



Transferring your insurance cover into the Medical & Associated Professions Superannuation Fund

If you hold insurance cover in another superannuation fund or directly with a life insurer in your own name, you may wish to transfer that cover to the Medical & Associated Professions (MAP) Superannuation Fund



Do not cancel your existing life insurance until you receive confirmation in writing that the transfer has been accepted.

What type of cover can be transferred?

- Death only or death and TPD cover up to a maximum of \$2 million.
- Income replacement cover up to a maximum of \$20,000 per month.

Please note that:

- you must be under age 60 to apply
- the amount of income replacement transferred over will replace any existing cover you already have through MAP Super
- you must be working at least 30 hours per week to transfer income replacement cover

- the amount of death only and death & TPD transferred over will be in addition to any existing death and TPD cover you currently have through MAP Super
- cover cannot transfer if you are subject to:
 - i. more than two exclusions; and/or
 - ii. loading of more than +100%
- any existing Automatic Acceptance Limits (AALs) or Forward Underwriting Limits (FULs) provided by the previous insurer in relation to the cover transferred will not apply to cover under MAP Super
- any existing exclusions/loading/special conditions applicable to the cover with the previous insurer will be applied to the MAP Super cover.

How to complete the transfer

It's easy, simply follow these steps:

1. Complete the MAP Super application for transfer of insurance form.
2. Provide details of your current cover.
3. Include information about any loadings, exclusions or special conditions applicable to that cover. These same conditions will apply to any new cover.
4. Provide a photocopy of the insurer/fund confirmation in relation to any loadings, special conditions or exclusions that apply to the current cover.

5. You can send the forms to
MAP Super
GPO Box 529
Hobart Tasmania 7001
fax to 03 6215 5933

If MAP Super and the insurer are satisfied all information is provided, you will receive notification of the transfer's acceptance or rejection in just one week.

For more information, please visit our website www.mapsuper.com.au or call us on **1800 009 921**.

The Medical & Associated Professions Superannuation Fund is a sub-plan of Spectrum Super. Spectrum Super is issued by IOOF Investment Management Limited (IIML) ABN 53 006 695 021 AFSL 230524 as Trustee of the IOOF Portfolio Service Superannuation Fund ABN 70 815 369 818.

This is general advice only and has been prepared without taking into account your particular objectives, needs, and financial circumstances. Before making any decision based on this document you should assess your own circumstances or consult a licensed financial adviser. You should obtain and consider a copy of the product disclosure statement relating to each financial product, before you acquire the financial product. You may obtain the product disclosure statement from your licensed financial adviser or by contacting MAP Customer Service on 1800 009 921. The examples used are for illustrative purposes only. To the extent permitted by law, IIML, its employees, consultants, advisers, officers and authorised representatives are not liable for any loss or damages arising as a result of reliance placed upon the contents of this document. The information provided in this document is given in good faith and believed to be accurate. Neither IIML nor any service provider to Spectrum Super guarantees the performance of Spectrum Super or the repayment of capital, or any particular rate of return.



Medical & Associated Professions Superannuation Fund

Application for Transfer of Insurance

You should use this form if you hold insurance cover in another superannuation fund or directly with a life insurer in your own name.

You can use this form if you are currently a member of MAP Super.

You will need to attach a photocopy of your statement from your superannuation fund or policy document from your insurer, confirming the type and level of cover you have with that fund or insurer. These documents must be no older than 12 months at the date of this application.

Do not cancel your existing insurance until you receive confirmation in writing that your transfer has been accepted.

Please complete this form using BLOCK LETTERS and a BLACK or BLUE pen. Write X in the appropriate boxes.

1 LIFE INSURED DETAILS

New member	Existing member	Member Number (if existing member)
<input type="checkbox"/>	<input type="checkbox"/>	M A P
Title	Surname	
Given Name(s)		
Current Residential Address		
City/Suburb	State	Postcode
Tel (Home)	Tel (Work)	Mobile
Email Address		
Sex	Date of Birth (DD-MM-YYYY)	Tax File Number*

* Under the *Superannuation Industry (Supervision) Act 1993*, you are not obliged to disclose your Tax File Number (TFN), but if you do not, there may be tax consequences. Please read the information on Collection of TFNs in the Product Disclosure Statement before providing your TFN.

2 ASSESSMENT QUESTIONS

a. Have you smoked in the past 12 months? Yes No
 If yes, type of substance Average daily quantity

b. Are you currently absent from work, or unable to carry out all of the duties of your main occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis)? If 'Yes', refer to (1) below. Yes No

c. Have you ever claimed, or are you currently eligible to receive a claim, or are you currently in the process of claiming a Total & Permanent Disablement benefit with another superannuation fund, or another life insurance company? If 'Yes', refer to (1) below. Yes No

d. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from the date of this application? If 'Yes', refer to (1) below. Yes No

e. Is any cover that you would like to transfer subject to any premium loadings and/or exclusions, including but not limited to, pre-existing condition exclusions or specific medical conditions? If 'Yes', please provide photocopies of any advice you received from your insurer or fund confirming details of the premium loadings and/or exclusions. Yes No

Note:
 1 You are not eligible to transfer your insurance cover using this application. Please complete an Insurance Application & Personal Health Statement available from our website or by contacting MAP Customer Service on 1800 009 921.

Application for Transfer of Insurance continued

3 OCCUPATIONAL DETAILS

Employer Name

Occupation

Average hrs worked per week¹

Average salary/remuneration package (gross)²

\$

1 You must be permanently employed and working greater than 30 hours per week to be eligible to transfer cover.

2 Salary/remuneration package (gross) – comprises your current wages or salary, plus commissions, plus all other regular cash and non-cash payments and benefits provided to you or for your benefit by your employer.

Outline the duties of your main occupation:

	% of time		% of time
Administrative/clerical	<input type="text"/>	%	Light Manual <input type="text"/>
	<input type="text"/>		%
Supervisor of manual work	<input type="text"/>	%	Manual work <input type="text"/>
	<input type="text"/>		%

4 TRANSFER DETAILS

Please provide details of the Death only or Death and Total & Permanent Disablement (TPD) cover you would like to transfer:

Fund/insurer you are transferring from

Policy/account number

Death only amount

\$

Death and TPD amount

\$

Date cover started

TPD definition

 Any Own

Please note that if your transfer is successful, the MAP Super definition will apply

Please provide details of the Income (also called Salary Continuance Insurance) cover you would like to transfer:

Fund/insurer you are transferring from

Policy/account number

Insured salary

\$

Monthly benefit (inc super benefit)

\$

Waiting period

 30 days 60 days 90 days

Benefit period

 2 years 5 years to age 65

Insured percentage

 %

Superannuation contributions benefit

 %

Date cover started (DD-MM-YYYY)

Cover basis

 Agreed value¹ Indemnity

1 Agreed value is not available in MAP Super

5 YOUR DUTY OF DISCLOSURE

Your duty of disclosure to IOOF Investment Management Limited (IIML) and TOWER Australia Limited (TOWER):

Before you enter in to 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, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to TOWER and IIML before you extend, vary or reinstate a contract of life insurance.

5 YOUR DUTY OF DISCLOSURE CONTINUED

Your duty however, does not require disclosure on the matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that the insurer knows or, in the ordinary course of his business, ought to know
- disclosure of which is waived by the insurer.

The duty of disclosure applies even after this application is completed until the insurer advises acceptance of insurance.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

All questions on this application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

6 PRIVACY STATEMENT

Privacy laws protect your privacy. The way in which IIML and TOWER collect, use, disclose and handle your information is described in their respective Privacy Policies.

IIML and TOWER may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. Any information, including health and sensitive information, collected by TOWER is collected on behalf of IIML and is used by TOWER to assess applications for insurance and claims that may be made under the Trustee's Group Life Policies with TOWER. Such information is collected directly by TOWER to enable expeditious underwriting and claims assessment by TOWER and may be disclosed by TOWER to IIML. IIML and TOWER may collect or disclose information relating to you or your application or any claims you may make to or from each other and a range of services including: financial advisers, re-insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless IIML or TOWER is legally entitled to deny access. If you want to know more about IIML's or TOWER's approach to privacy, please contact IIML on 1800 009 921 or TOWER on 1800 226 364.

7 MEMBER DECLARATION

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 5 and understand that this duty also applies until formal notification of acceptance. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TOWER to contact my current fund or insurer to obtain confirmation of any information I have provided on this form, and to obtain copies from that fund or insurer of any health or medical information I have provided in relation to that cover. A photocopy of this authority is as valid as the original.
- I authorise and direct any medical or other practitioner to divulge at any time to IIML and TOWER or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IIML and TOWER or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IIML and TOWER collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in IIML's and TOWER's privacy statement
 - their personal information may be disclosed to a third party
 - they may access or correct any personal information held about them.
- I understand that this new insurance cover wholly replaces my previous cover. Accordingly, I confirm that I will not apply for a continuation option, or reinstate my existing cover, with the current fund or insurer.
- I confirm that since the cover to be transferred was issued by the current insurer, I have not had an application for life insurance, disability insurance or other related insurance cover declined, deferred or offered on special terms.
- I will cancel my existing insurance cover within 30 days of receiving confirmation from MAP Super that my application has been accepted.

Application for Transfer of Insurance continued

7 MEMBER DECLARATION CONTINUED

- I will not be transferring my existing cover into any other superannuation fund or any other division, section or product of MAP.
- I confirm that, when applying to the superannuation fund or insurer for the cover I want to transfer, I truthfully answered all personal health, medical and lifestyle questions asked.
- I understand that by transferring my insurance cover to MAP Super, I may lose any additional benefits, product features or accrued rights provided by my current superannuation fund or insurer.
- I understand that if I have applied to transfer:
 - Death only or Death and TPD cover, I will receive (in addition to any cover I may have with MAP Super already), an amount of cover that is no less than my current cover, rounded up to the nearest dollar.
 - Salary Continuance Insurance cover, I will receive an amount of cover that is no less than my existing cover, rounded up to the nearest dollar and this cover will replace any cover I may have with MAP Super already.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of MAP Super's insurance policy.
- I acknowledge that I have received the current Product Disclosure Statement prior to completing this form.

Member signature

Date (DD-MM-YYYY)

Please forward all correspondence and queries to

Medical & Associated Professions Superannuation Fund
GPO Box 529
Hobart TAS 7001

MAP Customer Service 1800 009 921
Facsimile (03) 6215 5933
Website www.mapsuper.com.au