.

Section 1. Details of the person to be insured

Member number

Title	Given name(s)	Surname

Residential address	Suburb	State	Postcode

Postal address *(if different to above)*	Suburb	State	Postcode

Date of birth *(dd/mm/yyyy)*	Gender	Email address
	☐ Male ☐ Female	

Preferred contact number	Preferred time of contact
	☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm) ☐ Anytime

Section 2. Details of cover being transferred

1. What is the name of your previous super fund, SMSF or insurer?
2. What is your previous fund's member or insurance policy number?
3. What cover would you like to transfer?

☐ Death cover: $

☐ Total & Permanent Disability (TPD): $

☐ Income Protection: $ per month | Wait period : | Benefit period:

Section 3. Your occupation

4. What industry do you work in?
   e.g. finance, agriculture, education
5. What is your current occupation?
6. What are your usual daily duties?
   e.g. office administration, manual labour, retail customer service
7. Do you work at least **15 hours** per week? ☐ Yes ☐ No
8. What is your annual income before tax?
   Note: If you are self-employed this means income after business expenses but before tax.
   $

Section 4. Eligibility check

Please answer Yes or No to **all** of the following questions.

9. Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)? ☐ Yes ☐ No
10. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury? ☐ Yes ☐ No
11. In the last 12 months have you had any illness or injury that:
    a) caused you to take time off work for more than 10 consecutive working days, or ☐ Yes ☐ No
    b) required modification to your normal working hours or duties? ☐ Yes ☐ No
12. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months? ☐ Yes ☐ No

Section 4. Eligibility check (continued)

13. Are you considering seeking any medical advice or treatment for any illness or injury that:
    a) you have not already consulted a medical professional for, or ☐ Yes ☐ No
    b) appears to be getting worse? ☐ Yes ☐ No

14. Has an application for Death, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred? ☐ Yes ☐ No

Note: If you answer Yes to any of the questions 9 to 14 above, you will not be eligible to transfer your existing insurance.

15. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? If Yes, please provide details. ☐ Yes ☐ No

Section 5. The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Section 5. The duty to take reasonable care not to make a misrepresentation (continued)

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

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

Section 6. Declaration and signature

- I will cancel my existing insurance cover as stated in Section 2 upon acceptance in writing by MetLife.
- I will not be transferring the existing insurance cover as stated under Section 2 to another life insurance policy not insured by MetLife.
- I will not reinstate my insurance cover as stated in Section 2.
- I have read and understand the Duty to take reasonable care on pages 3 - 4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information' on pages 3 - 4 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- I understand that cover under a policy does not begin until acceptance by the Insurer, of which I will be notified in writing.
- I acknowledge that MetLife is accepting the transfer of my insurance cover on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as not having commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I have read the insurance section of the current Product Disclosure Statement.

Signature of applicant ▶

Date *(dd/mm/yyyy)*

Full name (please print)

Please return the completed form to
smartMonday, GPO Box 1202, Brisbane QLD 4001 or scan and email to memberinsurance@smartmonday.com.au.

metlife.com.au

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