

YourChoice Super

Insurance transfer

To finalise your insurance transfer to YourChoice Super you are required to send in evidence of your existing insurance cover you are intending to transfer, along with this document.

Evidence (one of the below depending on the where you are transferring your current insurance from)

- Superannuation Benefit Statement
- Copy the current renewal notice and policy document.

1. Personal Details

Account number

Full name

Gender

Date of Birth

Occupation

Address

Email

Contact Number

2. Cover Details

Transferring from

Death Cover

Death & TPD Cover

Income Protection

Transfer Cover

SG Cover

Benefit Period

Waiting Period

3. Eligibility

Do you have any injury or illness, which restricts you or is likely to restrict you in the future from carrying out, on a full time basis all the identifiable duties of your current employment? (Full time means more than 30 hours a week on an ongoing basis. It is not necessary that you work full time but only that you have the physical and mental capacity to do so.)

4. Eligibility	
Are you eligible for or entitled to a claim from any superannuation fund or any insurance policy?	
Have you ever submitted a claim for Total and Permanent Disablement (TPD) or Terminal Illness?	
Have you every submitted a claim for Income Protection?	
Do you have, or have you ever had, any disease, illness or injury, or other conditions (other than colds, flu or mild asthma) which <ul style="list-style-type: none"> • has required more than a total of 2 consecutive weeks off work during the last 12 months, or • has reoccurred more than twice in the last 2 years, and/or is currently causing you symptoms or requiring treatment? 	
Is your existing cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions?	
5. Declaration	
<p>I declare that:</p> <p>(a) The information I have given, inclusive of any accompanying information is true and correct, and</p> <p>(b) I satisfy all of the eligibility criteria for a transfer of insurances, and</p> <p>(c) I have read and carefully considered the eligibility questions, and I understand the Duty of Disclosure, and</p> <p>(d) I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.</p> <p>(e) My existing insurance cover will be cancelled from the date that YourChoice Super cover commences and I will not transfer my existing cover to any other policy or reinstate cover. Should it become apparent to the Insurer that I have not cancelled my previous insurance cover, no claim will be payable under this policy.</p> <p>(f) If am transferring an employer sponsored fund, my entire account balance will be transferred to YourChoice Super.</p> <p>Furthermore, I acknowledge that:</p> <p>(a) My insurance cover will not commence until the insurer has accepted my application and I have been advised by the fund of cover commencement.</p> <p>(b) The insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of claim.</p>	
Declaration Date	
<p>Send this document with your evidence attached to:</p> <p>YourChoice Super, PO Box 1282, Albury NSW 2640</p>	

YourChoice Super, PO Box 1282, Albury NSW 2640
 Phone: 1800 640 055

YourChoice Super issued by MAP Funds Management Ltd (MAP) ABN 85 011 061 831 (AFSL No 240753 RSE Licence No L0000703) as Trustee for YourChoice Super USI 71 603 157 863 006. The Product Disclosure Statement ('PDS') is available via the Secure Online Portal or by calling 1800 640 055. This document may contain advice which is general in nature and not specific to your particular circumstances. Before making an investment decision or acting on general advice you should consider your own financial situation, the PDS and whether the particular financial product is right for you.