

# ClearView **ClearChoice**

## **Child cover conversion form**

18 November 2025

# ClearView child cover conversion form

## Your duty to take reasonable care not to make a misrepresentation

Both the person applying and the person whose life will be insured have a legal duty to take reasonable care not to make a misrepresentation when applying:

- for new cover;
- to change existing cover; or
- to reinstate cover.

### What your duty means

When giving us information as part of your application, you must do so based on your honest belief the information you are providing is true, correct and complete. You should not leave out important information or give answers that are misleading, even if unintentionally.

This duty continues up until we issue your policy certificate (when the cover or change you have applied for officially starts) and includes:

- when you answer questions in an application form;
- if we ask you follow-up questions, including over the phone; and
- if we ask you to confirm that previous answers are still accurate.

If you need to change your answers during the application process, including if you become aware that your previous answers are no longer accurate, we ask that you notify us. This could save time because any changes might require further assessment or investigation, or result in cover being offered on different terms.

Letting us know early can help save time because any changes might require further assessment, investigation, or result in cover being offered on different terms.

## Getting help with the application

If you need help answering any of our questions, please speak to your financial adviser or contact us on 132 979.

If a financial adviser or someone else helps you to answer the questions, you should check every answer as you are still responsible for ensuring that the answers provided are accurate.

### What happens if this duty isn't met?

If you do not take reasonable care when giving us information, there can be serious consequences depending on the situation. For example, we may:

- cancel the policy from the beginning and treat it as if it never existed (we'll refund your premiums, but you won't be able to claim);
- reduce the amount of cover, using a set formula and the premium we would have charged you had we received the correct information (which could mean a claim benefit payable under your policy may be reduced); or
- change the terms of your cover in line with how it would have been offered had we received the correct information (for example, we might add exclusions).

Our rights to apply the above actions depend on a number of factors, such as:

- whether we would have offered you cover at all, or on different terms, if the correct information had been given;
- how long ago the cover started or when the change or reinstatement of your cover came into effect; and
- whether your actions were fraudulent.

If your policy includes multiple types of cover, we may apply different actions to each type.

If we find a potential issue with the information you gave, we'll contact you first. We'll explain what we've found, how you can respond or give us more information, and what to do if you disagree with our decision.

## Sending your application form

Please send the application form to us, along with a copy of the premium quotation via email or mail.

### Email

clearviewlifefewbusiness@clearview.com.au

### Mail

ClearView  
Reply Paid 4232  
Sydney NSW 2001

## Application details

**To be completed by the financial adviser. Please note, a separate application form must be completed for each adult person insured.**

### Type and purpose of cover

1. How have the applicant's needs and objectives been considered? Please tick one box only.

- I have provided personal advice to the applicant(s) in relation to all covers that have been applied for and I have adhered to the distribution conditions in the Target Market Determination(s) (**TMD**).
- I have considered the TMD(s) relevant to the cover applied for and confirm that the applicant(s) is/are in the relevant target market and that I have adhered to the distribution conditions in the TMD(s).

# Section 1: Person insured details

## A. Existing policy details

Policy number

Full name of person insured

Full name of policy owner 1/trustee 1/director 1

Full name of policy owner 1/trustee 1/director 2

## B. New policy details

### Person insured

Title

Mr  Mrs  Ms  Miss  Dr  Other

Gender

Male  Female

Date of birth

Given name(s)

Surname

### Residential address

Street number and name

Suburb

State

Postcode

### Mailing address

If the mailing address is the same as the residential address, please tick this box

Street number and name

Suburb

State

Postcode

### Contact details

Home number (  )

Work number (  )

Mobile

Email address

Preferred contact method

Home  Work  Mobile  Email

## Section 2: Policy owner(s)

If flexi linking cover (including TPD Super Solutions) one policy must be owned by a superannuation fund and the other owned outside superannuation.

### A. Individual ownership

#### Policy owner 1

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)

Surname

#### Residential address or mailing address

Street number and name

Suburb

State

Postcode

#### Contact details

Home number (  )

Work number (  )

Mobile

Email address

#### Policy owner 2

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)

Surname

#### Residential address or mailing address

If the address is the same as policy owner 1, please tick this box

Street number and name

Suburb

State

Postcode

Contact details

Home number (  )

Work number (  )

Mobile

Email address

Preferred contact method

Home  Work  Mobile  Email

B. Self managed super fund (SMSF) ownership

Please provide address details for the SMSF in Part D

Full legal name of SMSF (For example, "Mr John Smith and Mrs Jane Smith ATF The Smith Family Superannuation Fund")

ABN (if trustee is a company)

Trustee company name

Trustee 1/Director 1

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

Trustee 2/Director 2

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

### C. Family trust or company ownership

Please provide address details for the trust or company in Part D

Company name (If the policy will be held in a family trust with individual Trustees, leave blank.)

Australian Business Number (ABN)

Family trust name (only complete if the policy will be held in a family trust)

Australian Business Number (ABN) of family trust

#### Trustee or Director

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

#### Trustee, Director or Secretary

Title

Mr  Mrs  Ms  Miss  Dr  Other

Given name(s)

Surname

### D. Address and contact details of SMSF or family trust or company

If the contact details are the same as the person insured, please tick this box

Street number and name

Suburb

State

Postcode

Contact details

Home number (  )

Work number (  )

Mobile

Email address

E. Other approved superannuation fund ownership

**This section should be completed if you are a member of a superannuation fund for which we have entered into a written service agreement with the trustee for the provision of life insurance to the fund's members, and your premium payments are to be billed from your superannuation account.**

Fund details

Australian Business Number (ABN)

Fund name

Membership or account number

## F. ClearView ClearChoice Super (risk-only superannuation)

This section should only be completed for a ClearChoice Super policy, where the policy is to be owned by HTFS Nominees Pty Limited (Trustee) the trustee of the HUB24 Super Fund (Fund) and you are the person to be insured, as named on page 3 of this application. Please refer to the 'ClearView ClearChoice Super' section of the PDS and Policy Document for information on eligibility to contribute to super, collection and use of your tax file number and allowable contributions.

### Eligibility to contribute

Are you eligible to make contributions, or have contributions made on your behalf, into ClearView ClearChoice Super? Yes  No

### Tax file number (TFN)

Please refer to the TFN tear off section below. If you do not provide your TFN the Trustee will not accept your application to become a member of the Fund.

### Contributions to meet premiums

If you are paying your premiums with a contribution, rather than a rollover from another complying superannuation fund, please specify what type of contributions will be made. Please tick one box only.

- Personal contribution  
 Spouse contribution



Please note, in order to claim a tax deduction for your personal contributions you will need to complete a valid deduction notice in an approved ATO format. We will provide you with this notice each year which must be completed and returned to us within the nominated period of time.

### Tax file number (TFN)

Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView will not accept your application. For further information on providing your TFN, refer to the PDS and Policy Document.

I agree to provide my TFN

TFN  -  -

## Section 3: Nominated beneficiaries (inside ClearView ClearChoice)

Please complete this section if you wish to nominate who your death benefit is paid to

You may nominate up to five beneficiaries to receive any death benefit that becomes payable under a ClearView ClearChoice policy (excluding Child Cover and any cover owned by a SMSF or an approved superannuation fund).

Please list the nominated beneficiary(ies) and the portion of the benefit each is to receive. Please use whole numbers and ensure that the total of the percentages is 100%.

<b>Beneficiary 1</b>	<b>% of benefit</b> <input type="text"/> %
Given name(s) <input type="text"/>	
Surname <input type="text"/>	Date of birth <input type="text" value="DDMMYYYY"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to you <input type="text"/>	
Residential address (street number and name) <input type="text"/> <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>

<b>Beneficiary 2</b>	<b>% of benefit</b> <input type="text"/> %
Given name(s) <input type="text"/>	
Surname <input type="text"/>	Date of birth <input type="text" value="DDMMYYYY"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to you <input type="text"/>	
Residential address (street number and name) <input type="text"/> <input type="text"/>	
Suburb <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>

**Beneficiary 3**

% of benefit

%

Given name(s)

Surname

Date of birth

Gender  Male  Female

Relationship to you

Residential address (street number and name)

Suburb

State

Postcode

**Beneficiary 4**

% of benefit

%

Given name(s)

Surname

Date of birth

Gender  Male  Female

Relationship to you

Residential address (street number and name)

Suburb

State

Postcode

**AND/OR**

% of benefit

%

My legal personal representative

## Nominated beneficiaries (inside ClearView ClearChoice Super)

### Please complete this section if you wish to nominate who your death benefit is paid to

You may nominate up to five beneficiaries to receive any death benefit that becomes payable under a ClearView ClearChoice Super policy.

There are two types of nominations available: non-binding and non-lapsing binding. Regardless of which type of nomination you make, your nomination must satisfy all of the following:

- any person you nominate must be either a 'dependent' under superannuation law or your Legal Personal Representative
- you must provide the full name, address, date of birth and relationship to the person(s) nominated
- your nomination must be given to the Trustee in writing prior to your death; and
- all nominations must be in whole numbers and total 100%.

For non-lapsing binding nominations, your nomination must be signed and dated in the presence of two witnesses who are over the age of 18 and are not nominated as a beneficiary. The two witnesses must also sign and date a declaration that they were in your presence when you signed and dated your nomination.

Please refer to 'Payment of death benefits' and 'Who is a dependant?' sections of the PDS and Policy Document for more information.

#### Type of nomination

If you are nominating beneficiaries please specify the type of nomination you are making. Please tick one box only.

- Non-binding  
 Non-lapsing binding

### Please list the nominated beneficiary(ies) and the portion of the benefit each is to receive. Please use whole numbers and ensure that the total of the percentages is 100%.

**Note:** Do not include the person insured as one of the nominated beneficiaries, as it will make the nomination invalid. Please ensure that full information is provided to prevent any delays in us accepting your nomination.

<b>Beneficiary 1</b>		% of benefit <input type="text"/> %
Given name(s) <input type="text"/>		
Surname <input type="text"/>	Date of birth <input type="text"/>	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Relationship to you (select one only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Interdependency relationship <input type="checkbox"/> Financial dependant		
Residential address (street number and name) <input type="text"/> <input type="text"/>		
Suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

**Beneficiary 2**

% of benefit

 %

Given name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender  Male  Female

Relationship to you (select one only)

Spouse  Child  Interdependency relationship  Financial dependant

Residential address (street number and name)

Suburb

State

Postcode

**Beneficiary 3**

% of benefit

 %

Given name(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gender  Male  Female

Relationship to you (select one only)

Spouse  Child  Interdependency relationship  Financial dependant

Residential address (street number and name)

Suburb

State

Postcode

**Beneficiary 4**

% of benefit

%

Given name(s)

Surname

Date of birth

Gender  Male  Female

Relationship to you (select one only)

Spouse  Child  Interdependency relationship  Financial dependant

Residential address (street number and name)

Suburb

State

Postcode

**Beneficiary 5**

% of benefit

%

Given name(s)

Surname

Date of birth

Gender  Male  Female

Relationship to you (select one only)

Spouse  Child  Interdependency relationship  Financial dependant

Residential address (street number and name)

Suburb

State

Postcode

**AND/OR**

% of benefit

%

My legal personal representative

Person to be insured declaration for nominated beneficiaries inside ClearView ClearChoice Super

- I request that the Trustee accept my non-binding nomination or non-lapsing binding nomination as appropriate.
- I have read and understand the 'Payment of death benefits' and 'Who is a dependant?' sections of the PDS and Policy Document.
- I understand that it is my responsibility to review and update my beneficiary nomination with the Trustee as my personal circumstances change.
- I understand that if my non-lapsing binding nomination is not valid at the time of my death, that the Trustee will pay my death benefit as a lump sum to my legal personal representative or my dependant/s at the discretion of the Trustee, in accordance with superannuation law.
- I have read and consent to the collection, use and disclosure of my personal information as set out in the Trustee's and ClearView's Privacy Policy. ClearView's Privacy Policy is available at [clearview.com.au/privacy](http://clearview.com.au/privacy) or by contacting ClearView on **1800 265 744**. The Trustee's privacy policy is available at [eqt.com.au/global/privacystatement](http://eqt.com.au/global/privacystatement).
- I understand that my personal information may be sent to relevant overseas third-party providers. I consent to my personal information being sent to overseas third-party providers. I understand that while ClearView will take all appropriate measures to help protect the privacy of my personal information, these overseas providers are not bound by the Australian Privacy Principles. Accordingly it is possible that I may not be able to exercise the rights I have under the Privacy Act if an overseas third-party provider does not meet those privacy obligations.
- When I provide personal information to the Trustee or ClearView about another person, I confirm that I am authorised to provide the information and will inform that person (unless doing so would pose a serious threat to the life or health of any individual) of the content of this form, who the Trustee and ClearView is, how the Trustee and ClearView will use and disclose this information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirm that they have read the relevant Privacy Policy.

All signatures and dates for beneficiary nominations (including those of the witnesses) must be completed by hand at the same time.

Person to be insured signature

Date

Witness declaration

Only needed when making a non-lapsing binding nomination inside ClearView ClearChoice Super

I declare that I am over the age of 18, am not a nominated beneficiary and that the person insured signed and dated this non-lapsing binding nomination in my presence and in the presence of the other witness.

Witness 1

Full name

Signature of Witness 1

Date

Witness 2

Full name

Signature of Witness 2

Date

# Section 4: Personal information

## A. General health and occupation details

1. What is your main occupation?

2. Does your main occupation involve you working at heights above 10 metres, working in the armed forces or with firearms, working offshore on an oil or gas rig platform, or working underground and/or handling explosives?

Yes  No

If yes, please provide details

3. Do you have any intention to change your main occupation, working hours or take extended leave exceeding 90 days within the next 12 months?

Yes  No

If yes, please provide details

4. Do you smoke tobacco, use e-cigarettes, vape, or use nicotine replacement products? Please tick one box only.

- No - I've never smoked or use -cigarettes or vape
- No - I quit over 1 year ago
- No - I quit less than 1 year ago
- Yes - socially or casually
- Yes - daily/weekly

If yes, please provide details on type and quantity and frequency (e.g. 3-4 cigarettes per day)

## B. Additional occupation and income details

**Please complete this section only if applying for TPD Cover**

1. What qualifications do you hold in relation to your main occupation? (e.g. trade certificate, degree)

2. What are the main duties of your role and what proportion of time is spent on them?

Administration/Office	<input type="text"/> %	Travelling	<input type="text"/> %
Manual	<input type="text"/> %	Other	<input type="text"/> %
Supervision of manual work	<input type="text"/> %	Total duties =	<input type="text"/> <input type="text"/> <input type="text"/> %

What are the other duties?

3. On average, how many hours do you work per week in your main occupation?  hours
4. How many weeks do you work per year in your main occupation?  weeks
5. Do you have a second occupation (not including any voluntary roles) for which you work more than 5 hours per week? Yes  No

If yes, please provide details

  


a) What is your second occupation?

b) How many hours per week do you work in your second occupation?  hours

c) What are the main duties of your role and what proportion of time is spent on them?

Administration/Office	<input type="text"/> %	Travelling	<input type="text"/> %
Manual	<input type="text"/> %	Other	<input type="text"/> %
Supervision of manual work	<input type="text"/> %	Total duties =	<input type="text"/> <input type="text"/> <input type="text"/> %

What are the other duties?

## Section 5: Declaration and authorities

### A. Declaration of the person insured and policy owner(s)

- I have received and read the PDS and Policy Document including any relevant Supplementary PDS (**SPDS**) for the product I am applying for (either ClearView ClearChoice and/or ClearView ClearChoice Super) and agree to abide by the terms of the policy. I am applying for cover under the 'Conversion of Child Cover Benefit' described in the PDS and Policy Document. Those provisions entitle a child insured under Child Cover (**Original Child Cover**) to convert the Child Cover Benefit into Life Cover, with the option to link or flexi-link TPD and/or Trauma Cover.
- I have read and understand my duty to take reasonable care not to make a misrepresentation as set out at the beginning of this application form, and understand that this duty applies to me when
- I answer the questions in my application form, personal statement (including any attachments) and continues up until the policy is issued. For example, the same duty will apply to any additional questions from ClearView, as well as when I am asked to confirm any answers that I provided.
- I certify that the answers I have given in my application and any attachments to my application are true, correct, and complete; and I confirm that the answers to my application are my own. I understand that doing this is important as ClearView relies on my answers for accepting cover (including on what terms) and that my failure to do so may have serious consequences including changes to terms, reduction of cover or treating the cover as if it never existed.
- Where my application has been completed with the help of another person, I confirm that I have checked those answers thoroughly and certify that they are true, accurate and complete. I confirm that I provided all the answers to that person helping to complete my application. I understand and acknowledge that I am responsible for the answers even if they are not in my handwriting or they have been completed with the help of someone else (including for example, my financial adviser or my application has been submitted online via the e-App). I understand that I can ask ClearView to send me a copy of my answers that it used to assess my application for an insurance policy.
- I understand that the answers I have provided may result in certain exclusions or special acceptance terms becoming applicable to me. I agree to such terms being communicated to my financial adviser who will explain them to me. I authorise my financial adviser to accept these terms on my behalf.
- I acknowledge that if my application is accepted by ClearView, my cover will commence on the policy anniversary of the Original Child Cover immediately after the 21st birthday of the person to be insured. This will be the policy start date shown on the policy certificate. If I am applying for ClearChoice Super, I understand commencement of my cover is subject to my application for membership of the Fund being accepted by the Trustee.
- I acknowledge that the adviser may be paid commission as outlined in the information they disclosed to me.
- I have read and understand the Direct Debit Request Service Agreement in the PDS and Policy Document and authorise ClearView to debit my nominated account as set out in Part C (if applicable).
- I understand that any premium loadings, exclusions or varied terms that applied to the Original Child Cover will apply to the new Life Cover, Trauma Cover and/or TPD Cover that I am applying for.
- I have read and consent to the collection, use and disclosure of my personal information as set out in the 'Privacy and your personal information' section of the PDS and Policy Document and the Privacy Policies available at [clearview.com.au/privacy](https://clearview.com.au/privacy) and [eqt.com.au/global/privacystatement](https://eqt.com.au/global/privacystatement). When I provide personal information to ClearView or the Trustee about another person, I confirm that I am authorised to provide information and will inform the person (unless doing so would pose a serious threat to life or health of any individual) of the content of this form, who ClearView or the Trustee is, how ClearView or the Trustee will use and disclose information, that they can gain access to that information, and all other matters set out in the 'Privacy and your personal information' section of the PDS and Policy Document and confirm that they have read the relevant Privacy Policy.
- I understand that my personal information may be sent to relevant overseas third-party providers. I consent to my personal information being sent to overseas third-party providers. I understand that while ClearView will take all appropriate measures to help protect the privacy of my personal information, these overseas providers are not bound by the Australian Privacy Principles. Accordingly it is possible that I may not be able to exercise the rights

I have under the Privacy Act if an overseas third-party provider does not meet those privacy obligations.

**The below only applies if applying for cover in ClearView ClearChoice Super**

- I apply to become a member of ClearView ClearChoice Super and agree to be bound by the terms of the trust deed for the HUB24 Super Fund (Fund), as amended from time to time; and confirm that I am eligible to contribute to super or have contributions made on my behalf.
- I acknowledge that I have had the opportunity to read the HUB24 Super Fund trust deed, available by calling **132 979** or online at **clearview.com.au/insurance/trustee**.
- I will notify the Trustee in writing immediately if I am no longer eligible to be a member of the Fund. (Please refer to the 'ClearView ClearChoice Super' section of the PDS and Policy Document regarding contribution eligibility rules.)
- I have read and understood the 'Payment of death benefits' and 'Who is a dependant' sections of the PDS and Policy Document.
- I acknowledge that by submitting this application, I have elected for the Trustee to take out and maintain my insurance cover.
- I understand that (as outlined in the 'Applying for cover' section of ClearView ClearChoice Super' PDS and Policy document) under superannuation law, there are restrictions on the provision of insurance cover to a person:
  - who is under age 25;
  - who has an account balance of less than \$6,000; or
  - whose account has been inactive for a continuous period of 16 months or more.

(If you apply for insurance cover inside super, and to ensure we can provide you with cover in accordance with the legislative restrictions referenced above, by signing this application you have elected for cover to be provided to you even if you meet one of the criteria set out above.)

**Signature of the person insured and policy owner(s)**

I have read and agree to the declarations above, commencing on the previous page (17).

Full name of person to be insured

Signature of person to be insured

Date

Full name of policy owner 1 and position with company (if applicable)

Signature of policy owner 1/trustee 1/director 1

Date

Full name of policy owner 2 and position with company (if applicable)

Signature of policy owner 2/trustee 2/director 2

Date



If the policy owner(s):

- is/are the individual trustee(s) of a self managed super fund: this declaration is to be signed by all trustees or person(s) authorised to sign and enter into a contract of life insurance on behalf of the trustee(s) in accordance with the fund's trust deed and rules.
- is a company: this declaration is to be signed by two directors, a director and company secretary, or the sole director/company secretary.
- is the Trustee for ClearView ClearChoice Super or the trustee of an approved superannuation fund: this declaration only needs to be completed and signed by the person insured.

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

## B. Financial authority

### Authority to release financial information to ClearView (person insured)

**Please sign this declaration if you want your nominated accountant or financial adviser to release financial information to ClearView.**

- I authorise my accountant/financial adviser to release to ClearView all information which ClearView requests for the purpose of assessing my application for insurance.
- I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Accountant/financial adviser name

Contact number

 (  ) 

Full name of person to be insured

Signature of person to be insured

Date

### C. Payment authority

Please make a copy of this page if flexi linking cover and you require multiple accounts or credit cards to be debited. Where applicable, this payment authority must be signed by both account holders to be valid.

Direct debit request by credit card

This direct debit applies to  non-superannuation or SMSF policy

I authorise the debit of my

Visa  MasterCard

Name on card

Card number

Expiry date

Premium frequency

Monthly  Yearly

Signature of card holder

Date

Direct debit request

This direct debit applies to  non-superannuation policy or SMSF policy  superannuation policy\*

I request and authorise ClearView (User identification number 622710/622712), to debit my account at the financial institution nominated below. I confirm that I have read the 'Direct Debit Request Service Agreement' in the PDS and Policy Document and that I have the authority to make these payments.

Name of bank

Account name

BSB number

 - 

Account number

Premium frequency

Monthly  Yearly

Preferred billing day (This is optional, and applies to monthly paid policies)

Where joint accounts require the authority of two signatories, both account holders must sign.

\* For ClearView ClearChoice Super (held by HTFS as Trustee of the HUB24 Super Fund), direct debits cannot be made from a SMSF bank account.

I/We acknowledge and authorise that this debit be made through the Bulk Electronic Clearing System (**BECS**) from my account held at the bank I/we have nominated in this Application Form and will be subject to the terms and conditions of the 'Direct Debit Request Service Agreement'.

By providing a valid instruction in relation to my Direct Debit Request, I/we understand and agree to the terms and conditions governing the debit arrangement between myself and ClearView Life Assurance Limited as set out in this request and in the Direct Debit Request Service Agreement.

I/We understand that where a payment is dishonoured a fee may be charged.

Signature of account holder 1

Date

Signature of account holder 2

Date

**BPAY® (yearly premiums only)**

This BPAY applies to

**non-superannuation policy or SMSF policy**

**superannuation policy\* other than SMSF Policy**



**Biller Code:** 354654  
**Reference Number:** Policy number



**Biller Code:** 354647  
**Reference Number:** Policy number\*

**Telephone & Internet Banking - BPAY® Contact your bank or financial institution to make this payment from your cheque, savings, debit, credit card or transaction account. More info: [www.bpay.com.au](http://www.bpay.com.au)**

Please advise once payment has been made.

® Registered to BPAY Pty Limited ABN 69 079 137 518.

\* Please use the reference number starting with 56 for BPAY to ClearView ClearChoice Super (held by HTFS as Trustee of the HUB24 Super Fund).

## D. Ongoing rollover transfer request and authority form

This form gives ongoing authority for ClearView to perform the following transactions on your behalf for covers held in ClearView ClearChoice Super by you:

- **Inward rollover transfer:** transfer funds with ongoing partial rollovers (tax paid) **FROM another nominated superannuation fund TO the HUB24 Super Fund** to fund the premiums for your ClearView ClearChoice Super policy. If you wish to fund your super premiums with a rollover of a single lump sum amount, please contact us at 132 977.
- **Outward rollover transfer:** transfer funds within super (such as claim proceeds, excess premiums and refunds) **FROM the HUB24 Super Fund TO another nominated superannuation fund.**

Please complete a separate form for each policy and return the form(s) to ClearView.

### Personal details

Title  Mr  Mrs  Ms  Miss  Dr  Other  Gender  Male  Female Date of birth

Given name(s)

Surname

### Tax file number (TFN)

Declining to quote your TFN is not an offence. However, if you do not provide your TFN, ClearView will not accept your application. Please refer to the ClearView ClearChoice PDS for details.

TFN  -  -

### Residential address or mailing address

Street number and name

Suburb  State  Postcode

### Contact details

Home number (  )  Work number (  )

Mobile

Email address

## HUB24 Super Fund - ClearView ClearChoice Super

Australian Business Number (ABN)

6 0 9 1 0 1 9 0 5 2 3

Fund name

C L E A R V I E W C L E A R C H O I C E S U P E R

ClearView ClearChoice Super is a division of the HUB24 Super Fund

Policy number

Fund phone number

1 3 2 9 7 9

Unique Superannuation Identifier (USI)

6 0 9 1 0 1 9 0 5 2 3 0 0 2

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer funds from.

### Notice of complying superannuation fund

This notice confirms that the HUB24 Super Fund (Fund) (of which ClearView ClearChoice Super is a part):

- is a resident regulated superannuation fund within the meaning of the SIS Act; and
- is not subject to a direction under section 63 of the SIS Act.

Pursuant to section 25 of the Superannuation Guarantee (Administration) Act 1992 (Cth), a contribution by an employer for the benefit of an employee to the Fund is conclusively presumed to be a contribution to a complying superannuation fund if the employer receives a copy of this Complying Superannuation Fund Notice at or before the time that the contribution is made, except in the limited circumstances set out in that section.

### Nominated superannuation fund details

Australian Business Number (ABN)

Fund name

Membership or account number

Fund phone number

(  )

Unique Superannuation Identifier (USI) - non-SMSF

If you have multiple account numbers with this fund, you must complete a separate form for each account you wish to transfer funds from. If this fund is an SMSF, you will need to complete a rollover authority for each transaction.

**For SMSFs only**

Account name

BSB number

 - 

Account number

Electronic service address

**Inward rollover transfer authorisation to the HUB24 Super Fund**

By signing this request form I am making the following statements:

- I am aware I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.
- If I am providing my TFN, I have read and understand the 'Tax File Number (**TFN**)' section in the ClearView ClearChoice PDS and Policy Document setting out information with respect to the collection of tax file numbers.
- I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).
- If my nominated superannuation fund is a self managed superannuation fund (**SMSF**), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- I discharge the superannuation provider of my nominated superannuation fund of all further liability in respect of the benefits paid and transferred to the HUB24 Super Fund.
- I authorise my financial adviser and representatives of the Trustee of the HUB24 Super Fund to make inquiries and be provided with information about this transfer on my behalf.
- I request and consent to the transfer of superannuation from my nominated superannuation account on an annual basis for the full amount of my annual insurance premium (less any rollover tax benefit applicable) and authorise the superannuation provider of each fund to give effect to this transfer.
- If an amount of superannuation that exceeds the insurance premium due is received from my nominated superannuation fund, I request, consent to and authorise the transfer or rollover of the excess back to that superannuation fund.
- This authority continues until the earliest of the following:
  - it is revoked by me in writing
  - the HUB24 Super Fund receives a replacement authority signed by me
  - my cover in ClearView ClearChoice Super ceases, or
  - I die.

Name

Signature of account holder

Date

## Outward rollover transfer authorisation from the HUB24 Super Fund

By signing this request form I am making the following statements:

- I declare I have fully read this form and the information completed is true and correct.
- I am aware I may ask my superannuation provider for any information I reasonably require for the purpose of understanding my benefit entitlements, including information about any fees and charges that may apply or any other information about the effect this transfer may have on my benefits, and that I do not require any further information.
- If my nominated superannuation fund is a self managed superannuation fund (**SMSF**), I confirm that I am a trustee (or director of a corporate trustee) of the SMSF.
- I discharge the superannuation provider of the HUB24 Super Fund of all further liability in respect of the benefits paid and transferred to my nominated superannuation fund.
- I authorise my financial adviser and representatives of the Trustee of the HUB24 Super Fund to make inquiries and be provided with information about this transfer on my behalf.
- I request and consent to the transfer of superannuation as described above and authorise the superannuation provider of each fund to give effect to this transfer.
- If I am providing my TFN, I have read and understand the 'Tax File Number (**TFN**)' section in the ClearView ClearChoice PDS and Policy Document setting out information with respect to the collection of tax file numbers.
- I am aware of any fees and charges that may apply in relation to a full or partial rollover of benefits from any other superannuation account, and I have considered where my future contributions will be paid and the effect of the rollover on any benefit entitlements (including insurance).
- This authority continues until the earliest of the following:
  - it is revoked by me in writing;
  - the HUB24 Super Fund receives a replacement authority signed by me;
  - my cover in ClearView ClearChoice Super ceases; or
  - I die.

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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# Section 6: Financial adviser details

This section must be completed by the financial adviser for all applications

## Financial adviser 1 (servicing adviser)

Full name

ClearView adviser number

Office assistant name

Phone number

(  )

Remuneration split

%

## Financial adviser 2 (non-servicing adviser)

Full name

ClearView adviser number

Office assistant name

Phone number

(  )

Remuneration split

%

## Adviser declaration

I certify that I have provided my client with the current ClearView ClearChoice PDS and Policy Document, including any relevant SPDS.

Unless I have instructed here otherwise, I give permission for ClearView to contact my client directly to clarify any matter in relation to this application.

Do not contact

Signature of financial adviser 1

Date

Signature of financial adviser 2

Date

## Section 7: Financial adviser authority

**Complete this section if you want to authorise your financial adviser to provide us with instructions on your behalf in relation to your insurance policy and to authorise ClearView to accept those instructions from your adviser.**

### Limits of this authority

This authority will apply to all insurance policies held with ClearView for the financial adviser unless you specify otherwise. It is limited to the following changes.

#### Contact details

- Change of address, phone number, or email
- Change of preferred contact method
- Provide missing details required by ClearView to complete a client's request (name, date of birth, address or previous address, superannuation fund ABN, USI or ESA)

#### Premiums and payments

- Update credit card expiry
- Direct debit arrears
- Change premium type (level to stepped)
- Change of premium debit date
- Reinstate a policy where underwriting is not required (within 30 days of lapse)

#### Cover maintenance (must be made in writing in addition to this authority)

- Apply premium freeze
- Remove an extra cost option or change to a lower cost option
- Decrease or cancel a benefit
- Decline an indexation benefit
- Suspend benefit

### Policy owner declaration

**This section is to be completed by the policy owner/s of one or more ClearChoice policies. If the policy owner is the trustee of the HUB24 Super Fund, this section is instead completed by the person insured.**

I/We, the policy owner/s named below:

- appoint the financial adviser named below (Financial Adviser) as my/our agent with authority to act on my/our behalf and bind me/us within the 'limits of this authority' described above
- authorise ClearView to accept instructions provided by the Financial Adviser whether made or agreed to in writing, electronic communication or any other form of communication (including by telephone) as if those instructions were provided by me/us
- agree that ClearView is entitled to rely on instructions provided by the Financial Adviser without further inquiry
- indemnify ClearView and the Trustee (as applicable) against any claim, liability, loss, damage, expense (including legal costs on a full indemnity basis) incurred in connection with this Authority and reliance by ClearView on instructions received from the Financial Adviser, and
- agree that this appointment and authority is terminated at the earlier of the date at which the Financial Adviser is no longer the listed financial adviser in relation to the policy or policies listed below or the date at which ClearView receives written notice of termination of this appointment and authority from me/us.

Policy owner name

Signature of the policy owner

Date

Policy owner name

Signature of the policy owner

Date

**Financial Adviser declaration**

- I have fully explained the consequences and implications of this Financial Adviser Authority (Authority) to each policy owner.
- I accept my appointment to act on behalf of the policy owner/s and each insured person in accordance with the Authority.
- I will act honestly, on the specific instructions of the policy owner/s and only within the limits of this authority. Where there is more than one policy owner, I will obtain and confirm instructions from each policy owner.
- I agree to provide evidence of any instructions I receive from the policy owner/s if and when requested by ClearView.
- I will immediately notify ClearView if there is any actual or apparent dispute in relation to instructions I have provided to ClearView under the Authority.
- I understand the Authority is cancelled when I am no longer the listed financial adviser on the policy or policies identified by the policy owner above.

Financial adviser name

Signature of financial adviser

Date

**ClearView Life Assurance Limited**

GPO Box 4232  
Sydney NSW 2001

**132 979**

ClearView ClearChoice issued by:  
ClearView Life Assurance Limited  
ABN 12 000 021 581  
AFS License No. 227682

[clearview.com.au](http://clearview.com.au)

**HTFS Nominees Pty Limited**

GPO Box 4232  
Sydney NSW 2001

**132 979**

ClearView ClearChoice Super issued by:  
HTFS Nominees Pty Limited  
ABN 78 000 880 553  
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