



# TRANSFER OF INSURANCE COVER

Date Stamp (Internal Office Use Only)

WA LOCAL SUPER

Please complete this form with a Black pen using BLOCK letters and send it to:  
WA Local Government Superannuation Plan, PO BOX Z5493 St Georges Tce, Perth WA 6831

Please fill circles like ● NOT like ⊗ ⊙

→ Please complete this form if you wish to transfer insurance cover you have outside of WA Local Government Superannuation Plan into the Fund

## Section 1 Your Personal Details

Client Number

Surname

Given name(s)

Date of birth

Mr  Mrs  Ms  Miss

Postal Address

Suburb

State

Postcode

Home Phone incl. area code e.g. 0812345678

Phone (Day)

Mobile

Email

### Former insurance details

I confirm that my current level and type of cover under the former fund or retail policy of current employer are as follows:

Name of fund or insurer

Policy number

Death cover \$  .00

SCI or income protection \$  .00

TPD \$  .00

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

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

I have attached a copy of my statement from my previous fund/policy and this is less than 6 months old.

## Section 2 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 void the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may void the contract at any time.

An insurer who is entitled to void a contract of life insurance may, within 3 years of entering into it, elect not to void 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.



