

1 October 2023

## Customer Services

Phone 13 12 87

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [www.anz.com/smartchoicesuper](http://www.anz.com/smartchoicesuper)

## INSTRUCTIONS

Zurich is the group life insurer to OnePath Custodians, the trustee of the Fund. ANZ Smart Choice Super is a product offered through the Fund.

Please complete this form if you wish to apply for transfer of your existing Death or Death and TPD cover up to \$2,000,000 and/or income protection cover under another life insurance policy issued by Zurich ('Previous Cover') or another insurer through a superannuation fund ('Previous Fund') to Zurich under the ANZ Smart Choice Super insurance policies.

By completing this form, you are requesting OnePath Custodians to submit an application to Zurich to enable Zurich to assess your request to transfer your Previous Cover to Zurich under the Policy issued to OnePath Custodians through the Fund. You can obtain a copy of the Policy by contacting Customer Services on 13 12 87 or alternatively refer to the relevant PDS for a summary of the Policy. To the extent of any inconsistency between the Policy and the PDS, the terms of the Policy prevail.

If Zurich accepts your application, any loadings, exclusions, restrictions or limitations imposed by the previous insurer on your Previous Cover may apply to the cover transferred to Zurich under the Policy ('Transferred Cover').

Before proceeding with this application it is important that you have read and understood your relevant ANZ Smart Choice Super PDS.

Using this form you can apply for a maximum of Death only cover \$2,000,000, Death and TPD cover \$2,000,000 and Income Protection

cover – up to \$15,000 per month. Transfer cover is subject to the maximum cover limits as follows:

- Death Only Cover: unlimited
- TPD Cover: \$5,000,000
- Income Protection Cover: \$30,000 per month.

If you are applying for Death only cover, or Death and TPD cover, over \$2,000,000 or Income Protection cover over \$15,000 per month, with the Insurer, please complete a Full Personal Health Statement available from Customer Services on 13 12 87.

Complete and sign the form and return to:

ANZ Smart Choice Super,  
GPO Box 5107, Sydney NSW 2001

or scan and email to [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Note that emails must be sent from the email address we hold on our records.

When you complete and return this form, OnePath Custodians will submit an application to the Insurer for your request for cover to be assessed.

If you need any assistance, contact Customer Services on 13 12 87 weekdays between 8.30am and 6.30pm AEST/AEDT.

You will be required to complete some or all of the questions in this statement. Please follow the instructions carefully. Please also attach proof of the insurance cover you had with the Previous Fund.

## IMPORTANT NOTICE

If this application is declined:

- any existing insurance held by you on the date of this application will continue on the terms and conditions which applied as at the date of this application, including but not limited to any pre-existing condition exclusion(s) (where applicable);
- any information received by Zurich in relation to this application may be used by Zurich when assessing any existing or future insurance claim, and may operate as an exclusion of a claim or otherwise have an adverse impact on your claim.

If this application is accepted by Zurich insurance cover will be provided as Choose Your Own Cover or Voluntary Cover according to the ANZ Smart Choice Super Policies and all of the following apply:

- any existing cover is replaced with Choose Your Own Cover and Choose Your Own Cover premium rates will apply to the amount of Choose Your Own Cover;
- if Voluntary Cover is provided, Voluntary Cover will be provided in addition to my existing cover and Voluntary Cover premium rates will apply to the amount of Voluntary Cover;
- if Choose Your Own Cover is provided, any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.

### Canceling your previous cover

Zurich will assess your application to transfer cover. You will be notified of its decision in writing. Zurich may need to contact your Previous Fund or its insurer to assess your application.

When you receive notification that the Insurer has approved your application, you must cancel your Previous Cover. If you do not cancel your Previous Cover, and in the event Zurich accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection (Salary Continuance), Zurich will reduce any benefit payable under the policy by the amount of any benefit payable under the Previous Cover.

**To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application has been accepted by Zurich.**

OnePath Custodians Pty Limited (OPC) ABN 12 008 508 496, AFSL 238346, RSE L0000673

Retirement Portfolio Service (Fund) ABN 61 808 189 263, RSE R1000986

Zurich Australia Limited (Zurich, Insurer) ABN 92 000 010 195, AFSL 232510

The Australia and New Zealand Banking Group Limited (ANZ) (ABN 11 005 357 522) brand is a trademark of ANZ and is used by OPC under licence from ANZ. OPC is part of the Insignia Financial group of companies comprising Insignia Financial Ltd (ABN 49 100 103 722) and its related bodies corporate ('Insignia Financial Group'). ANZ and companies within the Insignia Financial Group (including OPC) and Zurich are not related bodies corporate. ANZ does not stand behind or guarantee the issuer or these products.

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## THE DUTY TO TAKE REASONABLE CARE

### When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

### About this application

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how they decide whether they can provide cover, and if so on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to the Insurer in response to their questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the Trustee may pass on to the Insurer personal information you provide to the Trustee. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the Trustee.

### Guidance for answering the Insurer's questions

You are responsible for the information you provide to the Insurer. When answering their questions, you should:

- Think carefully about each question before answering. If you are unsure of the meaning of any question, please ask the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the Insurer will ask others such as your doctor.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

### Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

Before your cover starts, the insurer may ask you about any changes that mean you would now answer their questions differently, as any changes might require further assessment or investigation.

### Notifying the Insurer

If, after your cover starts, you think you may not have met your duty, please tell the Insurer immediately and they will let you know whether it has any impact on your cover.

### Telephone contact

After you submit your application, the Insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into also applies during any phone contact with the Insurer.

### If you need help

It's important that you understand this information and the questions the Insurer asks. Ask the Insurer for help if you have difficulty answering their questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, help is available and can be provided if required. You can have a support person you trust with you.

### What can the Insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put the Insurer in the position they would have been in if the duty had been met.

For example, the Insurer may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific the Insurer's questions were and how clear the information they provided on the duty was
- what the Insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before the Insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## 1. PERSONAL DETAILS

Member Number	<input type="text"/>							
Employee name	<input type="text"/>							
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>	
Surname	<input type="text"/>		Given name(s)	<input type="text"/>				
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Email	<input type="text"/>							
Residential address (this cannot be a PO Box)	<input type="text"/>							
Suburb/Town	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Country	<input type="text"/>							
Postal address (if different)	<input type="text"/>							
Suburb/Town	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Country	<input type="text"/>							

I authorise one of Zurich's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  am/pm and  am/pm

Please tick your preferred contact method:

home phone  work phone  mobile phone

## 2. GENERAL DETAILS

Are you an Australian citizen or permanent resident of Australia?  Yes  No

If no, do you have a working visa?  Yes  No

If yes, please identify the type of working visa

## 3. INSURANCE DETAILS

Is this an application for:  New cover in ANZ Smart Choice Super  Adding to existing cover in ANZ Smart Choice Super

### Amount\* of cover to be transferred:

If no selection is made we will assume that you do not wish to transfer any insurance to ANZ Smart Choice Super and will reject this application.

Fixed Death Only \$  (maximum insurance is \$2,000,000)<sup>†</sup>

Death and Total and Permanent Disablement \$  (maximum insurance is \$2,000,000)<sup>†</sup>

Income Protection: (monthly benefit). The monthly benefit may be the equivalent of up to 75% of your monthly salary, but cannot exceed \$15,000 per month \$

Where your employer has not selected Income Protection as part of your plan's insurance arrangements you are able to nominate your own waiting period.

Please nominate the waiting period:  30 days  60 days  90 days

Please nominate the benefit period:  2 years

Do you want to include the superannuation contribution benefit?  Yes  No

Zurich will determine the amount of income protection cover that can be transferred and advise you in writing.

\* If your Previous Cover is unutilised cover or is not a multiple of \$1,000 (for Death Only or Death and TPD cover) or \$100 (for Income Protection cover), your Previous Cover will be converted to Cover for a fixed amount rounded up to nearest multiple of \$1,000 (for Death Only or Death and TPD cover) or \$100 (for Income Protection).

† If the insurance cover you wish to apply for is greater, please complete the Group Risk Personal Statement available from Customer Services on 13 12 87.

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## 4. DETAILS OF INSURANCE COVER THAT YOU WISH TO TRANSFER TO ANZ SMART CHOICE

Please complete this section in relation to the previous cover you wish to transfer to ANZ Smart Choice Super on the terms set out in Zurich's insurance policy.

### a. Insurance details

Member Number/Policy No. (if known)

Name of Superannuation Fund

Name of Insurer

You are responsible for making enquiries regarding any exit, transfer or other fees that may be triggered by transferring your cover out of the previous fund. You should do this so that you completely understand the effects of transferring your insurance cover to ANZ Smart Choice Super.

### b. Proof of insurance cover

Please attach proof of your insurance cover (such as your latest superannuation statement or a Certificate of Currency\*) confirming the type and amount of your previous cover at the time of completing this application. Your cover must be valid and current at the date of this application and must not have changed since the date your proof of cover was issued.

Zurich will not accept documentation that is older than six months as at the date of this application. A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

\* A Certificate of Currency is a document which provides proof of your insurance coverage on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request. You can ask your previous fund to obtain a Certificate of Currency directly from their insurer.

Have you attached to this form proof of your insurance cover described above?  Yes  No

If you ticked 'No', you cannot submit this application form without the proof of insurance cover.

### c. Cover limitations

Is your previous cover subject to any of the following limitations:

- a premium loading?  Yes  No
- an exclusion?  Yes  No
- a restriction?  Yes  No
- a pre-existing condition/new events limitation?  Yes  No
- any other limitation of any sort?  Yes  No

If you answered 'Yes' to any of the above, please attach a copy of the correspondence you received from your previous fund or insurer which sets out the special terms which apply to your previous cover. In assessing your application, Zurich may contact the Previous Fund or Insurer to confirm whether any premium loadings or limitations apply. The cover provided through the Fund will be subject to the underwriting terms provided by the Former Insurer (if any).

## 5. OCCUPATION

What is your usual occupation?\*

What are your normal duties of this occupation?

What percentage of your normal duties of this occupation are manual work?

 %

How many hours (on average) do you work per week?

What is your current annual income earned through personal exertion, before tax, but excluding superannuation contributions and after the deduction of business expenses?

 \$

\* Transfer of cover will not be available if your occupation is not an acceptable occupation for ANZ Smart Choice Super group insurance.

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## 6. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD APPLICATIONS UP TO \$2,000,000

As at the date of signing this application, I declare that:

1. Other than for colds, flus, minor upper respiratory tract infections or minor headache:  Yes  No
  - a. Are you now off work due to illness or injury?  Yes  No
  - b. Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury?  Yes  No
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury? (even if you are currently working less than 30 hours per week for non-medical reasons)  Yes  No
3. Have you ever made, or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury?  Yes  No
4. Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today?  Yes  No
5. Have you ever had an application for life, trauma or disability insurance on your life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion?  Yes  No
6. Other than for colds, flus, minor upper respiratory tract infections or minor headache, do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment?  Yes  No
7. Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom?  Yes  No

**If you answered 'Yes' to any of the statements in Section 6, you can not proceed with this application. You will need to apply for cover by completing the Full Personal Health Statement available online or by calling Customer Services on 13 12 87.**

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## DECLARATION

- I have read and understood the current PDS.
- I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I have read the Privacy Statement in this form, and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement set out in this form (refer to page 7), ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy), OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy) and Zurich's Privacy Policy which is available at [zurich.com.au/important-information/privacy](http://zurich.com.au/important-information/privacy). If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that ANZ, OnePath Custodians and Zurich require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ, OnePath Custodians and Zurich.
- Insurance cover will commence from the date this application is accepted by Zurich in writing.
- Upon being notified that Zurich has accepted my application to transfer my insurance, I will:
  - immediately cancel all my insurance cover in the previous fund and
  - not exercise a continuation option, or subsequently reinstate any cancelled cover within the previous fund or any other division, section, category of the previous fund or insurance policy where such reinstatement of cover is available to me.
- If Zurich accepts my application, I accept that any loadings, exclusions, restrictions or limitations (including any pre-existing condition clause) which were imposed by the previous insurer on my Previous Cover may apply to the Transferred Cover issued to me by Zurich.
- In the event that I do not validly cancel my previous cover, and in the event Zurich accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection (Salary Continuance), Zurich will reduce any benefit paid or payable under the Policy issued by Zurich by the amount of any benefit paid under the Previous Cover.
- I have provided proof of my insurance cover (either my latest superannuation statement or a Certificate of Currency) confirming the type and amount of my previous cover at the time of completing this application.
- If Zurich accepts my application, the terms and conditions outlined in the Policy issued by Zurich will apply to the Transferred Cover and the terms and conditions of my Previous Fund and its insurer will cease to apply. In particular, I understand that if I have existing cover under the Policy, the total amount of cover after the transfer of Previous Cover cannot exceed the maximum benefit level under the Policy.
- I acknowledge that insurance cover will not commence until I am notified of acceptance in writing.
- I acknowledge that if this application is accepted by Zurich insurance cover will be provided as Choose Your Own Cover or Voluntary Cover according to the Smart Choice Policies and all of the following apply:
  - if Choose Your Own Cover is provided, any existing cover is replaced with Choose Your Own Cover and Choose Your Own Cover premium rates will apply to the amount of Choose Your Own Cover;
  - if Voluntary Cover is provided, Voluntary Cover will be provided in addition to my existing cover and Voluntary Cover premium rates will apply to the amount of Voluntary Cover;
  - any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by Zurich in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.
- I authorise Zurich and any person appointed by Zurich to undertake appropriate enquiries and investigations to verify the answers I have provided. I acknowledge that this authorisation enables Zurich to obtain from the Previous Fund and their insurer my application for cover the application I lodged for insurance cover with my Previous Fund. I further authorise Zurich to investigate whether any premium loading(s), restriction(s) and exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to Zurich's consideration and assessment of this application.
- I agree to provide Zurich with access to the health and/or financial evidence I provided to my Previous Fund and its insurer in an application for cover. By signing this declaration, I acknowledge and declare to Zurich that the disclosures and representations made in that application for cover to the Previous Fund and its insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation I may have made to the Previous Fund and/or their insurer may be acted upon by Zurich.
- I acknowledge that Zurich is not a related body corporate of OnePath Custodians Pty Limited.

Name of member

Signature of member (sign clearly within box)

Date

# ANZ SMART CHOICE SUPER INDIVIDUAL INSURANCE TRANSFER FORM

## PRIVACY STATEMENT

Your personal information will be handled by OnePath Custodians, as issuer of this product, ANZ, as distributor of this product and Zurich, as group life insurer. Please read the information contained in this section carefully, as it describes how each of these parties will handle your personal information. In this section, any reference to your personal information includes any health or other sensitive information that OnePath Custodians, ANZ or Zurich may hold about you. Any or all of these parties may send you information on their products and services from time to time. If you do not wish to receive this information from any or all of these parties, please ensure you follow the separate opt out processes for the relevant party specified below.

## ONEPATH CUSTODIANS PRIVACY STATEMENT

OnePath Custodians Pty Limited ABN 12 008 508 496, RSE L0000673 (OPC), as issuer of this product, will collect your personal information when you deal with it, its agents, its related bodies corporate, including other members of the Insignia Financial Group, distributors of this product (such as ANZ), or suppliers acting on OPC's behalf.

OPC uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OPC may disclose your personal information to related bodies corporate, relevant group life insurers, such as Zurich, and organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as set out in OPC's privacy policy.

OPC may also use and disclose your personal information to send you information on its products and services from time to time. OPC may also disclose your personal information to its related companies, relevant group life insurers, such as Zurich and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OPC using and disclosing your information for this purpose at any time by calling Customer Services on 13 12 87.

OPC may also send your personal information overseas, as set out in OPC's privacy policy.

OPC's privacy policy, available at [onepath.com.au/superandinvestments/privacy-policy](https://onepath.com.au/superandinvestments/privacy-policy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OPC deals with any privacy complaints.

## ANZ PRIVACY STATEMENT

ANZ is committed to ensuring the confidentiality and security of your personal information. As the distributor of this product, ANZ collects your personal information in order to distribute, manage and administer this product. Without your personal information, ANZ may not be able to process your application or provide you with the product you require.

ANZ may disclose your personal information to certain third parties, including OPC (as issuer of this product), privacy (as general life insurer), ANZ's related companies, organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as otherwise set out in the ANZ Privacy Policy.

ANZ may send you information about its products and services from time to time. ANZ may also disclose your personal information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service. You can opt out of ANZ using and disclosing your information for this purpose at any time by contacting ANZ Customer Services on 13 13 14.

Sometimes ANZ discloses your personal information overseas. The location varies, but includes the Philippines, India, Ireland, the UK, the USA, China and countries within the European Union.

ANZ's Privacy Policy, available at [anz.com/privacy](https://anz.com/privacy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) ANZ deals with any privacy complaints.

## ZURICH PRIVACY STATEMENT

Zurich Australia Limited ABN 92 000 010 195, AFSL 232510 (Zurich), as group life insurer of this product, will collect your personal information when you deal with it, its agents, or its related bodies corporate, distributors of this product (such as ANZ), or suppliers acting on Zurich's behalf. Zurich uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

Zurich may disclose your personal information to related bodies corporate and organisations, including service providers and those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, enhance customer service, undertake analytics activities and as set out in Zurich's privacy policy.

Zurich may also use and disclose your personal information to send you information on its products and services from time to time. Zurich may also disclose your personal information to its related companies and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of Zurich using and disclosing your information for this purpose at any time by contacting customer services on 133 667.

In disclosing or using your personal information as described above, Zurich may also send your personal information overseas, as set out in Zurich's privacy policy.

Zurich's privacy policy, available at [zurich.com.au/important-information/privacy](https://zurich.com.au/important-information/privacy) sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) Zurich deals with any privacy complaints.