

Important information about transferring super & insurance cover from another eligible super fund

Consolidating multiple accounts into one super fund may be a simple way you can reduce the total fees you're paying to manage your super. There are also some other advantages, like knowing all your super is together in one spot and reducing the amount of paperwork you receive.

If you'd like to transfer super into your Accumulate Plus account, there are 2 parts of the attached form:

- **Part A: Request to transfer my super balance** – use Part A to provide instructions to transfer your whole super balance from another eligible super fund or product into your Accumulate Plus account.
- **Part B: Request to transfer insurance cover** – if you have cover for Death, Total and Permanent Disablement (TPD) or Salary Continuance (also known as income protection) in your other fund(s), you may be eligible to transfer that cover into your Accumulate Plus account with your account balance, which may make it easier for you to consider consolidating your accounts. Use Part B of this form to request the transfer of insurance cover with your balance.

If you're requesting to transfer **only** your account balance from another fund, with no transfer of insurance cover, you **don't** need to complete *Part B* of this form. To transfer only your account balance, you can also call us on 1800 023 928 with details of your other fund, or you can complete *Part A* of the attached form.

Things to consider when transferring

When you transfer your whole super balance, your entitlements in the other account generally cease.

You need to consider all relevant information, including the features of both super funds or accounts, before you make a decision to transfer your super. If you ask for information, your super fund must give it to you.

Some points you may consider are:

- **Fees:** We don't charge a fee to transfer super into your Accumulate Plus account. However, you should check if your other fund charges any fees. You should also understand the difference in how fees and costs apply between each fund, e.g. the type and amount of administration and investment fees and costs that apply to each account.
- **Death and disability insurance benefits:** You may have insurance cover in your other fund for death, or for an illness or accident that leaves you unable to return to work. If you choose to leave your other fund, you should check what effect closing your account may have on your insurance entitlements. If the you apply and the insurer accepts a request to transfer insurance cover from your other fund with your account balance, the transferred cover is subject to the rules and premium rates that apply in Accumulate Plus, which are generally different to those that apply in your other fund. You should consider both products carefully before deciding to transfer your cover.

For help deciding if Accumulate Plus is right for you, you should read the *Product Disclosure Statement (PDS)* and *Reference Guides* (oursuperfund.com.au/pds). You may also like to access a free online comparison tool called *Chant West AppleCheck* – visit oursuperfund.com.au/compare for more information or the link.

Important notes if transferring Salary Continuance

- **Cover amount versus actual income level:** You pay monthly premiums based on your total amount of accepted cover. In the event of a claim, your pre-disability income is also taken into account to determine any benefit payable. **If your pre-disability income is less than your level of cover, a lower benefit is paid and the excess premiums are not refunded.** Therefore it's important that you notify us if your income changes in the future to the extent that it is less than your accepted amount of cover. It's also important to review your cover if your income increases in the future to ensure that you have an adequate level of cover for your circumstances.
- **Multiple policies:** You should also confirm if you're covered for any salary continuance or income protection benefits through more than one source. This may include arrangements through your employer, e.g. CBA Employee Income Protection, another super fund, or a policy held directly with an insurer.

While you can choose to hold more than one policy for this type of cover, you may not receive the full benefit amount from one or more of those policies in the event of a claim. This is because any benefit payable is generally reduced, or offset, by other sources of income, including other salary continuance or income protection policies.

What happens to future employer contributions?

Completing the attached *Part A: Request to transfer my super balance* generally transfers your whole super balance and therefore closes your account in the other fund. However, completing this form won't change the fund to which an employer pays your super contributions. To change the fund for your employer's contributions, you need to speak to your employer about nominating a new fund to receive employer contributions under super choice laws.

If you want to nominate your Accumulate Plus account for your employer's contributions, you can download our *Employer Information Sheet* (oursuperfund.com.au/forms), or read our *Reference Guide: Contributing to your super* for more details.

Important information about transferring insurance cover

If you're transferring your entire account balance from another eligible super fund into Accumulate Plus and want to transfer any insurance cover you hold in that fund, you should complete **both** the attached *Part A* and *Part B: Request to transfer insurance cover* of this form to request this.

Generally, you can apply to transfer any Death, TPD or Salary Continuance cover that you hold with an Australian super fund, providing you've held that cover for at least 12 months. Cover held through a self-managed super fund or defined benefit arrangements can't be transferred into Accumulate Plus.

The following sections provide some general information about transferring insurance cover. You should also read the relevant *Reference Guide: Insurance cover* (oursuperfund.com.au/pds).

It's important that you don't close your account in the other fund or cancel your existing insurance cover in that fund until you receive written confirmation from us that your request to transfer cover is accepted.



What amount of cover can you transfer?

You can transfer cover from one or more eligible super accounts, together with your whole account balance from those accounts, subject to your total cover in Accumulate Plus after the transfers not exceeding the product maximums of \$5 million for Death, \$3 million for TPD or \$25,000 per month for Salary Continuance.

You must transfer the same type of cover but you can choose to transfer the full amount of cover that you hold in your other fund, or a lesser amount. For example, if you have \$250,000 of Death and TPD cover with your other fund, you could transfer any amount up to \$250,000 of Death and TPD cover.

You must complete a separate copy of *Part A* of this form, and *Part B* if applicable, for each super account and associated insurance cover you are transferring.

Important: If your transfer(s) will make your total cover in Accumulate Plus greater than \$1.5 million for Death and TPD or \$10,000 per month for Salary Continuance, the maximum amount that may be approved under the transfer of cover terms is \$1.5 million or \$10,000 per month (as applicable), less any existing cover in Accumulate Plus. For any additional portion of cover that you wish to transfer that would take your total cover above these limits, you need to complete our separate *Insurance application*, which may require you to provide additional medical evidence. This additional portion is subject to the insurer's standard assessment process and may be accepted or declined.

How is the transferred amount applied?

If a request to transfer cover from another eligible super fund is approved, cover is applied in Accumulate Plus as follows:

- For **Death and TPD or Death-only cover**, your total cover is equal to the sum of any existing cover within Accumulate Plus **plus** the amount of cover held in your other eligible fund, subject to Accumulate Plus product maximums. For example: Accumulate Plus Death & TPD cover \$200,000 + other eligible fund Death & TPD cover \$100,000 = new Accumulate Plus Death & TPD cover \$300,000.
- For **Salary Continuance**, your cover is increased to be equal to the amount of cover held in your other eligible fund, subject to Accumulate Plus product maximums. For example: cover in Accumulate Plus = \$3,000 per month, cover in other eligible fund cover = \$4,000 per month; therefore new Accumulate Plus cover = \$4,000 per month.

Any special conditions such as exclusions or loadings that apply to the cover immediately before it is transferred from your other fund continue to apply in Accumulate Plus. If a limitation or restriction applies to any existing cover in Accumulate Plus, it will also apply to the transferred cover.

In all other respects, the rules and premiums of the Accumulate Plus insurance arrangements apply to your total cover – these are generally different to those that apply in the other fund. Read the relevant *Reference Guide: Insurance cover* for more information.

How are waiting periods and benefit payment periods applied to transferred Salary Continuance?

If you don't have existing Salary Continuance cover in Accumulate Plus, the waiting and benefit payment periods that apply to your transferred cover are shown below:

In your other eligible fund	In Accumulate Plus
Waiting period of 30 days or less	30-day waiting period
Waiting period of 31 days to 90 days*	90-day waiting period
Benefit payment period to age 65 (or older)	Age 65 benefit payment period
Benefit payment period of any other length (other than to age 65)	2-year benefit payment period

* If your waiting period was greater than 90 days with your AIA policy, you're not eligible to transfer cover.

If you have existing Salary Continuance cover in Accumulate Plus, the waiting period and benefit payment periods that apply to your existing cover also apply to your transferred cover.

What is the effective date for transferred cover?

If your request to transfer cover is accepted, cover begins in Accumulate Plus as at the date your transferred account balance is received. Your new monthly insurance premium, calculated based on your new total level of cover, and premium deductions begin from the next premium due date after cover starts.

A 60-day cooling-off period applies to any cover transferred into Accumulate Plus – read the relevant *Reference Guide: Insurance cover* for more information.

What is a 'valid statement' from your other fund?

In addition to *Part B* of this form, you must provide proof of your existing cover in your other fund. You can do this by providing us with a document issued by your other fund outlining your type and amount of cover, the waiting period and benefit payment period for Salary Continuance, as well as any premium loadings, exclusions or restrictions that apply.

Your valid document may be a benefit statement, certificate of currency or other confirmation document on the letterhead of your other fund or insurer and the document must be dated no more than 6 months prior to the date we receive your request.

If you're not eligible to transfer insurance cover, can you still obtain cover in Accumulate Plus?

If you're not eligible to transfer cover from another super fund, you may still be eligible to apply for Death and TPD, Death-only or Salary Continuance cover in Accumulate Plus at any time, subject to the rules of the insurance cover arrangements.

Any application for new, increased or varied cover is subject to the insurer's standard application and assessment process, which may require you to provide additional medical evidence, and may be accepted or declined by the insurer. Read the relevant *Reference Guide: Insurance cover* for more information.

Note: In some cases, you may have received a default amount of Death and TPD insurance cover when your Accumulate Plus account was opened. Please check your benefit statement or read the *Reference Guide: Insurance cover (Death & TPD)* for details.

This information was prepared and issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418, RSEL L0003087), trustee of Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878, RSER R1056877, USI/SPIN OSF0001AU).

This information is general information only and does not take into account your individual objectives, financial situation or needs. You should consider the information and how appropriate it is to your own objectives, financial situation and needs. You should obtain and consider the Product Disclosure Statement (PDS) and Reference Guides available from our website oursuperfund.com.au/pds or by calling us on 1800 023 928 before making any decisions. You should seek financial advice tailored to your personal circumstances from an authorised financial adviser.

The target market for this product can be found in the product's Target Market Determination at oursuperfund.com.au/tmd.



Part A: Request to transfer my super balance

Fields marked with an asterisk (*) must be completed.

You should contact your other fund to find out if there are any fees, charges or other consequences for transferring your super out of that fund. Please phone us on 1800 023 928 with any questions about this form.

A note to super funds: This form complies with Regulation 6.33 of the Superannuation Industry (Supervision) Regulations 1994 and captures all mandatory information as outlined in the form in Schedule 2A.

Section 1: Your personal details

*Given name(s) *Surname

Other/previous names – we may require additional information to prove your identity, please call us on 1800 023 928

*Sex: Female Male Tax file number --

Under the Superannuation Industry (Supervision) Act 1993, you're not obliged to disclose your TFN but there may be tax consequences. Find out more in our 'Reference Guide: How super is taxed'.

*Contact phone number *Date of birth

Email address

▶ By providing your email, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post.

Section 2: Residential address (PO Box is not accepted)

*Residential address

Suburb State Post code

Previous address – if you know the address held by your other 'From' fund is different to your address above, give details below

Suburb State Post code

<h2>Section 3: Your 'from' (transferring) fund</h2>	<h2>Section 4: Your 'to' (receiving) fund</h2>
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*Fund name <input type="text"/>	*Fund name <input type="text" value="Commonwealth Bank Group Super"/>
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Fund phone number <input type="text"/>	Fund phone number <input type="text" value="1800 023 928"/>
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*Account/member number <input type="text"/>	*Account/member number <input type="text"/>
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Unique Super Identifier (USI)/ Electronic Service Address (ESA) <input type="text"/>	Unique Super Identifier (USI) <input type="text" value="OSF0001AU"/>
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Fund ABN <input type="text"/>	Fund ABN <input type="text" value="24 248 426 878"/>
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I also wish to transfer my insurance cover from this fund/account and have completed *Part B: Request to transfer insurance cover*.

1. Due to regulatory changes, from 1 October 2021 an SMSF rollover can only be received via SuperStream. This means your SMSF will need an ABN and an Electronic Service Address (ESA). You can get an ESA from an SMSF messaging provider or through your SMSF intermediary such as SMSF administrator, tax agent, accountant or some banks.

Continued over the page...



Section 5: Authorisation

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my super provider for information about any fees or charges that may apply, or any other information about the effect this transfer may have on my benefits, and I have obtained or do not require any further information.
- I consent to my tax file number being disclosed for the purposes of consolidating my account.
- I discharge the superannuation provider of my **From** fund of all further liability in respect of the benefits paid and transferred to my **To** fund.

I request and consent to the transfer of super as described above and authorise the super provider of each fund to give effect to this transfer.

I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting **oursuperfund.com.au** (under the 'Privacy' link on the homepage).

Disclosure authorisation (OPTIONAL): We are here to help you consolidate your super if needed. To do this, we may need to contact the fund(s) that you are transferring from on your behalf. By ticking this disclosure authorisation box, you authorise us to follow up your transfer request on your behalf, as per the statement below. We are sensitive to privacy issues and treat all personal information with the utmost care. For more on how we manage your information, refer to our Privacy Policy from oursuperfund.com.au/privacy or call 1800 023 928.

"By ticking this box, I hereby authorise full disclosure of my account information to Commonwealth Bank Group Super. Upon production of this document (original, photocopy or fax), I authorise you to answer any correspondence from Commonwealth Bank Group Super to the extent necessary to give effect to the proposed transfer and provide any information as requested by Commonwealth Bank Group Super via phone, fax or email relating to my accounts held with you."

Signature

Print name

Date

**Please return your completed form, with *Part B: Request to transfer insurance cover* if applicable, to:
Commonwealth Bank Group Super**

Mail: GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form

Part B: Request to transfer insurance cover
is provided on the following page if required.



Part B: Request to transfer insurance cover

Please phone us on **1800 023 928** with any questions about this form or your account. More information is also available in our Product Disclosure Statement (PDS) and Reference Guides at oursuperfund.com.au/pds.

Use of this form

If you're transferring your whole account balance into Accumulate Plus from another fund, you can use this form to apply to transfer any Death and Total and Permanent Disablement (TPD) cover, Death-only cover or Salary Continuation cover that you've held in that fund for at least 12 months. Read the **Important information** pages accompanying this form for some general information on transferring cover. You should also read the relevant **Reference Guide: Insurance cover for Accumulate Plus** (oursuperfund.com.au/pds) for more on the terms of cover, including premium rates, circumstances in which a benefit may or may not be paid, and exclusions.

Do not cancel your existing cover in your other fund or close that account until you receive confirmation in writing from us that this request to transfer cover has been accepted.

All fields marked with an asterisk (*) in the following sections must be completed.

Section A: Member details

*Account number

Title: Mr Mrs Miss Ms Other *Sex: Male Female

*Full given name(s) *Surname

*Postal address

Unit number Street number PO Box Street name

Suburb State Post code Country

*Date of birth *Mobile number Email

- ▶ You must be under 55 to be eligible to transfer cover.
- ▶ By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. **Note:** If no mobile, you **must** give a daytime contact number.

Section B: Confirming eligibility to transfer insurance cover

All questions in this section B **must** be completed.

1. Are you aged less than 55 years? Yes No
2. Are you transferring your entire account balance from your other fund into Accumulate Plus at this time? Yes No
3. Have you held your existing cover in your other eligible super fund, which is not a self-managed super fund or defined benefit super arrangement, for at least 12 months? Yes No
4. Will you cancel your existing cover in your other fund, if it is not cancelled when your balance is transferred, within 60 days of receiving confirmation from us that your request to transfer cover has been accepted? Yes No
5. Do you confirm that **both** of the following statements are true and agree to continue to meet them?
 - a) You have not, and will not in the future, transfer the insurance cover in your other fund to any other division or section of that other fund, or to any fund other than Accumulate Plus. Yes No
 - b) You have not, and will not in the future, effect any continuation option or reinstate your insurance cover in your other fund, or any other division or section of the other fund, or within any fund or insurance policy where such a continuation or reinstatement option is available to you. Yes No

▶ **If you answered 'No' to any of questions 1 to 5(b) above, you are not eligible** to transfer cover into Accumulate Plus. You may be eligible to apply for cover through the insurer's standard application and assessment process – read the *Important information* pages accompanying this form for more details.

6. Have you ever had an insurance application for new or increased Death and TPD or Death-only cover declined, deferred or accepted with a loading, exclusion or special terms, in Accumulate Plus? Yes No
7. In the last 12 months, have you been advised to undergo treatment or take medication prescribed by a medical practitioner that was intended to last for 3 months or longer, including regular prescribed medications, excluding the contraceptive pill, hormone replacements, inhaled asthma medication, or cold, flu or hayfever medication? Yes No



8. Due to injury, sickness or impairment, are any of the following statements (a) to (c) true? Yes No
- a) You are not capable of working 35 hours per week, even if you are not currently working on this basis. Yes No
- b) Your duties or workplace have been modified in the last 2 years and you are yet to resume your pre-modified arrangements. Yes No
- c) You are working in a role or occupation that has been designed or chosen to suit your medical needs. Yes No
9. Have you received or are you eligible to receive a payment, or have you lodged or are you going to lodge a claim, for a permanent incapacity or TPD benefit from any super fund, insurance policy of any type, or under workers' compensation? Yes No
10. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months? Yes No

▶ **If you answered 'No' to all of questions 6 to 10 above**, continue with sections C to H of this form. Note: Other factors may affect your eligibility to transfer cover – read the *Important information* pages accompanying this form or the relevant *Reference Guide: Insurance cover*.

If you answered 'Yes' to any question from 6 to 10 above, you are **not eligible** to transfer cover into Accumulate Plus. You may be eligible to apply for cover through the insurer's standard application and assessment process – read the *Important information* pages accompanying this form for more details.

Section C: Details of your other super fund and amount of cover to be transferred

The maximum that may be approved under transfer of cover terms is \$1.5 million for Death and TPD or \$10,000 per month for Salary Continuance, less any existing amount of cover in Accumulate Plus. For any portion of cover you want to transfer that would take your cover above these limits, there are additional requirements – read the Important information accompanying this form for more details.

*Name of other eligible super fund	*Account number	SPIN or USI of other fund
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Indicate the **type of cover and the amount you wish to transfer** from your other fund – *this may be less than but not more than your cover in your other fund. Read the 'Important information' pages accompanying this form for more on how cover is transferred.*

	Amount of cover to transfer	Date cover started	Cover held for 12 months?
*Death	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
*TPD	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Salary Continuance	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: Cover that you haven't held for at least 12 months **can't** be transferred into Accumulate Plus.*

▶ For Salary Continuance: *Other waiting period, e.g. 30 days, 60 days 90 days:

*Other benefit payment period, e.g. 2 years, age 60, age 65:

*Is your cover with your other fund **subject to any premium loadings and/or exclusions**, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions?

No Yes ▶ Provide details of premium loadings, exclusions or restrictions and include a copy of the advice you received from the other fund or insurer advising you that cover had been accepted subject to these additional terms.

▶ **Ensure you attach a 'valid statement' from your other fund** confirming the type, amount and any additional terms of your existing insurance cover – refer to the *Important information* page accompanying this form for details about what is a valid statement. We **cannot** process this request form without this statement.

Section D: Current employment

*Current employment basis: Full-time Part-time Casual Contract Self-employed Not employed

Current occupation? Annual salary \$

Section E: Telephone underwriting

Telephone underwriting may reduce the need for follow-up information and medical reports, resulting in faster completion of an application.

I permit the fund and/or the insurer (AIA) to call me to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call forms part of my *Duty to take reasonable care not to make a misrepresentation* (section G).

Yes ▶ Contact me on phone between the hours (must be between 9am– 5pm AEST) No



Section F: Election to keep insurance cover

Super laws prevent us from providing insurance cover, or require us to cancel your cover, if your account is considered an **inactive account**, unless you've elected to keep your cover. For the purposes of insurance in super laws, 'inactive' means your account hasn't received any contributions or rollovers for 16 consecutive months. It's not compulsory to make an insurance election as part of this application to transfer cover – you should **complete either section F1 or F2 below**. Read more about these rules in the relevant *Reference Guide: Insurance cover*.

F1. To make an election

- I elect to keep any and all insurance cover** in this Accumulate Plus account, including any Death and TPD cover, Death-only cover and/or Salary Continuance cover, even if no contributions, rollovers or other amounts have been received in my account for a continuous period of 16 months or more.

By choosing this option, I understand that:

- This election applies to the insurance cover I'm applying for on this form, as well as any and all other cover that I currently hold in this Accumulate Plus super account.
- Insurance premiums will be deducted monthly from my account balance, which will reduce my super balance.
- This election continues until my account is closed, or until I notify the fund that I want to revoke an election.
- Even if I make this election, I can still cancel or reduce my insurance cover at any time.
- My amount of cover and the cost of my cover may change in accordance with the insurance policy terms, outlined in the relevant *Reference Guide: Insurance cover*.
- My cover may still end in circumstances set out in the relevant *Reference Guide: Insurance cover*, e.g. if there's insufficient funds in my account to pay for my insurance premiums.

F2. If you don't want to make an election

- I do not want to make an election** to keep my insurance cover where my account is considered to be an inactive*.

By choosing this option I understand the following implications:

- The cover I'm applying for under this application will **not** be provided to me if my account is considered inactive* as at the date the fund receives this application. In this case, if I want to continue with my application for cover without making an inactivity election, I'll have to make a contribution or rollover to my account first.
- All cover on my account, including cover received under this application, may be **automatically cancelled** as required by law on the date this account meets the criteria for an inactive account* on or after the date the fund receives this application.
- If I've previously made an inactivity insurance election to keep my cover for this Accumulate Plus account, **I revoke that previous inactivity election**, in which case all cover on my account, including cover received under this application, may be automatically cancelled as required by law on the date this account meets the criteria for an inactive account* on or after the date the fund receives this application.

* Refer to the definition in the box at the beginning of this section.

Section G: Duty to take reasonable care not to make a misrepresentation

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*.

When you apply for life insurance, including when you apply to transfer cover, the insurer conducts a process called underwriting. It's how they decide whether they can cover you, and if so, on what terms and at what cost.

The insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the insurer in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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 applies to a new contract of insurance and 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. 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.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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 given to them was true. For example, they may do this when a claim is made.

Before the insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let them know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the insurer asks. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding the process of buying insurance or answering the insurer's questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.



Section H: Declaration

I understand and acknowledge that:

- I've read my *Duty to take reasonable care not to make a misrepresentation* obligations outlined in section G of this form and I'm aware of the consequences of not meeting this duty.
- If I don't fully complete, sign and date this application, or provide any additional information requested by the insurer, my application to transfer cover won't be considered until such time as I do so.
- I confirm that the answers to all the questions and the declarations I have provided on this form are true and correct, including any that aren't in my own handwriting, and that I haven't withheld any information that may affect the insurer's decision to provide insurance to me. The answers I've provided, together with any special conditions that the insurer may apply to me and advise to me in writing, will form the basis of the contract of insurance.
- I've read and understood the terms of cover in Accumulate Plus, as outlined in the relevant *Reference Guide: Insurance cover*.
- If the insurer accepts this request to transfer, I understand that the cover applied in Accumulate Plus will be:
 - equal to the amount of cover I chose in section C, subject to my total cover not exceeding transfer limits or product maximums.
 - effective from the date of transfer and premiums will be deducted from the first premium due date thereafter
 - subject to the rules and premiums of insurance cover in Accumulate Plus, as well as any of the same limitations or restrictions that apply to any existing cover in Accumulate Plus, and any special conditions that applied in my other fund.
- The fund and the insurer may undertake appropriate enquiries and investigations to verify the information I have provided.
- The fund and/or the insurer may investigate whether 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 valid statement from the other fund.
- I agree to provide the fund or the insurer with access to any health evidence I provided to my other fund and its insurer in my application for cover, and any non-disclosure to the other fund or insurer may be acted upon by this fund or its insurer.
- If it becomes apparent to the fund or the insurer that I haven't met the eligibility requirements that I confirmed in section B, or that I've provided incorrect or incomplete information, the insurer reserves the right to decline my claim, delay payment of my claim, or reduce my claim.
- A photocopy or electronically transmitted image of this form shall be considered as effective and valid as the original signed form.
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting oursuperfund.com.au (under the 'Privacy' link on the homepage).

Signature

Print name

Date

▶ **Before returning this form, ensure you complete both *Parts A and B* and attach a valid statement of cover from your other fund** confirming the type, amount and any additional terms of your existing insurance cover – read the *Important information* page accompanying this form for details. We **can't** process this request form without this statement. Remember that **it's important that you don't close or cancel your existing cover in your other fund or close that account** until you receive confirmation in writing from us that this transfer request has been accepted.

**Return your completed Parts A and B of this form with your valid statement to Commonwealth Bank Group Super:
Mail: GPO Box 4303, Melbourne VIC 3001 Email: please log in to your account and use the online enquiry form.**

Member interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418). Insurance cover is provided under policies issued to the trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043). The target market for this product can be found in the product's Target Market Determination at oursuperfund.com.au/tmd.

