

Insurance Transfer Form

Russell Investments Master Trust

If you hold insurance cover in another superannuation fund or directly with another life insurer, you can apply to transfer your existing insurance to increase your cover in Russell Investments Master Trust (RIMT).

An application may be accepted or rejected by TAL.

What type of cover can be transferred?

- Death only or Death and TPD cover of up to \$2,000,000; and
- Income protection cover of up to \$20,000 per month.

In any case, the total amount of your cover after the transfer cannot exceed the following maximum amount of cover under RIMT:

- Death, Terminal Illness and TPD of \$3,000,000; and
- Income protection cover of up to \$25,000 per month.

Please note, cover cannot be transferred if the cover to be transferred is subject to:

- a "limited cover" or "pre-existing condition exclusion" of any length;
- more than two medical exclusions;
- loading of more than 100%;
- loading of 50% and one medical exclusion or more; or
- loading of 100% and any medical exclusions.

Eligibility Criteria

To be eligible to transfer cover, you must, as at the date of transfer acceptance:

- be under age 60;
- not be engaged in a hazardous occupation (as defined below); and
- for Income protection, be gainfully employed and working at least 15 hours per week.

A 'hazardous occupation' means an occupation involving hazardous or very heavy manual work. Some examples of 'hazardous occupations' are offshore oil rig workers, fishermen, forestry workers, mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers, workers at heights — including riggers, scaffolders, roof workers, antenna erectors, pilots and aircrew of commercial airlines, prison services workers, labourers, firemen, police, ambulance drivers/paramedics; truck drivers; and professional sportspeople or entertainers. If you are not sure whether your current occupation is considered a hazardous occupation you can contact the Insurer (TAL) on 1800 666 136 for more information.

Instructions

By completing this form you are electing to transfer your cover to an insurance cover in RIMT that is provided by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL), and the transfer of any existing insurance is subject to acceptance by TAL and the terms and conditions of the RIMT insurance policy. The transferred cover in RIMT will commence on the later of:

- the date TAL accepts your application to transfer cover in writing; and
- the date the insurance that you are seeking to transfer is cancelled.

To apply to transfer your existing insurance, you will need to:

- complete all sections of this form and sign this form; and
- attach a member statement (dated within 90 days of the date of this application) from the fund where your insurance cover was held or from the individual insurer, confirming the type and level of your existing cover.

If you are considering cancelling or replacing your existing insurance cover, be aware there are risks in doing so. You should consider the terms and conditions of each insurance cover before deciding to make a change.

Acceptance of your application by the Insurer (TAL) is subject to TAL's acceptance conditions and some limitations may apply. Do not cancel your existing insurance until you have received confirmation in writing that your application to transfer has been accepted including any conditions that TAL may apply.

1. LIFE INSURED DETAILS

RIMT Member Number (if known):

Title

Mr

Mrs

Miss

Ms

Other

Surname

Given name(s)

If applicable,
previous surname

Date of birth

(DD/MM/YYYY)

Gender

Female

Male

Current residential address

Unit Number

Street Number

Address 1

Address 2

Suburb

State

Postcode

To save unnecessary delays, we may contact you by telephone to clarify any answers you have provided, therefore please provide the information below:

Preferred contact number

Preferred contact time

(between 8:30 AM to 5:00 PM
Monday to Friday)

Email address

2. OCCUPATION DETAILS

Name of current employer

Employment Status

Self-employed

Employee
(full-time)

Employee
(part-time)

Casual

Not working

Domestic
duties

Average hours worked per week, if currently working¹

Main occupation (job title)²

Industry of your main occupation

Outline the duties of your main occupation

Current annual salary (gross) for Income protection and assessment of occupation³

Tertiary qualifications, if any

1. You must be working at least 15 hours per week to be eligible for Income protection cover.

2. Refer to "Hazardous occupation" definition on page 1 or contact TAL on 1800 666 136

3. 'Salary' means your pre-tax income earned from your personal exertion. Refer to the Product Disclosure Statement or insurance policy and relevant schedule for the full definition of salary including salary in respect of the self-employed, if applicable.

3. ELIGIBILITY QUESTIONS

1. Please complete either a, b or c, as applicable.

a) For an employed person:

Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness or injury, even if your actual employment may be full-time, part-time or casual?

Yes No

b) For an unemployed person whose sole occupation is the performance of unpaid domestic duties:

Are you:

i) unable to fully perform your unpaid domestic duties due to illness or injury;

ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or

iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiatives?

Yes No

c) For an unemployed person whose sole occupation is NOT the performance of unpaid domestic duties:

Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience?

Yes No

2. Have you, in the last 12 months been absent from work or unable to fully perform:

• the duties of your usual occupation (whether employed or unemployed); or

• your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to illness or injury (other than cold or flu) for more than six days?

Yes No

3. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes No

4. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes No

5. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through RIMT, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes No

Note: If you have answered 'Yes' to any of the above questions 1 to 5, you are NOT eligible to transfer your existing insurance using this application. Please download and complete the TAL Member's Personal Statement as we require more detailed information to be provided.

6. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes No

If Yes please provide details.

Please attach a written document as evidence.

4. EXISTING INSURANCE DETAILS OF COVER TRANSFERRING

Name of superannuation fund or insurance company where my existing insurance is held:

Member/policy number:

I confirm that my current level and type of cover under the former fund or individual insurer which I am transferring is as follows:

Death cover*

TPD cover*

Income protection**

* Death and TPD cover will be transferred either as fixed amount of cover or rounded up to the nearest unit depending on the division in RIMT that cover is being transferred into.

** Income protection will be offered at 75% of salary for 2 years with a 90 day waiting period. If you currently have a shorter waiting period, longer benefit period or a benefit higher than 75% of salary, these will be lost upon transfer. Policies with a waiting period longer than 90 days, benefit period shorter than 2 years or benefit of less than 75% of salary may not be transferred.

Please attach a copy of your latest member statement (dated within 90 days of the date of this application) confirming the conditions of your cover including any loadings, limitations, alternative terms, and/or exclusions, or any documentation from your fund confirming the same and complete the question below.

Have you attached your latest benefit statement as proof of your current insured amounts?

Yes

No

Details of any loadings, limitation, alternative terms and/or exclusions (if applicable):

5. YOUR DUTY OF DISCLOSURE

Your Duty of Disclosure to the trustee, Total Risk Management Pty Limited ABN 62 008 644 353, AFSL 238790 (The Trustee), and the Insurer, TAL Life Limited 70 050 109 450 AFSL 237848 (TAL) is set out below.

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 avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

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

6. PRIVACY STATEMENT

Russell Investments Master Trust (RIMT)

Information about how the Fund collects, uses, discloses and handles your personal information is set out in the Trustee's Privacy Policy. To access this Policy, your personal details, or to make an enquiry about any aspect of your Fund membership, please:

- visit the website at www.russellinvestments.com.au/super
- call the Helpline on 1800 555 667
- write to Russell Investments Master Trust, Locked Bag A4094, Sydney South, NSW, 1235

6. PRIVACY STATEMENT (CONTINUED)

TAL Life Limited (TAL)

'We' and 'us' refer to the provider of the group risk life insurance, TAL Life Limited ABN 70 050 109 450 80.

'You' and 'your' refer to the individual whose information we collect and hold for our purposes of providing products and services to you.

The way in which we collect, use and disclose your personal and sensitive information is explained in our Privacy Policy available at www.tal.com.au/privacy.aspx or free of charge on request. If you have any questions regarding your privacy please contact our Privacy Officer. You may be entitled to gain access to information we have on file about you. If you wish to request access please contact TAL in writing.

Personal and sensitive information is collected from you to enable RIMT and TAL to provide its products or services to you. Further information may be requested from you at a later time, such as if you want to make alterations to the policy or at claim time. If you do not supply the required information we may not be able to provide our products and services to you or pay the claim. In processing and administering your insurance (including at the time of claim) your personal information may be disclosed to TAL and any relevant bodies corporate including the following third parties, where necessary: employers, general practitioners, health professionals, your (or your employer's, if relevant) financial adviser, other companies within the TAL group of companies; organisations to whom we outsource our mailing, administration and information technologies, the Insurance Reference Service, investigators, the Trustee (if relevant), the administrator of the product or fund, reinsurers, Government departments, lawyers and accountants.

By signing this Form you consent to TAL and these organisations collecting your personal and sensitive information.

Information regarding the privacy rights of individuals is available at www.oaic.gov.au which is the website of the Office of the Australian Privacy Commissioner.

7. DECLARATION AND SIGNATURE

By signing below, I acknowledge that:

1. I will cancel all insurance cover with my fund or individual insurer within 60 days of receiving confirmation from TAL of my successful transfer application;
2. I will not be transferring the cover under my:
 - fund to any of its division or section; or to any other fund, other than Russell Investments Master Trust; or
 - individual insurer to any other fund,
3. I will not effect a continuation option or subsequently reinstate any cancelled cover within the fund or any other division, section, category of the fund or within any fund or insurance policy where such reinstatement of cover is available to me;
4. I understand that if it becomes apparent to RIMT or TAL that I have not complied with the statements 1, 2 and 3, then any insured benefit that may be payable to me or my estate from RIMT may be reduced by the insured amount paid or payable from my fund, or life policy, or an associated section or division of the fund or other fund, or any policy issued under any option that I exercised.
5. I acknowledge that I have read the notice of my duty of disclosure in Section 5 above, have complied with this duty in relation to this application, and understand that this duty also applies until formal notification of acceptance of transfer.
6. I have read and checked all answers in this application including those not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application and/or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
7. I have agreed that any medical practitioner, hospital, therapist or other medical professional who has attended me, whether named by me or not, shall be and is hereby authorised and directed by me to divulge to TAL or its representatives, all medical or surgical information or records they hold that are relevant to my application for insurance, any policy issued to me by TAL or any claim made by me in relation to such policy. I consent to TAL collecting this sensitive information. A photocopy or facsimile of this authority shall be considered as valid as the original.
8. I have read the Privacy Statement in Section 6 above, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL, the Trustee and/or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process this application or any claim I may make. This consent applies to any health and sensitive information TAL and/or the Trustee collect on this form or future forms in relation to this insurance. A photocopy of this authority is as effective and valid as the original.
9. I understand that this new insurance cover wholly replaces my previous cover.
10. I confirm that since the cover to be transferred was issued by the current insurer, I have not had an application for life insurance, disability insurance or other related insurance cover declined, deferred or offered on special terms.
11. I have read and understood the most current relevant Product Disclosure Statement for the insurance within RIMT, and understand that if this application is accepted my transferred cover will be subject to the terms and conditions of the RIMT's relevant insurance policy.

Signature of applicant

X

Date

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Please return the completed form to:

Russell Investments Master Trust

Locked Bag A4094

Sydney South NSW 1235