

Suncorp WealthSmart® Business Super Takeover of insurance form



Suncorp Portfolio Services Limited (Trustee)
ABN 61 063 427 958 AFSL 237905 RSE L0002059

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Adviser ID

Please use this form if you are an employer and you wish us to consider the transfer of your current insurance arrangements into Suncorp WealthSmart. To ensure your employees are covered at all times, it's essential your new Suncorp WealthSmart insurance arrangements are approved and in place before any existing cover is cancelled.

Tips to help you complete this form

- Use blue or black pen and BLOCK letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page.

Any questions? If you'd like help completing this form, or if you have any questions, just call us on 13 11 55 and ask for 'Super' between 8am and 6pm (Eastern Standard Time) Monday to Friday.

1. Employer details

Suncorp WealthSmart account number	<input type="text"/>
Employer name	<input type="text"/>

2. Details of fund to be transferred

Name of fund	<input type="text"/>
Account number	<input type="text"/>
Administration company (if known)	<input type="text"/>
Fund address	<input type="text"/>
Fund phone number	<input type="text"/>

3. Insurance history

Insurance history (last three years) Death only or Death and TPD

Year	Total insurance fees	Total claims	Total insured benefits	No. of members	Automatic acceptance level
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Insurance history (last three years) Income Protection

Year	Total insurance fees	Total claims	Total insured benefits	No. of members	Automatic acceptance level
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Category description

(eg directors, management, all staff, etc)

Current insurance basis

Type of insurance cover Death only Death and TPD Income Protection

New insurance basis

Category description

Current insurance basis

Type of insurance cover Death only Death and TPD Income Protection

New insurance basis

Category description

Current insurance basis

Type of insurance cover Death only Death and TPD Income Protection

New insurance basis

Check list (please attach)

- The latest insurance schedule under the current plan - typically a list of members, by category, date of birth, occupation, amount(s) of insurance.
- A list of any members declined or accepted on non-standard rates, together with the terms of their acceptance from the previous insurer.
- A list of all claims and pending claims for the last three years, including type of claim, sum insured, and in the case of Income Protection, the claim amount and for how long it was paid (if it's been closed).

Note: Further information may be required.

4. Signature

I request the Trustee to consider the transfer of current insurance arrangements into Suncorp WealthSmart Business Super.

Authorised signature Date

Print full name

Position

Please send the completed form and any required attachments to: **Suncorp WealthSmart®**
GPO Box 2585
Brisbane QLD 4001

or fax to: **1300 172 693**