

Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. 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

If you do not meet your legal duty, this 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 a claim being declined or a benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information you provided was true. For example, the insurer may do this when a claim is made.

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

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

Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. 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.

What can the insurer 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 the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

For example, the insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- what the insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

Cerebral Palsy Alliance Superannuation Plan (Supported Employees) Transfer of Insurance Cover



13 11 84 | australianretirementtrust.com.au
Reply Paid 2924 Brisbane Qld 4001

It's simple, you can apply to transfer cover anytime.

Important: Use this form to apply to transfer your current insurance cover from an existing superannuation fund ("previous fund") or an individual insurance policy ("previous policy") to Australian Retirement Trust.

Important

You should not cancel your existing cover until you have received confirmation from Australian Retirement Trust that your transfer request has been accepted by Australian Retirement Trust. Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at australianretirementtrust.com.au/duty Please complete all mandatory sections. *DENOTES MANDATORY FIELD.

Please provide us with as much information as possible. Please tick boxes where appropriate. Use **BLOCK** letters and black or blue ink when completing this form and ensure it is signed and dated. If you are under 18 years of age please contact us before completing this form.

To access information about your plan online, visit portal.australianretirementtrust.com.au/cpa

Member number

if already a member

Office use only

C59415 (Supp Employees)

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street address / PO Box*		
<input type="text"/>		
Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number*	
<input type="text"/>	<input type="text"/>	

Note: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer information is posted to you, change your preferences in [Member Online](#), the [Australian Retirement Trust app](#), or by contacting us.

2 Details of your occupation

2A	Are you at work? <input type="radio"/> YES <input type="radio"/> NO <small>Note: This means you must be performing your normal paid duties for your employer.</small>	Your occupation <input type="text"/>	Degree/trade qualification <input type="radio"/> YES <input type="radio"/> NO
Industry (e.g. mining, manufacturing, construction, agriculture, retail)	Name of your employer	Your annual salary	Refer to your Super Savings – Corporate Insurance Guide for the definition of 'salary'.
<input type="text"/>	Cerebral Palsy Alliance	<input type="text"/>	
List the principal duties of your occupation and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)			
1 <input type="text"/> %	2 <input type="text"/> %	3 <input type="text"/> %	
List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)			
1 <input type="text"/> %	2 <input type="text"/> %	3 <input type="text"/> %	
2B	Employment status:	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>
		Casual <input type="checkbox"/>	Contractor <input type="checkbox"/>
		What is the duration of your contract? <input type="text"/> months	
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours or more <input type="checkbox"/>

➔ Please continue over page

3 Previous cover details Applying to transfer cover from a super fund or an individual policy

Previous super fund or life insurance company name

Member/Policy Number

Please provide:

- a letter or certificate of currency issued within the last 30 days from your previous super fund or life insurance provider detailing your current insurance cover, and
- details of any loadings, exclusions and restrictions applicable to that cover.

YES

NO

I confirm that these documents show details of my existing cover, and any loadings or exclusions.
I confirm that my cover remains valid at the date of this application.

4 Cover details

Death only cover

I want to transfer my existing level of cover, in addition to the current cover I have, to Australian Retirement Trust as follows:

Death cover \$

Your transferring cover will be fixed cover (your cover stays the same and your premiums will generally increase as you get older).

I want to transfer a lower amount of my existing level of cover, in addition to the current cover I have, to Australian Retirement Trust as follows:

Death cover \$

I understand that any transferred Death cover will be subject to the terms and conditions of the Australian Retirement Trust insurance policy, and subject to a maximum dollar value of \$2,000,000. **Transferred cover is in addition to any existing cover.**

Important

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your application. If we don't accept this application, it could mean you have no cover.

The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (e.g. waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

Your application for transfer of cover will be assessed by our insurer and we will notify you of the outcome. Our insurer may need to contact your previous fund or the insurer of your previous policy in completing its assessment of your application.

If your application to transfer existing Death cover is accepted, you will be allocated Additional cover (up to a maximum dollar value of \$2,000,000) to replace your Death cover under your previous fund or previous policy. Transferred Death cover will be applied as fixed cover. Any automatic cover amount you were eligible to receive on joining Australian Retirement Trust (and any existing Additional cover) will not be affected by our insurer's acceptance of this application.

Premiums may vary.

If you have applied for Additional cover through Australian Retirement Trust and been declined, or been eligible for a TPD claim or Terminal Illness claim, this Transfer of Insurance Cover application will not be accepted.

The cost of approved transferred cover will be based on the applicable premium rates applying under the relevant membership division of Australian Retirement Trust and will reflect your occupation category and any premium loadings or exclusions that may have applied to your previous cover.

[➔ Please continue over page](#)

5 Personal statement / Confirmation of requirements

5A Please confirm (by ticking the box below) that the statements are true and correct and you agree to abide by the requirements set out in these statements:

For transfer of cover from an existing superannuation fund or an individual retail insurance policy:

- i. the existing insurance cover under my previous fund or retail insurance policy will be cancelled, upon acceptance of this request;
 - ii. I will not be transferring the cover under my previous fund or retail insurance policy to any other division of that previous fund or insurer or to any other fund (other than Australian Retirement Trust) or insurer;
 - iii. I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund or previous insurance policy;
 - iv. I will provide supporting evidence of my current insurance cover.
- Note:** Supporting evidence should be in the form of a letter or certificate of currency from your previous super fund or life insurance provider. Your supporting evidence for Income Protection cover (where applicable) must include the 'waiting period' and 'benefit period' of your current cover.

5B Please answer yes or no to the following questions:

- 1. Due to illness or injury are you absent from work or restricted from carrying out all your usual duties on a full time basis for at least 30 hours per week (even if you are currently working on a part-time basis)? YES NO
- 2. Have you ever been paid / lodged or are eligible to lodge any Total & Permanent Disability (TPD), Terminal Illness or Income Protection claims or received a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from any superannuation fund or life insurance policy? YES NO
- 3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? YES NO
- 4. Within the past 12 months have you seen, or have you been advised by your GP to see, a medical specialist to undergo investigations, tests or treatment, including medication? YES NO
- 5. Have you ever had any special conditions or restrictions (loadings or exclusions) placed on any Death, TPD or Income Protection insurance? If yes, please provide all details you have received from the insurer or fund with this application. YES NO

If you answered "Yes" to question 4 or 5 above please provide full details on an additional page.

If you answered **Yes** to Questions 1, 2 or 3 you are **not eligible** to transfer your existing cover to Australian Retirement Trust. If you wish to increase your current cover, please go to your employer plan's microsite to complete the Change of Insurance Cover form.

6

Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

I acknowledge that:


- i. if I do not fully complete, sign and date this application, or do not attach any additional information requested, I will not be eligible to transfer my existing cover to Australian Retirement Trust,
- ii. if the insurer accepts my application, the existing amount of insurance cover as at the effective transfer date under my previous fund or previous policy will be replaced by an equivalent allocation (or such lower amount as I have specified) of additional voluntary insurance cover (up to a maximum amount of \$2,000,000) under my Australian Retirement Trust account. This cover will be in addition to any existing insurance cover I may hold through Australian Retirement Trust. Maximum cover limits will apply,
- iii. my replacement cover will not commence in Australian Retirement Trust until the later of:
 - a. the date the insurer accepts my application, and
 - b. the date of cancellation of my existing insurance cover under the previous fund or previous policy,
- iv. Australian Retirement Trust and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided (including contacting my previous fund or life insurance company to obtain additional details of my current insurance cover),
- v. Australian Retirement Trust and its insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the previous fund/previous policy,
- vi. I agree to provide Australian Retirement Trust and its insurer with access to any health and/or financial evidence I have provided to the previous fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to the previous fund or its insurer may be acted upon by Australian Retirement Trust and/or its insurer,

- vii. Should it become apparent to Australian Retirement Trust or its insurer that I have not undertaken the requirements that I have agreed to in Section 5A above, then any insurance benefit that may be payable to me, my dependants or my estate from Australian Retirement Trust may be reduced by the insurance amount paid or payable from my previous fund, another division of the previous fund, another fund, my previous policy or any policy issued under any continuation option that I exercised, as a consequence of my failure to abide by these requirements. This reduction in benefit will, however, be limited to the extent that my benefit from Australian Retirement Trust is no less than I would have been eligible to receive under the terms of the policy between Australian Retirement Trust and its insurer had I not made this application for transfer of cover,
- viii. I hereby declare that the information contained in this Transfer of Insurance Cover form application (whether written by hand or not) is true and correct and that no information material to this application for transfer has been withheld,
- ix. If the insurer accepts my application, the terms and conditions as outlined in Australian Retirement Trust's insurance policy document will apply, and the terms and conditions of my former policy/fund and/or former insurer will not apply,
- x. I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation and understand its contents and what is meant by my Duty to Take Reasonable Care Not to Make a Misrepresentation.

Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the nominated insurer may collect about you, in the normal course of business, being used as in the manner outlined in our and the nominated insurer's respective privacy policies. A copy of our privacy policy can be obtained by visiting australianretirementtrust.com.au/privacy. A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

The information I have given in this application and any separate statements I have given with it are true. I have disclosed everything about me and my health that Australian Retirement Trust and its insurer need to know when deciding whether to accept my application for transfer of cover. I will notify Australian Retirement Trust of any changes to my health before my cover transfer application has been assessed. I have read and understood my Duty to Take Reasonable Care Not to Make a Misrepresentation and accept the above acknowledgements.


 I authorise my previous fund or the insurer of my previous policy to provide Australian Retirement Trust and/or its insurer with any information about my current insurance cover. For this authority, a photocopy of this declaration is as valid as the original.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

 Please return the form and supporting documentation via australianretirementtrust.com.au/contact-us OR Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Australian Retirement Trust's Privacy Policy, visit australianretirementtrust.com.au/privacy or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063