

# National Australia Bank Group Superannuation Fund A (Plan)

## Transfer your insurance

This form allows you to transfer external insurance into your National Australia Bank Group Superannuation Fund A (Plan) account. For more details relating to insurance, please refer to your Product Disclosure Statement (PDS) and relevant Insurance Guide.

Once transferred, your insurance will be subject to the terms and conditions of your account.

Please note, you may be limited in the amount and type of insurance you can transfer due to your membership category. We will contact you should we be unable to proceed with your application.



### Need help?

Enquiries regarding your insurance should be directed to us on **1300 55 7586** or write to **Plum Super, GPO Box 63, Melbourne VIC 3001**.

## Information

### Why transfer your external insurance to your Plan account?

Transferring your insurance from an external arrangement to your Plan account is an effective way to manage all of your death, and total and permanent disability (TPD) insurance in one place.

### Are you eligible to transfer your insurance?

You are eligible to transfer insurance to your Plan account, if:

- you are aged between 16 and 65;
- you are currently not disabled or unable to perform any of the normal duties of your occupation;
- you have not made or are not currently making a claim on the cover that you wish to transfer, or on any other similar insurance policy; and
- you are a NAB employee member and NAB are currently contributing for you to this Plan.

### How much cover can you transfer?

You can transfer up to \$2 million in death and TPD cover (including any cover you already have in the Plan).

You are required to transfer the **full** amount of any external insurance cover. After your cover has been transferred, you can change it at any time.

If you transfer TPD cover, you must also transfer at least the same value of death cover.

When you receive written acceptance of your new level of insurance from us, you will be required to cancel the insurance with the external insurer or other super fund within 60 days. **If you do not do this your cover may be declined if you make a claim.**

### How to complete this form

To transfer your insurance to your Plan account, simply:

- 1 Read and complete all sections of this form carefully.
- 2 Attach a copy of a recent benefit statement (no more than 12 months old) from your external insurer or super fund which shows the type and level of cover you have with them, and the details of any special acceptance terms (for example, if your cover had a premium loading, exclusion or special condition applied to it).
- 3 Return the completed form to:  
Plum Super  
GPO Box 63  
Melbourne VIC 3001

### Next Steps

Once the insurer accepts your request to transfer cover, we will send you written confirmation, including a summary of your total insurance cover and new premium.

***It is important that you do not cancel your other insurance cover until you receive this written confirmation.***

Your **PDS** and relevant **Insurance Guide** is a valuable source of information regarding the terms and conditions of the insurance provided within the Plan, and it is advisable to read and be comfortable with this information before completing this form.

**Step 1** Complete your personal details (please use BLOCK letters)

Member number  Date of birth (dd-mm-yyyy)

Surname (family name)  Title

Given names

Postal address

Postcode  State

Email

Business phone  Home phone  Mobile

**Step 2** What cover do you wish to transfer?

Please provide details of any external insurance that you wish to transfer to your Plan account:

**A** Death cover Amount \$

**B** Total and permanent disability (TPD) cover Amount \$

 Please attach a copy of a recent statement no more than 12 months old from your external insurer/super fund confirming these amounts.

Is any of your external cover subject to any special conditions?

No  Yes If you select 'Yes', please provide a copy of these details from your external insurer or super fund

**External insurer/super fund details**

Name of provider

Your policy/member number

**Step 3** Complete the Personal Statement questions

Please answer all questions below:

- Are you restricted, due to illness or injury, from performing the usual duties and hours of your current and normal occupation?  Yes  No
- Are you currently disabled and unable to perform any of your pre-disability duties?  Yes  No
- Are you making a claim for life, disability and/or trauma insurance, workers compensation, social security or veterans affairs?  Yes  No
- Have you been diagnosed with any illness that reduces your life expectancy to less than 12 months from today?  Yes  No

## Step 4 Sign and date your declaration

1. I will cancel all insurance cover with my external insurance provider within 60 days of receiving confirmation from the Trustee of my successful transfer application;
2. I will not transfer cover from my external insurance provider to any other division or section of the external insurance provider or to any other insurance provider, nor will I (by any other means) transfer or reinstate my insurance to any other area of the external insurance provider;
3. my level of transferred cover will not commence until I have received written notice to that effect from the Trustee;
4. the Trustee and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and to determine if any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the recent statement from the former insurance provider;
5. I agree to provide The Trustee or the Insurer with access to the health evidence I provided to my former insurance provider in my application for cover and any nondisclosure to a former insurance provider may be acted upon by The Trustee or the Insurer;
6. my superannuation account needs to have sufficient funds to pay for the cost of my insurance and mustn't become inactive (inactive means, no contributions or rollovers received into your account for 16 months) to maintain my insurance;
7. should it become apparent to the Trustee or the Insurer that I have not undertaken the requirements that I confirmed in all steps above, then any insured benefit that may be payable to me or my estate or my beneficiaries from the Trustee may be reduced by the insured amount paid or payable from my former insurance provider; an associated section or division of the former insurance provider; or other fund; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from the Trustee is no less than I would have been eligible to receive under the terms of the policy between the Trustee and the Insurer had I not applied for a transfer of cover.

**Note:** The law requires that super trustees can't provide insurance cover until you're at least age 25 and your account balance reaches \$6,000— unless you elect in writing to have insurance cover.

Completing this form will be considered your written election to have insurance cover.

8. I elect to be provided with insurance cover, and for the insured benefit to be provided, even if my account balance in this product/fund is less than \$6,000 and/or I'm under 25 years old.

## Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the **Insurance Contracts ACT 1984**, to disclose to the insurer every matter that you know, or could reasonably be expected to know which is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. This is referred to as Your Duty of Disclosure. Please refer to your *PDS* for full details of what is required to be disclosed to the insurer, in what manner, and what the potential consequences of non-disclosure may be.

**I declare that I have read and understood the details contained within this application form (including the declarations listed at Step 4), and that the information I have provided is true and correct.**

 Your signature	Your full name (Print in BLOCK LETTERS)	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>



### Reminder

Don't forget to attach a copy of a recent statement from your external insurer or super fund to this form.

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