

You can use this form if you are a current member of BT Lifetime Super – Personal Plan and you wish to consolidate your existing insurance cover with another superannuation fund or other insurer into BT Super. Refer to the Product Disclosure Statement (PDS) of your BT Super Fund for information on premiums and conditions.

**!** Should you wish to consolidate cover held in more than one super fund and/or policy, please photocopy this form to provide all details relevant for each fund/policy being consolidated. Please ensure you have attached the required documentary evidence of your other policies or covers.

## 1. YOUR PERSONAL STATEMENT

1.1 Please confirm (by crossing [X] one box below) of the following statements:

- (a) I will cancel my existing insurance cover once I receive confirmation from BT that my Individual Insurance Consolidation Application has been accepted
- (b) I will not consolidate my existing insurance cover into another division or section of my other fund or any other fund other than BT Super.
- (c) I will not apply for a continuation option or reinstate my existing cover with my other fund or insurer.

I agree to abide by these requirements.

Yes  No

**If you answered 'No' you will not be eligible to consolidate your existing insurance cover from your other fund or other insurer to BT Super. Do not return this form to BT.**

1.2 Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis) or are you a non-working spouse member?

Yes  No

1.3 Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total & Permanent Disablement benefit with BT Super, another superannuation fund or life insurance policy?

Yes  No

1.4 Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from the date of application?

Yes  No

**If you answered 'Yes' to any of questions 1.2–1.4 you will not be eligible to consolidate your existing insurance cover from your other fund/insurance policy to BT Super. Do not return this form to BT.**

## 2. YOUR DETAILS

Investor number

C

Title

Mr  Mrs  Miss  Ms  Other

First names

Surname

Postal address

State  Postcode

Preferred contact number

(  )

Date of birth (dd/mm/yyyy)

/  /

Gender

Male  Female

Occupation

Industry

## 3. CONFIRMATION OF REQUIREMENTS

3.1 I confirm that my current level of cover under the other fund/ insurance policy is as follows:

(a) **Death cover**

A\$

(b) **Total & Permanent Disablement cover**

A\$

Maximum amount of cover you can consolidate is \$1 million each for Death and Total & Permanent Disablement (TPD)

Death cover needs to be greater than or equal to TPD cover amount.

I understand that the consolidation of my current Death and TPD cover once accepted by the Insurer, will be subject to the terms and conditions of BT Super's insurance arrangements with the Insurer.

3.2 Is your cover under the other fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?

Yes  No

**If you answered 'Yes' provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the insurer or other fund advising you of the acceptance of your cover subject to these additional terms.**

**Important note: If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a loading of more than +100% ie standard premium rates have been increased by more than 100%, then cover for that benefit cannot be consolidated to BT Super.**



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