

# Transfer of existing Zurich policy to platform (non-super) including SMSF ownership



**This application form is for transferring cover under an existing policy to a platform (non-super).**

**This is done by:**

- 1. cancelling the existing policy**
- 2. replacing it with a new policy as part of a platform arrangement.**

**It must be completed by the policy owner/s of the existing policy being replaced ("Existing Policy"), as well as by the policy owner/s and life insured of the new policy.**

**Before completing or signing this Application Form, please read the current PDS for your policy.**

**The PDS must be provided to you with this Application form. It will help you to understand the relevant Zurich policy and decide if it is appropriate to your needs.**

**We may ask you to complete a Zurich premium quote with your adviser. If so, please attach the Application submission report to this application.**

## Your duty of disclosure

Before entering into a life insurance contract, we must be told anything that each of you as the proposed policy owner and the life to be insured (if a different person to the proposed policy owner) knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The duty applies until we agree to provide the insurance. It also applies before the insurance contract is extended, varied or reinstated.

We do not need to be told anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you are the life to be insured (but not also the proposed policy owner), you not telling us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, may be treated as a failure by the proposed policy owner to tell us something that they must tell us with the following consequences for the proposed policy owner.

### If we are not told something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If we are not told anything that we are required to be told, and we would not have provided the insurance if we had been told, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had been told everything we should have been told. However, if the insurance contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the insurance contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au).

1. What is your existing Zurich policy number?

Input field for policy number (8 digits)

Cover under this policy will be cancelled when this Application has been accepted by Zurich. Any special conditions or exclusions applying under your Existing Policy will also apply to the new Policy.

2. What type of policy are you replacing your Existing Policy with?

- Zurich Protection Plus (where the Existing Policy is Protection Plus or Superannuation Term Life Plus)
Zurich Income Protector/Plus (where the Existing Policy is Income Protector/Plus or Superannuation Income Protector/Plus)
Zurich Active (where the Existing policy is Active)
Zurich FutureWise (Where the Existing policy is FutureWise)

3. What are the details of your platform account?

You can only nominate a platform of which you are a member and where the platform operator and Zurich have entered into an agreement for the provision of insurance.

Platform name

Platform member account number

Input field for platform member account number (12 digits)

4. Who is the life insured under this policy?

Life insured

- Mr Mrs Ms Miss Other

Surname Given names

Male Female Date of birth / /

Residential address State Postcode

Country of residency

Postal address State Postcode

Work phone number ( ) Home phone number ( )

Mobile number Email

5. Who is the new policy owner?

You can nominate a person, company, trustee or business partner. All nominated policy owners must sign the declaration on page 4.

Nominate a person

- Mr Mrs Ms Miss Other

Surname Given names

Date of birth / /

OR nominate the trustee of a superannuation fund

Trustee/s name/s (and ABN if trustee is company)

Preferred short name (maximum 45 characters)

OR nominate a company/trustee/business partner

Company name and ABN/trustee(s)/business partners

## 5. Who is the new policy owner? (continued)

### Provide contact details for the nominated policy owner

Postal address	State	Postcode
<hr/>		
Country of residency		
<hr/>		
Work phone number ( )	Home phone number ( )	
<hr/>		
Mobile number	Email	
<hr/>		
Relationship to the insured		
<hr/>		
Your % interest in business (if any)		
<hr/>		

## 6. For lump sum death benefits (under Zurich Protection Plus, Zurich Active only and Zurich FutureWise)

A beneficiary nomination is optional. If you are the sole policy owner and life insured, you can nominate one or more beneficiaries to receive your benefits when you die.

For important information about nominating beneficiaries, refer to the PDS.

Nominate your preferred beneficiaries. Use their full name. The share of benefit sections must total 100%. If you wish for your estate to receive a proportion of your benefits, please write 'my legal personal representative'.

### Name of beneficiary 1

Address	State	Postcode
<hr/>		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
<hr/>		
Share of benefit	%	
<hr/>		

### Name of beneficiary 2

Address	State	Postcode
<hr/>		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
<hr/>		
Share of benefit	%	
<hr/>		

### Name of beneficiary 3

Address	State	Postcode
<hr/>		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	/ /
<hr/>		
Share of benefit	%	
<hr/>		

If you need more room to nominate beneficiaries, please attach a separate page, signed and dated by you.



# Declaration



**Declarations of the life insured and Existing Policy owner/s:**

I/we:

- acknowledge that the policy being applied for is intended to replace the current life insurance cover provided under the policy indicated on section 1 of this form ('Existing Policy'); and
- wish to cancel the Existing Policy.

**Declarations of the life insured and new policy owner/s:**

I/we:

- have read the Product Disclosure Statement (PDS), and apply to Zurich Australia Limited (Zurich) for the policy indicated in section 2 of this form;
- understand that the policy applied for will become effective when this Application is approved by Zurich;
- accept that the provisions of the new policy may differ from the Existing Policy;
- **confirm that, at the time of applying for cover under the Existing Policy, the Duty of Disclosure was complied with and all matters were completely and accurately represented** (if I/we are unsure, I/we have obtained a copy of the original application form and have checked and confirm the details or have signed a statement providing further disclosures or corrections attached to this form);
- understand that the Duty of Disclosure applies to the new policy being applied for and that Zurich's decision to issue the new policy is based on the representations and confirmations made by me/us (including those in **bold** above);
- accept that if the policy owner/s or life insured failed to disclose relevant information that was required to be disclosed at the time of applying for cover provided by the Existing Policy or misrepresented any facts and I/we do not disclose it now, Zurich may be able to avoid the new policy or reduce the sum insured;
- have read and understood Zurich's Privacy Policy and agree to the collection and use of personal information about me/us in the manner described;
- agree that if I/we make any overpayment of premium that Zurich may retain the overpayment unless it exceeds \$5.00; and
- understand that any loadings or exclusions that applied to the Existing Policy will apply to the new policy, unless Zurich notifies me/us otherwise.

Life insured – signature

Date

X

/ /

Existing Policy owner 1 – signature\*

Date

X

/ /

Existing Policy owner 2 – signature\*

Date

X

/ /

New Policy owner 1 – signature

Date

X

/ /

New Policy owner 2 – signature

Date

X

/ /

If you have signed as a policy owner on behalf of a company or trust, please also print name/s and company position below

Policy owner 1 – name

Company position

Policy owner 2 – name

Company position

Parent/Guardian – signature of of policy owners 10-16 years old

Date

X

/ /

relationship to the policy owner

## Important notes

If the Policy owner/s:

- is/are the individual trustee/s of a superannuation fund: this form is to be signed by all trustees or person/s authorised to sign and terminate the contract of insurance on behalf of the trustee/s in accordance with the fund's trust deed and rules.
- is a company: this form is to be signed by two directors, a director and company secretary, or the sole director/company secretary.

Please make a copy of this page if more signatures are required.

Any questions? Call 131 551

Send the completed form to:

**Zurich Australia Limited, Locked Bag 994, North Sydney NSW 2059** or

By email, as a scanned attachment, to [life.newbusiness@zurich.com.au](mailto:life.newbusiness@zurich.com.au)

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