

transfer of insurance

Please send your completed form to AvSuper Admin, PO Box 1140, Wollongong DC, NSW 2500.

When rolling money into AvSuper, you may be able to transfer your existing death and TPD insurance cover (up to \$1,500,000) from any super account having received compulsory employer contributions on your behalf. Please refer to our insurance guide or contact us to check your eligibility.

Personal details

Surname		Mr/Mrs/Ms/Miss	
<input type="text"/>		<input type="text"/>	
Given names			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (daytime)	Mobile	AvSuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Date of birth	
<input type="text"/>		<input type="text"/>	

Current insurance cover

Please include a copy of your most recent super benefit statement as evidence of your cover. Note that insurance cover will not commence until your super rollover has been received.

Amount of current cover \$ Type of cover held: Death only Death and TPD

This will be rounded up to the next unit of AvSuper cover. Premiums will apply to the provision of any insurance cover. See our website for details.

Eligibility

Please tick yes or no for the following questions. Note that any 'yes' responses may require you to apply for voluntary cover rather than transfer your existing cover.

- Are you leaving your existing super account and associated insurance open? Yes No
- Do you have any injury or illness which restricts you, or is likely to restrict you in the future, from carrying out all the identifiable duties of your current employment on a full time basis even if you work part-time? ('Full time' means more than 30 hours a week on an ongoing basis.) Yes No
- Have you ever submitted a claim for Total and Permanent Disablement (TPD) or are you eligible for or entitled to a claim such a benefit from any superannuation fund or any insurance policy? Yes No
- Do you have, or have you ever had, any disease, illness or injury, or other conditions which:
 - has required more than a total of two consecutive weeks off work during the last 12 months, or
 - has recurred more than twice in the last two years, and/or is currently causing you symptoms or requiring treatment? Yes No
- Is your existing cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions? Yes No

Authorisation

- I have read and understand the general terms and conditions for cover as described in **AvSuper's member insurance guide** and on your website.
- I understand that I have a current and ongoing duty to disclose anything that may influence the insurer's decision about my cover. I have read the **full duty of disclosure** on AvSuper's website.
- I acknowledge that cover is subject to me satisfying the insurer's requirements, including providing evidence of health, and written acceptance of my application for cover by the insurer.
- I have read the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).

Member's signature	Date
<input type="text"/>	<input type="text"/>