

Super Savings Insurance transfer application

Transferring your Insurance Cover to a Super Savings Accumulation account

Want your insurance cover processed as quickly as possible?

You MUST complete ALL mandatory fields. Follow the steps on the right to ensure your application gets processed.

Please return your completed application online via art.com.au/upload or return this form to:

Australian Retirement Trust
GPO Box 2924
Brisbane Qld 4001

MORE INFORMATION on what happens to your super and insurance when you leave your employer is available in the Insurance Guide of that relevant Employer plan and in the "Your super account is changing" letter we issue to you once we are notified you have ceased employment.

If you already have an existing Super Savings account with insurance cover, special rules apply to any transfer of cover, as outlined in the relevant Insurance Guide.



Why complete this form?

If you have ceased employment with an employer who was paying your super contributions into a Super Savings - Corporate Accumulation account or Super Savings - Business Accumulation account (your Employer Plan), you will have your membership and account balance transferred to a Super Savings Accumulation account.

This form is used where you want to make a choice about the transfer of any Death, Total & Permanent Disability, and/or Income Protection (where applicable) cover from their Employer Plan into a Super Savings Accumulation account, within 60 days from the date your employer notified us of the termination of their employment.

STEP 1 Personal details

Provide details including your name, date of birth, residential address, and any applicable contact phone numbers you have.

STEP 2 Insurance transfer options

2A - Death and Total & Permanent Disability insurance cover

Where the law allows, by default we will transfer any existing Death and/or Total & Permanent Disability cover you had in your Employer Plan to a Super Savings Accumulation account as Tailored cover on a fixed cover basis, but you can indicate using this form whether you want this cover transferred or not. If you ceased work with your employer due to a sickness or injury, you will need to select **YES** to the 'Did you cease work with the previous employer due to a sickness or injury?' question.

If you select **NO** to transferring Death and/or Total & Permanent Disability insurance cover, we will also cancel any Death and/or Total & Permanent Disability insurance cover eligible to be automatically transferred into your Super Savings Accumulation account (effective from the date of your request).

2B - Income Protection insurance cover

If you held Income Protection cover in your Employer Plan, you will need to let us know if you want to transfer this cover into a Super Savings Accumulation account, as we cannot transfer this automatically. If you do select **YES** to wanting to transfer Income Protection cover, you will need to also complete **Section 3** of the form, as we will need more information to determine eligibility for Income Protection. If your application is accepted by the insurer, we will provide this Income Protection cover as Tailored cover on a fixed cover basis from the date the application is accepted by the insurer.

STEP 3 Income Protection transfer questionnaire

You will only need to complete **Section 3** if you select **YES** to transfer Income Protection, otherwise you can proceed to **Section 4**.

Please make sure to answer all the questions in **3A**, **3B**, and **3C** as instructed in the form.

STEP 4 Authorisation and declaration

Make sure to sign and date the form. For this form to be valid, it must be returned within 60 days of the date signed on the form.

If the date you completed this application was more than 60 days from the date your employer notified us of the termination of your employment, we will be unable to accept this form and the rules for the transfer of cover as detailed in your Employer Plan's Insurance Guide will apply.

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Super Savings Insurance Transfer Application

↓ For applications made within 60 days from employment termination notification

Important: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care to Not Make a Misrepresentation located at art.com.au/duty

Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at art.com.au/pds for insurance details.

Please make sure you've answered all relevant questions and return this form to Australian Retirement Trust within 60 days from the date your employer notified us of the termination of your employment. If all questions aren't answered, your application may be delayed as the form may be returned. Please tick box where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *Denotes mandatory field.

Member number

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"/>	

2 Insurance transfer options

Please select the cover types you would like to have transferred into a Super Savings Accumulation account.

2A Death and Total & Permanent Disability insurance cover

Important: By default, we will transfer any Death and/or Total & Permanent Disability cover you had from your Employer Plan into a Super Savings Accumulation account as Tailored cover on a fixed cover basis, unless you indicate **NO** below. However if your employer paid the cost of your Death and/or Total & Permanent Disability cover in full and at the time of transferring you had a balance of less than \$6,000 in your account, we will not transfer this cover unless you indicate **YES** below.

Would you like to transfer your Death and Total & Permanent Disability insurance cover?*

Select 1 of the following 2 options

*if you do not select an option, the default will be applied

YES

I wish to transfer my cover from my Super Savings - Corporate or Business account (which ceased within 60 days from the date your employer notified us of the termination of your employment) to a Super Savings Accumulation account.

Continue to the next question below

Default option

NO

You will not have Death and Total & Permanent Disability cover transfer into a Super Savings Accumulation account. Any Death and Total & Permanent Disability cover eligible to be automatically transferred will also be cancelled from the date of this request.

Continue to 2B

Did you cease work with the previous employer due to a sickness or injury?

NO

YES

If Yes, Limited Cover will apply to any transferred Death and/or Total & Permanent Disability cover until you have been at Work for 30 consecutive days. Refer to the Super Savings Insurance Guide for more information.

2B Income Protection insurance cover

Important: If you hold Income protection cover in your Employer Plan, by default it will not transfer into a Super Savings Accumulation account, unless you indicate below that you want it below.

If your application is accepted, your Income Protection cover will commence from the date the application is accepted by the insurer.

Would you like to transfer your Income Protection insurance cover?*

Select 1 of the following 2 options

YES

Proceed to Section 3

NO

Skip to Section 4

➔ Please continue over page

3A Employment details

What date did you cease work with your previous employer?

Did you cease work with the previous employer due to a sickness or injury?

NO **If No, please continue this application.**
 YES **If Yes, you're unable to apply to transfer Income Protection cover.**

What date did you commence work with your current employer?

3B Details of your occupation

Are you currently employed?

NO YES

If Yes, please complete the details of your occupation below.

Name of your employer

Industry (E.g. Mining, Manufacturing, Construction, Agriculture, Fishing, Retail, Tourism)

Occupation

Your annual income

\$

Degree/Trade qualified

YES NO

When did you commence employment with your current employer? (DD/MM/YYYY)

If you are a contractor when does your employment contract cease? (DD/MM/YYYY)

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%).

Principal duties

Percentage of time

 %

 %

 %

List the primary locations of your occupation, and the percentage of time at each location (E.g. office 20%, home 30%, suburban driving 50%).

Principal locations

Percentage of time

 %

 %

 %

What is your employment status?

Permanently employed¹
 Casually employed
 Self-employed²
 Not employed³

1. Permanently employed includes contractors on employment contracts of 6 months or longer and self-employed members receiving superannuation guarantee contributions.

2. A person who operates a business or profession as a sole proprietor, partner in a partnership, or independent contractor, and reports income earned from self-employment.

3. Contractors employed on a contract of less than 6 months are required to select 'Not employed'.

On average, how many hours per week do you work?

Under 15 hours
 15 hours to 60 hours
 Greater than 60 hours

Please note: A) Cover is only available if you're working at least 15 hours per week. B) The waiting period and benefit period you held with your previous employer will continue to apply upon transfer of cover. The amount insured needs to be the lesser of 85% of current income and amount insured with your previous employer. C) You must be under age 65 at the date of completing this form, in order to be eligible to transfer your Income Protection cover to your Super Savings Accumulation account. D) If your new employment is on a casual or contractor basis your benefit period will be restricted to two years.

➔ Please continue over page

3C Personal Statement

Please answer Yes or No to the following questions

Are you absent from work or restricted, due to injury or illness, from carrying out all the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)?

NO	YES
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Have you been off work for more than ten consecutive days in the last two years for the same medical condition?

NO	YES
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Have you ever had an application for Income Protection cover (or similar) declined by any insurer?

NO	YES
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Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?

NO	YES
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4 Authorisation and declaration
Sign this application form and return to Australian Retirement Trust

I declare that:

- The information I've given in this application and any separate statements I've given with it are true. I've disclosed everything that the insurer needs to know when deciding whether to insure me.
- I acknowledge and have read my Duty to Take Reasonable Care to Not Make a Misrepresentation at art.com.au/duty and all of my details on this form are correct.
- I've read and understood the accompanying Super Savings Product Disclosure Statement (PDS). I understand that other important information which forms part of the PDS is contained in Super Savings Insurance Guide and that the entire PDS should be read.
- I understand that premiums will be deducted from my Accumulation account, and have considered the effect this will have on my super balance in retirement.
- I understand that I'm able to cancel my cover in the future.

Privacy

Australian Retirement Trust's and AIA's respective privacy policies outline the manner in which Australian Retirement Trust or AIA Australia collect and use personal information, including information about you that may be of a sensitive nature, in the normal course of business. A copy of Australian Retirement Trust's privacy policy can be obtained by visiting art.com.au

A copy of AIA Australia's Privacy Policy can be obtained by visiting aia.com.au/en/privacy-policy. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

Member to sign here*



Date (DD/MM/YYYY)*

Please sign in blue or black pen. We only accept digital signatures via DocuSign and Adobe Sign, with an audit trail.

Send your completed form to us by:

- ✉ **Australian Retirement Trust**
Reply Paid 2924
Brisbane QLD 4001
- 📄 You can upload your forms securely using our website at art.com.au/upload

We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at art.com.au/privacy.

This form has been prepared and issued by Australian Retirement Trust Pty Ltd ABN 88 010 720 840, AFSL 228975, trustee of Australian Retirement Trust ABN 60 905 115 063 ('the Fund' or 'ART').