

# 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.

# Super Savings – Business Transfer of Insurance Cover



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

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 Super Savings – Business.

13 11 84 | [art.com.au](http://art.com.au)  
Reply Paid 2924 Brisbane Qld 4001

## 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](http://art.com.au/duty). Where there's a \*, it means you must give us that information. If you don't, it'll slow down your application.

Please provide us with as much information as possible. Please tick boxes where appropriate. Use **BLOCK** letters and blue or black 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.

Some words in this form have specific meanings. We display these words differently, such as 'salary'. Please see the meaning of these words in the Definitions section of the Super Savings – Business Insurance Guide.

## Member number

if already a member

### 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* M F
<input type="text"/>	<input type="text"/>	<input type="text"/>
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 electronically provide your documents, including statements and notices of changes to your account. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer we post information to you, please change your preferences in [Member Online](#), our app, or contact us.

### 2 Details of your occupation

Your occupation	Degree/Trade qualified		
<input type="text"/>	YES NO		
2A	<input type="text"/>		
Industry (e.g. mining, manufacturing, construction, agriculture, retail)	Name of your employer	Your annual 'salary'	
<input type="text"/>	<input type="text"/>	\$ <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 %	2 %	3 %	
<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 %	3 %	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2B	Employment status:	Permanent full time <input type="checkbox"/> Permanent part time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <sup>1</sup> <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 <sup>2</sup> <input type="checkbox"/> 15 hours to 60 hours <input type="checkbox"/> Greater than 60 hours <input type="checkbox"/>	Casual / Contract start date <input type="text"/>

<sup>1</sup> If you are on a fixed term contract, you'll only be eligible to apply for a 2 year Income Protection 'benefit period'.

<sup>2</sup> If you are working less than 15 hours per week you will not be eligible to apply for Income Protection.

### 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
<input type="text"/>	<input type="text"/>

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 (if applicable) and any loadings or exclusions. I confirm that my cover remains valid at the date of this application.

Please continue over page

## 4 Death and/or 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 cover<sup>1</sup> \$

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 cover<sup>1</sup> \$

Your transferring cover will be 'fixed cover' (your cover stays the same and your premiums will generally increase on each birthday).

☐ 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 \$1,000,000 for Death cover and \$1,000,000 for TPD cover. Transferred cover is in addition to any existing cover.

<sup>1</sup> Transferred cover is provided as Additional cover. Once you reach age 61, your Additional TPD cover reduces annually by 10% of your insured benefit at age 60, until your 67th birthday when cover ceases. Your premiums are adjusted accordingly.

## 5 Income Protection cover

**Note:** To transfer Income Protection it must be available in your employer plan and you must be permanently employed or on a fixed term contract of no less than 6 months and working for at least 15 hours per week.

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 \$10,000 maximum monthly benefit limit applies (subject to the maximum salary percentage outlined in your Super Savings – Business Plan Information Factsheet). The maximum transfer amount is inclusive of any existing cover. Where the 'waiting period' offered under my previous fund / policy is different to the available 'waiting periods' under the Australian Retirement Trust Insurance policy, my 'waiting period' will be rounded up to the next longest 'waiting period'. Where the 'benefit period' offered is different to the available 'benefit period' under the Australian Retirement Trust insurance policy, my 'benefit period' will be limited to the next shortest 'benefit period' available.

In certain circumstances an appropriate 'waiting period' or 'benefit period' may not be available. In this instance your application for a transfer of insurance may be declined.

### 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 and/or TPD cover is accepted, you will be allocated Additional cover (up to a maximum dollar value of \$1,000,000 for this transfer) to replace your Death and/or TPD cover under your previous fund or previous policy. Transferred Death and/or TPD cover will be applied as 'fixed cover'. Any existing Standard Death and/or TPD cover you have at the time your transfer application is accepted (and any existing Additional cover) will continue.

Premiums may vary.

If your application to transfer existing underwritten Income Protection insurance is accepted, you will be allocated Income Protection cover (up to a maximum of \$10,000 monthly benefit (inclusive of existing cover) and the maximum salary percentage outlined in your Super Savings – Business Plan Information Factsheet). We will advise you of the 'waiting period' available to you (30, 60, or 90 days), upon acceptance of your application.

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.

## 6 Personal statement/Confirmation of requirements

### 6A 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:

- The existing insurance cover under my previous fund or retail insurance policy will be cancelled, upon acceptance of this request.
- 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.
- I will not exercise a continuation option or subsequently reinstate cover within the previous fund or any associated fund or previous insurance policy.
- 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.

➔ Please continue over page

6B

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 (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 TPD, Terminal Illness or Income Protection claims or received a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from Australian Retirement Trust or any other 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 of this form.

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 visit your employer's Super Savings – Business microsite and complete the Change of Insurance Cover form.

## 7 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 cover (up to a maximum amount of \$1,000,000 for Death and TPD cover). This cover will be in addition to any existing insurance cover I may hold through Australian Retirement Trust. A maximum of \$10,000 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 6A 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. We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at [art.com.au/privacy](http://art.com.au/privacy) or by contacting us.

#### AIA Australia

AIA Australia is bound by the *Privacy Act 1988* and other laws which protect your privacy. AIA Australia Group Privacy Policy provides detail about our collection, use (including handling and storage) and disclosure of Personal Information; how you can access the Personal information we hold about you and correct your Personal Information if it is inaccurate, incomplete or out of date; how to make a privacy related complaint and how we will deal with that complaint, and your opt-out rights. The most up to date copy of the Privacy Policy can be found at our website, [aia.com.au](http://aia.com.au), or be requested by calling 1800 333 613.

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 note, we accept digital signatures using Adobe Sign or DocuSign only. If Adobe Sign or DocuSign is not available, we require the form to be signed manually. Please note that when submitting digitally signed requests, we also require the Audit Trail PDF to accompany the signed form.

 Please return the form and supporting documentation via [art.com.au/contact-us](http://art.com.au/contact-us)  
OR  
Reply Paid 2924 Brisbane Qld 4001