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Insurance Transfer Form

You can apply to transfer insurance cover you have outside of Crescent Wealth if you are:

- joining Crescent Wealth for the first time or an existing member of Crescent Wealth;
- you have insurance through an employer sponsored plan or an individual insurance policy outside of superannuation from a life insurer; and
- aged less than 60 at the date you complete this transfer form.

You will need to:

- complete all sections of this form and acknowledge the Duty of Disclosure section of this form; and
- attach an up-to-date statement from your former fund or from your individual insurer confirming the type and level of cover you have with the former fund or individual insurer

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

LIFE INSURED DETAILS

Title Mr Mrs Miss Ms Other

Surname Given name

Date of birth / / (DD/MM/YYYY) Smoker Yes No

Your Occupation

Industry

Duties of your occupation

Member Number Current Salary

Name of former fund

If any of your answers are unclear, we would like to clarify them over the telephone, as this can save unnecessary delays.

Preferred contact number (business hours)

Email address

PERSONAL HEALTH STATEMENT

1. Please confirm (by marking 'X' in the box below) that the following statements are true and correct:

- I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from Crescent Wealth of my successful transfer application;
- I will not be transferring the cover under my former fund to any other division or section of the former fund or any other fund, other than Crescent Wealth; and
- I will not effect a continuation option or subsequently reinstate any cancelled cover within the former fund or any other division, section, category of the former fund or within any fund or insurance policy where such reinstatement of cover is available to me.

I confirm that all three statements are true and correct and agree to abide by these requirements

Yes No

2. I confirm that my current level and type of cover under the former fund or individual insurer are as follows:

a) Death cover

b) TPD cover

c) Income protection

Current income protection waiting period

e.g. 30 days, 60 days, 90 days, 180 days

Current income protection benefit period

e.g. 2 years, 5 years, to age 60, to age 65

3. Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation?

Yes No

4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for Total and Permanent Disability from any superannuation fund or life insurance policy?

Yes No

5. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?

Yes No

6. Is your cover under the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regards to medical or other conditions?
If Yes, please provide a copy of the non standard terms.

Yes No

If you have answered **YES** to questions 3, 4 or 5 you are not eligible to transfer your insurance cover using this request form. Please complete a Personal Statement available from Crescent Wealth.

If you have answered **NO** to all of these questions please read the declarations and if you understand your duties as outlined please sign where indicated.

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 as amended, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered in the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 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 3 years of entering into it, elect not to avoid it but to reduce the sum insured 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.

PRIVACY STATEMENT

'We' and 'us' refer to the provider of the group risk life insurance:

TAL Life Limited ABN 70 050 109 450 80

'You' and 'Your' refer to the individual whose information we collect and hold for our purposes of providing products and services to you.

The way in which TAL collects, uses and discloses your information is described in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or on request. If you have any questions regarding your privacy please contact our Privacy Officer. You may be entitled to gain access to information we have on file about you. If you wish to request access please contact TAL in writing.

Personal and sensitive information is collected from you to enable TAL to provide its products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to the policy or at claim time. If you do not supply the required information we may not be able to provide our products and services to you or pay the claim. In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to TAL and any relevant bodies corporate including the following third parties, where necessary: employers, general practitioners, health professionals, your (or your employer's, if relevant) financial adviser, other companies within the TAL group of companies; organisations to whom we outsource our mailing, administration and information technologies, the Insurance Reference Service, investigators, the Trustee (if relevant), the administrator of the product or fund, reinsurers, Government departments, lawyers and accountants.

By signing this Form you consent to TAL and these organisations collecting your personal and sensitive information.

Information regarding the privacy rights of individuals is available at www.oaic.gov.au which is the website of the Office of the Australian Privacy Commissioner.

DECLARATION

I acknowledge that I have read the notice of my duty of disclosure above 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 and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I, the Applicant, authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited 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 valid as the original. To this extent, all professional confidence and privilege is waived.

I, confirm that I have not been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) and am not carrying antibodies to that virus, nor am I suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause my death or permanent inability to work before 65 years of age.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL Life Limited or its 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. This consent applies to any health and sensitive information TAL Life Limited collects on this form or future forms in relation to this insurance.

Signature of applicant

X

Date

/ /

Please return the completed form to **Crescent Wealth:**

- **By Post:** GPO Box 4650 Melbourne VIC 3001
- **By Email:** crescentinsurance@mercer.com