

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.

Transfer of Insurance Cover

↓ 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 art.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 art.com.au/qgsp

Member number

if already a member

Office use only

530462

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="text" value="M"/> <input type="text" value="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?	Your occupation	Degree/trade qualification
	<input type="text" value="YES"/> <input type="text" value="NO"/> <small>Note: This means you must be performing your normal paid duties for your employer.</small>	<input type="text"/>	<input type="text" value="YES"/> <input type="text" value="NO"/>
Industry (e.g. mining, manufacturing, construction, agriculture, retail)	Name of your employer	Your annual salary	<small>Refer to your Super Savings – Corporate Insurance Guide Former Qantas Group Super Plan for the definition of 'salary'.</small>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>	
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	%	2	%
<input type="text"/>	<input type="text"/>	3	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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	%	2	%
<input type="text"/>	<input type="text"/>	3	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2B	Employment status:	Permanent full time <input type="text"/>	Permanent part time <input type="text"/>
		Casual <input type="text"/>	Contractor <input type="text"/>
2C	Hours that you work a week (on average):	<input type="text"/>	What is the duration of your contract? <input type="text"/> months

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2 Details of your occupation (Continued)

2D Please select your occupational group:

- ☐ **Group 1** - Working mainly in a sedentary capacity or performing light manual duties within an office or retail environment, with less than 20% of time spent outdoors; or mainly engaged in light manual duties; or travel regularly for work but do not deliver goods (excludes Flight Crew).
Examples include: Telephone Sales Consultants, Customer Service Agents, Customer Sales Agents, Executives, Senior Professional Group (SPG) positions
- ☐ **Group 2** - Flight crew, skilled trades workers performing a moderate amount of manual work; or have been unemployed or engaged in full time home duties for more than 12 months.
Examples include: Avionics Maintenance Engineer (AME), Cabin Crew, Chef, Home duties, Licensed Aircraft Maintenance Engineer (LAME), Technical Crew, Pilots
- ☐ **Group 3** - Mainly performing manual work; or skilled workers performing heavy manual work.
Examples include: Airline Services Operators, Airline Services Attendants, Apprentices, Catering Service Attendants, Ground Crew/Ramp Services, Store Persons

Note: If you have been unemployed or in full-time home duties for more than 12 months please select Group 2. If you are still unsure of your occupation please advise your job title and describe your main occupation duties:

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, including 'waiting period' and 'benefit period' for Income Protection cover and any loadings or exclusions. I confirm that my cover remains valid at the date of this application.

4 Cover details

4A Death only or Death and Total & Permanent Disability (TPD) 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 \$ TPD cover¹ \$

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 \$ TPD cover¹ \$

You can choose how you'd like your transferred cover applied. You can choose from Standard cover (your cover will be provided as 'level cover') or Tailored cover¹ (your cover will be provided as 'fixed cover'). Please see your Super Savings - Corporate Insurance Guide Former Qantas Group Super Plan for details.

Please tell us how you'd like your transferred cover applied:

☐ Standard cover

☐ Tailored cover¹

Important: If you currently have Tailored Death and TPD cover that has occupation based premium rates, your transferred cover can only be applied as Tailored cover¹ and not Standard cover. If you previously increased your cover based on Standard cover, your transferred cover can only be applied as Standard cover.

☐ I understand that any transferred cover will be subject to the terms and conditions of the Australian Retirement Trust insurance policy (including definition of 'total & permanent disability'), and subject to a maximum dollar value of \$2,000,000 for Death cover or \$2,000,000 for Death and TPD cover. **Transferred cover is in addition to any existing cover.**

1 If you choose to have your transferred cover applied as Tailored cover on occupation based premium rates, from age 61, your Tailored TPD cover will reduce. Your Tailored TPD cover can't be more than your Tailored Death cover. Refer to your Super Savings - Corporate Insurance Guide Former Qantas Group Super Plan for details.

4B Income Protection cover

Note: To be eligible for Income Protection you must be engaged in permanent full-time, permanent part-time or 'fixed term employment', working at least 15 hours per week, as detailed in your Super Savings - Corporate Insurance Guide Former Qantas Group Super Plan.

I want to transfer my existing Income Protection cover to Australian Retirement Trust as follows:

Income Protection cover \$ Monthly benefit Benefit period Waiting period days

☐ I understand that any transferred Income Protection cover will be subject to the terms and conditions of the Australian Retirement Trust insurance policy (including definition of 'totally disabled'). A \$20,000 maximum monthly benefit limit inclusive of existing cover applies (subject to 75% of your 'salary'). Regardless of the 'waiting period' and 'benefit period' offered under my previous fund/policy, my 'waiting period' will be 90 days and my 'benefit period' will be 2 years.

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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 or Death and TPD cover is accepted, you will be allocated Standard cover (provided as 'level cover') or Tailored cover (provided as 'fixed cover'), based on the selection you made in Section 4A (up to a maximum dollar value of \$2,000,000) to replace your Death cover or Death and TPD cover under your previous fund or previous policy. Any automatic cover amount you were eligible to receive on joining Australian Retirement Trust (and any existing Tailored cover) will not be affected by our insurer's acceptance of this application.

Premiums may vary.

If your application to transfer existing Income Protection insurance is accepted, you will be allocated Income Protection cover (up to a maximum of \$20,000 monthly benefit inclusive of existing cover and 75% of your 'salary'). The 'waiting period' will be 90 days and the 'benefit period' will be 2 years.

If you have applied for insurance 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 (if applicable) and any premium loadings or exclusions that may have applied to your previous cover.

5 Personal statement / Confirmation of requirements

5A Please confirm (by ticking the box below) that the following statements are true and correct

☐

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

- | | |
|--|--|
| <p>i. The existing insurance cover under my previous fund or retail insurance policy will be cancelled within 60 days, upon acceptance of this request.</p> <p>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.</p> | <p>iii. I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund or previous insurance policy.</p> <p>iv. I will provide supporting evidence of my current insurance cover.</p> <p>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 must include the 'waiting period' and 'benefit period' of your current cover.</p> |
|--|--|

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

- | | | |
|--|------------------------------|-----------------------------|
| 1. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. 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
b) required modification to your normal working hours or duties? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. 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
b) appears to be getting worse? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Has an application for Death, Total & Permanent Disability (TPD) or Income Protection (IP) or Disability Insurance on your life ever been declined or deferred? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? If yes, please provide all details you have received from the insurer or fund with this application. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you answered "Yes" to question 7 above please provide full details below.

If you answered **Yes** to any of the above questions from 1 to 6 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.

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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 cover (up to a maximum amount of \$2,000,000 for Death and/or TPD cover). This cover will be in addition to any existing insurance cover I may hold through Australian Retirement Trust. A maximum of \$20,000 monthly benefit inclusive of existing cover applies for Income Protection. 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.

Your privacy - Personal information collection notice

Australian Retirement Trust

We are collecting your personal information to set up and/or to administer your superannuation account. We may also disclose this information to third parties such as our Insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use and disclose personal information, or how individuals can access or correct their information, visit art.com.au/privacy or call us to request a copy.

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 MetLife manages that information and their complaints process. MetLife's Privacy Policy is readily available and can be viewed at metlife.com.au/privacy.

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 art.com.au/contact-us OR Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.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