

## AMP Elevate insurance Product Disclosure Statement

Issue Number 13, 20 May 2013



Life Insurance
Life Insurance Superannuation
Total and Permanent Disability Insurance
Trauma Insurance
Income Insurance
Income Insurance Superannuation
Business Expenses Insurance









## For more information about AMP please visit amp.com.au AMP Customer Service 132 987

Products in this Product Disclosure Statement (PDS) are available from 20 May 2013.

#### This PDS is jointly issued by NM Super and NMLA.

All plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan are issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649. The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No. 234654 as trustee of the Super Directions Fund ABN 78 421 957 449 (Super Directions) and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (Wealth Super).

#### Changes to the PDS

Information in the PDS may be amended from time to time. If the amendment is not significantly or materially adverse, it may be updated and information provided on **amp.com.au**.

A printed copy of any amendments can be obtained free of charge by contacting our Customer Service Centre on 132 987.

#### Information contained in this PDS

This PDS contains information about the following types of cover: Life Insurance, Life Insurance Superannuation, Trauma Insurance, Total and Permanent Disability Insurance, Income Insurance, Income Insurance Superannuation and Business Expenses Insurance, which describe the important terms and conditions of the insurance products available from AMP.

The information in this PDS will help you to decide whether these products will meet your needs. It will assist you in comparing the types of cover available in the marketplace but does not take into consideration your individual needs and circumstances. Before acting on the information in this PDS, you should consider the appropriateness of this information and consult a financial adviser.

If you purchase any AMP Elevate insurance products, you will be issued with a plan document. The plan document sets the terms and conditions of the benefits under your plan. The plan document will be issued once cover commences.

#### **Regulatory identifiers**

Super Directions Fund	Australian Business Number (ABN) 78 421 957 449
N.M. Superannuation Proprietary Limited (NM Super)	ABN 31 008 428 322 Australian Financial Services (AFS) Licence No. 234654
The National Mutual Life Association of Australasia Limited (NMLA)	ABN 72 004 020 437 AFS Licence No. 234649
Wealth Personal Superannuation and Pension Fund	ABN 92 381 911 598

#### Definitions referred to in this PDS

In this PDS any reference to:	means:
'you' or 'your'	Any potential customer who is likely to become the person insured. Where insurance products are owned by an individual or entity other than the person insured, 'you' may refer to the policy owner.
In this PDS and the Application form, any reference to:	means:
'us', 'we', 'our' or 'the insurer'	The National Mutual Life Association of Australasia Limited (NMLA).
'NM Super' or 'Trustee'	N.M. Superannuation Proprietary Limited.
'Income Insurance Super Plan'	Income Insurance Superannuation Plan.
'Wealth Super'	Wealth Personal Superannuation and Pension Fund.

In the Application form, including the Personal Statement, 'you' means the person to be insured, unless the context requires it to be the plan owner.

Some words in this document have a particular meaning. These 'defined terms' are shown in 'inverted commas' and their meaning is explained in the Glossary of definitions section.

The products contained in this PDS are not investment products.

## Throughout this document the following symbols have been used:

<b>S</b>	Superannuation Indicates that the benefit/option/definition is only available on plans issued by NM Super being the
	Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.
NS	Non-superannuation
	Indicates that the benefit/option/definition is not available to plans issued by NM Super.
SNS	Superannuation and non-superannuation Indicates that the benefit/option/definition is available to both superannuation plans issued by NM Super and non-superannuation plans.
S	Non-superannuation linked plan/option
	Indicates that the benefit/option/definition may be linked to either a superannuation plan or nonsuperannuation plan and is not issued by NM Super.

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## Structuring your insurance

#### Insurance available

AMP Elevate insurance offers you:

- Life insurance
- Total and permanent disability (TPD) insurance
- Trauma insurance
- Income insurance
- Business expenses insurance.

### Ownership

Plans can be owned by:

- Individuals
- A company
- Trustees of a self-managed superannuation fund (SMSF)
- A trust
- NM Super see Superannuation section below.

To purchase insurance within superannuation via an SMSF, select any combination of non-superannuation plans. These plans will be owned by the trustees of the SMSF who are responsible for meeting the requirements under the Superannuation Industry (Supervision) Act 1993 (SIS), including ensuring that the member satisfies the appropriate condition of release before releasing any insurance benefits.

For non-superannuation plans, where a claim is paid, it will be paid to the owner of the plan.

#### Superannuation

AMP Elevate insurance offers the following plans which are held in our superannuation funds:

- Life Insurance Superannuation Plan
- Income Insurance Superannuation Plan.

These plans are owned by NM Super and

- If you are paying directly, your plan will be with the Super Directions Fund with NM Super as the Trustee.
- If you are paying through AMP's North, Summit,
   Generations or iAccess, your plan will be with the Wealth
   Personal Superannuation and Pension Fund with NM Super as the Trustee.

TPD insurance is available within superannuation as an option to the Life Insurance Superannuation Plan.

Where a claim is paid, it is paid to NM Super who will then release the benefit subject to the member satisfying the appropriate condition of release under superannuation law.

FlexiLink can improve the timing of the payment of benefits. This is because under FlexiLink the TPD or trauma benefit is outside of superannuation and can be paid to you directly, without you having to satisfy a superannuation condition of release.

The PremierLink options are another way of providing flexibility in plan ownership.

- PremierLink TPD: allows TPD with an any occupation definition to be held inside of superannuation and TPD with an own occupation definition to be held outside of superannuation.
- PremierLink IP: allows superannuation compliant income insurance definitions and benefits to be held inside of superannuation and other enhanced income insurance definitions and benefits to be held outside of superannuation.

Also, should you claim under FlexiLink or PremierLink TPD, benefits are paid outside of superannuation and are usually not taxable, meaning you will receive the full value of your benefit. Without FlexiLink and PremierLink TPD, payments within the superannuation environment may be subject to taxation, reducing the value of the benefit you receive.

To determine if your insurance should be held in or outside of the superannuation environment, there are various factors to consider such as eligibility to contribute, taxation, where your benefit will be paid if you make a claim, cost, and the benefits included in the plan. Also note that the paying of insurance premiums from your Wealth Personal Superannuation and Pension Fund will decrease the superannuation balance available for your retirement.

Your financial adviser will be able to assist you to determine the ownership that is appropriate for your individual needs.

For further information refer to the Holding your policy in superannuation section on page 50.

#### **Premiums**

Depending on the plan you purchase, there are three premium structures available to you:

#### Stepped premiums

Premiums are adjusted each year at the 'renewal date' according to your age. In general, each year as you get older your premiums will increase.

#### **Blended premiums**

Only available for life, TPD and trauma insurance

For each layer of cover<sup>1</sup>, premiums are adjusted each year for the first 10 years according to your age. After that, your premium will remain constant and will be the premium you were paying in the 10th year. After you turn 60, the premiums for all layers of cover will switch to stepped premiums regardless of when the layer of cover commenced.

#### Level premiums

Premiums remain the same for each layer of cover<sup>1</sup> throughout the term of the plan. However, for life, TPD and trauma plans, level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.

For further information on premium structures refer to the General terms and conditions section on page 54.

1 A layer of cover can be the initial sum insured, any endorsed increases or any CPI increases.

#### Plan structure

To meet your insurance needs the structure of your insurance should be carefully considered. AMP Elevate insurance products can be purchased as plans, options on plans, FlexiLink plans or PremierLink options. Please refer to the table below for the available structures for each insurance product.

	Plan	Option	FlexiLink	PremierLink
Life Insurance	1			
TPD Insurance	✓	✓	S	S
Trauma Insurance	✓	✓	S	
Income Insurance	<b>√</b>			S
Business Expenses Insurance	✓			

The following information does not take into consideration your individual needs and circumstances. To determine what plan structure is appropriate for you, you should contact your financial adviser.

#### Insurance purchased as a plan

Life insurance, TPD insurance, trauma insurance, income insurance and business expenses insurance can be purchased as plans that operate independently of each other.

Where TPD insurance and trauma insurance are purchased as plans, independent of a life insurance plan, in the event of a TPD or trauma claim, the benefit under the life insurance plan is not reduced.

#### Insurance purchased as an option

TPD insurance and trauma insurance can be purchased as options attached to a life insurance plan. TPD insurance can also be purchased as an option attached to a trauma insurance plan.

Where TPD insurance or trauma insurance is purchased as an option, in the event of a claim being paid out on the option the benefit of the plan and any other insurance options attached to the plan will be reduced by the amount of the claim (unless a Double TPD or Double trauma option has been purchased). Therefore a lower premium is charged for insurance purchased as an option compared with being purchased as a plan.

#### Plan structure continued

#### FlexiLink plans

FlexiLink provides you with flexibility in structuring your insurance. Under FlexiLink, if you are paid a trauma or TPD benefit it will be paid directly to you. Without FlexiLink, for cover within superannuation the benefit would be paid to the Trustee of the Fund. The Trustee would release the benefit to you only if you met a condition of release as defined under superannuation law.

When you purchase life insurance, FlexiLink allows you to attach trauma and TPD insurance with the same person insured as the life insurance, but with a different policy owner (refer to Figure 1.0 below).

Some common policy owner combinations include:

- Having a life insurance plan and a TPD option inside superannuation via an SMSF, with FlexiLink Trauma and/ or FlexiLink TPD outside superannuation and owned by an individual, business, trust or company
- Having life insurance and TPD insurance inside superannuation via NM Super, with FlexiLink Trauma and/ or FlexiLink TPD outside superannuation owned by an individual, business, trust or company.

FlexiLink plans work in a similar way to an option in terms of how they are priced and how they function.

Because of this, FlexiLink TPD and FlexiLink Trauma plans are priced lower than stand-alone TPD and trauma plans.

Note: If you attach FlexiLink TPD or FlexiLink trauma to a life insurance plan, a Trauma option cannot be added to the life insurance plan.

#### PremierLink TPD option

The PremierLink TPD option also provides flexibility in structuring your TPD insurance. When you purchase a TPD any occupation option on a Life Insurance Superannuation Plan or a Life Insurance Plan (that is owned by the trustees of an SMSF), the PremierLink TPD option allows you to link a TPD own occupation benefit to your plan. The linked benefit will be held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the TPD any occupation definition in the first instance. If you meet this definition, the benefit will be paid to the trustees of the super fund. If you do not meet the TPD any occupation definition, you will then be assessed under the TPD own occupation definition. If you meet this definition, the benefit will be paid directly to you. Refer to Figure 1.1 to see how this option works in the event of a claim.

Holding a TPD any occupation option inside of superannuation may be a tax-effective way of paying your premiums.

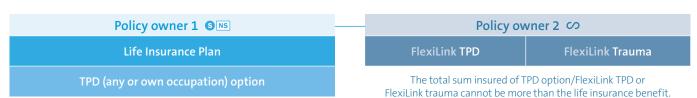
Depending on your circumstances, there can be advantages to holding your TPD own occupation cover outside of superannuation. If a benefit is paid within superannuation, the benefit will be paid to the trustees of the super fund. The trustees can only release the benefit to you if you meet a condition of release as defined under superannuation law. However, if a payment is made under the PremierLink TPD option, the benefit will be paid directly to you.

When both TPD any occupation and PremierLink TPD options are purchased, they must have the same structure. For example, they must both have the same sum insured, which cannot exceed the sum insured of the life insurance they are linked to. The PremierLink TPD option must have the same premium style and the same anniversary date as the TPD any occupation option. If an increase or reduction is made to the TPD any occupation insurance, the alteration will automatically be applied to the TPD own occupation cover held under the PremierLink TPD option.

The PremierLink TPD option works in a similar way to the TPD insurance option it is linked to. For example, if a benefit is paid under either of these options it will reduce the sum insured of the life insurance plan it is attached to along with any other options attached/linked to the plan.

Figure 1.0

How FlexiLink works



Trauma is not available as an option when adding FlexiLink to a plan.

Figure 1.1 How the PremierLink TPD option works

Policy owner 1 S NS	Policy owner 2 ∽
Life Insurance Life Insurance Plan Superannuation Plan OR Owned by the Owned by NM Super trustees of an SMSF	PremierLink TPD option  Owned by an individual or company outside of superannuation
Life insurance + TPD any occupation option	TPD – own occupation definition plus the following benefits:  Accommodation + Financial plan + Partial TPD

On submission of a TPD claim, one of the following scenarios may apply:

#### Scenario 1

#### **TPD** any occupation definition is met

#### Policy owner 1

TPD any occupation benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF. If you meet a condition of release under superannuation law, the benefit is then released to you.

#### Policy owner 2

No TPD disability benefit is payable under this option. However, if you are eligible, the following

- Accommodation benefit
- Financial plan benefit

will be paid to policy owner 2.

#### Scenario 2

#### **TPD** any occupation definition is not met

Claim will then be assessed under TPD own occupation definition

#### Policy owner 1

No TPD disability benefit is payable under this policy.

#### Policy owner 2

The TPD own occupation benefit will be paid to the plan owner. If you are paid 100% of the TPD benefit and are eligible, the following benefits:

- Accommodation benefit
- Financial plan benefit will be paid to policy owner 2.

#### **TPD** own occupation definition is met

#### Scenario 3

#### **Partial TPD** definition is met

#### Policy owner 1

No TPD disability benefit is payable under this policy, but the benefit amount will be reduced by the Partial TPD benefit amount paid.

#### Policy owner 2

The Partial TPD benefit will be paid to policy owner 2 and the PremierLink TPD benefit amount will be reduced by the Partial TPD benefit amount paid.

#### Plan structure continued

#### PremierLink Income Insurance (PremierLink IP) option

The PremierLink IP option provides flexibility in structuring your income insurance. When you purchase an Income Insurance Plan (that is owned by the trustees of an SMSF) or Income Insurance Superannuation Plan, the PremierLink IP option allows you to enhance your benefits to be equivalent to the Income Insurance Premier Plan. The enhanced definitions and additional benefits are linked to your income insurance plan and are held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the Total disability or Partial disability definition on your income insurance plan inside superannuation. If that definition is met the benefit will be paid directly to the Trustee. At the same time, you will also be assessed under the Total disability or Partial disability definition on your PremierLink IP option outside of superannuation. If that definition is met a benefit will be paid on your PremierLink IP option. The benefit will be paid directly to you. Refer to Figure 1.2 to see how this option works in the event of a claim.

Depending on your circumstances, there can be advantages to holding your PremierLink IP option outside of superannuation. If a benefit is paid within superannuation, the benefit will be paid to the trustees of the super fund. The trustees can only release the benefit to you if you meet a condition of release as defined under superannuation law. However, if a payment is made under the PremierLink IP option, the benefit will be paid directly to you.

When both an income insurance plan and PremierLink IP option are purchased, they have the same structure. For example, they will have the same monthly benefit, waiting period and benefit period. The PremierLink IP option has the same premium style and the same anniversary date as the income insurance plan. The income insurance plan is indemnity; however, the PremierLink IP option can be agreed value or indemnity. If an alteration, increase or reduction is made to the income insurance plan, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.

Figure 1.2 How the PremierLink IP option works

#### Policy owner 1 S NS Policy owner 2 ∽ Income Insurance **Income Insurance Plan** PremierLink IP option **Superannuation Plan** Owned by the Owned by an individual or company outside of superannuation Owned by NM Super

Benefits as per the table on page 34

Benefits as per the table on page 34

On submission of an Income Insurance claim, one of the following scenarios may apply:

#### Scenario 1

Total disability definition on income insurance plan is met within superannuation

#### Policy owner 1

Total disability benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF. If you meet a condition of release under superannuation law, the benefit is then released to you.

#### Policy owner 2

No Total disability benefit is payable under this option. However, if you are eligible, the additional benefits outlined on page 34 will be paid to policy owner 2.

#### Scenario 2

Total disability definition on income insurance plan inside superannuation is not met

Claim will be assessed under Total disability definition outside

# superannuation

**Total disability definition** on PremierLink IP outside superannuation is met

#### Policy owner 1

No IP benefit is payable under this policy.

#### Policy owner 2

Total disability benefit is paid directly to policy owner 2. If you are eligible, the additional benefits outlined on page 34 will also be paid to policy owner 2.

#### Scenario 3

Partial disability definition on income insurance plan inside superannuation is met

Claim will also be assessed under the Total disability definition outside superannuation

#### Policy owner 1

Partial disability benefit is paid to policy owner 1, either NM Super or the trustees of the SMSF. If you meet a condition of release under superannuation law, the benefit is then released to you.

#### Policy owner 2

Total disability benefit is paid directly to policy owner 2. The amount paid here is a top-up amount that will bring the total amount paid inside and outside superannuation equal to the 'Total disability benefit amount' on the PremierLink IP.

#### **Total disability definition** on PremierLink IP outside superannuation is met

#### Example

Monthly benefit of PremierLink IP option

The total amount paid cannot exceed the Total disability benefit amount of PremierLink IP option.

Partial disability definition is met inside superannuation. \$8,000 is paid to policy owner 1.

Total disability definition is met outside superannuation. \$2,000 is paid to policy owner 2.

## AMP Elevate Life insurance

#### Plan

## S Life Insurance Superannuation Plan

Cover will expire:

- On your 75th birthday, or
- On an earlier age you selected.

If you cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions

- And your plan is with the Super Directions
   Fund with NM Super as the Trustee, your plan will cease.
- And your plan is with Wealth Super with NM Super as the Trustee, your cover will continue if there are sufficient funds in your superannuation account to pay the premiums.

For further information on making contributions refer to the Holding your policy in superannuation section on page 50. The Life Insurance Plan will pay a lump-sum benefit if you die or if you are diagnosed with a terminal illness and have 12 months or less to live. This amount is paid once only, and is paid as a lump sum. The life insurance benefit amount is specified in your schedule.

#### Life insurance as a plan SNS

Life insurance can be purchased as a plan only. The two plans available are:

- Life Insurance Plan
- Life Insurance Superannuation Plan.

### Eligibility to apply

	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Initial sum insured	Minimum: \$50,000 Maximum: No limit subject to Underwriting	
Entry ages	Stepped premiums: 11 – 70 next birthday  Level premiums: 11 – 65 next birthday  Blended premiums: 25 – 50 next birthday	
Expiry ages	<b>Age 99</b> Or earlier if selected <sup>(i)(ii)</sup>	Age 75 Or earlier if selected (i)(ii)
Minimum annual premium	\$250 across linked plans (iii)	

- (i) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.
- (ii) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.
- (iii) The minimum premium applies to the sum of premiums for:
  - An individual's linked policies (please refer to Plan fee waiver on additional plans on page 56 for more information), and
  - Policies linked by way of family relationship and/or a business partner relationship.

#### Benefits overview

#### **Included benefits**

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found on the page indicated below.

Included benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Life insurance	10	✓	✓
Terminal illness	10	<b>√</b>	<b>✓</b>
Future insurability benefit	11	✓	✓
Indexation benefit	11	✓	✓
Interim cover	11	✓	✓
Premium freeze (i)(ii)	11	✓	✓
Upgrade of benefits	11	✓	✓
24 hour worldwide cover	11	✓	✓
Accommodation benefit	10	✓	
Advancement of funeral expenses	10	✓	
Financial plan benefit	11	✓	

#### Optional benefits available

The following table outlines the optional benefits that can be added or linked to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

Optional benefits	Page	Life Insurance Plan NS	Life Insurance Superannuation Plan S
Business solutions option – life	14	1	✓
Premium waiver option	14	<b>√</b>	<b>√</b>
Total and permanent disability (TPD) option	14	✓	✓
Double TPD option	15	<b>√</b>	<b>√</b>
Life buy back TPD option	15	✓	✓
Business solutions option – TPD	14	✓	✓
PremierLink TPD (iii)	14	S	S
FlexiLink total and permanent disability (TPD) (iv)	16	S	S
Life buy back TPD option	15	S	S
Business solutions option – TPD	14	S	S
Children's trauma	29	S	S
Activities of Daily Living (ADL) TPD option	16	✓	✓
FlexiLink trauma (iv)	17	S	S
Life buy back – trauma option	16	S	S
Trauma reinstatement option	17	S	S
Business solutions option – trauma	14	S	S
Children's trauma	29	S	S
Children's trauma	29	✓	
Trauma option	16	<b>√</b>	
Double trauma option	16	<b>√</b>	
Life buy back – trauma option	16	<b>√</b>	
Trauma reinstatement option	17	<b>√</b>	
Business solutions option – trauma	14	✓	

#### Life Insurance **Superannuation Plan**

You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payment is made to NM Super, who will then release the benefit to you or your beneficiaries, subject to you satisfying the appropriate condition of release under superannuation law. If you do not meet the condition of release, the benefit must remain in the Fund until a condition of release has been met.

For further information on the following, refer to the Holding your policy in superannuation section on page 50:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant

- (i) Not available for blended premiums.
- (ii) Not available on FlexiLink plans/PremierLink TPD option or the plan/options they are attached to.
- (iii) Can only be linked to a TPD any occupation option under either a Life Insurance Superannuation Plan or a Life Insurance Plan owned by the trustees of an SMSF.
- (iv) FlexiLink plans and options can be linked to the Life Insurance Superannuation Plan; however, they will be held on a separate policy outside of superannuation.

#### Included benefits

#### Life insurance SNS

If you die, we will pay a lump-sum benefit. This amount is paid once only. The life insurance benefit is specified in your plan schedule.

#### S Terminal illness benefit

If you become terminally ill, we will pay the Trustee the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will only pay if you become terminally ill:

- After this plan commences
- Before this plan ends, and
- Before you reach the benefit expiry age for this plan.

#### Terminally ill means:

- Two registered medical practitioners have certified, jointly or separately, that the member suffers from an illness, or has incurred an injury, that is likely to result in the member's death within 12 months of the date of certification
- At least one of the registered medical practitioners is a specialist practising in an area related to the illness or injury, and
- For each of the certificates, the certification period has not ended.

No Terminal Illness benefit will be paid if this plan has lapsed, been cancelled, or is otherwise not in force prior to the date you become terminally ill. The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you become terminally ill.

If a terminal illness claim is admitted, we will pay the insured amount to the Trustee. Subject to the Trustee confirming you have satisfied a condition of release, such as a terminal medical condition, the Trustee will make the proceeds available to you.

The life insurance benefit is specified in your schedule.

Note: We reserve the right to request that a certifying registered medical practitioner cannot be a family member, business partner, your employee or employer.

#### Terminal illness benefit NS

If you become terminally ill, we will pay you the terminal illness benefit. This is an advance payment of the life insurance benefit.

We will only pay if you become terminally ill:

- After this plan commences
- Before this plan ends, and
- Before you reach the benefit expiry age for this plan.

#### Terminally ill means:

- A registered medical practitioner has certified that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 12 months, and
- We agree with that diagnosis.

No Terminal Illness benefit will be paid if this plan has lapsed, been cancelled, or is otherwise not in force prior to the date you become terminally ill. The amount of the terminal illness benefit we will pay is the amount of the life insurance that applied when you become terminally ill.

We reserve the right to request that a certifying registered medical practitioner cannot be a family member, business partner, your employee or employer.

A terminal illness benefit is only payable if you hold life insurance.

#### Accommodation benefit NS

If we pay you the full benefit for:

- Terminal illness, or
- Trauma, or
- TPD any or own occupation,

and a medical practitioner certifies that you must remain confined to bed due to the reason for which we paid you a benefit, and you are:

- More than 100 km from your home, or need to travel to a place that is more than 100 km from your home for medical treatment, and an immediate family member is required to stay with you, or
- An immediate family member is required to stay with you and must travel more than 100 km from their home to do SO.

we will pay the accommodation costs of your immediate family member.

We will pay up to a maximum of \$150 per day for each day that you remain confined to bed and your immediate family member remains away from their home, for a maximum of 14 days.

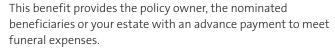
This benefit must be claimed within six weeks of the terminal illness/trauma/TPD insurance benefit being paid. We must receive evidence of your confinement to bed and your payment of the accommodation costs which is acceptable to AMP.

We will only pay the accommodation benefit once regardless of the number of plans or options held with us.

If a TPD any occupation option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

The payment of the accommodation benefit will not reduce any other benefit payable under the plan.

#### Advancement of funeral expenses NS



If we pay an advance payment, then the life insurance benefit amount will be reduced by the amount paid for funeral expenses.

The amount payable is the lower of:

- \$20,000, or
- The sum insured.

This benefit is not payable if the death is due to suicide within the first 13 months from the commencement or reinstatement of cover.

An advancement of funeral expenses is payable on the receipt of the death certificate or of other proof of death that is acceptable to AMP.

The advance payment is not an admission of liability to pay the full life insurance benefit.

#### Financial plan benefit NS

If we pay 100% of the benefit, we will reimburse you (or your nominated beneficiaries or estate), up to \$2,000 for the cost of financial planning advice.

You must seek the advice within six months of us paying the benefit. The advice must be from a representative of an Australian Financial Services Licensee.

The payment of the financial plan benefit will not reduce any other benefit payable under the plan.

We will only pay the financial plan benefit once regardless of the number of plans or options held with us. If a TPD any occupation option and PremierLink TPD option are both purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

#### Future insurability benefit

This benefit allows you to increase your insurance benefit amount once in any 12 month period. Increases to your insurance benefit amount made under the future insurability benefit amount are not subject to providing health evidence.

The increase must be applied for in the period commencing on the date a specified personal or business event occurred and ending 30 days following the first policy anniversary after that event.

Your eligibility to apply for an increase under this benefit will expire on your 55th birthday.

Further information can be found in the Glossary of definitions section of this PDS on page 74.

#### Indexation benefit

To protect your benefit against the effects of inflation, up until age 65 your benefit amount is automatically increased each year by the greater of 5% or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase on your plan including any options attached. If you do not decline the increase, your benefit amount will be increased and your premium will increase accordingly.

For all TPD and trauma options, we will not increase the benefit amount of these options to exceed the benefit amount of the plan to which these options are attached.

If you hold the Life Insurance Superannuation Plan and the premiums are paid by your employer, you must get agreement from your employer to allow indexation to be applied to your plan. The indexation benefit will not be permitted where a loading exceeding 100% is applied.

#### Interim cover SNS

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 76 specifies the terms of cover

#### Premium freeze SNS

Only available for Stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence. Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next 'renewal date' of the policy. Premium freeze is not available on a FlexiLink plan/ PremierLink TPD option or the life insurance plan/options they are attached to.

The Indexation benefit will not apply while Premium freeze is exercised.

#### Upgrade of benefits (SINS)

If we make future improvements to your plan, and such improvements do not result in an increase in premium, we will pass these changes on to you without you having to provide us with any medical evidence or evidence regarding your occupation, pastimes or place of residence.

These upgrades provide improvements to your plan including additional benefits and improved definitions. You will still retain your existing terms, conditions and premium rates for this plan.

Any improvements and/or changes to your plan definitions will always be reviewed at claim time to ensure you are assessed using the definitions that benefit you most. This means that if a definition or benefit from your original plan is more beneficial to you, you will still be eligible to claim under your original plan definitions.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

#### 24 hour worldwide cover SNS 00

Subject to the terms and conditions of the plan, on acceptance of your plan we will cover you 24 hours a day anywhere in the world. If you are sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a doctor chosen by us to support the claim.

#### Additional information

## When the Life Insurance Plan/Life Insurance Superannuation Plan will end

The Life Insurance Plan/Life Insurance Superannuation Plan and options attached will automatically end as soon as one of the following happens:

- We have paid the benefit in full, or
- You die, or
- The plan to which an option is attached ends (if applicable), or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason.

#### When we will not pay **S**

The Life Insurance Plan/Life Insurance Superannuation Plan will not pay a benefit if:

- You make a fraudulent claim
- You had a medical condition, injury or sickness (for which a reasonable person would have tried to receive advice, care or treatment from a medical practitioner or other health professional) before the plan began and you did not tell us about it, or
- You die as a result of suicide within 13 months of the commencement or reinstatement of the plan. This 13 month exclusion also applies to any increase in benefit (apart from indexation benefit), or
- You have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

## Replacement plans, conversions and takeover terms from within AMP or another insurer SNS

#### Where:

- We have agreed to replace or convert an existing life insurance plan either from within AMP or another insurer (via takeover terms, conversions or subject to full underwriting), and
- A suicide exclusion existed on the internal or external plan, and
- You served the suicide exclusion period upon commencement of the plan with AMP either as a new plan or cancellation (coinciding with cancellation of the external policy),

we will waive the '13 month suicide exclusion'. Where you have served part of the suicide exclusion period, we will waive the equivalent time.

Further information on how the '13 month suicide exclusion' applies can be found in the Glossary of definitions on page 63.

Takeover terms may be offered for plans that have been fully underwritten by another insurer. Timeframes and other conditions apply. You should speak to your financial adviser to determine if you are eligible to apply for Takeover terms.

For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

### Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the Optional benefits table in each insurance section. The optional benefits may be added to your plan with an additional premium.

Optional benefits – minimum and maximum entry age and minimum and maximum benefit

Benefits		Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum benefit amount which may be purchased
Business solutions option – life (iii)	SNS	18 next birthday	60 next birthday	65	\$50,000	The lower of:  - Four times the life insurance benefit amount, and  - \$15,000,000 less the total benefit amounts under any life insurance plans held with us or another company under which you are covered.
Business solutions option – TPD (iii)	S NS	18 next birthday	60 next birthday	65	\$50,000	The lower of:  - Four times the TPD insurance benefit amount, and  - \$5,000,000 less the total benefit amounts under any TPD insurance plans or options held with us or another company under which you are covered.
Business solutions option – trauma (iii)	SINS	18 next birthday	60 next birthday	65	\$50,000	The lower of:  - Four times the trauma/trauma plus benefit amount, and  - \$2,000,000 less the total benefit amounts under any trauma insurance plans or options held with us or another company under which you are covered.
Premium waiver <sup>(iii)</sup>	SNS	16 next birthday	60 next birthday	65 or when the plan ends, whichever is earlier	N/A	N/A
TPD <sup>(iii)</sup> / FlexiLink TPD <sup>(iii)</sup>	SNS	16 next birthday	60 next birthday	99 <sup>(ii)</sup>	\$50,000	\$5,000,000 <sup>(i)</sup>
Double TPD <sup>(iii)</sup>	SNS	16 next birthday	60 next birthday	99 (ii)	\$50,000	\$5,000,000 <sup>(i)</sup>
Life buy back – TPD <sup>(iii)</sup>	SNS	16 next birthday	60 next birthday	65	\$50,000	\$5,000,000 <sup>(i)</sup>
PremierLink TPD <sup>(iii)</sup>	S	16 next birthday	60 next birthday	99 (ii)		sured must be the same amount as the TPD tion option that it is linked to.
ADL TPD(iii)	SINS	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99 (ii)	\$50,000	\$2,000,000 <sup>(i)</sup>
Trauma <sup>(iii)</sup> / FlexiLink Trauma <sup>(iii)</sup>	NS	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99	\$50,000	\$2,000,000 <sup>(i)</sup>
Double trauma (iii)	NS	16 next birthday	Level premiums: 60 next birthday Stepped premiums: 65 next birthday	99	\$50,000	\$2,000,000 <sup>(i)</sup>
Trauma Plus <sup>(iii)</sup> / FlexiLink Trauma Plus <sup>(iii)</sup>		16 next birthday	60 next birthday	99	\$50,000	\$2,000,000 <sup>(i)</sup>
Double Trauma Plus <sup>(iii)</sup>	NS	16 next birthday	60 next birthday	99	\$50,000	\$2,000,000 <sup>(i)</sup>
Life buy back – trauma <sup>(iii)</sup>	NS	16 next birthday	60 next birthday	65	\$50,000	\$2,000,000 <sup>(i)</sup>
Trauma reinstatement (iii)	NS (C)	16 next birthday	60 next birthday	70	\$50,000	\$2,000,000 <sup>(i)</sup>
Children's trauma	NS	3 next birthday	16 next birthday	21	\$10,000	\$200,000

<sup>(</sup>i) The maximum benefit amount which may be purchased at commencement but may increase with indexation.

<sup>(</sup>ii) When attached to the Life Insurance Superannuation Plan, this option expires at age 75.

<sup>(</sup>iii) For blended premiums, the minimum entry age is 25 next birthday and the maximum entry age is 50 next birthday.

#### Business solutions option − life, TPD or trauma SIS

The Business solutions option allows you to apply each year for future increases to your insured benefit, in line with:

- The value of your business
- The value of you to the business, or
- The value of the relevant business loan at the time of the increase

The option is available to be purchased on life insurance, TPD insurance and trauma insurance.

During the initial application you will be fully medically underwritten for the potential sum insured. This option is only available if you are assessed on standard premium rates, terms and conditions. Financial requirements at application stage will be based on the initial sum insured and the reason for cover.

If you choose to exercise this option, we will require financial evidence, and possibly other additional information that supports the increase to your benefit.

If you have received, are receiving or are eligible to receive any benefit under a plan held by us or another company, you will be required to provide medical evidence for your application for an increase.

The Business solutions option will expire:

- When your plan ends
- When your sum insured has increased to the maximum amount permitted under this option
- When you turn 65
- At the start of any period for which you have not paid premiums under the plan
- When you have made, or are entitled to make, a claim under the plan, or
- When you notify us in writing that you wish to cancel the option.

Indexation increases will not be available on this option, the plan that this option is attached to and any options attached/ linked to the plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### Premium waiver option

We will waive your premiums while:

- You are totally disabled, or
- 'Involuntarily unemployed'.

#### Premium waiver while totally disabled

If you are totally disabled for at least 90 consecutive days, we will waive your life insurance plan premiums. We will continue to waive your premiums while you are totally disabled until you reach age 65. The premium we waive will include the plan fee and any options (including the PremierLink TPD option or any FlexiLink plans) attached to your life insurance plan.

For the purpose of this option, you will be assessed as totally disabled if, because of an injury or sickness, you are:

- not capable of doing the 'important duties' of your occupation
- not working in any occupation (whether paid or unpaid), and
- under 'medical care'.

We will not waive any premium if your total disability is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you.

#### Premium waiver while involuntarily unemployed

Additionally, if you become 'involuntarily unemployed' and you let us know in writing within three months of the date this took place, we will waive your life insurance plan premiums for three months from the date you became 'involuntarily unemployed' or until you recommence employment, whichever is shorter. The premium we waive will include the plan fee and any options (including the PremierLink TPD option or any FlexiLink plans) attached to your life insurance plan.

This benefit only applies if:

- Your plan has been in force for six months in a row at the time you become 'involuntarily unemployed', and
- You register with an approved government employment agency within 30 days of becoming 'involuntarily unemployed'.

If you become 'involuntarily unemployed', we will waive premiums due or paid for all involuntary unemployment periods for a cumulative period of 12 months during the life of the plan.

#### Exercising this option

Once the premium waiver option is exercised, we will not waive premium increases incurred as the result of increases in the benefit, purchasing a new option or increasing the benefit of an option attached to the life benefit.

While we waive premiums under this option, we will not increase the benefit each year by the increase in the CPI.

Once we are no longer waiving premiums under this option, we will recommence increases to the benefit as stated in the indexation benefit on page 11.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### 

If you become totally and permanently disabled, we will pay you the TPD insurance benefit amount.

The sum insured of the plan and any attaching trauma insurance that this option is attached to will be reduced by the TPD insurance benefit amount paid.

Further information can be found in the TPD Insurance section of this PDS on page 18.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### PremierLink TPD option ∽

The PremierLink TPD option allows you to link a TPD own occupation benefit to a TPD any occupation benefit held on the Life Insurance Superannuation Plan or the Life Insurance Plan (that is owned by the trustees of an SMSF). The linked PremierLink TPD option will be held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under a TPD any occupation definition in the first instance. If you meet this definition, the benefit will be paid to the Trustee of the fund (or the trustees of the SMSF). If you do not meet the TPD any occupation definition, you will then be assessed under a TPD own occupation definition under the PremierLink TPD option. If you meet this definition, the benefit will be paid directly to you. The definitions for TPD any and own occupation can be found in the Glossary of definitions on page 63.

- A payment of 100% of the TPD benefit under either the TPD any occupation option or the PremierLink TPD option will automatically cancel both options.
- If you are paid a TPD benefit under either the TPD any occupation option or the PremierLink TPD option and you are also eligible for an Accommodation benefit and/or Financial plan benefit, these benefits will be paid to you directly under the PremierLink TPD option held outside of super.
- If you are paid the Partial TPD benefit, this will be paid under the PremierLink TPD option that is held outside of superannuation. This benefit will be paid directly to you.
- The sum insured of the plan and any attached/linked trauma or TPD insurance will be reduced by any PremierLink TPD insurance payment.
- If you cancel the TPD any occupation option, the PremierLink TPD option will automatically be cancelled. However, if you cancel the PremierLink TPD option, the TPD any occupation option can remain.
- If the Business solutions option and/or the Life buy back TPD option are purchased, they will be applied to both the TPD any occupation option and the PremierLink TPD option. If they are cancelled, they will be cancelled from both TPD options.
- If the PremierLink TPD option is purchased, FlexiLink TPD and Double TPD will not be available on the linked life insurance plan.

For further information on the PremierLink TPD option refer to the Plan structure section on page 4.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### Double TPD option SNS

This option works the same way as the TPD insurance option except if we pay the TPD insurance benefit amount before age 65, the sum insured of the life insurance plan that this option is attached to will not be reduced. The sum insured of any attaching trauma insurance will reduce by the TPD insurance benefit amount paid.

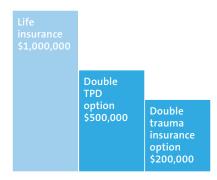
Furthermore, in the event we pay the full TPD insurance benefit payment, we will waive your life insurance premiums until your plan expiry date. In instances where the TPD insurance benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a TPD insurance benefit after the plan 'renewal date' following age 65, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any trauma option attached once the Double TPD insurance option has been activated. This option is not available together with PremierLink TPD.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Figure 2.1 Double TPD insurance option



#### **TPD**

In the event of a double TPD claim, the amount of \$500,000 is payable. The Double trauma insurance option will be reduced by \$500,000; however, the Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$0
- Double trauma insurance option \$0.

Premium waiver: As the Double TPD benefit amount was 50% of the life insurance benefit amount, we will waive 50% of the future premium for life insurance, even though the life insurance benefit amount remains at \$1,000,000.

#### Life buy back − TPD option SMS <

This option allows you to purchase new life insurance in the event that we pay out the full TPD insurance benefit without the need to provide us with any health or other evidence.

Immediately after we pay the full TPD insurance benefit, this option provides you with 60 days in which to purchase new life insurance. The maximum amount that can be purchased is the TPD insurance benefit amount we paid.

The new plan offered will be the life insurance plan that is onsale when this option is exercised.

Any special conditions that applied to the original plan when the TPD claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back – TPD can be exercised to purchase new life insurance.

This Life buy back option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### FlexiLink TPD insurance ∽

FlexiLink TPD insurance allows you to attach TPD insurance to a life insurance plan. It works similarly to a TPD insurance option except that it enables you to have a different plan owner than the plan it is attached to.

If you purchase FlexiLink TPD insurance, you can also purchase Life buy back – TPD option, Business solutions – TPD option and Children's trauma option.

Further information can be found in the TPD Insurance section commencing on page 18.

## Activities of Daily Living (ADL) TPD insurance option SNS

This option allows you to attach ADL TPD insurance to your life insurance plan. If you meet the definition for ADL TPD, we will pay you the ADL TPD insurance benefit amount.

The sum insured of the plan (and any attaching trauma insurance) that this option is attached to will reduce by the ADL TPD insurance benefit amount paid.

Further information can be found in the TPD Insurance section commencing on page 18.

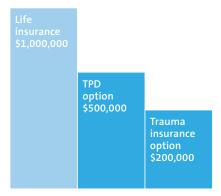
#### Trauma insurance option NS

If you suffer one of the trauma events listed on page 26 and meet the trauma definition as detailed in the Glossary of definitions, we will pay you the Trauma benefit amount.

The sum insured of the plan (and any attaching TPD insurance) that this option is attached to will reduce by the Trauma benefit amount paid.

Further information can be found in the Trauma Insurance section commencing on page 24.

Figure 2.2
Single trauma insurance option



#### Trauma

In the event of a trauma claim, the amount of \$200,000 is payable. The TPD option and Life Insurance Plan will be reduced by \$200,000.

The total amount of cover left after claim is:

- Life Insurance Plan \$800,000
- TPD option \$300,000
- Trauma insurance option \$0.

#### Life buy back − Trauma option S

This option allows you to purchase new life insurance, without the need to provide us with any health or other evidence in the event that we pay out the full trauma insurance benefit.

You are eligible to buy the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- The date the claim is paid.

From the date that you are eligible, you have 60 days to apply for the new life insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the life insurance plan that is onsale when this option is exercised.

Any special conditions that applied to the original plan when the trauma claim was paid will continue to apply to the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

Refer to Figure 2.4 for an example of when the Life buy back — Trauma can be exercised to purchase new life insurance.

This Life buy back option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new life insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### Double trauma option NS

This option works the same way as the Trauma option except if we pay the Trauma benefit amount before age 70, the sum insured of the life insurance plan that this option is attached to will not reduce. The sum insured of any attaching TPD insurance will be reduced by the Trauma benefit amount paid.

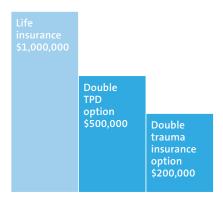
Furthermore, in the event we pay the full Trauma benefit amount, we will waive your life insurance premiums until your plan expiry date. In instances where the Trauma benefit amount is less than the Life insurance benefit amount, the premium will be waived proportionately. The premium we waive will include the plan fee and options attached to life insurance.

However, if we pay you a Trauma benefit after the plan 'renewal date' following age 70, we will reduce your Life insurance benefit amount by the amount paid and no premiums will be waived.

Indexation increases and the Future insurability benefit will not be available on the life insurance plan or any TPD/trauma option attached once the Double trauma option has been activated.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

Figure 2.3 Double trauma insurance option



#### Trauma

In the event of a double trauma claim, the amount of \$200,000 is payable. The double TPD benefit amount will be reduced; however, the Life Insurance Plan benefit amount will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$1,000,000
- Double TPD option \$300,000
- Double trauma insurance option \$0.

Premium waiver: As the trauma benefit amount is 20% of the life insurance benefit amount, we will waive 20% of the premium for the Life Insurance Plan, even though the life insurance benefit amount remains at \$1,000,000. As the amount of double TPD has already been reduced, no premiums will be waived for the Double TPD insurance option but you will only be charged premiums for \$300,000 of cover.

#### Trauma reinstatement option № ∽

This option allows you to purchase new trauma insurance, without the need to provide us with any health or other evidence in the event that we pay out the full Trauma benefit amount before age 70.

You are eligible to purchase the new plan by submitting to us the required form, plus the appropriate premium from the later of:

- 12 months after we receive the trauma insurance claim form, or
- The date the claim is paid.

From the date that you are eligible, you have 60 days to apply for the new trauma insurance cover. The maximum amount that can be purchased is the amount of the trauma benefit we paid.

The new plan offered will be the trauma insurance plan that is on-sale when this option is exercised.

We will not pay you a benefit on the new trauma insurance plan for a trauma event that is related to or caused by a medical condition resulting in the original claim under the original plan.

However, we will pay you a partial benefit for cancer or a heart attack which is related to the original claim. In these cases we will pay the lower of:

- \$50,000, or
- 10% of the benefit amount under the new plan.

Any exclusion periods, qualifying periods or duty of disclosure requirements on the new plan will be regarded as having applied from the time of taking out the original plan.

This Trauma reinstatement option can only be exercised once. Indexation increases and the Future insurability benefit will not be offered on the new trauma insurance plan.

Refer to the Optional benefits table on page 13 for entry requirements, expiry age and maximum limits on this option.

#### FlexiLink trauma insurance ∽

FlexiLink trauma insurance allows you to attach trauma insurance to a life insurance plan. It works similarly to a trauma insurance option except that it enables you to have a different plan owner than the plan it is attached to.

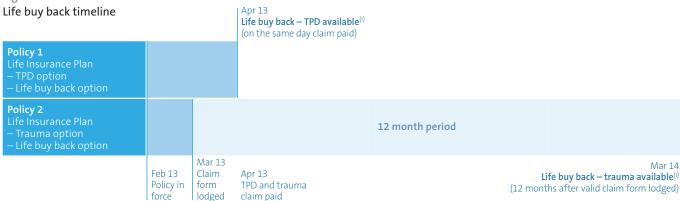
If you purchase FlexiLink trauma insurance, you can also purchase Life buy back – Trauma option, Trauma reinstatement option, Business solutions – Trauma option and Children's trauma option.

Further information can be found in the Trauma insurance section commencing on page 24.

#### Children's trauma option **№** ∽

This benefit is explained in detail in the Trauma insurance section of this PDS on page 29.

Figure 2.4



<sup>(</sup>i) The new plan offered will be the Life Insurance Plan that is on-sale when this option is exercised.

## AMP Elevate TPD insurance

Plan, option, FlexiLink and PremierLink TPD

#### S Life Insurance Superannuation Plan

TPD (own and any occupation) and ADL TPD insurance can be purchased as an option on the Life Insurance Superannuation Plan. If you are totally and permanently disabled, the insurer pays the benefit to the Trustee and the Trustee then determines whether or not you satisfy the permanent incapacity condition of release under superannuation law before making the proceeds available to you. In the event of a claim being admitted under the own occupation version of the option, the Insurer will pay the benefit amount to the Trustee. The Trustee will have to consider whether you meet the permanent incapacity test (an any occupation test) under superannuation law. If you do not satisfy this test, the benefit amount will be held in the Fund on your behalf, until such time as entitlement to the benefit is triggered as permitted by superannuation law, for example, on your permanent retirement. For further information refer to the Holding your policy in superannuation section on page 50.

If you suffer an illness or injury that causes you to become totally and permanently disabled, the TPD insurance will pay a lump-sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial payment.

#### **TPD** insurance

TPD insurance has the following types:

- TPD own occupation
- TPD any occupation
- Activities of Daily Living TPD (ADL TPD).

#### TPD insurance as a plan NS

The TPD (own and any occupation) and ADL TPD insurance can be purchased independently of life insurance through the TPD Insurance Plan and the ADL TPD Insurance Plan.

#### TPD insurance as an option SNS

TPD insurance (own and any occupation) can be purchased as an option attached to life insurance or trauma insurance. ADL TPD insurance can only be purchased as an option on life insurance.

#### FlexiLink TPD 🕠

FlexiLink TPD (own and any occupation) can be attached to life insurance. FlexiLink TPD works in a similar way to a TPD insurance option with regards to how they are priced and how they function. Certain parameters of the FlexiLink TPD Insurance Plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

#### PremierLink TPD option 🕜

The PremierLink TPD option can be linked to a TPD any occupation option held on the Life Insurance Superannuation Plan or the Life Insurance Plan (that is owned by the trustee of an SMSF). The PremierLink TPD option has the same structure as the linked TPD any occupation option. For example, they will have the same sum insured, which cannot exceed the sum insured of the life insurance they are linked to. The PremierLink TPD option has the same premium style and the same anniversary date as the TPD any occupation option. If an increase or reduction is made to the TPD any occupation insurance, the alteration will automatically be applied to the PremierLink TPD option.

## Eligibility to apply

	TPD Plan/ option NS	FlexiLink TPD თ	PremierLink TPD თ	TPD option S	ADL TPD Plan/ option NS	ADL TPD option S	
Initial sum insured	Minimum: \$50,0 Maximum: \$5,00				Minimum: \$50,000 Maximum: \$2,000,000 <sup>(ii)</sup>		
Entry ages	Level premiums:	Stepped premiums: 16 – 60 next birthday  Level premiums: 16 – 60 next birthday  Blended premiums: 25 – 50 next birthday				16 – 65 next birthday 16 – 60 next birthday 25 – 50 next birthday	
Expiry ages	<b>Age 99</b> (iii) Or earlier if selec	ge 99 (iii)  r earlier if selected (iv)(v)(vi)  Or earlier if selected (iv) (v)(vi)  (v)(vi)		Age 99 Or earlier if selected (iv)(v)	Age 75 Or earlier if selected <sup>(iv)(v)</sup>		
Minimum annual premium	\$250 across linked plans <sup>(vii)</sup>				\$250 across linked pl	ans <sup>(vii)</sup>	

- (i) The maximum cover amount for TPD is \$5,000,000 for income-earning applicants (from all sources, personal and business combined) and includes any ADL TPD.
- (ii) The maximum cover for ADL TPD is \$2,000,000 for income-earning applicants and may be used to increase the total TPD cover to \$5,000,000.
- (iii) FlexiLink TPD and the PremierLink TPD option will end at age 75 if linked to a Life Insurance Superannuation Plan.
- (iv) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.
- (v) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.
- (vi) On the first 'renewal date' after age 65 only the specific loss, future care and significant cognitive impairment definitions apply.
- (vii) The minimum premium applies to the sum of premiums for:
  - An individual's linked policies (please refer to Plan fee waiver on additional plans on page 56 for more information), and
  - Policies linked by way of family relationship and/or a business partner relationship.

#### Benefits overview

#### **Included benefits**

The following table outlines the benefits that are included for each plan at no additional cost. Further information on these benefits can be found on the page indicated below.

		Total and Pern	Total and Permanent Disability				
Included benefits	Page	Plan/Option NS	FlexiLink	Option S	PremierLink TPD ∽	Plan and option NS	Option S
ADL TPD	21					1	✓
TPD (Any and Own Occupation)	21	✓	<b>√</b>	<b>√</b>	✓ Own only		
Day one TPD	21	<b>√</b>	<b>√</b>	✓	<b>√</b>		
Future insurability benefit	11	<b>√</b>	<b>√</b>	✓	✓	✓	<b>√</b>
Indexation benefit	11	✓	<b>√</b>	✓	<b>√</b>	<b>√</b>	<b>√</b>
Interim cover	11	✓	<b>√</b>	<b>√</b>	✓		
Premium freeze (i)(ii)	11	✓		✓		<b>√</b>	<b>√</b>
Upgrade of benefits	11	<b>√</b>	<b>√</b>	<b>√</b>	✓	<b>√</b>	<b>√</b>
24 hour worldwide cover	11	✓	✓	✓	✓	<b>√</b>	<b>√</b>
Accommodation benefit	10	✓ (iii)	<b>√</b>		✓		
Financial plan benefit	11	✓ (iii)	<b>√</b>		✓	✓	
Partial TPD	21	✓ (iii)	<b>√</b>		✓		

<sup>(</sup>i) Not available for blended premiums.

#### Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

There are no optional benefits available for ADL TPD.

	Total and Permanent Disability					
Page	Plan NS	Option NS	FlexiLink	Option ©		
14	✓	✓	✓	✓		
29	✓	(i)	✓			
15		✓ (ii)	<b>✓</b>	✓		
15		✓ (iii)		✓ (iii)		
14		(iv)		S		
14		<b>♡</b> (v)				
15		<b>♡</b> (v)				
	14 29 15 15 14	Page Plan NS  14  29  15  14  14  14  14	Page Plan Option NS 14	Page         Plan NS         Option NS         FlexiLink           14         ✓         ✓         ✓           29         ✓         (i)         ✓           15         ✓ (ii)         ✓           15         ✓ (iii)         ✓           14         ✓ (iv)           14         ✓ (v)		

<sup>(</sup>i) Children's trauma may be purchased as an option on a life insurance plan or on a trauma insurance plan to which the TPD insurance option is attached.

<sup>(</sup>ii) Not available on a FlexiLink plan/PremierLink TPD option and the life insurance plan they are attached/linked to.

<sup>(</sup>iii) When a PremierLink TPD option is attached to a TPD any occupation option owned by an SMSF, this benefit will be paid under the PremierLink TPD option only.

 $<sup>\</sup>hbox{(ii) This option is not available where TPD insurance is purchased as an option on a trauma insurance plan. } \\$ 

<sup>(</sup>iii) Double TPD is not available on the PremierLink TPD option or the plan/option that it is linked to.

<sup>(</sup>iv) This option is only available if attached to a TPD any occupation option that has been purchased by the trustees of an SMSF.

<sup>(</sup>v) If this option is purchased under the TPD any occupation option that the TPD PremierLink option is linked to, it will automatically be applied to the PremierLink TPD option as well but will only be paid out once.

#### Included benefits

#### Total and Permanent Disability NS (Own and Any Occupation)

You are totally and permanently disabled if you:

- A. Are unlikely to work, or
- B. Suffer a specific loss, or
- C. Require future care, or
- D. Are unlikely to perform domestic work, or
- E. Suffer significant cognitive impairment.
  - You are covered under Definitions A and D until the first 'renewal date' after your 65th birthday
  - You are covered under Definitions B and C until your 99th birthday
  - You are covered under Definition E from the first 'renewal date' after your 65th birthday until your 99th birthday.

Definition A above is different for Own and Any occupation. Full definitions can be found in the Glossary of definitions on page 63.

#### Partial TPD NS CO

If you suffer the total and permanent loss of the use of:

- One hand, or
- One foot, or
- The entire sight in one eye,

we will pay you a Partial TPD benefit of the lower of:

- 25% of the TPD insurance benefit, or
- \$500,000.

If both a TPD any occupation option and PremierLink TPD option are purchased, this benefit will be paid under the PremierLink TPD option held outside of superannuation.

We will only pay the higher of:

- Partial TPD under a TPD insurance option, or
- Loss of a limb under trauma insurance plus,

in the event you are eligible to claim under both benefits and they are linked/attached to the same plan.

We will only pay this benefit once. The benefit will reduce any other benefits payable under your plan.

#### Activities of Daily Living TPD NS

You are totally and permanently disabled if you:

- C. Require future care, or
- E. Suffer significant cognitive impairment
  - You are covered under Definition C until your 99th birthday
  - You are covered under Definition E from the first 'renewal date' after your 65th birthday until your 99th birthday.

#### S Total and Permanent Disability

You are totally and permanently disabled if you:

- A. Are unlikely to work, or
- B. Suffer a specific loss, or
- C. Require future care, or
- E. Suffer significant cognitive impairment.
- You are covered under Definition A until the first 'renewal date' after your 65th birthday.
- You are covered under Definitions B and C until your 75th
- You are covered under Definition E from the first 'renewal date' after your 65th birthday until your 75th birthday.

Definition A above is different between Own and Any occupation. Full definitions can be found in the Glossary of definitions on page 63.

Partial TPD is not available if TPD is purchased as an option on the Life Insurance Superannuation Plan.

#### **Activities of Daily Living TPD**

You are totally and permanently disabled if you:

- C. Require future care, or
- E. Suffer significant cognitive impairment.

You are covered under Definition C until your 75th birthday. You are covered under Definition E from the first 'renewal date' after your 65th birthday until your 75th birthday.

It is important that you read the definitions for each of these plans and understand how they apply to the plan you have chosen. Full definitions can be found in the Glossary of definitions on pages 63 to 64.

#### Day one TPD S NS CO

If you meet the definition of total and permanent disability as a result of one of the following medical conditions, we will waive the requirement to be unable to work for three months when assessing a claim made under Definition A or D.

The medical conditions are:

- Alzheimer's disease and other dementias
- Blindness (Full payment)
- Cardiomyopathy
- Deafness (Full payment)
- Diplegia
- Hemiplegia
- Loss of speech
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia
- Parkinson's disease
- Primary pulmonary hypertension
- Quadriplegia (also defined as tetraplegia)
- Severe rheumatoid arthritis.

#### Other included benefits

The Included benefits table on page 20 outlines where details of each of the included benefits can be found.

#### Additional information

#### When TPD insurance is payable

#### Survival period NS

If you purchase:

- A TPD option attached to a life insurance plan, or
- A FlexiLink TPD plan,

there is no survival period requirement. We will pay the TPD benefit as soon as you meet the definition of total and permanent disability.

If you purchase:

- A TPD plan, or
- A Double TPD option, or
- A TPD option attached to a trauma insurance plan,

an eight day survival period applies. We will only pay the TPD benefit upon your survival of eight days from the occurrence of the illness or injury that directly or indirectly caused the TPD.

#### Survival period

If you purchase a TPD insurance option attached to the Life Insurance Superannuation Plan there is no survival period requirement. We will pay the Trustee the TPD insurance benefit as soon as you meet the definition of total and permanent disability.

If you purchase a double TPD insurance option and you are classified as totally and permanently disabled, an eight day survival period applies. We will only pay the TPD benefit upon your survival of eight days from the occurrence of the illness or injury that directly or indirectly caused the TPD.

#### When we will not pay NS 00

We will not pay you a TPD insurance benefit:

- If you make a fraudulent claim, or
- If your total and permanent disability is caused directly or indirectly by you or the plan owner on purpose, or
- If your TPD results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability when the TPD insurance is purchased as:
  - A plan, or
  - A Double TPD insurance option, or
  - A TPD insurance option attached to a trauma plan, or
- If you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

#### S When we will not pay

We will not pay the Trustee a TPD insurance benefit:

- If you make a fraudulent claim, or
- If your total and permanent disability is caused directly or indirectly by you on purpose, or
- On a Double TPD insurance option if your total and permanent disability results in your death within eight days from the date you suffered the injury or illness that directly or indirectly caused the total and permanent disability, or
- If you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

#### When the TPD insurance benefit is reduced

#### TPD insurance purchased as a plan NS

Where TPD insurance is purchased as a plan, the TPD insurance benefit amount will be reduced by the amount of any TPD insurance paid under a partial payment.

## TPD insurance purchased as an option, PremierLink TPD option or as FlexiLink SCO

Where TPD insurance is purchased as an option, PremierLink TPD option or as a FlexiLink plan attached to life insurance, the TPD insurance benefit amount will be reduced by:

- The amount of any TPD insurance partial payment, or
- The amount of any trauma insurance payment (including the amount of any partial payment), if trauma insurance is also attached as an option on life insurance or as a FlexiLink trauma plan.

Where a PremierLink TPD option is purchased, it will be linked to a TPD any occupation option on a life insurance plan. A full payment under either option will reduce the cover on the linked option. If a partial payment is made under the PremierLink TPD option, the TPD any occupation option will be reduced by the amount of the partial payment.

Where TPD insurance is purchased as an option attached to trauma insurance, the TPD insurance benefit amount will be reduced by the amount of any trauma insurance payment (including the amount of any partial payment).

#### When the life insurance benefit is reduced

#### TPD insurance purchased as a plan NS

Where TPD insurance is purchased as a plan with life insurance or trauma insurance held on a separate plan, any payment made under the TPD Insurance Plan will not affect the life insurance benefit or trauma insurance benefit.

#### TPD purchased as an option SNS

Where TPD insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any TPD insurance payment. However, if double TPD is purchased then any payment under the TPD insurance will not reduce the life insurance benefit.

#### TPD insurance purchased as a PremierLink TPD option 🕬

Where TPD insurance is purchased as a PremierLink TPD option linked to a TPD any occupation option, it operates as an option attached to both the life insurance plan and the TPD any occupation option. The life insurance benefit and the TPD any occupation option will be reduced by any amount paid under the PremierLink TPD option.

#### TPD insurance purchased as FlexiLink 🗸

Where TPD insurance is purchased as FlexiLink TPD attached to a life insurance plan, the TPD insurance will operate as an option attached to that plan. Therefore the life insurance benefit will be reduced by the amount of any TPD insurance payment.

#### When TPD insurance will end SNS

TPD insurance and any options attached will automatically end as soon as:

- We have paid the benefit in full, or
- You die, or
- The plan to which a TPD insurance option is attached ends (if applicable), or
- The plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason.

## Optional benefits

The Optional benefits table on page 20 outlines where details of each of the optional benefits can be found.

## AMP Elevate Trauma insurance

### Plan, option and FlexiLink

If you suffer one of the trauma events listed in the trauma events table on page 26 and meet the definition as detailed in the Glossary of definitions, we will pay you a lump-sum amount. The benefit payable is either the benefit amount specified in your schedule or a portion of the benefit amount if you meet the definition for a partial or early payment.

#### Trauma insurance

Trauma insurance has the following types:

- Trauma Insurance
- Trauma Insurance Plus.

#### Trauma insurance as a plan NS

Trauma insurance can be purchased independently of life insurance through the Trauma Insurance Plan and Trauma Insurance Plus Plan.

#### Trauma insurance as an option NS

Trauma insurance can be purchased as an option attached to life insurance through the Trauma Insurance option or the Trauma Insurance Plus option.

#### FlexiLink trauma 🔗

FlexiLink Trauma Insurance and FlexiLink Trauma Insurance Plus can be attached to life insurance. FlexiLink trauma works in a similar way to a trauma option with regards to how they are priced and how they function. Certain parameters of the FlexiLink trauma plan must match the life insurance plan it is attached to. For example, where CPI increases are accepted on one plan, CPI must be accepted on the connected plan(s).

### Eligibility to apply

	Trauma Insurance and Trauma Insurance Plus Plan/option NS	FlexiLink Trauma Insurance/ Trauma Insurance Plus NS თ
Initial sum insured	Minimum: \$50,000 Maximum: \$2,000,000 <sup>(i)</sup>	
Entry ages	Stepped premiums: Trauma Insurance Trauma Insurance Plus Level premiums: Blended premiums:	16 – 65 next birthday 16 – 60 next birthday 16 – 60 next birthday 25 – 50 next birthday
Expiry ages	Age 99 (ii)(iii)(iv)	
Minimum annual premium	\$250 across linked plans (v)	

- (i) The standard maximum cover amount is \$2 million (from all sources) for income-earning applicants.
- (ii) Level premiums will alter to stepped premiums from the first 'renewal date' after age 70 or after an earlier age requested by you.
- (iii) Blended premiums will alter to stepped premiums from the first 'renewal date' after age 60.
- (iv) On the first 'renewal date' after age 70 only the Loss of capacity for independent living trauma event applies.
- (v) The minimum premium applies to the sum of premiums for:
  - An individual's linked policies (please refer to Plan fee waiver on additional plans on page 56 for more information), and
  - Policies linked by way of family relationship and/or a business partner relationship.

### Benefits overview

#### **Included benefits**

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the page indicated below.

		Trauma Insu	Trauma Insurance and Trauma Insurance Plus				
Included benefits	Page	Plan NS	Option NS	FlexiLink			
Trauma events	26	1	✓	✓			
Accommodation benefit	10	✓	✓	✓			
Financial plan benefit	11	✓	✓	✓			
Future insurability benefit	11	✓	✓	✓			
Indexation benefit	11	✓	✓	✓			
Interim cover	11	✓	<b>✓</b>	✓			
Premium freeze (i)	11	✓	✓				
Upgrade of benefits	11	<b>√</b>	✓	<b>✓</b>			
24 hour worldwide cover	11	✓	✓	✓			

<sup>(</sup>i) Not available for blended premiums, FlexiLink plans or the plan that FlexiLink is linked to.

### Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

		Trauma Insu	Trauma Insurance and Trauma Insurance Plus			
Optional benefits	Page	Plan <sub>NS</sub>	Option NS	FlexiLink		
Business solutions option – trauma	14	✓	✓	✓		
Children's trauma	29	✓	(i)	✓		
Trauma reinstatement	17	✓	✓	✓		
Total and permanent disability (TPD) option	14	✓				
Business solutions option – TPD	14	✓				
Life buy back – trauma	16		✓	✓		
Double trauma	16		<b>√</b>			

<sup>(</sup>i) Children's trauma may be purchased as an option on a life insurance plan to which the trauma option is attached.

#### Included benefits

#### Trauma events

#### Trauma Insurance NS 00

Trauma Insurance covers the following trauma events:

Type of payment	<b>Benefit</b> Provides a benefit if you suffer from on	e of the following trauma events:	
Full payment	<ul> <li>Advanced diabetes</li> <li>Alzheimer's disease and other dementias</li> <li>Aplastic anaemia</li> <li>Benign brain tumour</li> <li>Blindness</li> <li>Cancer<sup>(i)</sup></li> <li>Cardiac arrest</li> <li>Cardiomyopathy</li> <li>Chronic kidney failure</li> <li>Chronic liver disease</li> <li>Coma</li> <li>Coronary artery bypass surgery<sup>(i)</sup></li> <li>Deafness</li> <li>Diplegia</li> </ul>	<ul> <li>Encephalitis</li> <li>Heart attack<sup>(i)</sup></li> <li>Heart valve surgery</li> <li>Hemiplegia</li> <li>Loss of capacity for independent living</li> <li>Loss of limbs</li> <li>Loss of limbs and sight</li> <li>Loss of speech</li> <li>Lung disease</li> <li>Major head injury</li> <li>Major organ transplant</li> <li>Medically acquired HIV infection</li> <li>Motor neurone disease</li> <li>Multiple sclerosis</li> </ul>	<ul> <li>Muscular dystrophy</li> <li>Occupationally acquired HIV infection</li> <li>Paraplegia</li> <li>Parkinson's disease</li> <li>Pneumonectomy</li> <li>Primary pulmonary hypertension</li> <li>Quadriplegia (also defined as tetraplegia)</li> <li>Severe burns</li> <li>Severe rheumatoid arthritis</li> <li>Stroke<sup>(i)</sup></li> <li>Surgery of the aorta</li> <li>Triple vessel angioplasty</li> </ul>
Partial payment	<ul> <li>Adult insulin dependent diabetes (i)</li> <li>Angioplasty</li> <li>Blindness</li> </ul>	<ul> <li>Deafness</li> <li>Heart attack (other) (i)</li> </ul>	<ul> <li>Medical condition requiring life support</li> </ul>

<sup>(</sup>i) Subject to a 90 day qualifying period. Please refer to the Additional information section on page 27 for more information.

#### Trauma Insurance Plus NS

Trauma Insurance Plus covers the following trauma events in addition to the events covered by Trauma Insurance:

Type of payment	Benefit Provides a benefit if you suffer from one of the following trauma events:
Partial payment	– Loss of a limb <sup>(ii)</sup>
Cancer early payment (subject to a 90 day qualifying period)	<ul> <li>Melanomas</li> <li>Prostate tumours</li> <li>Carcinoma in situ of the penis</li> <li>Carcinoma in situ of one or both testes</li> <li>Carcinoma in situ of the perineum</li> <li>Carcinoma in situ of the breast</li> <li>Carcinoma in situ of the vulva, vagina or fallopian tube</li> <li>Carcinoma in situ of the cervix</li> <li>Carcinoma in situ of the ovary</li> <li>Carcinoma in situ of the uterus</li> </ul>

- (ii) We will only pay the higher of:
  - Partial TPD under a TPD insurance option, or
  - Loss of a limb under trauma insurance plus,

in the event you are eligible to claim under both benefits and they are linked/attached to the same plan.

Trauma definitions can be found in the Glossary of definitions on pages 64 to 69.

In the event that a payment is made under any of the partial payment trauma events, your plan will not end. However, the trauma benefit amount will be reduced by the amount we paid you.

On the first 'renewal date' after age 70 only the Loss of capacity for independent living trauma event will apply.

### Other included benefits

The Included benefits table on page 25 outlines where details of each of the included benefits can be found.

#### Additional information NS CO

#### When trauma insurance starts

For most of the trauma events covered, trauma insurance starts upon commencement of your policy. However, some of the trauma events are subject to a qualifying period.

#### For events that are not subject to a qualifying period

Trauma insurance starts on:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

#### For events that are subject to a qualifying period

Trauma insurance starts 90 days after:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and indexation benefit).

Further to the above, we will not pay you a trauma insurance benefit if you develop evidence of, or see a medical practitioner for, that condition within 90 days of any of the following:

- The commencement date of the plan or option specified on your schedule
- The date the plan or option is reinstated
- The effective date of any increase in your trauma benefit (except Business solutions option and Indexation benefit).

The trauma events table lists all of the trauma events and specifies which events are subject to a qualifying period.

#### When a trauma insurance plan has been purchased by exercising a Trauma reinstatement option

If the trauma insurance plan has been purchased by exercising a Trauma reinstatement option after a claim, we will not pay you a benefit on the new trauma insurance plan for a trauma event that is related to or caused by a medical condition resulting in the original claim under the original plan.

However, we will pay you a partial benefit for cancer or a heart attack that is related to the original claim. In these cases we will pay the lower of:

- \$50.000. or
- 10% of the benefit amount under the new plan.

#### When trauma insurance is payable

If you purchase a trauma insurance option attached to a life insurance plan, or a FlexiLink trauma insurance plan, and you suffer a trauma event (outlined in the trauma events table) and meet the definition, we will pay you the trauma insurance benefit.

If you purchase:

- A trauma insurance plan, or
- A double trauma insurance option, and,

you suffer a trauma event (outlined in the trauma events table) and meet the definition, upon survival of 14 days from the occurrence of you suffering the trauma event, we will pay you the trauma insurance benefit.

#### When we will not pay

If you purchase a trauma insurance plan/option or FlexiLink trauma insurance plan, we will not pay a trauma insurance benefit if your trauma is caused directly or indirectly by you or the plan owner on purpose.

Where trauma insurance is purchased as a plan, or purchased as a double trauma insurance option, we will not pay a trauma insurance benefit if your trauma results in your death within 14 days from the date you suffered the medical condition, injury or diagnosis of that illness.

If you purchase a Children's trauma option, we will not pay a benefit under this option if the trauma is caused directly or indirectly by you or the nominated child on purpose.

We will not pay a benefit if you have a medical condition, injury or sickness that has been excluded based on your health, pastimes or occupation. These additional exclusions will be specified on your schedule.

If you make a fraudulent claim we may refuse payment of the claim.

#### When the trauma benefit is reduced

#### Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan, the trauma insurance benefit will be reduced by:

- The amount of any trauma insurance paid under a partial payment, including a cancer early payment
- The amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is attached as an option on the trauma insurance plan.

#### Trauma insurance purchased as an option or as FlexiLink

Where trauma insurance is purchased as an option or as a FlexiLink trauma insurance plan attached to life insurance, the trauma insurance benefit will be reduced by:

- The amount of any trauma insurance paid under a partial payment, including a cancer early payment
- The amount of any TPD insurance payment (including the amount of any partial payment), if TPD insurance is also attached as an option on life insurance, as a PremierLink TPD option or as a FlexiLink TPD insurance plan.

#### When the life insurance benefit is reduced

#### Trauma insurance purchased as a plan

Where trauma insurance is purchased as a plan and life insurance is held on a separate plan, any payment made under the trauma insurance plan will not affect the life insurance benefit.

#### Trauma insurance purchased as an option

Where trauma insurance is purchased as an option attached to a life insurance plan, the life insurance benefit will be reduced by the amount of any trauma insurance benefit payment. However, if double trauma insurance is purchased then any payment under the trauma insurance will not reduce the life insurance benefit.

#### Trauma insurance purchased as FlexiLink

Where trauma insurance is purchased as FlexiLink trauma attached to a life insurance plan, the trauma insurance will operate as an option attached to that plan. Therefore the life insurance benefit will be reduced by the amount of any trauma insurance payment.

#### When trauma insurance will end

Trauma insurance and any options attached will automatically end as soon as:

- We have paid the benefit in full, or
- You die, or
- The plan to which a trauma insurance option is attached ends (if applicable), or
- The plan/option reaches the expiry date as specified on the schedule.

We can also end the plan/option if your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason.

## Replacement plans, conversions and takeover terms from another insurer

Where we have agreed to replace/convert an existing trauma plan or option from within AMP or another insurer (via takeover terms, conversions or subject to full underwriting), we may waive the 90 day qualifying period. As outlined in the trauma events table, some of the trauma events covered under AMP's trauma plans and options are subject to a 90 day qualifying period. If these trauma events were covered under the internal/external policy, and a previous AMP plan or an external policy was in force for 90 days or greater, on commencement of the plan with AMP (coinciding with cancellation of the internal/external policy), we will waive the 90 day qualifying period on trauma events. Where you have served part of the exclusion period, we will waive the equivalent time.

#### How the 90 day qualifying period applies:

- Any trauma events on this plan, not covered under the trauma plan or option being replaced, will be subject to a 90 day qualifying period.
- If the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- If the trauma plan or option being replaced has been reinstated or increased within 90 days of the replacement, and the 90 day qualifying period of the trauma plan or option being replaced has not expired, any remaining days of the qualifying period will apply to this plan, to a maximum of 90 days.
- Where the trauma benefit amount under this plan exceeds the trauma benefit amount being replaced, the 90 day qualifying period for trauma events applies to the excess amount.
- Where the trauma plan or option being replaced is not subject to a qualifying period, the 90 day qualifying period will apply to this plan.

For takeover terms from another insurer, the insurance cover being replaced must have been fully underwritten and not have been accepted with modified or limited underwriting requirements or on takeover terms previously. That is, the insurance cover being replaced must have been underwritten under the previous insurer's standard requirements for new applications at the time.

Acceptance is subject to our discretion and satisfaction of the terms of the current insurance cover that the life insured is transferring from.

### Optional benefits

#### Children's trauma option **№** ∽

The Children's trauma option is available to be purchased for up to five children of age 3 next birthday to 16 next birthday and will continue until age 21.

This option allows you to cover up to five of your children for any amount between \$10,000 and \$200,000. This option covers the nominated child if they die, become terminally ill or suffer one of the following listed trauma events. Indexation increases do not apply to the benefit amount of this option.

If the nominated child becomes terminally ill, we will only pay:

- After this option commences
- Before this option ends, and
- Before the nominated child's 21st birthday.

#### Terminally ill means:

- A registered medical practitioner has certified that the nominated child suffers from an illness, or has incurred an injury, that is likely to result in the nominated child's death within 12 months, and
- We agree with that diagnosis.

No Terminal Illness benefit will be paid if this option has lapsed, been cancelled, or is otherwise not in force prior to the date the nominated child becomes terminally ill. The maximum we will pay under this option for each nominated child is the Children's trauma benefit as it appears in the schedule.

Payment of this benefit will not reduce the sum insured on any plan that this option is attached to.

#### When children's trauma insurance starts

For most of the trauma events covered under the Children's trauma option, trauma insurance starts upon commencement of the option. However, some of the trauma events are subject to a qualifying period.

#### When this option ends

In addition to the circumstances detailed in the When trauma insurance will end section on page 28, this option will end when the cover is continued for the nominated child under a new plan.

#### Continuing this cover under a new plan

You can continue your nominated child's trauma cover up to a maximum of 100% of the benefit held under the Children's trauma option if he or she is between the ages of 16 and 21 by purchasing one of the following plans without the need to provide us with any health evidence:

- Trauma Insurance Plan
- Life Insurance Plan or Life Insurance Superannuation Plan
- Life Insurance Plan with Trauma Insurance Option, or
- Life Insurance Plan or Life Insurance Superannuation Plan with FlexiLink Trauma Insurance Plan.

Type of payment	<b>Benefit</b> Provides a benefit if your child suffers	from one of the following trauma events:	
Full payment	<ul> <li>Alzheimer's disease and other dementias</li> <li>Aplastic anaemia (i)</li> <li>Benign brain tumour</li> <li>Blindness</li> <li>Cancer (i)</li> <li>Cardiac arrest</li> <li>Cardiomyopathy</li> <li>Chronic kidney failure</li> <li>Chronic liver disease</li> <li>Coma</li> <li>Coronary artery bypass surgery (i)</li> <li>Deafness</li> <li>Diplegia</li> </ul>	<ul> <li>Encephalitis</li> <li>Heart attack<sup>(i)</sup></li> <li>Heart valve surgery</li> <li>Hemiplegia</li> <li>Loss of limbs</li> <li>Loss of speech</li> <li>Lung disease</li> <li>Major head injury</li> <li>Medically acquired HIV infection</li> <li>Motor neurone disease</li> <li>Multiple sclerosis</li> <li>Muscular dystrophy</li> </ul>	<ul> <li>Occupationally acquired HIV infection</li> <li>Paraplegia</li> <li>Parkinson's disease</li> <li>Pneumonectomy</li> <li>Primary pulmonary hypertension</li> <li>Quadriplegia (also defined as tetraplegia)</li> <li>Severe burns</li> <li>Severe rheumatoid arthritis</li> <li>Stroke<sup>(i)</sup></li> <li>Subacute sclerosing panencephalitis<sup>(i)</sup></li> <li>Surgery of the aorta</li> <li>Triple vessel angioplasty</li> <li>Viral encephalitis<sup>(i)</sup></li> </ul>

<sup>(</sup>i) Subject to a 90 day qualifying period. Please refer to the Additional information section on page 27 for more information.

The nominated child under this option is not eligible for any other options.

Trauma definitions can be found in the Glossary of definitions on pages 64 to 69.

### Additional optional benefits

The Optional benefits table on page 25 outlines where details of each of the additional optional benefits can be found.

## AMP Elevate Income insurance

#### Plan and PremierLink IP

#### S Income Insurance Superannuation Plan

You should be aware that should you choose to purchase an insurance product under superannuation, any benefit payments will be made to NM Super, who will then release the benefit to you, subject to you satisfying the appropriate condition of release under superannuation law. If you do not meet the condition of release, the benefit must remain in the Fund until a condition of release has been met.

Please refer to the section Holding your policy in superannuation on page 50 for details on:

- Plan membership
- Taxation Information
- Eligibility to make contributions
- Cancelling your plan
- Nomination of dependant.

#### Income insurance

Income insurance can provide you with a replacement income stream if you are unable to work due to sickness or injury.

You are able to insure up to 75% of your 'income' at the time of purchase.

#### Business expenses insurance

Business expenses insurance can provide your business with a payment if, as a result of injury or sickness, you are prevented from earning your business an income.

#### Six income insurance plans are available

#### Non-superannuation NS

- Income Insurance Premier Plan
- Income Insurance Plus Plan
- Income Insurance Plan
- Income Insurance Senior Plan (only available as a conversion from eligible plans)
- Business Expenses Insurance Plan.

#### Superannuation §

Income Insurance Superannuation Plan.

#### PremierLink IP is available

#### PremierLink IP ∽

The PremierLink IP option can be linked to the Income Insurance Superannuation Plan or the Income Insurance Plan (that is owned by the trustee of an SMSF). The PremierLink IP option has the same structure as the linked income insurance plan. For example, they will have the same monthly benefit, waiting period and benefit period. The PremierLink IP option has the same premium style and the same anniversary date as the income insurance plan. The income insurance plan is indemnity; however, the PremierLink IP option can be agreed value or indemnity. If an alteration, increase or reduction is made to the income insurance plan, the alteration, increase or reduction will automatically be applied to the PremierLink IP option.

### Eligibility to apply

	Income Insurance <b>Premier</b> <b>Plan</b> NS	Income Insurance Plus Plan NS	Income Insurance <b>Plan</b> NS	Income Insurance Super Plan S	PremierLink IP თ	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS	
Entry ages	<b>18 – 55</b> next b	Only available as	18 – 60					
	<b>18 – 60</b> next birthday (where an age 65, age 70, 2 year or 5 year benefit period is selected)						next birthday	
Expiry ages	Age 70 (i)(ii), ag	g <b>e 65</b> or <b>age 60</b> (de	pending on the be	nefit period select	ed)	Age 70	Age 65	
Minimum annual premium	\$250 across linked plans <sup>(iii)</sup>							

<sup>(</sup>i) Occupation categories MP, AA and A only.

- An individual's linked policies (please refer to Plan fee waiver on additional plans on page 56 for more information), and
- Policies linked by way of family relationship and/or a business partner relationship.

#### **Occupation descriptions**

The following table shows the occupation category that applies to each occupation type.

Occupation category	Description
MP	Selected medical professionals.
AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists. This also includes individuals who are in an office-based management role only and are earning in excess of \$130,000 per annum and are:  — Degree qualified, or  — Individuals who are not degree qualified but have been in their current role for at least two years.
Α	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
В	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
ВҮ	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to B occupations.
С	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
CY	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to C occupations.
D	Predominantly manual labour, physically strenuous work with significant accident/health risks.
DY	Predominantly manual labour, physically strenuous work with an extra risk to D occupations.
F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well established in this manner for at least three years.

<sup>(</sup>ii) For the Income Insurance Superannuation Plan, your plan may expire earlier if you cease to be eligible to contribute to superannuation over age 65 due to  $superannuation\ age\ restrictions, and\ there\ are\ insufficient\ funds\ in\ your\ superannuation\ account\ to\ pay\ your\ premiums.$ For further information on eligibility to make contributions please refer to the Holding your policy in superannuation section of this PDS on page 50.

<sup>(</sup>iii) The minimum premium applies to the sum of premiums for:

## Maximum benefit amount on entry

Occupation category	Income Insurance <b>Premier</b> <b>Plan</b> NS	Income Insurance Plus Plan NS	Income Insurance <b>Plan</b> NS	Income Insurance Super Plan S	PremierLink IP 尔	Income Insurance <b>Senior</b> <b>Plan</b> NS	Business Expenses Insurance Plan NS
MP, AA, A	\$60,000 <sup>(i)</sup> per month	\$60,000 <sup>(i)</sup> per month	\$60,000 <sup>(i)</sup> per month	\$60,000 <sup>(i)</sup> per month	\$60,000 <sup>(i)</sup> per month	\$30,000 <sup>(ii)</sup> per month	\$40,000 per month
В, С	\$30,000 <sup>(iii)</sup> per month	\$30,000 <sup>(iii)</sup> per month	\$30,000 <sup>(iii)</sup> per month	\$30,000 <sup>(v)</sup> per month	\$30,000 <sup>(iii)</sup> per month	N/A	
D	N/A	\$30,000 per month	\$30,000 per month	\$30,000 per month	N/A	N/A	
F	N/A	N/A	\$3,500 per month	\$3,500 per month	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	\$30,000 per month	\$30,000 per month	N/A	N/A	N/A
			DY mining \$6,500 per month <sup>(iv)</sup>	DY mining \$6,500 per month			

<sup>(</sup>i) Amounts in excess of \$30,000 per month will only have a two year benefit period.

### Waiting periods (days)

Occupation category	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	PremierLink IP თ	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
MP, AA, A	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60, 90, 180, 365 and 730	30, 60	30, 60 and 90
В, С		14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730	14, 30, 60, 90, 180, 365 and 730		N/A	14, 30, 60 and 90
D	N/A	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	30, 60, 90, 180 and 730	N/A	N/A	30, 60 and 90
F	N/A	N/A	14, 30, 60, 90, 180 and 730	14, 30, 60, 90, 180 and 730	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	14, 30, 'DY' 30 only	14, 30, 'DY' 30 only	N/A	N/A	N/A

## Benefit periods

Occupation category	Income Insurance <b>Premier</b> <b>Plan</b> NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	PremierLink IP 🕜	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
MP, AA, A	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	2 years, 5 years, to age 60, to age 65, to age 70	1 year	1 year
В, С	2 years, 5 years, to age 60 <sup>(i)</sup> , to age 65 <sup>(i)</sup>	2 years, 5 years, to age 60 <sup>(i)</sup> , to age 65 <sup>(i)</sup>	2 years, 5 years, to age 60 <sup>(i)</sup> , to age 65 <sup>(i)</sup>	2 years, 5 years, to age 60 <sup>(i)</sup> , to age 65 <sup>(i)</sup>	2 years, 5 years, to age 60 <sup>(i)</sup> , to age 65 <sup>(i)</sup>	N/A	
D	N/A	2 years, 5 years	2 years, 5 years	2 years, 5 years	N/A	N/A	
F	N/A	N/A	2 years, 5 years, to age 60, to age 65	2 years, 5 years, to age 60, to age 65	N/A	N/A	N/A
BY, CY, DY	N/A	N/A	1 year, 2 years	1 year, 2 years	N/A	N/A	N/A

<sup>(</sup>i) Not available for some C rated mining industry occupations.

The above waiting periods and benefit periods are available; however, there may be instances when not all combinations are available. For eligibility and maximum monthly benefit amounts you should contact your financial adviser.

 $<sup>(</sup>ii) \ \ 56,000 \ per \ month for AMP \ plans \ (IP \ Premier \ plans \ issued \ after \ September \ 1996) \ with \ the \ right to \ convert \ to \ Senior \ Guard.$ 

<sup>(</sup>iii) For C rated mining industry occupations, restrictions will apply to the maximum benefit amount and/or the amount of cover on an agreed value basis.

<sup>(</sup>iv) Indemnity basis only.

 $<sup>(</sup>v) \ \ For \ C \ rated \ mining \ industry \ occupations, \ restrictions \ will \ apply \ to \ the \ maximum \ benefit \ amount.$ 

## Some factors to consider that will impact your premium

	AMP Elevate Income Insurance and Business Expenses NS	AMP Elevate Income Insurance Superannuation Plan S					
Agreed value or indemnity	Whether income insurance is purchased as an agreed value plan or with an indemnity option determines the way the Total disability benefit and the Partial disability benefit are calculated.						
	Agreed value	Agreed value					
	If you purchase an agreed value plan, in the event of a claim we will pay you an amount based on the monthly benefit on your schedule.	Agreed value is not available for the Income Insurance Superannuation Plan.					
	Agreed value is not available for occupation categories BY, CY, DY, F, the Income Insurance Senior Plan and the Business Expenses Insurance Plan. Indemnity will automatically be offered for these categories/plans.						
	Indemnity						
	If you purchase an indemnity option in the event of claim we will calculate your benefit by taking into account your 'pre-disability income'.						
	If the indemnity option is attached it will result in a reduction of premium.						
	The Income Insurance Superannuation Plan and the Income Insurance Senior Plan are indemnity plans.						
	The Business Expenses Insurance Plan is an indemnity plan. Therefore, in the event of a claim we will calculate your benefit by taking into account your actual business expenses incurred.						
Waiting period	The waiting period determines how long you must have been disabled before we start paying you a benefit.  Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.	The waiting period determines how long you must have been disabled before we start paying the Trustee a benefit. Depending on the plan you choose and your occupation classification, you can choose from a waiting period of 14 to 730 days.					
Benefit period	The benefit period determines how long the claim can be paid for as long as you are totally or partially disabled. Depending on the plan you choose and your occupation category, you could choose from a benefit period of 1 year up to age 70.						
Occupation category	Your occupation category will impact the type of plan you can apply for, the premiums you will pay, the benefit period/waiting period and the amount of cover you can apply for.						
	In considering which plan is most suitable for you, it is important to note that not all plans are available for all occupations. You will be advised of our occupation classification which will be determined during the application process.						
	The key features of the plan that will alter based on your occupation category are:						
	<ul><li>The total and partial disability definition</li><li>Your eligibility for a Partial disability benefit</li></ul>						
	- How the Partial disability benefit is calculated						
	– Offsets						
	- When your benefit is reduced						
	<ul> <li>Unemployment and leave without pay provisions.</li> </ul>						
	Where the operation of this plan differs depending on the occupation category, the difference will be specified.						
Premium structure	AMP's income insurance products may be purchased with a stepped premium structure or a level premium structure, with the exception of the Income Insurance Senior Plan which is only available with a stepped premium structure.						
	Stepped premiums						
	Premiums are adjusted each year at the 'renewal date' according to your age. In general, as you get older your premiums will increase.						
	Level premiums						
	Premiums remain the same for a given level of cover throughout the term of the plan.  For further information on premium structures refer to the General terms and conditions section on page 54.						
	ror rurther information on premium structures refer to the Ge	cheral terms and conditions section on page 54.					

### Benefits overview

#### **Included benefits**

The following table outlines the benefits that are included at no additional cost. Further information on these benefits can be found on the page indicated below.

Included benefits	Page	Income Insurance Premier Plan NS	Income Insurance Plus Plan NS	Income Insurance Plan NS	Income Insurance Super Plan S	PremierLink IP 🕜	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
Total disability – hours, income and duties based	36	<b>√</b>				<b>√</b>		
Total disability – duties based	36		<b>√</b>	<b>√</b>	1		<b>√</b>	✓ page 48
Partial disability – hours and duties based	36	<b>√</b>				✓		
Partial disability – duties based	36		<b>√</b>	<b>√</b>	1			✓ page 48
Indexation	38	<b>√</b>	<b>√</b>	1	1	✓		1
Interim cover	38	<b>✓</b>	<b>✓</b>	<b>✓</b>	/	<b>✓</b>		/
Leave without pay continuation (iii)	41	<b>✓</b>	1	<b>√</b>	<b>√</b>	<b>✓</b>		
Premium freeze (v)	38	<b>✓</b>	1	<b>✓</b>	<b>✓</b>		<b>✓</b>	<b>√</b>
Recurring disability	38	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>		<b>√</b>
Right to convert 730 day waiting period to 90 day waiting period	39	✓	1	<b>✓</b>	✓	<b>√</b>		
Right to take out an Income Insurance Senior Plan <sup>(i)</sup>	39	<b>√</b>	<b>✓</b>	<b>√</b>	<b>√</b>			
Upgrade of benefits	42	<b>✓</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>✓</b>	/
Waiver of premium	42	<b>✓</b>	<b>✓</b>	<b>✓</b>	/	<b>✓</b>	<b>✓</b>	/
24 hour worldwide cover	42	<b>✓</b>	1	/	/	<b>✓</b>	<b>√</b>	1
Attempted Return to work during the waiting period	37	1	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>		<b>√</b>
Elective or cosmetic surgery (ii)	37	<b>√</b>	<b>✓</b>	<b>✓</b>		✓		<b>✓</b>
Return to work bonus	39	/	<b>✓</b>	<b>✓</b>		✓		
Rehabilitation expenses	38	<b>✓</b>	<b>✓</b>	<b>✓</b>		<b>✓</b>		
Specific injuries and sicknesses	40	<b>✓</b>	<b>✓</b>	/		/		
Unemployment continuation benefit(iii)	41	<b>✓</b>	<b>✓</b>	<b>✓</b>		<b>✓</b>		
Death	37	<b>✓</b>	1			<b>√</b>		<b>√</b>
Family carer's income	37	<b>✓</b>	1			<b>√</b>		
Family member's accommodation	37	<b>✓</b>	<b>✓</b>			<b>√</b>	-	
Home coming costs	37	<b>√</b>	<b>✓</b>			<b>√</b>		
Nursing care	38	<b>√</b>	<b>✓</b>			<b>√</b>		
Rehabilitation programme	38	<b>✓</b>	<b>✓</b>			<b>✓</b>		
Special care	39	<b>✓</b>	<b>✓</b>			<b>√</b>	-	
Unemployment premium waiver	41	<b>√</b>	<b>✓</b>			<b>√</b>		
Full benefit where no appropriate work is available (iv)	37	1				<b>√</b>		

<sup>(</sup>i) Occupation categories MP, AA and A only.

<sup>(</sup>ii) Not available for occupation categories BY, CY and DY.

<sup>(</sup>iii) Not available for occupation category F.

<sup>(</sup>iv) Not available for C rated mining industry occupations.

<sup>(</sup>v) Not available for PremierLink IP or the plan that it is linked to.

# Optional benefits available

The following table outlines the optional benefits that can be added to the plan at an additional cost. Further information on these benefits can be found on the page indicated below.

Optional benefits	Page	Income Insurance <b>Premier</b> <b>Plan</b> NS	Income Insurance Plus Plan NS	Income Insurance <b>Plan</b> NS	Income Insurance Super Plan S	Income Insurance Senior Plan NS	Business Expenses Insurance Plan NS
Accelerated accident	45	1	<b>√</b>	<b>√</b>	✓		
Cover boost (i)	46	<b>√</b>	<b>√</b>	✓	✓		
Increasing claim	46	<b>√</b>	<b>√</b>	✓	✓		
Indemnity	46	<b>√</b>	1	✓ (iii)	ls an indemnity- only plan	Is an indemnity- only plan	Is an indemnity- only plan
Superannuation contributions	47	<b>✓</b>	✓	✓	✓		
Accident lump sum	45	<b>√</b>	✓	✓			
Occupationally acquired HIV Hepatitis B and C <sup>(ii)</sup>	46	✓	✓				
PremierLink IP <sup>(iv)</sup>	47			S	S		
Accelerated accident	45			S	S		
Cover boost	46			S	S		
Increasing claim	46			S	S		
Indemnity	46			S	S		
Superannuation contributions	47			S	S		

<sup>(</sup>i) Occupation categories MP, AA and A only.

<sup>(</sup>ii) Only available to medical occupation categories MP or AA.

<sup>(</sup>iii) Mandatory for occupation categories F, BY, CY and DY.

<sup>(</sup>iv) Available for occupation categories MP, AA, A, B and C only.

# Included benefits

The included benefits described below are only included with specific plans. Please refer to the table on page 34 to see which plans each included benefit applies to.

# Total disability benefit

If you meet the definition of total disability we will pay you/ NM Super the Total disability benefit.

# Total disability – Hours, income and duties based definition NS 🗸

# The Income Insurance Premier Plan and PremierLink IP option have a three tiered definition:

You are totally disabled if, because of injury or sickness, you are:

- Not working in any occupation (whether paid or unpaid), and
- Under 'medical care', and
  - Unable to do one or more duties that are important and essential in producing income of your occupation, or
  - Unable to do the duties that are important and essential in producing income of your occupation for more than 10 hours per week, or
  - Unable to generate more than 20% of your 'pre-disability income'.

For C rated mining industry occupations, refer to the Glossary of definitions on page 73 for the Total disability definition.

#### Total disability – duties based definition SNS

The Income Insurance Plus Plan, Income Insurance Plan, Income Insurance Superannuation Plan and the Income Insurance Senior Plan have a duties based definition only:

# Occupation categories MP, AA, A, B, C, BY, CY and DY

You are totally disabled if, because of injury or sickness, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Not working in any occupation (whether paid or unpaid), and
- Under 'medical care'.

#### Occupation categories D and F

These definitions can be found in the Glossary of definitions on page 73.

# How the Total disability benefit amount is calculated

This can be found in the Glossary of definitions on page 73.

# Partial disability benefit

If you meet the definition of partial disability we will pay you/NM Super the Partial disability benefit.

The definition of partial disability varies by plan and occupation category.

#### Hours and duties based definition INS 🗸

The Income Insurance Premier Plan and the PremierLink IP option have an hours and duties based definition:

You are partially disabled if, immediately after being totally or partially disabled for the entire duration of the waiting period, you have returned to work and, solely because of sickness or injury, you are:

- Not able to do one or more duties that are important and essential in producing income of your occupation
- Earning less than
  - your 'pre-disability income' (Agreed value)
  - 75% of your 'pre-disability income' (Indemnity), and
- Under 'medical care'.

If you meet the above definition and are unable to work for more than 10 hours per week, we will pay you a claim amount equal to the 'Total disability benefit amount'.

For C rated mining industry occupations, refer to the Glossary of definitions on page 70 for the Partial disability definition.

#### Duties based definition SNS

The Income Insurance Plus Plan, Income Insurance Plan and the Income Insurance Superannuation Plan:

#### Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days, you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Earning less than
  - your 'pre-disability income' (Agreed value)
  - 75% of your 'pre-disability income' (Indemnity), and
- Under 'medical care'.

# Occupation categories B and C

You are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Earning an 'income' less than
  - your 'pre-disability income' (Agreed value)
  - 75% of your 'pre-disability income' (Indemnity), and
- Under 'medical care'.

# Occupation categories D, F, BY, CY and DY

These definitions can be found in the Glossary of definitions on page 71.

# How the Partial disability benefit amount is calculated

This can be found in the Glossary of definitions on page 72.

# Attempted return to work during the waiting period SNS

# Returning to work in a partial capacity

Income Insurance Premier Plan and PremierLink IP option only

If you are totally or partially disabled for the entire duration of the waiting period and are totally disabled at the end of the waiting period, the waiting period will not be extended by the number of days you return to work in a partial capacity.

## Returning to work in a full-time capacity

All plans and PremierLink IP option except the Income Insurance Senior Plan

#### Where 14 or 30 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for five consecutive days or less, we will extend the waiting period by the number of days you return to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than five consecutive days, the waiting period starts again.

# Where 60, 90, 180, 365 or 730 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for 10 consecutive days or less, we will extend the waiting period by the number of days you return to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

#### S Rehabilitation

If you are totally disabled for at least the waiting period, we may require you to undergo at AMP's expense (up to a maximum amount of six times the 'Total disability benefit amount') rehabilitation that is designed to assist you in returning to full-time work, provided that a medical practitioner states in writing that you have capacity to participate in the rehabilitation.

#### Death benefit NS 00

In the event of death the plan will pay a lump sum to your estate. The lump sum payable is six times the 'Total disability benefit amount', with a maximum amount payable of \$60,000.

# Elective or cosmetic surgery benefit № ∽

The Total disability benefit is payable if you are totally disabled due to elective or cosmetic surgery, including where you have surgery to transplant part of your body to someone else.

A six month qualification period applies to this benefit from the commencement date of the plan and for any increases in cover.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option held outside of superannuation.

# Family carer's income benefit S

The Family carer's income benefit is payable if you are totally disabled and an immediate family member ceases employment to care for you while you are totally disabled.

For each month the family carer does not work (up to a maximum of six months), we will pay the lesser of:

- The 'Total disability benefit amount'
- The amount the family carer would have earned if you had not been totally disabled, or
- \$2,000 a month.

Any payment of the Family carer's income benefit is paid in addition to the Total disability benefit.

We will commence payments under this benefit after you have been receiving Total disability benefit payments for 30 days.

# Family member's accommodation benefit S

The Family member's accommodation benefit is payable if you are totally disabled, and an immediate family member travels more than 100 kilometres away from home to be with you, or you are totally disabled and more than 100 kilometres from home.

We will reimburse the immediate family member for accommodation expenses up to \$300 per day to a maximum of \$10,000.

The benefit will be paid as soon as reasonably possible after the expenses are incurred.

# Full benefit where no appropriate work is available 🕦 ∽

Not available for C rated mining industry occupations

If you have been totally or partially disabled for the entire duration of the waiting period, and do not return to work but medical evidence demonstrates an ability to work, and no appropriate work is available, we will not reduce the benefit amount payable.

# Home coming costs benefit **№** 🗸

The Home coming costs benefit is payable if you become totally disabled away from home, you are totally disabled for more than 30 days and return home while still totally disabled.

We will pay for your actual transportation costs home reduced by any other amounts that anyone else will reimburse if you wish to return home to your place of residence.

We will pay the lesser of:

- A single standard economy airfare to the nearest airport in Australia where you reside or, if necessary, a medical facility in Australia by the most direct route, or
- Three times the 'Total disability benefit amount'.

#### Indexation benefit SNS 00

To protect your benefit against the effects of inflation, up until age 65, your benefit is automatically increased each year by the greater of 3% or the increase in the Consumer Price Index (CPI).

Each year you will be given the opportunity to decline the increase. If you do not decline the increase, your benefit will be increased, and your premium will increase accordingly.

While we are paying you a Total disability benefit for injury or sickness, we will pay you the benefit amount that applied at the start of the claim for the duration of the claim.

While you are on claim, the monthly benefit on your schedule will continue to be adjusted by 3% or the increase in the CPI, whichever is greater. At the end of your claim period, the monthly benefit on your schedule will increase by the amount of the increases that were applied during the claim period.

The increased monthly benefit on your schedule will only apply for any later and separate claims. The increased benefit will be reflected in your premiums.

If you hold the Income Insurance Superannuation Plan and the premiums are paid by your employer, you must get agreement from your employer to allow indexation to be applied to your plan.

The indexation benefit will not be permitted where a loading exceeding 100% is applied.

# Interim cover SNS

You are provided with interim cover while we are assessing your application. You do not have to pay any extra premium for this cover.

The interim cover certificate on page 76 specifies the terms of cover.

# Nursing care benefit **№** ∽

The Nursing care benefit is payable if you are totally disabled and certified by a doctor to require the full-time and continuous care of a registered nurse during the waiting period.

The nurse cannot be you, a family member, business partner, employee or employer of you or the person insured.

We will pay 1/30th of the 'Total disability benefit amount' during the waiting period for each day of such care to a maximum of 90 days.

This benefit is not payable if we have paid a Specific injuries or sicknesses benefit.

# Premium freeze SNS

Only available for stepped premiums

Exercising this option allows you to maintain your current premium at the time this option is exercised. Your benefit amount will reduce each year that this option is applied.

If you choose to cancel Premium freeze, your benefit amount current at that time will not reduce anymore and the Indexation benefit will recommence without further health evidence.

Premiums will then increase each year according to your age.

You can request to exercise Premium freeze or cancel it at any time, which will take effect from the next 'renewal date' of the policy. Premium freeze is not available on a PremierLink IP option or the income insurance plan it is attached to.

The Indexation benefit will not apply while Premium freeze is exercised.

# Recurring disability benefit ses

If you returned to full-time work for less than 12 months<sup>1</sup> since we last paid you a benefit, and subsequently you experience a recurrence of disability from the same cause or a related cause, then we will treat it as a continuation of the same claim provided the plan is still inforce.

No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

# Rehabilitation expenses benefit S

If we are paying you a Total disability benefit, you can ask us to pay for the expenses of rehabilitation.

These expenses include rehabilitation programme fees or buying goods, for example, equipment designed to assist you to re-enter the workforce and enrolling in a rehabilitation programme.

We will only pay an amount for rehabilitation expenses that:

- We have approved in writing before you incur them
- We have received receipts for
- A medical practitioner states in writing you need to spend as part of your rehabilitation, and
- Cannot be reimbursed from any other source.

The maximum payment is six times the 'Total disability benefit amount'.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option held outside of superannuation.

# Rehabilitation programme benefit NS 🗸

The rehabilitation programme benefit is payable if you are totally disabled, and we are paying you a Total disability benefit and you take part in a rehabilitation programme. We will pay you an amount towards the cost of the rehabilitation programme.

We will pay you up to an additional 50% of the 'Total disability benefit amount' for up to 12 months after the waiting period.

We will only do this if all the following conditions are satisfied:

- We must approve the rehabilitation programme in writing before you enter into the programme.
- You must undertake the rehabilitation programme to rehabilitate yourself for the disability you are claiming, and not for any other reason, and
- A medical practitioner must state, in writing, that you need to undertake the programme as part of your rehabilitation.

<sup>1</sup> Where the benefit period is 1 year, 2 years or 5 years, the disability must recur within six months since we last paid you.

#### Return to work bonus SS 🗢

If you have participated in an occupational rehabilitation programme (approved in writing by us) for at least three months, and have since returned to paid work for at least 30 hours a week, we will pay an additional benefit amount. The additional benefit amount is based on the 'Total disability benefit amount' and will be paid on completion of:

- 1 month of consecutive employment (0.5 x 'Total disability benefit amount')
- 3 months of consecutive employment (1 x 'Total disability benefit amount')
- 6 months of consecutive employment (1.5 x 'Total disability benefit amount')

We will only pay up to a total of 3 x 'Total disability benefit amount', for the life of the policy. Payment of this benefit is not dependent on you being totally disabled.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option held outside of superannuation.

# Right to convert 730 day waiting period to 90 day waiting period SNS 🗸

If you are a member of a group income protection plan with a two year benefit period, we will allow the waiting period of this plan and any linked PremierLink IP option to be reduced from 730 days to 90 days upon the cancellation of your group insurance cover.

The reduction in the waiting period will not require medical evidence on the person insured, subject to the following conditions:

- The group insurance cover must have ceased due to the person insured ceasing employment and consequently ceasing to meet the criteria for cover under group income protection plan
- The person insured must not be claiming a benefit, or eligible to claim a benefit, under this plan, any linked PremierLink IP option or the group income protection plan
- The person insured must not have ceased work due to any sickness or injury
- The person insured must not exercise, or have exercised, a continuation option, transfer or conversion from the group income protection plan
- The person insured must apply for the reduction in the waiting period within 60 days of ceasing cover under the group income protection plan
- The person insured must be gainfully employed for more than 30 hours per week at the time they apply for the reduction of the waiting period
- The person insured must not have had their benefit period on this plan previously limited, and
- Any exclusions, loadings or restrictions on this plan that were conditional on a 90 day waiting period will apply from the date the waiting period is reduced to 90 days.

# Right to take out an Income Insurance Senior Plan S NS

Occupation categories MP, AA and A only

If we end this plan because you have reached the expiry age of your income insurance plan, you have the right to apply for an Income Insurance Senior Plan.

Under the Income Insurance Senior Plan, you can be covered for income insurance until your 70th birthday.

When applying for cover under the Income Insurance Senior Plan you do not have to give us any medical evidence (smoking details are required) or evidence about your pursuits, pastimes, travel details or place of residence.

The following conditions apply:

- The level of cover available under the Income Insurance Senior Plan may not be more than the level of cover you had under this plan or any other plan you currently hold where Income Insurance Senior Plan is offered at the time you apply.
- You must be gainfully employed for more than 30 hours per week at the time you apply for the Income Insurance
- You must have had no claims under this plan or any linked PremierLink IP option in the 12 months before the expiry of your income insurance plan or had any loadings, restrictions, exclusions, limited terms apply on the existing cover. and
- You must apply within 60 days before the date the current plan ends.

#### Special care benefit № ∽

The Special care benefit is payable if you are totally disabled and we are paying you a Total disability benefit and, you are confined to bed under the full-time care of a registered nurse or personal care attendant. We will pay you an amount towards the costs of the nurse or personal care attendant.

We will pay a special care benefit during the benefit period where:

- You are totally disabled, and
- Our Chief Medical Officer agrees that, because of your total disability, you are totally dependent on the full-time care of a nurse or personal care attendant.

The nurse or personal care attendant cannot be a family member, business partner, employee or employer of you or the person insured.

For each complete month you are entitled to be paid, we will pay the lesser of the following for up to six months:

- The 'Total disability benefit amount', and
- \$4.500.

We will not pay you this benefit during a claim period if we are paying you, or have paid you the Family member's accommodation benefit or the Family carer's income benefit.

# Specific injuries and sicknesses benefit № ∽

The Specific injuries and sicknesses benefit is payable if you suffer a specific injury or sickness set out in the following table.

We will pay the 'Total disability benefit amount' for the payment period set out in the table, or for the benefit period, whichever is the lesser.

There is no waiting period for this benefit. We will pay even if you are not totally disabled. We will continue to pay for the payment period even if you have returned to work. We will stop paying you if you die.

If, after the payment period ends, you are totally or partially disabled because of the same specific injury or sickness, we will pay you the Total or Partial disability benefit, from the later of:

- the end of the payment period for the specific injury or sickness, or
- the end of the waiting period

The payment period for the specific injuries and sicknesses will count towards the waiting period and, where the benefit period is 2 or 5 years, the payment period will also count towards your benefit period.

We will not pay you any other benefit under the plan while we are paying you the Specific injuries or sicknesses benefit.

If you suffer from more than one of the specific injuries or sicknesses at the same time, we will only pay you for one injury or one sickness at a time.

We will pay you the benefit for the injury or sickness with the longest remaining payment period.

If both an Income Insurance Plan and a PremierLink IP option are purchased, this benefit will be paid under the PremierLink IP option held outside of superannuation.

# Specific injuries and sicknesses

Total and permanent loss of use of:	
Both arms and both legs due to spinal cord injury or disease – quadriplegia (also defined as tetraplegia)	60 months
Both legs due to spinal cord injury or disease – paraplegia	60 months
Both sides of the body due to injury or sickness – diplegia	60 months
One side of the body due to injury or sickness – hemiplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months

Fracture (requiring a pin, traction, a plaster cast or other immobilising structure) of your:	
Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow or shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

Trauma events	
Cancer	6 months
Chronic kidney failure	6 months
Coronary artery bypass surgery	6 months
Heart attack	6 months
Heart valve surgery	6 months
Major organ transplant	6 months
Severe burns	6 months
Stroke	6 months
Advanced diabetes	3 months
Alzheimer's disease and other dementias	3 months
Aplastic anaemia	3 months
Benign brain tumour	3 months
Blindness	3 months
Cardiac arrest	3 months
Cardiomyopathy	3 months
Chronic liver disease	3 months
Coma	3 months
Deafness	3 months
Encephalitis	3 months
Loss of capacity for independent living	3 months
Loss of speech	3 months
Lung disease	3 months
Major head injury	3 months
Medically acquired HIV infection	3 months
Motor neurone disease	3 months
Multiple sclerosis	3 months
Muscular dystrophy	3 months
Parkinson's disease	3 months
Pneumonectomy	3 months
Primary pulmonary hypertension	3 months
Severe rheumatoid arthritis	3 months
Surgery of the aorta	3 months
Triple vessel angioplasty	3 months

The definitions for the Trauma events listed above can be found in the trauma insurance section of the Glossary of definitions on pages 64 to 69.

# Unemployment continuation benefit and Leave without pay continuation benefit

# Unemployment continuation benefit Is 🗸

Not available for occupation category F

You can continue your income insurance while unemployed.

To continue the plan/PremierLink IP option and be eligible to submit a claim, you must keep paying your premium, and be able to provide evidence that you are actively seeking employment. If your occupation has been classified as BY, CY or DY, you will not be eligible to submit a claim while unemployed.

While you are unemployed, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions under the 'Total and partial disability definition while unemployed or on leave without pay' on page 74.

If both an Income Insurance Superannuation Plan and a PremierLink IP option is purchased, the Cessation of employment section on page 43 will continue to apply to the Income Insurance Superannuation Plan. But you are eligible to claim on the PremierLink IP option as per the terms and conditions above.

# Leave without pay continuation benefit SNS

Not available for occupation category F

You can continue your income insurance while on leave without pay. To continue the plan/PremierLink IP option and be eligible to submit a claim, you must keep paying the premium. If your occupation has been classified as BY, CY or DY, you will not be eligible to submit a claim while on leave without pay.

While you are on leave without pay, the definition of total disability and partial disability will change. The definition after the change can be found in the Glossary of definitions under the 'Total and partial disability definition while unemployed or on leave without pay' on page 74.

# Unemployment premium waiver benefit 📧 ∽

If you become 'involuntarily unemployed', you do not have to pay the premium for this plan and any linked PremierLink IP option, for three months from the date you became 'involuntarily unemployed' or until you recommence employment, whichever occurs first.

To exercise this benefit, you must let us know in writing within three months of the date you became 'involuntarily unemployed'.

Eligibility for this benefit is subject to:

- The plan and any linked PremierLink IP option being in force for six months in a row at the time you become 'involuntarily unemployed', and
- You registering with an approved government employment agency within 30 days of becoming 'involuntarily unemployed'.

# Upgrade of benefits <sup>⑤</sup> <sup>№</sup> ✓

If we make future improvements to your plan, and such improvements do not result in an increase in premium rates, we will pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

If you are on claim at the time of the upgrade, it will not apply until six months after the claim has ended.

# Waiver of premium <sup>⑤</sup>NS ∽

If we are paying you a benefit under this plan or the PremierLink IP option (except Nursing care benefit and Return to work bonus) you do not have to pay the premium for:

- the income insurance plan and any other plans shown on your schedule; and
- the PremierLink IP and its options.

We will not waive your premium where the plan(s)/options commenced or was restored after you were entitled to be paid a benefit under the plan/option.

You must start paying the premium again as soon as we stop paying you that benefit.

#### 24 hour worldwide cover SNS <

Subject to the terms and conditions of the plan, on acceptance of your plan we will cover you 24 hours a day anywhere in the world. If you are sick or injured outside Australia or New Zealand, we may require additional medical documentation and/or medical examinations by a doctor chosen by us to support the claim.

# Additional information

# When your benefit is reduced NS

#### Occupation categories MP, AA and A

Not applicable to the Income Insurance Senior Plan

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any disability income, sickness or accident plan with another company which you held or had applied for, when you applied for income insurance with us, but did not disclose to us in your application.

# Occupation categories B, C, D, F, BY, CY and DY, or you have purchased the Income Insurance Senior Plan

In the event of a total disability or partial disability claim, we will offset your benefit by:

- Undisclosed disability income, sickness or accident plans, as explained in detail above, and
- Any amount paid for disability under law.

#### Agreed value

Your benefit can only be reduced to the extent that the benefit payable when added to all other income received no longer exceeds 100% of your 'pre-disability income'.

#### Indemnity

Your benefit can only be reduced to the extent that the benefit payable when added to all other income received no longer exceeds 75% of the your 'pre-disability income'.

### S Income Insurance Superannuation Plan

When your benefit is reduced

In the event of a total disability or partial disability claim, we will offset the benefit we pay by the following:

- Any amount which is paid or payable for disability:
  - Under law, or
  - By way of any other disability income, sickness or accident plan, or
- Under common law, or
- From any employer paid leave (including sick leave, annual leave and long service leave).
- Any amount which is paid or payable as income.

Where your 'pre-disability income' is less than the 'Total disability benefit amount', we will reduce the Total disability benefit payable so that any payments received, when combined with amounts received from this plan, do not exceed:

- 75% of your 'pre-disability income' for Indemnity plans (all occupations except for occupation F).
- 30% of your 'pre-disability income' for Indemnity plans (where the occupation category is F).

It is a requirement under superannuation law that you cannot receive more than 100% of your pre-disability income (excluding any indexation) from all sources. Therefore we may reduce the benefit we pay you accordingly.

# When income insurance benefits are payable **S**NS

When you purchase an income insurance plan or a PremierLink IP option, you will need to select one of a variety of waiting periods (refer to the Waiting periods table on page 32 for available combinations).

The waiting period starts when a medical practitioner first examines you and certifies that you are totally disabled or partially disabled. From the end of the waiting period the income insurance benefits will start to accrue and are payable.

Once we commence paying income insurance benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your 'benefit period'.

# Benefit period to age 70 SNS

Occupation categories MP, AA and A only

Regardless of your age when you become totally or partially disabled, when you are over the age of 65 the 'Total disability benefit amount' or 'Partial disability benefit amount' will be reduced. Any benefit or options that are calculated using the Total or Partial disability benefit amounts will also be reduced. The percentage of the benefit that you will receive is outlined in the table below.

Age last birthday	% of Total or Partial disability benefits
65	100
66	80
67	60
68	40
69	20

# When we will not pay ONS

We will not pay a benefit in the following circumstances:

- If you make a fraudulent claim
- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- Where the disability was caused by:
  - You or the plan owner on purpose
  - Your commission of, or involvement in, an intentional criminal act
  - Uncomplicated pregnancy, miscarriage or childbirth, or
  - War or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan and PremierLink IP option.

# **Income Insurance Superannuation Plan**

Cessation of employment

You will not be eligible to submit a total disability or partial disability claim during any period of unemployment.

However, you will be required to continue to pay your premiums during any period of unemployment in order to maintain the plan.

If you stop paying premiums your plan will cease. If you subsequently re-apply for income insurance by submitting a new application (and providing the necessary financial and medical information as required), we may not offer you a new plan, or only offer you a new plan with special conditions, depending on your circumstances at the time.

By paying your premiums, you will ensure that, once you recommence employment, you will be able to continue your cover on your current plan conditions.

If you are concerned with the ineligibility to submit a total disability or partial disability claim during any period of unemployment, please talk to your financial adviser. They will be able to help you decide whether to:

- Continue with this Income Insurance Superannuation Plan, or
- Transfer to an income insurance plan outside of superannuation (subject to certain terms and conditions), or
- Cancel this Income Insurance Superannuation Plan.

Where your occupation category is specified as F you will be unemployed while not engaged in 'farming'.

# When the plan will end ONS

The plan automatically ends as soon as one of the following happens:

- You permanently retire, or
- You die, or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason.

#### Income Insurance Senior Plan

The plan will also automatically end if you are not employed in full-time paid work. You must notify us once you have ceased full-time paid work (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving the benefit.

# Where the schedule specifies the occupation category as BY, CY or DY, and following the completion of a claim for sickness or injury

Following the completion of a claim for sickness or injury, we may, from three years after the plan commencement date shown in your schedule, cancel your plan as set out on page 44 under the Continuing your plan section.

#### Occupation category F

The plan will also automatically end as soon as you cease 'farming' for more than three months in a row. You must notify us once you have ceased 'farming' for more than three months (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving the benefit.

# Replacement plan S NS

Occupation category F only

If within three months of you ceasing 'farming' you commence other full-time work, we will issue a replacement income insurance plan without further health evidence.

We will do this provided we receive your written request for a new plan within three months from the date you stopped 'farming'. We will forward you a new plan document and will notify you when cover begins.

Financial evidence will be required to determine the level of cover under the new plan.

# Continuing your plan

# Where the schedule specifies the occupation category as AA, A, B, C, D or F

As long as you pay the premiums on time and comply with the terms of your plan we will:

- Pay you benefits when you are entitled to them
- Continue your plan until the plan ends, and
- Not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section on page 59) to inform us of any changes to your health, occupation or pastimes.

# Where the schedule specifies the occupation category as BY, CY or DY and following the completion of a claim for sickness or injury

We may, from three years after the plan commencement date shown in your schedule:

- Continue your plan on the same terms that applied before the sickness or injury claim, or
- Offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- Cancel your plan.

# If we wish to apply exclusions, premium loadings and/or special conditions

If we wish to apply exclusions, premium loadings and/or special conditions following the completion of a claim for sickness or injury, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

### If we cancel your plan

Following the completion of a claim for sickness or injury, if we cancel your plan we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

# Working in Australia on a temporary visa NS

Occupation Categories MP, AA and A only

The Income Insurance Plus Plan and Income Insurance Plan are available to be purchased while working under a temporary visa. The PremierLink IP option is not available as an optional benefit of the Income Insurance Plan in this instance.

However, due to immigration laws and restrictions placed on working visas, limitations apply to these contracts.

Please consult your financial adviser.

# Optional benefits

The optional benefits described below can only be purchased with specific plans. Please refer to the table on page 35 for details for which plans each optional benefit can be purchased. The optional benefits may be added to your plan at an additional premium.

# Optional benefits - minimum and maximum entry age and minimum and maximum benefit

Option		Minimum entry age	Maximum entry age	Expiry age	Minimum sum insured	Maximum sum insured
Accelerated accident option	SNS	18 next birthday	60 next birthday <sup>(i)</sup>	The expiry age of the plan	N/A	N/A
Accident lump sum option	NS	18 next birthday	60 next birthday <sup>(i)</sup>	The expiry age of the plan	\$1,000	\$250,000
Cover boost option <sup>(ii)</sup>	SNS	18 next birthday	52 next birthday	The earlier of: Age 55 and having utilised the maximum number of increase dates	N/A	N/A
Increasing claim option	SNS	18 next birthday	60 next birthday <sup>(i)</sup>	The expiry age of the plan	N/A	N/A
Occupationally acquired HIV, Hepatitis B and C option (iii)	NS	18 next birthday	60 next birthday <sup>(i)</sup>	The expiry age of the plan	\$50,000	The lower of: 60 times the monthly benefit and \$500,000
Superannuation contributions option	SNS	18 next birthday	60 next birthday <sup>(i)</sup>	The expiry age of the plan	N/A	N/A
PremierLink IP	S	Refer to page 31		,	enefit must be unt as the income I it is linked to	

<sup>(</sup>i) Where the benefit period selected is age 60, the maximum entry age is 55 next birthday.

# Accelerated accident option SNS

This option is only available with 14 or 30 day waiting periods.

#### **Benefits**

If an injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount during the waiting period.

We start paying when a medical practitioner first examines you and certifies that you are totally disabled.

#### **Payment**

For each day you are totally disabled, we will pay you 1/30th of the 'Total disability benefit amount'.

We will not pay you if you are receiving the Specific injuries and sicknesses benefit or the Nursing care benefit.

# Accident lump sum option NS

# **Benefits**

If you are involved in an accident which causes death or one of the injuries set out in the table below to happen within one year from the date of the accident, we will pay you the lump sum amount selected for this benefit.

We will do this even if you are receiving the Total or Partial disability benefit.

Accident lump sum conditions	
	Percentage of lump sum amount (%)
Accidental death	100
Total and permanent loss of use of:	
Both hands or both feet	100
Entire sight in both eyes	100
One hand and one foot	100
One hand and the entire sight in one eye	100
One foot and entire sight in one eye	100
One arm or one leg	75
One hand, one foot or entire sight in one eye	50
Thumb and index finger from same hand	25
Thumb or index finger	15
Two or more fingers	15
One finger	5

# **Payment**

The amount that we pay you will be the percentage set out in the table above of the lump-sum amount on your schedule.

If you have more than one of the injuries at the same time, we will only pay for the one with the highest percentage.

<sup>(</sup>ii) Occupation categories MP, AA and A only.

<sup>(</sup>iii) Only available to medical occupation categories MP or AA.

If we pay you an amount under this option, then the lump-sum amount is reduced by that amount paid. We will not pay more than 100% of the lump-sum amount in total for all claims.

We will not pay under this option if the injury was caused or contributed by either alcohol/non-prescribed drugs or any flying activities, other than as a fare-paying passenger in an aircraft.

# Cover boost option SNS

#### **Benefits**

You can increase the 'Total disability benefit amount' by up to 20% at specified increase dates without having to provide medical evidence or evidence about your occupations, pursuits, pastimes or place of residence.

The increase dates are every third 'renewal date' up until your 55th birthday. However, you can bring forward an increase date up to four times by letting us know in writing.

The increase to your 'Total disability benefit amount' takes effect from the increase date.

However, the increased benefit amount will not apply where:

- An injury or sickness occurred before the increase date
- You are on claim at the time of the increase
- The new 'Total disability benefit amount' is more than 75% of your 'pre-disability income' at the increase date
- You have exceeded the maximum number of increases allowable under this option, or
- After the increase, the 'Total disability benefit amount' will be more than our limit for new plans at that date.

The maximum number of increase dates is calculated as follows:

(A = your age when this option began).

# Increasing claim option SIS

This option is not available to occupations BY, CY or DY

If we are paying you for a claim, we will increase your benefit by the increase in the CPI (indexation benefit) on each 'renewal date' while you are on claim.

If we are paying you for a claim because you are:

- Totally disabled, we will increase the 'Total disability benefit amount' by the increase in the CPI (indexation benefit).
- Partially disabled, we will increase the 'Total disability benefit amount' and 'pre-disability income' by the increase in the CPI (indexation benefit).

It is a requirement under superannuation law that you cannot receive more than 100% of your pre-disability income (excluding any indexation). Your benefit under this option will increase by the increase in the CPI on each 'renewal date' up to 100% of your pre-disability income (excluding any indexation). Any increases above 100% will be made to NM Super, who will then release the benefit to you, subject to you satisfying an appropriate condition of release under superannuation law. If you do not meet a condition of release, the amount above 100% must remain in the Fund until a condition of release has been met.

# Indemnity option SNS

If you purchase an indemnity option, in the event of a claim we will calculate your benefit by taking into account your 'predisability income'.

# Occupationally acquired HIV, Hepatitis B and Hepatitis C option

This option is available to medical occupations classified as MP or AA only

#### **Benefits**

If you become infected with HIV, Hepatitis B or Hepatitis C as a result of an occupational incident, we will pay you the lump-sum amount on your schedule.

We will pay you the lump-sum amount if all of the following conditions are satisfied:

- You provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of the witnesses to the occupational incident
- You provide us with proof that the occupational incident involved a definite source of the relevant infection, and
- You provide us with proof that a new infection with HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
  - HIV antibody negative to HIV antibody positive, or
  - Hepatitis C antibody negative to Hepatitis C antibody positive, or
  - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Governmentapproved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

# **Payment**

We will only pay you once under this benefit. The benefit we pay is the lump-sum amount specified in your schedule.

We will not pay if:

- You become positive to Hepatitis B surface antigen within 180 days from the start of the plan or option, or the date the plan or option is reinstated
- A cure is available for the infection you are claiming for. Cure means any treatment that renders the HIV inactive or non-infectious, or
- You are first diagnosed to be infected with HIV, Hepatitis B or Hepatitis C after you die.

This benefit can be paid in addition to the Total disability benefit, and other benefits available under this plan and your 'Total disability benefit amount' will not reduce as a result of a payment under this option.

# PremierLink IP option

The PremierLink IP option allows you to enhance your benefits to be equivalent to the Income Insurance Premier Plan. The enhanced definitions and additional benefits are linked to your income insurance plan and are held on a separate policy outside of superannuation.

In the event of a claim, you will be assessed under the Total disability or Partial disability definition on your income insurance plan inside superannuation. If that definition is met the benefit will be paid directly to the Trustee. At the same time, you will also be assessed under the Total disability or Partial disability definition on your PremierLink IP option outside of superannuation. If that definition is met a benefit will be paid on your PremierLink IP option. The amount paid is a top-up amount that will bring the total amount paid inside and outside superannuation equal to the 'Total disability or Partial disability (whichever is applicable) benefit amount' on the PremierLink IP. This top-up amount can be zero when the full value of the 'Total disability or Partial disability benefit amount' on the PremierLink IP is already paid out on the income insurance plan inside superannuation. The top-up amount will be paid directly to you. Refer to Scenario 3 of Figure 1.2 on page 7 for an example.

- Under the PremierLink IP option you are eligible for the included benefits as per the table on page 34.
- If you purchased the Income Insurance Plan and are paid an Elective or cosmetic surgery benefit, a Return to work bonus, a Rehabilitation expenses benefit or a Specific injuries and sickness benefit, these benefits will be paid to you directly under the PremierLink IP option outside of superannuation.
- If you cancel your income insurance plan, the PremierLink IP option will automatically be cancelled. However, if you cancel the PremierLink IP option, the income insurance plan can remain.
- If the Accelerated accident option, Cover boost option, Increasing claim option and/or Superannuation contributions option are purchased, they will be applied to both your income insurance plan and the PremierLink IP option. If they are cancelled, they will be cancelled from both.

The definitions for total or partial disability can be found on pages 36 and in the Glossary of definitions on page 70.

For further information on the PremierLink IP option refer to the Plan structure section on page 6.

# Superannuation contributions option SIMS

You can insure up to 100% of your superannuation contributions in addition to your monthly benefit amount. We allow you to select a superannuation contribution rate ranging from the legislated 'Superannuation Guarantee Rate' (currently 9%) to 15%. Please note that the legislated 'Superannuation Guarantee Rate' is gradually increasing from 9% to 12%. Refer to 'Superannuation Guarantee Rate' on page 72 for details on the legislated increase.

The superannuation contribution rate that you choose will remain the same for the life of the policy and will not increase together with the 'Superannuation Guarantee Rate' legislated increases.

In the event of a claim, we will pay an amount based on the Superannuation contributions monthly benefit on your schedule to your nominated complying superannuation fund for the duration of your claim. The amount payable is calculated in the same way as the benefits payable on your income insurance plan/PremierLink IP option, but it is based on the Superannuation contributions monthly benefit on your schedule. For example, if the monthly benefit on your income insurance plan/PremierLink IP option and Superannuation contributions option is \$6,250 and \$750, and we pay you a Partial disability benefit on the income insurance plan/ PremierLink IP option of \$3,000 (48% of \$6,250) per month, we will pay a Partial disability benefit on the Superannuation contributions option of \$360 (48% of \$750) per month to your nominated complying superannuation fund.

If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as income when determining the monthly benefit. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the monthly benefit. See page 70 for the definition of 'income'.

The Superannuation contributions option applies if we are paying you under one of the following:

- Total disability benefit
- Partial disability benefit
- Specific injuries and sicknesses benefit
- Nursing care benefit
- Accelerated accident option.

In the event of a claim, you need to provide details of your complying superannuation fund to enable payment of the benefit. The superannuation provider must be either a regulated superannuation fund or retirement savings account as defined in the relevant superannuation and taxation laws. If you do not provide these details, we may not be able to pay the Superannuation contributions benefit.

For non superannuation plans (owned by the trustees of an SMSF) the amount we pay to your superannuation fund needs to be included in your income tax return in the financial year

it is received. The income tax payable on the amount paid will need to be paid from another source as the amount paid to the complying superannuation fund or retirement savings account cannot be used to pay income tax because it is required to be preserved in accordance with legislation.

S The amount we pay to your superannuation fund needs to be included in your income tax return in the financial year it is received. The amount will be paid net of tax.

Please refer to the Income Insurance Superannuation Plan taxation information on page 50 for more information.

For more information please contact your financial adviser.

# Business Expenses Insurance Plan 📧

#### The benefit insured

You can insure up to 100% of average insurable expenses that the business will continue to incur if you become totally disabled.

Insurable expenses are those that are:

- Regular in nature, and
- Existed at the time the claim commenced.
- Typical expenses include:
  - Rent
  - Electricity
  - Water
  - Gas
  - Salaries of employees who do not contribute directly to your earnings or the earnings of your business
  - Regular business loan repayments.

In addition to the examples listed above, if you are a medical practitioner or dentist, the net cost of a medical locum is an allowable business expense. (The net cost of a medical locum is where the fees incurred for the locum exceed the income generated by the locum).

Some examples of expenses that are not insurable are:

- Capital purchases
- Stock
- Maintenance and repairs
- New loans or contracts taken out after the claim commenced.

Insurable expenses do not include salaries or wages of employees who contribute directly to your earnings or the earnings of your business (unless it is for the net cost of a locum).

# Joint business

If you are a co-owner of the business, at our discretion we will calculate the share of the business expenses in the same proportion as the profits and losses are allocated between you and the other co-owners.

# Total disability benefit

If you meet the definition of total disability we will pay you up to the Total disability benefit amount.

We will only pay the Total disability benefit if you own a business. Ownership of the business must have been in place immediately before and during your total disability, and you must have been actively managing that business immediately before your total disability.

We will pay the actual costs of the allowable expense up to the Total disability benefit amount.

The maximum we will pay is 12 times the Total disability benefit amount. Whenever payment in any particular month during the benefit period is less than the Total disability benefit amount, we will extend the benefit period at the end of the 12 month period until we have paid a total amount equal to 12 times the Total disability benefit amount.

# **Total disability definition**

You are totally disabled if, because of injury or sickness, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Not working in any occupation (whether paid or unpaid), and
- Under 'medical care'.

#### How the Total disability benefit amount is calculated

The amount we pay you is the lesser of:

- The monthly benefit specified on your schedule, and
- Your share of the business expenses actually incurred while on claim in the operation of your business.

# Partial disability benefit

If you are partially disabled, we may pay you a reduced benefit.

# Partial disability definition

### Occupation categories MP, AA and A

You are partially disabled if immediately after being totally disabled for at least 7 out of a consecutive 12 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- Under 'medical care'.

### Occupation categories B, C and D

You are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of the sickness or injury, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation, and
- Under 'medical care'.

#### How the Partial disability benefit amount is calculated

The amount we pay for each month that you are partially disabled is the lesser of:

- The monthly benefit specified on your schedule, and
- Your share of the business expenses actually incurred that relate to the period of partial disability less:
  - Any amounts that are reimbursed from elsewhere, and
  - Your share of the business turnover for that period.

Business turnover for a period will be the gross income of the business for the period of partial disability.

Your share of business expenses actually incurred, or of business turnover, will be determined in line with the usual manner of apportioning profits and/or losses of the business between you and any co-owners of the business. When you are partially disabled and not working but are capable of returning to work, business turnover will be determined by us based on your capacity to return to work based on medical evidence.

# When your benefit is reduced

# Occupation categories MP, AA and A

In the event of a total disability or partial disability claim, only one offset will apply to your benefit.

We will only offset your benefit by any business expenses policies with another company that you held or had applied for, when you applied for your Business Expenses Insurance Plan with us, but did not disclose to us in your application.

# Occupation categories B, C and D

In the event of a total disability or partial disability claim, we will offset your benefit by:

- Undisclosed business expenses policies, as explained in detail above, and
- Any amount paid for disability under law.

If you have a claim under the plan, your benefit may be reduced to nil because of these offset amounts. In this case, we will be deemed to be paying you a benefit, even though you receive no money from us.

# Earnings received while on claim

If you are earning money from the business or if you are a coowner and your share of the business earns money while you are on claim, the amount you earn in any month (less costs incurred to generate those earnings) may be deducted from the Total disability benefit amount that we pay.

# When benefits are payable

When you purchase a Business Expenses Insurance Plan, you will need to select one of a variety of waiting periods.

The waiting period starts when a medical practitioner first examines you and certifies that you are totally disabled. The benefits under the Business Expenses Insurance Plan are payable from the end of the waiting period.

Once we commence paying such benefits, as long as you continue to meet the definition of total disability or partial disability, we will continue to pay the benefit, until the expiry of your 'benefit period'.

# Attempted return to work during the waiting period

### Where 14 or 30 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for five consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than five consecutive days, the waiting period starts again.

# Where 60 or 90 day waiting periods apply

If you return to work during the waiting period in a full-time capacity for 10 consecutive days or less, we will extend the waiting period by the number of days you returned to work in a full-time capacity. If you return to work during the waiting period in a full-time capacity for more than 10 consecutive days, the waiting period starts again.

# When the plan will end

The plan automatically ends as soon as one of the following happens:

- You cease paid work for more than three months other than by reason of death or total disability. You must notify us once you have ceased paid work for more than three months (for a reason other than disability). However, we will not end the plan if you are not working while you are receiving a benefit under the Business Expenses Insurance Plan, or
- You permanently retire, or
- You die. or
- The plan reaches the expiry date as specified on the schedule.

We can also end the plan if your premium is more than 30 days late. However, we will give you 28 days written notice before we end it for this reason.

#### When we will not pay

The Business Expenses Insurance Plan will not pay a benefit in the following circumstances:

- If you make a fraudulent claim
- Where your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your application and we agreed to cover it, or
- Where the disability was caused by:
  - You or the plan owner on purpose
  - Your commission of, or involvement in, an intentional criminal act
  - Uncomplicated pregnancy, miscarriage or childbirth, or
  - War or war-like activities.

Complications arising from pregnancy that result in disablement are covered under the plan.

# S Holding your policy in superannuation

# Plan membership

# The plan

The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are issued by N.M. Superannuation Proprietary Limited (the Trustee). These plans provide insurance for members within the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund (the Fund(s)).

These plans are only available where the Trustee is N.M. Superannuation Proprietary Limited and relates to membership in the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund.

If the plan owner is to be a Trustee other than N.M. Superannuation Proprietary Limited (for example, a trustee of a self-managed superannuation fund), the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan is not available. Only a non-superannuation life/income insurance plan is available in that instance.

# Ownership of the plan

The Life Insurance Superannuation Plan and Income Insurance Superannuation Plan are held by N.M. Superannuation Proprietary Limited as Trustee of the Super Directions Fund ABN 78 421 957 449 and of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598.

Upon acceptance of your application N.M. Superannuation Proprietary Limited will purchase a Life Insurance Superannuation Plan/Income Insurance Superannuation Plan from NMLA to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. The Trustee owns the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan and holds it on your behalf, as a member of the Fund. The Trustee is a licensed trustee under the Superannuation Industry (Supervision) Act 1993 (SIS) and has an appropriate level of indemnity insurance.

If you purchase a life insurance plan to be owned by the trustees of an SMSF, the trustees are responsible for meeting the requirements under superannuation law, including ensuring that the member satisfies the appropriate condition of release before releasing any insurance benefits.

# Membership of the Fund

To be an insured person under the plan you must be a member of the Fund. The Funds are registered as superannuation entities under SIS. Your membership will be governed by the terms and conditions of the Trust Deeds of the Funds (as amended from time to time) and superannuation law.

The premium you pay for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan, the stamp duty and the plan fee are the only cost to you; you pay no other fee or charge for having insurance in the Fund.

The benefits to which you are entitled are limited to those specified under the Life Insurance Superannuation Plan/Income Insurance Superannuation Plan.

Insurance cover will cease when:

- You are no longer a member of the Fund or
- There are insufficient funds in your superannuation account to pay your premiums, or
- You cease to be eligible to contribute to superannuation over age 65 due to superannuation age restrictions and there are insufficient funds in your superannuation account to pay your premiums.

Payment of any benefit to you by the Trustee is subject to acceptance of a claim by AMP. Payment of premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation.

# Taxation information

The tax information contained in this PDS is based on the Trustee's understanding of the current law and of current Australian Taxation Office (ATO) practice at the date of publication. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances.

You should seek professional advice concerning your own taxation position. Further taxation information can be found at www.ato.gov.au.

#### **Contributions tax**

All employer contributions paid to the Fund (including voluntary salary sacrifice contributions) and any contributions for which you claim a tax deduction are called concessional contributions and are currently taxed at a maximum rate of 15%. The Fund will withhold this tax when the contributions are received by the Fund or on receipt of a valid notice of your intention to claim a tax deduction.

This 15% contributions tax may be reduced by deductions (available to the Fund) for items such as insurance premiums.

### **Concessional contributions cap**

An annual contribution limit (also known as a contributions cap) of \$25,000 per person per year applies to concessional contributions from 1 July 2009.

Contributions in excess of the annual cap (referred to as excess concessional contributions) incur tax of 31.5% in addition to the contributions tax (15%). The excess concessional contributions tax is imposed on the individual. Furthermore, excess concessional contributions are included in the nonconcessional contributions cap (see next page).

# Non-concessional contributions cap

Non-concessional contributions are:

- Personal contributions for which you do not claim a tax deduction, and
- Spouse contributions.

A cap of \$150,000 per person per year applies to non-concessional contributions from 1 July 2007. Members under age 65 on 1 July of the relevant financial year can make non-concessional contributions up to \$450,000 averaged over three years. Members aged 65 or over on 1 July can only make non-concessional contributions of up to \$150,000 in that year and each subsequent year to age 75, subject to being gainfully employed on at least a part-time basis. For more information refer to the Eligibility to make contributions section on page 51 of the PDS. Non-concessional contributions in excess of this cap will be taxed at 46.5%.

The Trustee is prevented by law from accepting a nonconcessional contribution that is greater than \$450,000 in one transaction for individuals who are under age 65 and \$150,000 in one transaction for individuals age 65 and over on 1 July of the relevant financial year. The Trustee is required by law to refund the excess contribution and is entitled to deduct an administration fee and any transaction costs and premiums that have been paid in relation to cover for a specific period.

If you are a member of the Super Directions Fund, any insurance premiums you pay are considered to be superannuation contributions and will count towards your contributions cap.

Your Super Directions membership does not have an investment component and cannot accept spouse contributions, co-contribution amounts from the ATO or rollovers from other superannuation funds to pay for insurance premiums. However, the Wealth Personal Superannuation and Pension Fund can accept payment from these sources where you are a member of the Fund and hold insurance through North, Summit, Generations or iAccess.

There are some exceptions to the contribution rules. For more information please contact your financial adviser.

# **Deductions and offsets**

Depending on your circumstances, tax deductions or offsets for contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self-employed or substantially self-employed. For more information please contact your financial adviser/tax adviser.

#### Life Insurance Superannuation Plan

Death benefit lump sums paid to dependants, as defined for tax purposes (eg spouse, de facto spouse, your child under age 18, or people financially dependent on a person at the time of death or in an interdependent relationship) are generally tax free.

Where Death benefit lump sums are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy.

# **Income Insurance Superannuation Plan**

Benefits (including Superannuation contributions option benefits) under the plan will need to be included in your assessable income and will be paid to you net of tax.

At the end of each financial year we will issue you with a PAYG summary showing your benefits paid and tax deducted. This will need to be included in your tax return. Please speak to your accountant for further information.

# Providing a tax file number (TFN)

Your tax file number is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The Trustee may disclose your TFN to another superannuation provider, unless you request the Trustee in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However, giving your TFN to the Trustee will have the following advantages:

- Your superannuation fund will be able to accept all types of contributions to your account(s).
- The tax on contributions to your superannuation account(s) will not increase.
- Other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits.
- It will be easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

If you do not provide your tax file number, the Trustee will not be able to accept any payment for premiums and your application for insurance will not be accepted.

# Eligibility to make contributions

Anyone under the age of 65 can contribute to superannuation at any time on their own behalf or for someone else who is under 65.

# If aged between 65 and 74

Between the ages of 65 and 74, eligibility to contribute is subject to satisfying the work test. To satisfy this test a member must have worked at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contribution is made.

# Employer/member supported plans

Life insurance and income insurance superannuation plans can be:

- Employer supported the employer pays the premium on behalf of the employee, and
- Member supported the member pays the premiums.

# Cancelling your plan

If you are a member of the Super Directions Fund and you cancel your insurance, you will automatically cancel your membership of the Fund.

If you are a member of the Wealth Personal Superannuation and Pension Fund and you cancel your insurance, you will remain a member of the Fund with no insurance cover.

You must be a member of either Fund to hold insurance under superannuation.

If you cancel your insurance, any premiums paid must be subject to preservation rules, governed by superannuation rules applicable at the time.

# Nomination of dependant

If applying for a Life Insurance Superannuation Plan held through Super Directions, you should complete the nonbinding or binding nomination form in the Application form attached to this PDS.

If applying for a Life Insurance Superannuation Plan via membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits (which includes your accumulation amount and your insurance proceeds) requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. You cannot make a separate binding nomination for your insurance benefits only.

Completion of the superannuation nomination of dependants form accompanying AMP Elevate insurance Application form will be void if your policy is under the North, Summit, Generations or iAccess Superannuation or Pension Plan.

The recipient of death benefits from a superannuation fund in the event of the death of a member is generally determined by the Trustee, at its discretion. For some members that means little certainty. That's why the Trustee offers binding nominations for people who hold the Life Insurance Superannuation Plan offered through the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

Binding nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

Alternatively, you may still make a non-binding nomination; however, this nomination gives the trustee of the Fund discretion on how to pay your benefit.

# Non-binding nomination or no nomination made

With a non-binding nomination the Trustee will consider the nomination provided by you. However, regardless of whether you make a non-binding nomination or no nomination, the Trustee has the discretion to pay your benefit to one or more of your dependants and/or your legal personal representative in any proportions it determines.

To make a non-binding death benefit nomination please complete the preferred dependant section of the Application form. You should be aware that any directions that you may have included in your last will for the payment of your life insurance benefit under the Fund cannot legally bind the Trustee. However, the Trustee will take your expressed wishes into account. It is therefore advisable to update your will and your non-binding nomination whenever your circumstances change.

You may provide the Trustee with a written indication of your preference for the disbursement of the benefit from the Fund in the event of death.

It is essential that you keep the Trustee fully informed of your current preferences for the payment of your benefits in the event of your death.

# **Binding nominations**

A binding death benefit nomination gives you certainty about who will receive your superannuation benefit in the event of your death. When you have nominated a beneficiary and the nomination is valid under superannuation law, the trustee will act in accordance with that nomination. However, the Federal Government has imposed strict conditions on how a beneficiary must be nominated.

A beneficiary must be a spouse (including de facto spouse or same sex partner), a child (including an adopted child, step child or ex-nuptial child) or the child of the insured's spouse or any person who is, or was at the relevant time, in the opinion of the Trustee, in an interdependency relationship with the insured, (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care), a legal personal representative or any person who in the opinion of the Trustee is or was at the relevant time, dependent in whole or part upon the insured. If any beneficiary nominated is not a dependant according to superannuation law at the date of your death, this notice will be invalid.

With binding nominations, you may nominate specific individuals and the portion of the death benefit they will receive under the plan.

If you choose this option as a member of the Super Directions Fund, you are able to nominate the specific individuals and the percentage of the death benefit they will receive under the plan. You will only be able to nominate individuals who are eligible under superannuation law.

If you are purchasing insurance through North, Summit, Generations or iAccess as a member of the Wealth Personal Superannuation and Pension Fund, you may have completed a Binding nomination form at the time of becoming a member. In such instances the binding nomination also applies to your life insurance.

If a binding nomination was not completed when applying for membership of the Wealth Personal Superannuation and Pension Fund, and you would like a binding nomination to apply to your North, Summit, Generations or iAccess superannuation benefits and your insurance, a form may be obtained from your financial adviser.

# How a binding nomination works

To make a binding nomination you will need to provide the personal details of your dependants to whom your death benefit is to be paid. You will need to provide their full name, address details, date of birth, sex, and their relationship to you.

If you choose to make a binding nomination, the Trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- Is valid
- Has been made in the prescribed manner
- Is received by the Trustee before your death
- Has not expired, and the nominated person(s) is a dependant (as defined in the governing rules of the Fund and by superannuation law) or your legal personal representative.

To be valid, a nomination must:

- Nominate one or more dependants and/or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%.
- Be fully completed by you and signed in the presence of your witnesses.
- Be witnessed by two people who are aged 18 years or over and neither of whom is nominated on the form. Each witness must also sign and date the Witness Declaration section, and
- Date the form as at the date of completion.

However, the Trustee is not required to pay the Death benefit in accordance with the binding nomination if:

- The Trustee is subject to a court order and doing so would breach the court order, or
- The Trustee is aware that the giving of, or failure to amend or revoke, a nomination was a breach of a court order.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change, eg divorce, birth of children, death of a partner or nominee. It is your responsibility to keep your nomination up to date and review it every three years. You may update your nomination by completing a new Death benefit beneficiary nomination form at any time.

The binding nomination will normally become invalid when one of the following happens:

- Three years have lapsed from the date the Binding nomination form was signed and you have not reconfirmed the nomination prior to the expiry date.
- Any nominated beneficiary dies before you die.
- Any nominated beneficiary (other than the legal personal representative) is not a dependant at the time of death.
- You get divorced or your de facto relationship ends after signing the Binding nomination form.

If the binding nomination is no longer valid, then the Trustee will automatically treat the binding nomination as a non-binding nomination.

If you wish to revoke a binding death benefit nomination, you must complete, sign and date the revocation in the presence of two witnesses who are aged 18 years or over and neither of whom were nominated on the form. Each witness must also sign and date the witness declaration section.

If you nominate your legal personal representative as your beneficiary, please make sure that you have a valid and up-todate will. If you die without a will, the Trustee may have to pay the benefit to a court-appointed administrator who will pay the benefit in accordance with a statutory formula that varies from state to state.

Payment to a legal personal representative may also take longer to effect as it is necessary for a Grant of Probate or Letters of Administration to be issued before the benefit can be paid.

You should note that by directing payment to your legal personal representative you may be exposing the benefit to claims by creditors of your estate.

Your financial adviser can assist you in assessing your estate planning.

In the event that your nomination is not valid or has expired, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or legal personal representative.

# Who qualifies as my dependant?

The Trustee must ensure that the benefits are paid to your legal personal representative or dependants as defined in the Trust Deed and applicable law. A dependant is defined as:

- The spouse
- Each child (including an adopted child, step-child or an exnuptial child) of a member, or the child of a member's spouse,
- Any person who is, or was at the relevant time, in the opinion of the Trustee in an interdependency relationship with the member (generally a close personal relationship between two people who live together, where one or both provides the other with financial support, domestic support and personal care),
- Any person who in the opinion of the Trustee is, or was at the relevant time, dependent in whole or in part upon the member,
- Any other person treated for the purposes of superannuation law as a dependant.

The beneficiary of your death benefit can ask to receive the payment as a lump sum.

#### Who is a spouse?

A spouse is a person who is legally married to the member, or a person who, although not legally married to the member lives (or lived at the time of the member's death) with the member on a genuine domestic basis in a relationship as a couple and includes a same-sex partner.

Where a Life Insurance Superannuation Plan is held through membership of the Wealth Personal Superannuation and Pension Fund, any insurance benefit payable under the Life Insurance Superannuation Plan will be credited to your super account. In the event of your death, any insurance benefit will form part of the death benefit available within the Fund, and will be distributed by the Trustee in accordance with any death benefit nomination you have provided in respect of your account and/or the Trustee's discretion if there is no valid binding death benefit nomination. You cannot make a separate death benefit nomination in respect of your Life Insurance Superannuation Plan.

# General terms and conditions

# How your premium is determined

Your premium depends on the benefits, the benefit amounts you have chosen and a range of factors including your age, sex, smoking status, medical history, occupation, general health, etc. For the Income Insurance Plan and Business Expenses Insurance Plan, your premium also depends on the waiting period and benefit period you choose.

Your individual occupation may be classified into another occupation category based on the number of claims we have experienced. If we do this, it will apply to all persons insured of the same individual occupation. A change to your occupation category may result in a different premium being applied. Premiums may also change in other circumstances due to premium rates based on age, sex, occupation or smoking status.

Copies of our standard premium rate tables are available on request by contacting your financial adviser or our Customer Service Centre on 132 987.

All of the charges that apply to our plans are fully described in this section. We will notify you prior to applying any new charges, other than government taxes and charges.

#### Premium structure

Depending on the plan you purchase, there are up to three premium structures available to you:

#### Stepped premiums

Premiums are adjusted each year at the 'renewal date' according to your age.

# Level premiums

Premiums remain the same for each layer of cover<sup>1</sup> throughout the term of the plan, or until they switch to stepped rates.

The level premium period is specifically defined at commencement and may be less than the expiry age.

For our life, trauma and TPD plans level premiums will only change if:

- You request a change in your benefit amount (including by exercising an option)
- You choose to have your benefit amount increased to keep pace with increases in the CPI, or
- We review the premium rates for all plans of this type.

For our income insurance and business expenses plans, level premiums will only change if:

- You request a change in your Total disability benefit
- You choose to have your Total disability benefit increased to keep pace with increases in the CPI
- We review the premium rates for all plans of this type, or
- We review your occupation category.

# Altering level premium cease age

If you purchase a level premium structure, you will be able to nominate both when the premiums switch from level to stepped and the cover cease age. Your premiums will switch automatically from level premiums to stepped at the switch age you have chosen.

The policy will remain in force without you needing to complete a new application for the change to occur.

Your schedule will also show the age you have requested the change in the premium structure as well as the overall policy cease age.

# **Blended premiums**

For each layer of cover<sup>1</sup>, premiums are adjusted each year for the first 10 years according to your age. After that, your premium will remain constant and will be the premium you were paying in the 10th year. After you turn 60, the premiums for all layers of cover will then switch to stepped premiums, regardless of when the layer of cover commenced.

Blended premiums are only available on our life, trauma and TPD insurance plans and most of their attached options.

During the period that the premium remains constant, blended premiums will only change if:

- You request a change in your benefit amount (including by exercising an option)
- You choose to have your benefit amount increased to keep pace with increases in the CPI, or
- We review the premium rates for all plans of this type.

Premium freeze is not available on blended premiums.

# **Split premiums**

If you select a life insurance plan, you are able to nominate a different premium style across the plan and certain options attached. These options include Trauma, Trauma Plus, Double trauma, Double Trauma Plus, TPD, Double TPD, ADL TPD, FlexiLink trauma, FlexiLink Trauma Plus and FlexiLink TPD.

Only stepped and level premium styles can be selected.

<sup>1</sup> The initial sum insured, any endorsed increases or any CPI increases make up separate layers of cover.

# Paying your premiums

# Minimum premium

The minimum annual premium is \$250. This includes the plan fee and other charges.

# **Payment of premiums**

You must pay your premiums, including any charges, when they are due for the plan to remain current.

If your premium is more than 30 days late, we may end your plan. However, we will give you a further 28 days written notice before we end it for this reason.

You can pay yearly, half-yearly, quarterly, monthly or fortnightly deductions.

# Plans owned by individuals, companies, SMSFs or under the Super Directions Fund

Your premium may be deducted from your bank account<sup>2</sup> or credit card<sup>3</sup> via yearly, half-yearly, quarterly, monthly or fortnightly deductions.

If you elect to receive a payment due notice, you will receive a notice when your premiums are due and you can pay by cash, BPAY, cheque (made payable to AMP) or credit card (Visa and MasterCard only). The payment due notices can be issued yearly, half-yearly or quarterly.

#### Plans owned under North

Your premium, including the applicable plan fee and instalment loading, will be deducted from your North account.

#### Plans owned under Summit, Generations or iAccess

Your premium, including the applicable plan fee and instalment loading, will be deducted from your cash account.

# How to pay via BPAY®

For telephone and internet payment via BPAY, call your bank, credit union or building society to make this payment from your cheque or savings account.

For further information visit www.bpay.com.au.

# Visa and MasterCard payments over the phone

Payment can be made by calling the number on the payment notice issued and following the prompts. We accept Visa and MasterCard.

- 2 Please refer to the direct debit service request information for full details of the Direct Debit Request Service Agreement.
- 3 The bank, financial institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.
- ® Registered to BPAY Pty Ltd ABN 69 079 137 518

# Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

# Our responsibilities

- We will only deduct premiums from your chosen account.
   Your plan schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

# Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due.
- Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a fee for the direct debit arrangement. This will be reflected in your account statement.

# Can we help?

Contact your financial adviser or our Customer Service Centre on 132 987 if:

- You need to change your payment details, cancel or alter direct debit deductions at any time, or
- You have any queries about your direct debit agreement.

We respond to queries concerning disputed transactions within five working days of notification.

# Fees, charges and discounts

#### Plan fee

The plan fee pays for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

#### Plan fee payments

Payment frequency	Plan fee per payment (\$)
Fortnightly	2.76
Monthly	5.50
Quarterly	16.50
Half-yearly	33.00
Yearly	63.00

# **Instalment loading**

An instalment loading applies if you pay more frequently than yearly; this is in addition to the plan fee payments described above. The loading is 3.5% of the annual premium for half-yearly payments and 7% for all other premium frequencies.

# Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state in which the person insured lives. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate item on the plan schedule.

State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

# Workplace Rewards and Family programme

Plans that are set up under this programme are allowed a discount. This discount is only available when new business is submitted, and where an existing programme has been established and you are eligible to belong to that programme. If you are replacing an existing AMP insurance policy, this discount is not available. To see whether you qualify for the discount please contact your financial adviser.

#### **Business Rewards discount**

This discount is available where two or more clients are in a business relationship and submit new business to AMP. A 5% discount is available on life, TPD and trauma plans/options and the plan fee. If you are replacing an existing AMP insurance policy, this discount is not available. To see whether you qualify for the discount please contact your financial adviser.

# Trauma overlap discount

Where TPD (including ADL TPD) is purchased as an option on a plan that includes Trauma cover, a 7.5% discount is applied to the premium of the TPD insurance option.

#### Plan fee waiver on additional plans

Subject to an agreement with us, if you have other plan(s) from this PDS or from another insurance product series these may be considered as linked plans. We may waive the plan fee on these linked plans. We may also waive the plan fee in instances where your spouse or other family member, or your business partner has a plan with us.

If you do not nominate a plan, we will determine which plan the plan fee waiver will apply to.

The plan fee waiver provides you with only one plan fee and reduced minimum premiums for linked plans. The plan fee waiver is available for a maximum of 19 plans.

#### **Variations**

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover; however, any such changes to premium rates will be part of a general review that will apply to all plans of that type and will only apply to you from your next policy anniversary.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you before the change occurs as required by law at the time. All other changes, including those resulting from indexation or market variations, will be advised in writing following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

# **Taxation**

Please refer to the Holding your policy in superannuation section on page 50 for information on taxation for the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan.

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation. Further taxation information can be found at www.ato.gov.au.

# Life, trauma and TPD insurance plans

Premiums are generally not tax deductible. Lump-sum payments made in the event of your death, disability or major trauma are generally free of income tax in the hands of the plan owner.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, repaying a debt if a key person dies), then the premium is not tax deductible and the proceeds will not be subject to income tax. However, CGT may apply depending on who receives the proceeds.

In the case of TPD and trauma proceeds, as long as the life insured or a defined relative of the life insured receives the insurance proceeds, there will not be any CGT implications. For more information please consult your accountant.

CGT will not apply to life insurance proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

**Terms** 

# Income insurance and business expenses plans

Generally, your premium is tax deductible and any amounts (including PremierLink IP and Superannuation contributions option) we pay to you are assessable income.

However, premiums paid for the accident lump sum option or the occupationally acquired HIV, Hepatitis B and Hepatitis C option are not tax deductible and benefits received are not assessable for income tax.

Please consult your accountant regarding your personal situation. They will be able to provide you with more detailed information.

# Goods and services tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

# Financial adviser remuneration

If you purchase an individual insurance policy from AMP through a financial adviser, we will pay your financial adviser remuneration. The payment is already incorporated in your policy premium. Your financial adviser has the option to reduce their commission, which in turn will decrease your premium.

From time to time, we may decide to provide financial advisers with non-monetary benefits (such as training or entertainment). This is in addition to the commission your financial adviser may receive.

AMP maintains a register of the non-monetary benefits that we pay to financial advisers from time to time also known as AMP's gifts and entertainment register. A copy of the register may be requested by calling 1800 780 085.

Your financial adviser is required to provide details of the remuneration they receive in the Statement of Advice they must provide to you.

# Enquiries and privacy

#### **Enquiries**

For all plans, if you have an enquiry please contact your financial adviser or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

# **Complaint resolution**

# Non-superannuation plans NS

If you have a complaint please advise our Customer Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan.

The Service Centre address is:

**AMP Customer Service** PO Box 14330 MELBOURNE VIC 8001

If you are not satisfied with our handling of your complaint, the Financial Ombudsman Service is available to you. The Financial Ombudsman Service is governed by an independent council that reports directly to the Federal Minister for Consumer Affairs.

The Complaints Service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Ombudsman Service GPO Box 3 MELBOURNE VIC 3001

# 

If you have a complaint, please advise the Trustee in writing, stating the precise nature of your complaint and the name and number of the plan.

The address is:

**AMP Customer Service** PO Box 14330 MELBOURNE VIC 8001

The Trustee has formal procedures in place to deal with any enquiries and complaints. If you are not satisfied with the Trustee's resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 884 114 for the cost of a local call. The SCT is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

The SCT may be able to help you to resolve your complaint, but only after you have made use of the Fund's own complaint handling process. Once the SCT accepts your complaint it will attempt to resolve the matter through conciliation, which involves helping the parties come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the SCT for a determination. The SCT's address is:

Superannuation Complaints Tribunal Locked Bag 3060 MELBOURNE VIC 3001

# Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AMP. We will only collect information about you and your immediate family background that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle.

If you are applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, we will also use this information to assess your application for, and manage your membership of, the Super Directions Fund or the Wealth Personal Superannuation and Pension Fund. We will only use information about your dependants in the event of your death. If the information you give us is not complete or accurate, we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim AMP may need to disclose your personal information to other parties, such as reinsurers, service providers, medical and financial professionals, judicial or dispute resolution bodies, and AMP group of companies.

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information, you can opt out by telephoning our Customer Service Centre on 132 987 and quoting your plan number.

You are entitled to request reasonable access to information we have about you. Our policy on privacy is available from **amp.com.au** or by calling our Customer Service Centre on 132 987.

If you have any complaints or questions about the privacy of your personal information, please contact our Privacy Officer by writing to:

Group Privacy Officer AMP PO Box 14330 MELBOURNE VIC 8001

If your complaint is not resolved by us to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Australian Information Commission GPO Box 5218 SYDNEY NSW 2001

# Adding a benefit from this PDS to an existing policy

If you wish to add a benefit from the latest PDS to your existing AMP individual insurance plan, you may be required to convert your existing plan to the corresponding plan identified in the latest PDS.

# Statutory Fund

Life insurance plans and all income insurance plans are written in a sub-fund of our No. 1 Statutory Fund.

The Life Insurance Superannuation Plan is written in a subfund of our No. 4 Statutory Fund.

# Continuing your plan

# Where the schedule specifies your occupation category as MP, AA, A, B, C, D or F

If you purchase any life insurance, TPD insurance, trauma insurance or any income insurance products, as long as you pay the premiums on time and comply with the terms of your plan we will:

- Pay you benefits in Australian dollars when you are entitled to them
- Continue your plan until the plan ends, and
- Not place any further conditions such as exclusions or loadings on your plan.

We will do so no matter how many claims you make, what happens to your health, whether your occupation changes, and what pastimes you have.

However, if you apply to vary, extend or reinstate your plan, you have a duty of disclosure (as detailed in the Applying for cover section) to inform us of any changes to your health, occupation or pastimes.

# Where the schedule specifies the occupation category as BY, CY or DY

If you purchase an income insurance plan and following the completion of a claim for sickness or injury we may, from three years after the plan commencement date shown in your schedule:

- Continue your plan on the same terms that applied before the sickness or injury claim, or
- Offer to continue your plan by applying exclusions, premium loadings and/or special conditions to your plan subject to your agreement, or
- Cancel your plan.

If we wish to apply exclusions, premium loadings and/or special conditions following the completion of a claim for sickness and injury, we will send you a written notice prior to the next policy anniversary date. You will have 30 days from the date of the notice to confirm your agreement, after which time your plan will end and cover under this policy will automatically cease.

Following the completion of a claim for sickness or injury, if we cancel your plan we will send you a written notice. Your plan will end 30 days after you have received the notice from us.

# When you can end your plan

You can end the plan at any time. The plan ends on the date we receive your notice requesting plan termination.

When the plan ends, you can no longer make a claim under the plan and we do not have to pay you or any Trustee any benefit.

# Applying for cover

To apply for any of the products contained in this PDS you will need to complete an application form.

To assess your application we need to obtain medical and financial information relevant to the type of cover you have selected. This helps us determine:

- That you are eligible for cover
- That the premium is appropriate to your application, and
- Whether any special conditions or exclusions should apply.

Our use and disclosure of the personal information you provide to us is outlined in the Enquiries and privacy section on page 57.

When we assess your application we will take into account such things as your health, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes.

In some instances it may not be possible to provide you with the cover you originally applied for, but it may be possible for us to offer you revised terms. In this situation we will send you a letter advising the terms we are able to offer you. You may be required to pay an additional premium or we may apply an exclusion to your plan.

Application forms that are incomplete or have missing or inaccurate information may result in you not being eligible to claim for benefits, or for your plan to be altered, made void or cancelled. It is important that you read and understand your duty of disclosure and the implications of non-disclosure or misrepresentation when completing your application.

# Completing an application

To ensure your application is processed efficiently, please ensure that all information and details have been completed where requested. Your financial adviser will be able to help you with this process.

The following checklist will also help us quickly process your application:

- All relevant application form questions have been answered on the Personal Statement and (where applicable) the Supplementary Personal Statement.
- The Medical and Financial authority forms have been completed.
- Any alterations have been initialled.
- The application has been signed and dated by you and the plan owner, (unless submitted online).
- A deposit premium is required and can be paid by cheque. If a deposit premium is not received and bank or credit card details are provided, the premium will be deducted on acceptance and completion of the application.

If a paper-based application form is completed, please send the completed Application form to:

**AMP Customer Service** PO Box 14330 MELBOURNE VIC 8001

As part of the application process it is necessary to collect personal medical and financial information.

# Requests for additional information

To finalise your application we may need to obtain further medical or financial information from you.

We may telephone you directly to clarify information or obtain additional information to support your application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

If there is insufficient space when completing any section(s) of the application form, you can attach a page(s) containing further information to the application. Please sign and date any attached forms.

# **Existing injuries or sicknesses**

We will not pay a claim for any injury or sickness that occurred or began before the commencement date of your plan, unless you informed us in writing about the injury or sickness when you applied for your insurance and we agreed to provide cover for that injury or sickness.

#### Information about your plan

Once your application and first premium have been processed you will receive:

- A plan document, setting out the terms and conditions, and
- A plan schedule, outlining the premiums and the

You should read these documents carefully and contact your financial adviser or us if you have any concerns.

# Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could be reasonably expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, 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 of 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 (or make a misrepresentation to us) and we would not have entered into the contract on any terms if you had complied with your duty of disclosure (or made no misrepresentation to us), we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for, 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.

If we allow you to replace an existing contract of insurance<sup>1</sup> held with AMP with the same type of cover for the same or lower amount of insurance, and you were previously underwritten by us, then you will not be required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach of your duty of disclosure (or misrepresentation made) in relation to the existing contract will be applied to the replacement contract.

# Declarations and consent

By proceeding with your application you are deemed to have acknowledged and agreed with the following:

**Product Disclosure Statement** Your financial adviser has provided you with, and you have read, the current insurance PDS. Your insurance needs have been discussed with your financial adviser, and you will retain this PDS for future reference.

**Duty of disclosure** You have read the PDS, and your financial adviser has drawn to your attention the Duty of Disclosure Statement set out in the Applying for cover section. You are required to fulfil your obligations in accordance with your duties as explained in this PDS. (Important: You have a duty to disclose on your application form all information relevant to the insurer's decision to accept your application.)

**Truth and accuracy** You are required to check the truth, accuracy and completeness of the information contained in your application – whether this is a paper-based application or one submitted online by your financial adviser.

If your financial adviser submits your application online and you have not signed a printed copy, your financial adviser is required to send you a copy within five working days of submission. You are required to check your application for truth, accuracy and completeness and contact AMP on 132 987 to notify us of any amendments. If you do not receive a printed copy of your online application within five working days, you are required to contact your financial adviser and ask for a copy to be provided immediately.

**Online application** Your financial adviser may submit your insurance application to AMP online.

Changes in material circumstances Any change in material circumstances between the time you provide personal information to your financial adviser and the issue of your plan documents must be disclosed to the insurer. Failure to do so may result in the insurer avoiding the contract of insurance.

**Policy conversions and revised terms** If you are converting an existing AMP insurance policy, any loadings and/or exclusions that applied to that existing policy will continue to apply to this policy that you are applying for.

**Medical and financial information** You are authorising any medical practitioner, doctor, health professional, hospital, clinic, and other insurers or other professional, such as a financial adviser or accountant, to disclose any information they may possess about you, whether held in hard copy, or in any other format, that is related to:

- An application for insurance
- Any claim under a policy of insurance

to the insurer The National Mutual Life Association of Australasia Ltd (also trading as NMLA), or to its representatives who are appointed to collect the details of your health, medical history and any other information on its behalf.

# Privacy – use and disclosure of personal information

By proceeding with your application you are authorising AMP to disclose any information related to your application for insurance to any person/authorised third parties. We will only share sensitive information such as medical or financial details where it is necessary to do so to properly assess your application. You are deemed to have agreed that limited personal information may be disclosed to third parties, where that disclosure is for the purpose of assisting AMP in making a decision in relation to your application for insurance or in relation to a claim made under the policy of insurance.

In addition, you give AMP's health screening provider permission to speak to a third party for the purpose of arranging a health screening appointment. This third party may be a spouse, family member, personal assistant or adviser. Neither AMP nor any service provider will disclose any information that is of a sensitive nature to this third party. You give the insurer permission to advise your usual doctor of the reason(s) behind any adverse assessment of your application if it was based on health evidence obtained during the assessment of your application.

<sup>1</sup> All Life Insurance (including Life Insurance Superannuation), Trauma Insurance and TPD Insurance Plans.

**Privacy** You are required to read and understand the Privacy – use and disclosure of personal information section on page 57. You consent to your personal information being collected and used in accordance with this PDS and our policy on privacy. You can opt out from the use of that information for the purpose of direct marketing by telephoning 131 737.

Acceptance of your application is subject to the insurer searching its records for any other business with the person to be insured. The insurer may vary the terms of the policy of insurance to be issued on the basis of any information contained in its records.

# Your application NS

**Application** By proceeding with your application you are asking the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the plan that the insurer considers appropriate given the information submitted for your application.

Nomination of beneficiary The payment of benefits from the Life Insurance Plan will be made on the basis of the latest nomination received in writing to AMP.

# S For the Life Insurance Superannuation Plan or Income Insurance Superannuation Plan

# Prospective members of the Super Directions Fund

**Application** By submitting your application you are applying to N.M. Superannuation Proprietary Limited for membership of the Super Directions Fund. You are asking the Trustee to propose to the insurer to provide insurance on the usual conditions set out in this PDS – including any modifications to the plan that the insurer considers appropriate given the information submitted for your application. You are confirming you are eligible to contribute to superannuation, and agree to notify the Trustee of the Fund in writing immediately if you cease to be gainfully employed or if you cease to be eligible to contribute to the Fund. You should review your binding nomination every three years, or as your circumstances change.

Fund Membership You are submitting your application for the Life Insurance Superannuation Plan and/or the Income Insurance Superannuation Plan as a prospective member of the Super Directions Fund.

# Prospective members of the Wealth Personal **Superannuation and Pension Fund**

**Application** By submitting your application you are confirming you are already a member, or have applied to become a member, of the Wealth Personal Superannuation and Pension Fund.

**Fund Membership** In applying for the Life Insurance Superannuation Plan and/or Income Insurance Superannuation Plan you are doing so as a plan holder or prospective plan holder of North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

Nomination of beneficiary Please refer to the Nomination of dependant section on page 52 for further details.

# Commencement of your plan

When your plan commences we will send you a document known as a schedule that is a part of the plan document. It contains specific and basic details about your plan eg commencement date, benefits covered, exclusions etc. AMP sends out premium notifications for those plans that are not paid by direct debit. These notices are produced and sent in line with the commencement date otherwise known as billing date or 'renewal date'. In most instances the 'renewal date' and the anniversary of the commencement date are the same.

Each year at the 'renewal date' AMP issues updated schedules confirming your premium and plan details.

# Cooling-off period

After you receive your plan document, you have 28 days to check that your plan meets your needs. This is known as the cooling-off period.

Within this period you may cancel the plan and we will refund you any premiums paid. Your request must be submitted in writing to:

**AMP Customer Service** PO Box 14330 MELBOURNE VIC 8001

# Making a claim

# How to apply for benefits under your plan

To apply for benefits you can contact your financial adviser, or our Customer Service Centre.

When contacting us, you will be asked to provide the:

- Plan number(s)
- Full name of plan owner
- Full name of person insured
- Nature of claim, and
- Name and address for correspondence.

Your plan document outlines important information regarding when you will be required to notify us. Once we have been notified we will send you information about our claims process and a claim form.

# Completing a claim form

Before we can assess your eligibility for benefits we will need you to complete a claim form. A claim form provides us with key information regarding the nature of your application.

To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim form are complete and accurate. You will also be required to provide proof of identity and, where requested, any supporting documentation relevant to your application for benefits. Submission of an incomplete form will result in delays in your application being assessed.

To apply for a benefit or for assistance completing a claim form please contact your financial adviser or our Customer Service Centre on 132 987.

# Assessing your claim for benefits

When assessing an application for benefits, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your plan document.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the plan document you received at the time your cover commenced.

Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may be necessary for us to obtain further information to assess your claim. This information may include details about your health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information about the type of cover you have. It is important that you complete the Application form and Personal Statement accurately as this may impact your eligibility for benefits.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide financial information or satisfactory documentation when requested.

We will notify you of any outstanding requirements to avoid delays in your application being processed. Additionally, we may access our network of qualified medical and financial specialists and consultants to help you through the claims process. This may include arranging for one of our trained staff to visit you by appointment or for you to attend a specialist facility relevant to your application for benefits.

# Benefit payments

Once we have established that your application for benefits has met the terms and conditions of your plan we will arrange for your benefits to be paid. We will notify you once your application for benefits has been approved.

For ongoing disability claims we will help you where possible to facilitate your claim, recovery to good health and return to work

For policies owned by NM Super, where a death claim has been admitted, the Insurer will pay the sum insured to the Trustee, who will then provide the proceeds of the plan to one or more of your dependants or to your legal personal representative.

Where a claim has been admitted for terminal illness, total and permanent disability or for temporary disability, the Trustee will need to be satisfied that a condition of release, eg permanent or temporary incapacity or a terminal illness medical condition, as defined under SIS, has been met before making any payment from the Fund.

If you do not meet a condition of release, the claim amount must remain in the Fund until a condition of release has been met.

Where an insurance plan is owned by a self-managed superannuation fund, any proceeds are paid to the trustee of the self-managed superannuation fund. Therefore nomination of preferred dependants is unavailable in the event of the death of the life insured.

# Glossary of definitions

# Life insurance

#### 13 month suicide exclusion

# How the 13 month suicide exclusion applies

- If the 13 month suicide exclusion of the life insurance plan being replaced has not expired, any remaining days of the exclusion will apply to this plan.
- If the life insurance plan being replaced has been reinstated or increased within 13 months of the replacement, and the 13 month suicide exclusion period of the life insurance plan being replaced has not expired, any remaining time will apply to this plan, to a maximum of 13 months.
- Where the life benefit under this plan exceeds the life benefit being replaced, the 13 month suicide exclusion applies to the excess amount.
- Where the life insurance plan being replaced is not subject to a suicide exclusion, the 13 month suicide exclusion will apply to this plan.

# Total and permanent disability insurance

# of daily living

Activities of daily living are the following

- Bathing /showering - Using the toilet to maintain personal hygiene - Dressing /undressing - Getting in and out of bed, chair or wheelchair, or moving from place to place
- by walking, or a wheelchair or with a walking aid. - Eating /drinking

### Total and permanent disablement

### A. Unlikely to work

The definition of unlikely to work depends on which version of the plan you hold:

i. If you hold the **own occupation** version, the following applies:

You are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.

ii. If you hold the any occupation version (not owned by NM Super), the following applies:

You have been unable to follow your own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, you are unlikely ever to be able to follow your occupation or other occupation for which you are reasonably suited by education, training or experience, which would pay remuneration at a rate greater than 25% of your 'income' during your last 12 months of work.



S iii. If you hold the any occupation version, the following applies:

You have been unable to follow your own occupation for a continuous period of three months solely because of an injury or sickness, and in our opinion, based on medical or other evidence, solely as a result of that injury or sickness, you are unlikely ever to be able to follow your occupation or other occupation for which you are reasonably suited by education, training or experience.

#### B. Specific loss refers to the total and permanent loss of the use of:

- Both hands - The entire sight in both eyes
- Both feet - One hand and the entire sight in one eye, or - One hand and one foot - One foot and the entire sight in one eye.

#### C. Requires future care:

- Because of an injury or sickness, you are totally and permanently unable to perform at least two of the five activities of daily living listed below, without assistance:
  - Bathing /showering
  - Dressing /undressing
  - Eating /drinking
  - Using the toilet to maintain personal hygiene
  - Getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

### Total and permanent disablement

# D. Is unlikely to perform domestic work (only applicable where TPD is purchased outside superannuation):

continued

- You are totally unable to perform your usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:
  - Unlikely ever to be able to perform all of your usual unpaid domestic work
  - Diagnosed by a registered medical practitioner as having a permanent disability
  - Unlikely to leave home unaided
  - Unlikely ever to be able to engage in any occupation, and
  - Receiving regular medical attention from a registered medical practitioner.

or

#### E. Suffer significant cognitive impairment

Significant cognitive impairment means a permanent deterioration of cognitive functioning as observed clinically and confirmed by standardised testing, that requires you to be under continuous supervision and care by another person.

### Trauma insurance

#### 25% impairment

Where the trauma event definition refers to a 25% impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.

#### Activities of daily living

Activities of daily living are the following:

- Bathing /showering
- Using the toilet to maintain personal hygiene

Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an

- Dressing /undressing
- Getting in and out of bed, chair or wheelchair, or moving from place to place
- Eating /drinking
- by walking, or a wheelchair or with a walking aid.

#### Adult insulin dependent diabetes

appropriate consultant specialist after the age of 30. Partial payment only We will pay you the lowest of:

- Subject to a 90 day qualifying period
- 10% of the trauma benefit, or
- Not available for Children's trauma option
- \$25,000.

#### Advanced diabetes

Advanced diabetes means severe diabetes mellitus, either insulin or non-insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following:

- Not available for Children's trauma option
- Severe diabetic retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes
- Severe diabetic neuropathy causing motor and/or autonomic impairment
- Diabetic gangrene leading to surgical intervention, or
- Severe diabetic nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory's measured normal range).

### Alzheimer's disease and other dementias

Alzheimer's disease and other dementias means an unequivocal clinical diagnosis of dementia (including Alzheimer's disease) resulting in significant cognitive impairment.

Significant cognitive impairment means a deterioration in the Life Insured's Mini-Mental State Examination scores

# Angioplasty

option

- Partial payment only - Not available for
- The treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:
  - Children's trauma
- The obstruction is giving rise to impairment of ventricular function
  - The obstruction is giving rise to disabling symptoms, or
  - The obstruction is associated with unstable angina pectoris or myocardial infarction.

In the case of angioplasty, we will only pay 25% of the lump sum you are insured for, up to a maximum of \$100,000. We will pay you a benefit for angioplasty on more than one occasion provided that the procedures occur at least six months apart.

# Aplastic anaemia

Subject to a 90 day qualifying period for Children's trauma option

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopaenia requiring treatment, with at least one of the following:

- Blood product transfusions
- Marrow stimulating agents
- Bone marrow transplantation, or
- Immunosuppressive agents.

#### Benign brain tumour

A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. The tumour must result in neurological deficit, where:

- There is at least 25% permanent impairment of whole body function, or
- Cranial surgery is required for its treatment.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI. The following are excluded:

- Cysts
- Granulomas
- Malformations in or of the arteries or veins of the brain
- Haematomas, and
- Tumours in the pituitary gland or spine.

#### Blindness

- Partial payment not available for Children's trauma option

#### **Full payment**

Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.

#### Partial payment

We will make a partial payment, once only, if sight is permanently lost in one eye as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in one eye, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity.

In the case of the blindness partial payment, we will pay you the lowest of:

- 10% of the benefit, or
- \$25,000.

# Cancer

 Subject to a 90 day qualifying period

Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer includes leukaemia, lymphomas such as Hodgkin's disease, malignant tumours of the body and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.0 mm depth of invasion or where the melanoma is showing signs of ulceration, unless excluded below:

- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis unless requiring surgery that results in the removal of the entire breast
- All other tumours classified as carcinoma in situ
- Melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness (unless there is histological evidence of ulceration)
- Other skin cancers unless there has been evidence of spread (that is, metastasis) to other parts of the body
- Prostate tumours classified as T1 (all categories) under the TNM (or equivalent) classification system unless prostatectomy is performed
- Lymphocytic leukaemia less than Rai stage I
- Tumours that occur within the 90 day qualifying period, and
- Tumours that recur outside the 90 day qualifying period unless the recurrence can be shown to be unrelated.

#### Cancer early payment

- Subject to a 90 day qualifying period
- For Trauma Insurance Plus only
- Not available for Children's trauma option

Cancer as defined in this policy means an abnormal growth of cells that is confirmed on pathology tests to include the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue.

Carcinoma in situ means new growth of malignant cells in a specific location that have not yet invaded normal tissues and have been diagnosed by biopsy.

The conditions defined below are not eligible for a full benefit payment but we will make an early payment of the greater of 20% of the benefit or \$10,000, up to a maximum of \$100,000.

- Melanomas that are both less than Clark Level 3 and less than 1.0 mm in thickness
- Prostate tumours classified as T1a or T1b under the TNM (or equivalent) classification system with either a Gleason score less than 6, or where major interventionist therapy is not required
- Carcinoma in situ of the penis classified as TNM stage Tis where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissues and the tumour requires surgical excision
- Carcinoma in situ of one or both testes where the cancer cells do not penetrate the basement membrane nor invade the surrounding tissue and the tumour is classified as TNM stage Tis
- Carcinoma in situ of the perineum where the tumour is classified as stage Tis under the TNM (or equivalent) classification system
- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as stage Tis under the TNM (or equivalent) classification system
- Carcinoma in situ of the cervix that is classified as TNM stage Tis or CIN 3 grading
- Carcinoma in situ of the ovary where the tumour is classified as stage Tis under the TNM (or equivalent) classification system
- Carcinoma in situ of the uterus where the tumour is classified as stage Tis under the TNM (or equivalent) classification system.

	<ul><li>Is documented by electrocardiographic (ECG) changes, and</li><li>Occurs outside a hospital or other medical facility.</li></ul>
Cardiac arrest	Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:  - Is due to asystole or ventricular fibrillation, and  - Is not associated with any clinical procedure, and
Cardiomyopathy	<ul> <li>Occurs outside a hospital or other medical facility.</li> <li>Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and</li> </ul>
Cardiomyopatny	irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Chronic kidney failure	Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.
Chronic liver disease	Chronic liver disease means end stage liver failure resulting in:  — Permanent jaundice, and  — Ascites or encephalopathy.
Coma	Coma means the failure of cerebral function as shown by total unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least three days.
Coronary artery bypass surgery	Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include:
<ul> <li>Subject to a 90 day qualifying period</li> </ul>	<ul><li>Angioplasty</li><li>Intra-arterial procedures</li></ul>
	- Laser techniques, or
Doofnoss	Other non-surgical techniques.  Full name and
Deafness  - Partial payment  not available for	<b>Full payment</b> The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.
Children's trauma	Partial payment
option	We will make a partial payment, once only, if total irreversible and irreparable loss of hearing, both naturally and assisted, occurs in one ear as a result of disease, illness or injury.
	In the case of deafness partial payment, we will pay you the lowest of:  — 10% of the benefit, or
	- \$25,000.
Diplegia	The total and permanent loss of the use of both sides of the body due to injury or sickness.
Encephalitis	Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae:
	<ul> <li>With at least '25% impairment' of whole body function, or</li> <li>The person insured being totally and permanently unable to perform at least one of the 'activities of daily living'.</li> </ul>

#### Heart attack Heart attack means the death of an area of heart muscle due to lack of adequate blood supply where: Subject to a 90 day - There are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack, and qualifying period - There are typical new ischaemic changes in the electrocardiograph (ECG): new ST-T changes or new left bundle branch block (LBBB). If the above criteria are not met, we will pay a claim based on satisfactory evidence that the person insured has unequivocally been diagnosed as having suffered a heart attack resulting in: - A permanent reduction in the left ventricular ejection fraction to less than 50% measured in the three months or more after the event, or - New pathological Q waves. Other acute coronary syndromes including, but not limited to, angina pectoris are excluded. Heart attack Heart attack (Other) means the death of an area of heart muscle due to a lack of adequate blood supply where, (Other) together with symptoms of ischaemia there are diagnostic changes in relevant cardiac enzymes or biomarkers in the days following the heart attack. - Partial payment only - Subject to a 90 day The heart attack (Other) must be confirmed by diagnostic changes in relevant cardiac enzymes or biomarkers and there will be no need for typical new ischaemic changes (new ST-T) or new left bundle branch block (LBBB) in the qualifying period electrocardiograph (ECG). Not available for Children's trauma Excluded: option Non-heart attack related causes of elevated cardiac enzymes or biomarkers, and Other acute coronary syndromes including, but not limited to, angina pectoris. In the case of a Heart attack (Other), we will pay you the lowest of: - 20% of the benefit, or - \$100,000. Heart valve The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded. surgery The total and permanent loss of the use of one side of the body due to injury or sickness. Hemiplegia Loss of capacity Loss of capacity for independent living means that as a result of an injury or sickness, you are permanently unable to perform at least two of the 'activities of daily living' without assistance. Please refer to the 'activities of daily for independent living living' definition. - Not available for Children's trauma option Loss of a limb In the case of the total and permanent loss of the use of one hand or one foot we will pay the lowest of: - Partial payment only - 25% of the benefit, or - For Trauma - \$100,000. Insurance Plus only We will only pay the higher of: Not available for - Partial TPD under a TPD insurance option, or Children's trauma Loss of a limb under trauma insurance plus, option in the event you are eligible to claim under both benefits and they are linked/attached to the same plan. Loss of limbs The total and permanent loss of: The use of both hands - The use of both feet, or The use of one hand and one foot. Loss of limbs and sight The total and permanent loss of: - The use of one hand and the sight of one eye, or - The use of one foot and the sight of one eye. Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or Loss of speech its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness. Lung disease Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55 mmol/L or less, while breathing room air. Major head injury Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit: - with at least '25% impairment' of whole body function, or - with you becoming totally and permanently unable to perform at least one of the 'activities of daily living'. Major organ transplant Major organ transplant means: Subject to a 90 day - The receipt of a transplant of human bone marrow or whole human organs, or qualifying period for Upon specialist medical advice and proof of being placed on an official Australian acute care hospital waiting list, Children's trauma approved by us, to undergo necessary organ transplant, or option Undergoing permanent mechanical replacement for one or more of the following human organs: heart, lung, liver, kidney, pancreas or small bowel.

# Medical condition requiring life support

- Partial payment only
- Not available for Children's trauma option

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

In the case of a medical condition requiring life support, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000.

#### Medically acquired HIV infection

Medically acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

- A blood transfusion
- Transfusion with blood products
- Organ transplant to you
- Assisted reproductive techniques, or
- A medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate statutory health authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment that renders the HIV inactive or non infectious.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

#### Motor neurone disease

Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.

# Multiple sclerosis

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities. The neurological deficit must involve motor and sensory function.

#### Muscular dystrophy

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

# Occupationally acquired HIV infection

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring while you were carrying out the normal duties of your usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- Proof of the accident giving rise to the infection
- Proof that the accident involved a definite source of the HIV infection, and
- Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. Cure means any treatment

that renders the HIV inactive or non-infectious.

# Paraplegia Parkinson's

disease

The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.

Parkinson's disease means an unequivocal diagnosis of degenerative idiopathic Parkinson's disease confirmed by a consultant neurologist, as characterised by the clinical manifestation of one or more of the following:

- Rigidity
- Tremor, and
- Akinesia

resulting in the degeneration of the nigrostriatal system.

All other types of Parkinsonism are excluded (for example, secondary to medication).

Pneumonectomy	The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.
Primary pulmonary hypertension	Primary pulmonary hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
Quadriplegia (also defined as tetraplegia)	The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.
Severe burns	Severe burns means third degree burns to:  - 20% or more of the body surface as measured by the Lund and Browder Body Surface chart (or equivalent classification), or  - 50% or more of the face requiring surgical debridement and/or grafting, or  - 50% of both hands or both feet requiring surgical debridement and/or grafting.
Severe rheumatoid arthritis	Severe rheumatoid arthritis means the unequivocal diagnosis of severe rheumatoid arthritis confirmed by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:  — At least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas:  — Proximal interphalangeal joints in the hands  — Metacarpophalangeal joints in the hands  — Metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle.  — Simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)  — Typical rheumatoid joint deformity, and  — At least two of the following criteria:  — Morning stiffness  — Rheumatoid nodules  — Erosions seen on x-ray imaging  — The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.  Degenerative osteoarthritis and all other arthritides are excluded.
Stroke  — Subject to a 90 day qualifying period	Stroke means the damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit. The incident must be demonstrated by Magnetic Resonance Imaging (MRI), Computerised Tomography (CT), or other reliable imaging techniques approved by us.  Excluded:  — Transient ischaemic attack  — Cerebral symptoms associated with reversible neurological deficit  — Cerebrovascular disorder of the eye or optic nerve  — Symptoms due to migraine or headache, and  — Brain tissue damage caused by head injury.
Subacute sclerosing panencephalitis  - Subject to a 90 day qualifying period  - For Children's trauma option only	The certain diagnosis of subacute sclerosing panencephalitis.
Surgery of the aorta	Surgery of the aorta means surgery performed to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.
Triple vessel angioplasty	Triple vessel angioplasty means the actual undergoing for the first time of coronary artery angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries, is required to confirm the need for this procedure.
Viral encephalitis  - Subject to a 90 day qualifying period  - For Children's trauma option only	Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least '25% impairment' of whole body function. Viral encephalitis as a result of HIV infection is excluded.

# Income insurance

Benefit period	Benefit period means the maximum period of time that we will pay a benefit for any one injury or sickness for which we assess you as totally or partially disabled. Unless otherwise specified, the benefit period commences at the end of the waiting period. The schedule specifies the benefit period that has been selected.
Farming	Farming means being actively engaged in raising crops or animals for commercial purposes.
Important duties	Important duties means one or more duties that are important and essential in producing income.
Income	Occupation category MP, AA, A, B, C, D, BY, CY and DY
	Income means:
	<ul> <li>If you own part or all of a business or practice, income is money generated by the business or practice due to your own activity, after all expenses in earning that income have been deducted, or</li> </ul>
	<ul> <li>If you are employed, your income is the total package, including commissions, regular bonuses, superannuation and fringe benefits.</li> </ul>
	Income does not include investment or interest income.
	If you purchase the Superannuation contributions option, your superannuation contributions cannot be included as income when determining the monthly benefit. Any contributions exceeding the selected superannuation contributions rate can be included as income for the purpose of calculating the monthly benefit.
	Occupation category F
	Income means the gross farm income attributable to you. Income does not include investment or interest income.
Medical care	Medical care means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.
Pre-disability income	Agreed value
	Pre-disability income means your highest average monthly income in any consecutive 12 month period between the date two years before the commencement date of the plan and the start of the waiting period. Pre-disability income is indexed while on claim.
	Indemnity option, the Income Insurance Superannuation Plan and the Income Insurance Senior Plan
	Pre-disability income means your highest average monthly income for any consecutive 12 months over the 3 years before your disability.
	If you are on maternity, paternity or sabbatical leave and you become disabled, the 3 year period will be up to immediately before the leave commenced.
	Pre-disability income is indexed while on claim.
	Income Insurance Superannuation Plan: Regardless of the indexation of the pre-disability income, the monthly benefit specified on your schedule and the accuracy of the information provided at application, we will not pay more than 100% of your pre-disability income (excluding any indexation). This is a requirement under superannuation law.
Partial disability	Hours and duties based definition
For: Income Insurance Premier Plan and	You are partially disabled if, immediately after being totally or partially disabled for the entire duration of the waiting period, you have returned to work or are capable of returning to work as determined by us based on medical evidence and, solely because of sickness or injury, you are:
PremierLink IP option –	<ul> <li>Not capable of doing one or more duties that are important and essential in producing income of your occupation</li> </ul>
C rated mining industry occupations	ů
оссираціонз	<ul> <li>your 'pre-disability income' (Agreed value)</li> <li>75% of your 'pre-disability income' (Indemnity), and</li> </ul>
	- Viscol your pre-disability income (indentificy), and  - Under 'medical care'.
	If you meet the above definition and are not capable of working more than 10 hours per week, we will pay you a claim amount equal to the 'Total disability benefit amount'.

### Partial disability

#### For:

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Superannuation Plan

### Occupation category D

For the first two years of a claim, you are partially disabled if immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation,
- Earning an 'income' less than
  - your 'pre-disability income' (Agreed value)
  - 75% of your 'pre-disability income' (Indemnity), and
- Under 'medical care'.

After the first two years of a claim you are partially disabled if, because of the disability you are:

- Not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience,
- Earning an 'income' less than
  - your 'pre-disability income' (Agreed value)
  - 75% of your 'pre-disability income' (Indemnity), and
- Under 'medical care'.

### Occupation category F

You are partially disabled if immediately after being totally disabled for at least the waiting period, you have returned to work and solely because of the disability you are:

- Unable to perform at least 25% of your normal 'farming' duties, or
- Working in an occupation other than 'farming' and earning an 'income' less than 75% of your 'pre-disability income'
- You must be under 'medical care'.

### Occupation categories BY, CY and DY

You are partially disabled if:

Immediately after being totally disabled for at least 14 days you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and because of the disability, you are:

- Not capable of doing one or more duties that are important and essential in producing income of your occupation
- Earning less than 75% of your 'pre-disability income', and
- Under 'medical care'.

#### Partial disability benefit amount

This is the amount calculated in the 'Partial disability – How the benefit is calculated' section on page 72 of the Glossary of definitions. If you purchase a Benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of benefit that you will receive is outlined in the Benefit period to age 70 section on page 43.

### Partial disability – How the benefit is calculated

For:

Income Insurance Premier Plan

Income Insurance

Plus Plan

Income Insurance Plan

1 1011

Income Insurance Superannuation Plan

PremierLink IP option

### Agreed value

The 'Partial disability benefit amount' we pay is worked out by applying the formula:

$$\frac{A-B}{\Lambda}$$
 x C

Where:

A equals your 'pre-disability income'.

B equals your average monthly 'income' during the period for which you are partially disabled. B will equal zero if income is a loss.

C is the monthly benefit specified on your schedule.

### Indemnity

Occupation categories MP, AA, A, B, C, D, BY, CY and DY

The 'Partial disability benefit amount' we pay for each month that you are partially disabled is the lesser of:

A - B, and C - B. Where:

A equals 75% of your 'pre-disability income'.

B equals your average monthly 'income' during the period for which you are partially disabled. B will equal zero if your income is a loss.

C is the monthly benefit specified on your schedule.

### For the purpose of B (both Agreed value and Indemnity)

Income Insurance Premier Plan and PremierLink IP option

For all occupations except C rated mining industry occupations

- If you satisfy the Partial disability definition and you are unable to work more than 10 hours per week B will equal zero.
- If you satisfy the Partial disability definition and you have not returned to work but medical evidence shows you are capable of returning to work, and no appropriate work is available, B will continue to equal zero.

For C rated mining industry occupations

- If you satisfy the Partial disability definition and you are not capable of working more than 10 hours per week B will
  equal zero
- If you satisfy the Partial disability definition and you have not returned to work but medical evidence shows you are capable of returning to work, 'income' is the amount you would be capable of earning.

Income Insurance Plus Plan, Income Insurance Plan and Income Insurance Superannuation Plan

If you have not returned to work but medical evidence shows you are capable of returning to work, 'income' is the amount you would be capable of earning.

### For the purpose of C (both Agreed value and Indemnity)

Income Insurance Superannuation Plan: Where C is more than your 'pre-disability income', we will use your 'pre-disability income'.

Occupation category F

The amount we pay for each month you are partially disabled is 25% of the 'Total disability benefit amount'.

### Superannuation Guarantee Rate

The Superannuation Guarantee Rate will rise incrementally as outlined in the table below:

Financial Year	SG rate (%)
2012-13	9.00
2013-14	9.25
2014-15	9.50
2015-16	10.00
2016-17	10.50
2017-18	11.00
2018-19	11.50
2019-20	12.00

Total disability	Occupation category D
For:	For the first two years of a claim you are totally disabled if, because of injury or sickness, you are:
Income Insurance	<ul> <li>Not capable of doing one or more duties that are important and essential in producing income of your occupation</li> </ul>
Plus Plan	<ul> <li>Not working in any occupation (whether paid or unpaid), and</li> </ul>
Income Insurance	– Under 'medical care'.
Plan	After the first two years of a claim you are totally disabled if, because of injury or sickness, you are:
Income Insurance Superannuation	<ul> <li>Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience</li> </ul>
Plan Income insurance	<ul><li>Not working in any occupation (whether paid or unpaid), and</li><li>Under 'medical care'.</li></ul>
Senior Plan	Occupation category F
	For the first two years of a claim you are totally disabled if, because of injury or sickness, you are:  — Not capable of doing normal 'farming' duties
	Not working in any occupation (whether paid or unpaid), and
	<ul><li>Under 'medical care'.</li></ul>
	After the first two years of a claim, you are totally disabled if, because of an injury or sickness, you are:
	<ul> <li>Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience</li> </ul>
	Not working in any occupation (whether paid or unpaid), and
	– Under 'medical care'.
Total disability	Total disability – Hours, income and duties based definition
For:	You are totally disabled if, because of injury or sickness, you are:
Income Insurance	<ul> <li>Not working in any occupation (whether paid or unpaid), and</li> </ul>
Premier Plan and	<ul> <li>Under 'medical care', and</li> </ul>
PremierLink IP option – if you have a C rated	<ul> <li>Not capable of doing one or more duties that are important and essential in producing income of your occupation, or</li> </ul>
mining industry occupation	<ul> <li>Not capable of doing the duties that are important and essential in producing 'income' of your occupation for more than 10 hours per week, or</li> </ul>
	<ul> <li>Not capable of generating more than 20% of your 'pre-disability income'.</li> </ul>
Total disability benefit amount	This is the amount calculated in the Total disability – How the benefit is calculated section on page 73 of the Glossary of definitions. If you purchase a Benefit period to age 70 plan, your benefit amount will reduce when you are over the age of 65. The percentage of benefit that you will receive is outlined in the Benefit period to age 70 section on page 43.
Total disability –	Agreed value
How the benefit is	The 'Total disability benefit amount' is the monthly benefit specified on your schedule.
calculated	As long as the details given to us about your income when applying for cover were full and accurate, we will not reduce
For:	the total disability benefit.
Income Insurance Premier Plan	Indemnity
Income Insurance Plus Plan	Occupation categories MP, AA, A, B, C, D, BY, CY and DY
Income Insurance Plan	The 'Total disability benefit amount' is the lesser of the monthly benefit specified on your schedule and 75% of your 'pre-disability income'.
Income Insurance	Occupation category F
Superannuation Plan	The 'Total disability benefit amount' is the lesser of the monthly benefit specified on your schedule and 30% of your 'pre-disability income'.
PremierLink IP	
option	Income Insurance Senior Plan
Income Insurance Senior Plan	The 'Total disability benefit amount' is the lesser of the monthly benefit specified on your schedule or 75% of your 'pre-disability income'.

Total and partial disability definition while unemployed or on leave without pay

For:

Income Insurance Premier Plan

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Superannuation Plan

PremierLink IP option

If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are totally disabled if, because of an injury or sickness, you are:

- Not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience
- Not working in any occupation (whether paid or unpaid), and
- Under 'medical care'.

If immediately preceding a claim you have been unemployed for 15 months or more (not available for income insurance through superannuation) or on leave without pay for 12 months or more, you are partially disabled if at the end of the waiting period you have satisfied the partial disability eligibility requirements of your Plan and occupation category, and you have returned to work, or are capable of returning to work as determined by us based on medical evidence, and solely because of sickness or injury you are:

- Not capable of doing one or more duties that are important and essential in producing income of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience
- Earning less than your 'pre-disability income', and
- Under 'medical care'.

If you purchase an Income Insurance Premier Plan or a PremierLink IP option, capability to return to work is not applicable unless you have a C rated mining industry occupation.

### General

### De facto relationship

De facto relationship means:

- A relationship between two persons (whether of the same sex or different sexes) that is registered under a law of a State or Territory of Australia, or
- A relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.

### Future insurability benefit

#### Events covered under specified personal events are:

- Marriage or registering a 'de facto relationship'
- On the first anniversary of a 'de facto relationship' where that anniversary occurs on or after the date the person insured was covered by this policy
- Divorce or registering a 'separation' from a marriage or registered 'de facto relationship'
- On the first anniversary of 'separating' from a marriage or 'de facto relationship' where that anniversary occurs on or after the date the person insured was covered by this policy
- Death of a spouse or de facto partner
- Effecting a mortgage for the first time or increasing a mortgage
- Completing first undergraduate degree at an Australian University recognised by us
- Birth or adoption of a child
- Your child first starts secondary school
- Becoming a carer for the first time
- Promotion or commencement of a new employment arrangement (where your base salary [not taking into account salary packaging arrangements] increases by at least \$10,000 and 10%).

If the following events occur with the same person, you are only eligible to apply for one increase:

- Marriage, or
- Divorce or 'separation' from a marriage, or
- Entering into a 'de facto relationship', or
- 'Separation' from a 'de facto relationship'.

You will be required to provide evidence that is acceptable to us and supports the increase to your benefit.

Marriage is evidenced by a certified copy of the marriage certificate.

The first anniversary of the commencement of a 'de facto relationship' is evidenced by:

- A certified copy of the registration certificate of a 'de facto relationship', or
- A signed Statutory Declaration confirming you are in a 'de facto relationship' where the first anniversary occurs on or after the commencement date shown in your schedule.

Divorce is evidenced by a certified copy of the divorce order.

The first anniversary of the permanent 'separation' from a marriage or a 'de facto relationship' is evidenced by:

- A certified copy of the separation certificate of a marriage or a 'de facto relationship', or
- A signed Statutory Declaration confirming the first anniversary of the 'separation' from the marriage or the 'de facto relationship' occurred on or after the commencement date shown in your schedule.

### Events covered under specified business events

- Business succession planning increase in the value of the business or in the insured's shareholding
- Key person insurance increase in the value of the key person to the business
- Loan guarantee increase in business loans.

You will be required to provide financial evidence that is acceptable to us and supports the increase to your benefit.

Future	How much additional cover you can purchase				
insurability benefit	The maximum amount of increase for any one event will be limited to the lowest of:  — 25% of the sum insured				
continued	<b>-</b> \$200,000				
	<ul> <li>Where the increase relates to a mortgage, the amount of the mortgage or the increase to the mortgage, or</li> <li>Where the increase relates to a promotion or commencement of a new employment arrangement, 10 times the salary increase.</li> </ul>				
	The maximum amount of additional insurance for each cover type you can purchase in total for all increases is the lower of:				
	<ul> <li>The original sum insured, and</li> </ul>				
	- \$1,000,000.				
	The Future insurability benefit cannot be exercised if at the time of your application:				
	<ul> <li>The insured has previously been accepted by us with a medical loading greater than 50% under a policy held with us, or</li> </ul>				
	<ul> <li>The insured is currently entitled to make, or has made, a claim for a terminal illness, TPD or trauma benefit under a policy held with us.</li> </ul>				
	For the first six months from the date of the increase, we will only pay the amount of the increased benefit in the event of:				
	– Accidental death				
	<ul> <li>Accidental total and permanent disability (caused by violent, accidental, external and visible means), or</li> <li>The life insured suffering an accidental trauma event.</li> </ul>				
	This benefit will expire on your 55th birthday. The specified event for which you are applying for an increase must occur before your 55th birthday.				
Involuntarily Unemployed	Involuntarily Unemployed means the insured person becoming unemployed as a result of the termination of their employment by their employer, or the insured person being made redundant without their consent.				

### Renewal date

Renewal date means the anniversary of your policy commencement date.

- The deliberate or serious misconduct of the insured person.

- The insured person ceasing employment of a casual, seasonal or temporary nature, - The expiration of a fixed term employment contract or other specified period of work, or

It does not include unemployment as a result of:

### Separation/Separating

Separation or separating means:

- In the case of marriage, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made, or
- In the case of a 'de facto relationship', ceasing to be in that 'de facto relationship' for a period of 12 months.



### Interim cover certificate

### AMP Elevate insurance

This certificate applies to all the plans listed below. It does not apply where an existing contract of insurance held with AMP is being replaced.

#### Details (please print)

### Insured/Proposer

Person to be insured

AMP provides you with interim cover at no extra cost while your application for cover is being assessed. We rely on your duty of disclosure as stated in the Applying for cover section of the PDS. If you do not follow those instructions, you may not be entitled to any cover under this certificate.

### Life insurance

If you have applied for a life insurance plan, you are covered for interim death cover. The interim death cover will be payable if you die within 90 days as a result of a sickness or injury that occurs during the term of the interim cover.

#### **Trauma**

If you have applied for a trauma insurance plan or option, you are covered for interim accident trauma cover. The interim accident trauma cover will be payable if you suffer one of the following trauma events solely as a result of accidental body injury:

Blindness
 Coma
 Diplegia
 Hemiplegia
 Loss of capacity for independent living (also defined as tetraplegia)
 Paraplegia
 Severe burns

Please refer to the Glossary of definitions.

### Total and permanent disability insurance (TPD)

If you have applied for a TPD insurance plan or option (other than ADL TPD), you are covered for interim accident TPD cover. The interim accident TPD cover will be payable if you suffer TPD (based on the any occupation definition) as a result of an accidental body injury. Please refer to the Glossary of definitions.

## When we won't pay for interim accident cover under life insurance, trauma insurance and TPD insurance

We will not pay if death, trauma or TPD was a result of or associated with or was caused by or contributed to by:

- Suicide, whether sane or insane
- Intentional self injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat
- Making or attempting to make a flight in an aircraft other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter
- Taking intoxicating liquor or drugs, or
- An event which occurred before the application was submitted
- Any condition that was apparent before the application was submitted
- The insurance plan applied for is to replace existing insurance cover or another application on your life
- You or the proposed owner have failed to comply with the Duty of Disclosure as set out in the application form, or
- The application is one we would not normally accept under our standard underwriting rules.

#### Income insurance and business expenses insurance

If you have applied for an income insurance or business expenses insurance plan, you are covered for interim income insurance or business expenses insurance cover.

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the waiting period that is applied for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The benefit period under this cover will be the shorter of:

- The benefit period for injury or sickness applied for, or
- Two years.

## When we won't pay for interim cover under income insurance or business expenses insurance

No benefit is payable under this cover if total disability is caused or contributed to by:

- An injury or sickness which you had before this cover began that was not disclosed to AMP
- The person insured or the plan owner on purpose
- Uncomplicated pregnancy, miscarriage or childbirth
- War or war-like activities
- Football injuries (all codes), or
- AIDS, AIDS related conditions or HIV infection.

### When does interim cover commence?

Cover commences on the date your application form and first premium payment or an effective deduction authority for that amount is received by AMP Customer Service.

### **Duration of interim cover**

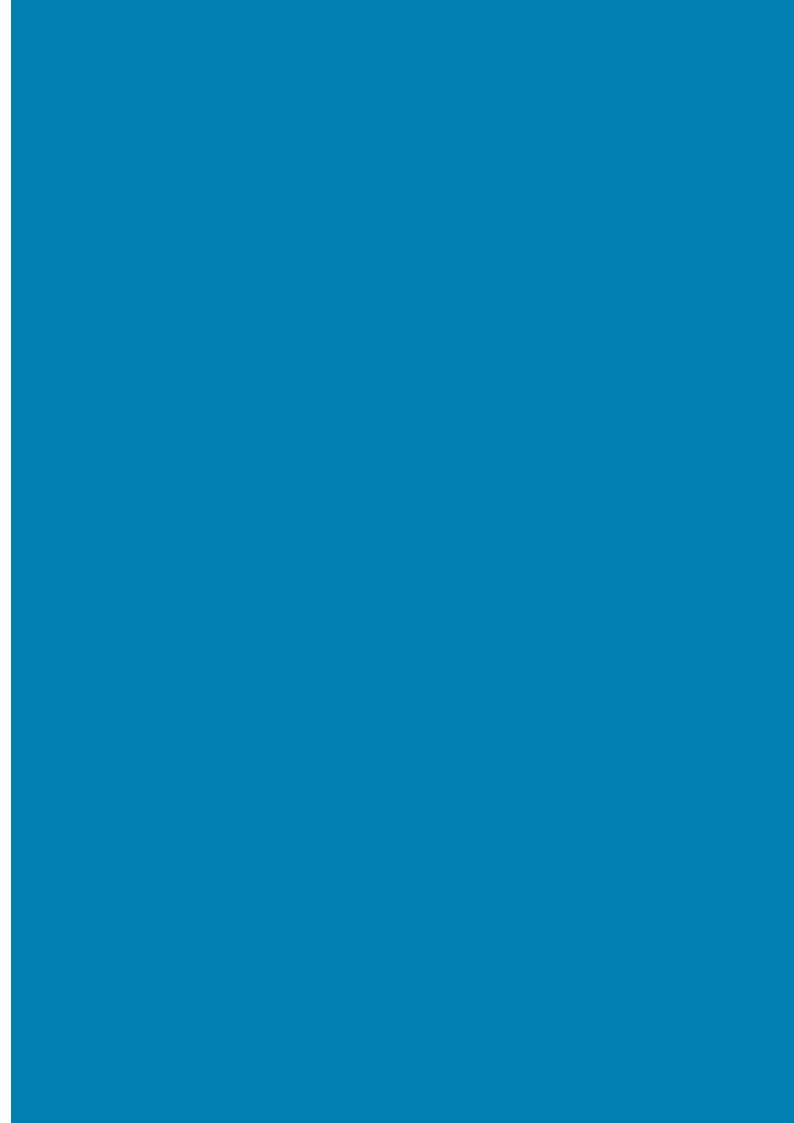
The cover provided is valid until the earliest of the following:

- The time when insurance cover commences under another contract of insurance, being insurance cover that is intended to replace the insurance cover provided by the interim contract of insurance
- The time when the interim contract of insurance is cancelled
- The date of withdrawal, if you withdraw your application
- 90 days after this cover starts.

X

### Benefit payable for interim cover

. ,	
Benefit	Amount
Life insurance	Lesser of amount applied for or \$1,000,000
Trauma	Lesser of amount applied for or \$600,000
Total and permanent disability	Lesser of amount applied for or \$1,000,000
Income insurance and business expenses	<ul> <li>The lower of:</li> <li>The Total disability benefit applied for excluding additional options, and</li> <li>The Total disability benefit we would allow under our usual underwriting rules.</li> </ul>
	The maximum benefit we will pay under this cover is \$200,000.
Signature of financial ac	dviser Date



### Contact us

phone 132 987web amp.com.au

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649 Registered Office: Level 24, 33 Alfred Street Sydney NSW 2000



# AMP Elevate insurance

Application form



# Application form

Page	Items to be completed	
3		Application details
3		Application summary (The AMP Account/Adviser number for the principal servicing agent must be provided on page 43)
5		For your financial adviser to complete
6		Personal statement
6		Personal details
8		Your health details
12		Sports and pastimes details
14		Health questionnaires
21		Occupation details
23		Income details
25		Business expenses details
Refer t	o page 26 for i	nformation regarding which authorities and application forms require completion.
26		Authorities
		National State of the Control of the
27		Medical and financial authorities
27		Medical and financial authorities
27 <b>29</b>		Medical and financial authorities  Non-superannuation application
27 <b>29</b> 29		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities
27 <b>29</b> 29 31		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries
27 29 29 31 33		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries  Non-superannuation insurance application and signatures
27 29 29 31 33 34		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries  Non-superannuation insurance application and signatures  Superannuation application N.M. Superannuation Proprietary Limited
27 29 29 31 33 34		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries  Non-superannuation insurance application and signatures  Superannuation application N.M. Superannuation Proprietary Limited  Superannuation payment authorities
27 29 29 31 33 34 34 36		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries  Non-superannuation insurance application and signatures  Superannuation application N.M. Superannuation Proprietary Limited  Superannuation payment authorities  Nomination of dependants (for Super Directions Fund members only)
27 29 29 31 33 34 34 36 39		Medical and financial authorities  Non-superannuation application  Non-superannuation payment authorities  Nomination of beneficiaries  Non-superannuation insurance application and signatures  Superannuation application N.M. Superannuation Proprietary Limited  Superannuation payment authorities  Nomination of dependants (for Super Directions Fund members only)  Tax file number

Please send the completed Application form, with a copy of the premium quote to our Customer Service Centre:

AMP Customer Service

PO Box 14330 MELBOURNE VIC 8001

This Application form is dated 20 May 2013

The issuer of all plans except the Life Insurance Superannuation Plan and the Income Insurance Superannuation Plan is The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

Any reference to the Superannuation or Pension plans of North, Summit, Generations or iAccess refers to North, Summit, Generations or iAccess as part of the Wealth Personal Superannuation and Pension Fund.

### Important information for applicants

Please read these instructions carefully before starting this Application.

### Before you start

Before you complete this Application form, you should be aware that your financial adviser is obliged to have provided you with the Product Disclosure Statement(s) (PDS) and other information relevant to special offers and/or member discounts for the product(s) you are applying for.

The PDS(s) contain important information to help you understand the product and to decide whether it is appropriate to your needs.

### We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

### Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter 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 those matters to us before you renew, 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 of common knowledge
- That the 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 (or make a misrepresentation to us) and we would not have entered into the contract on any terms if you had complied with your duty of disclosure (or made no misrepresentation to us), we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, elect not to avoid it but to reduce the sum that you have been insured for, 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.

If we allow you to replace an existing contract of insurance<sup>1</sup> held with AMP with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by us, then you are not required

1 All Life Insurance (including Life Insurance Superannuation), Trauma Insurance and Total and Permanent Disability Insurance Plans. to disclose **any further** information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the **information that you previously provided** in relation to the existing contract of insurance. For that reason, the insurer's right in relation to a breach to your duty of disclosure (or misrepresentation made) in relation to the existing contract will be applied to the replacement contract.

### **Definitions in this application**

'Person to be insured' is the person whose life, health or income is to be insured under this application.

**'Adviser'** refers to the financial adviser who is guiding you to complete this application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the Plan owner is N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund and the Wealth Personal Superannuation and Pension Fund.

If the Plan owner is a self-managed superannuation fund (SMSF) the trustee of the SMSF will be responsible for providing information and meeting the requirements under the Superannuation Industry (Supervision) Act 1993 (SIS).

**'You'** either refers to the Plan owner under the plan or the Person to be insured, where indicated.

'We/Us' refers to the underwriter, The National Mutual Life Association of Australasia Limited. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

### How to apply

- 1. Please read the PDS for the product(s) you want to apply for.
- 2. Ask your financial adviser to assist you with the details in this Application form.
- 3. Use a black pen to complete this Application form.
- 4. Sign the Application form where indicated.
- 5. Send your completed Application form to your financial adviser.

		contact	



# Application details

AMP Elevate insurance application form Application details (dated 20 May 2013)

Please print in CAPITAL LETTERS and	place a cross 🗷 in ar	y applicable boxes.
-------------------------------------	-----------------------	---------------------

Please print in CAPITA	AL LETTERS and place a cross 🗷 in any applicable boxes.				
Application summa	ıry				
Before you com	nplete this application: If you are altering an existing plan, please refer to your Plan Document for terms				
Application details					
Date this application signed	/ /				
Plan owner type (tick one)	☐ Individual ☐ Business application				
Are you applying for insurance through	□ North □ Summit □ Generations □ iAccess?				
<ul><li>For superannuation</li></ul>	If applying through North Super or Pension please provide your existing North account number				
plans 😉	If applying through Summit, Generations or iAccess Super or Pension please provide your existing client reference number				
	If you nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan, all superannuation plans quoted will be owned by N.M. Superannuation Proprietary Limited as trustee of the Wealth Personal Superannuation and Pension Fund, and paid from your Superannuation/Pension account. The person insured must be the member of the nominated account.  If you do not nominate a North, Summit, Generations or iAccess Superannuation or Pension Plan then all superannuation plans will be owned by N.M. Superannuation Proprietary Limited as trustee of the Super Directions Fund.  Please note: Income insurance cannot be paid for from a pension account.				
<ul><li>For non- superannuation</li></ul>	If applying through North Investment please provide your existing North account number				
and SMSF plans NS	If applying through Summit, Generations or iAccess Investment please provide your existing client reference number				
	If you nominate a North, Summit, Generations or iAccess Investment account, all non-superannuation plans quoted will be paid from your Investment account. To nominate an Investment account, you must be authorised to transact on that account.				
Application type (tick one)	☐ AMP Workplace Rewards and/or Family ☐ AMP RACV Rewards  Workplace Rewards name/ Workplace Rewards number/  Title Family name/RACV cardholder name Family number/RACV card number				
	Business rewards ABN (for employer/key person/business partner/trustee) For RACV, please provide 16-digit card number				
	<ul><li>□ Campaign</li><li>□ New plan</li><li>□ Increase sum insured</li><li>□ Conversion/replace existing plan</li></ul>				
	OR				
	☐ Continuation option Existing plan number ☐ Other (provide details in Adviser notes)				
	The state of the s				

Application summa	ry (continued)			
Application summa	ry (continued)			
Application details	(continued)			
Is this plan fee to be waived?	☐ No ☐ Yes If yes, to v	which plan number?		
	Full name of Plan owner of	linked plan		
Is there a concurrent application form being submitted? Please provide details	☐ No ☐ Yes If yes, to which application	Another AMP produ	Spouse Child ct (eg Summit, General ation on the Person to	tions)
Name of insured on con		Date of birth	Plan number/Product	name
		/ /		
Person to be insured	d			
Title Given no	Marital status	Pamily name  Date of birth	Country of birth	Previous name(s) (if applicable
·	the industry that the Person	to be insured works in		
Residential address o		rtion income after expens in the Income details secti		rax)
Suburb		State	Postcode Cou	ntry
Home phone number	Busine	ess phone number	Mobile pho	one number
( )	(	)		
Email address				
Home phone number  ( )  Email address  If applying for a non-	(	ess phone number ) cludes SMSF trustees), ple		one number -superannuation application

To be completed for all applications.

If applying for a non-superannuation plan (this includes SMSF trustees), please complete the Non-superannuation application sections on pages 29 to 33. If applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, please complete the Superannuation application sections on pages 34 to 41.

		To be c	ompleted for all applications.
Application summary (continued)			
Correspondence details			
Only complete this section if the ad-	dressee or correspondence address is	different to the Perso	on to be insured.
s the addressee for correspondence diffe	rent to the Person to be insured?	□ No □ Yes	
Company/Self-managed superannuation		pany title/departme	nt)
Title Given name(s)/Trustee name	e(s) Family	name	
Given hame(s)/ musice hame	L(3)	Harric	
s the address for correspondence differen	nt to the residential address of the P	erson to be insured?	□ No □ Yes
Address			
iuburb	State	Postcode Cou	ntry
Home phone number	Business phone number	Mobile ph	one number
( )	( )		
Email address			
Plan owner(s)			
Only complete this section if Plan ov	wner is a company, trustee of an SMS	F or an individual othe	er than the Person to be insured.
<ul><li>✓ Plan owner is payer of insurance prem</li><li>Family/Company/SMSF name</li></ul>	ium (only if not being paid by Person Given name(s)/Trustee name(s) <sup>1</sup>	n to be insured)  Date of birth	Plan name/PremierLink
ramny/Company/SMSF name	Given name(s)/ Trustee name(s)		Plan name/PremierLink
		/ /	
		/ /	
		/ /	
		/ /	
The names of all trustees should be listed.			
Only provide an Australian Business Num	ber (ABN) if the Plan owner is a com	pany or a trustee:	
Company ABN			
he Plan owner(s) will need to complete	the Non-superannuation application	n sections on pages 2	9 to 33.
For your financial adviser to complete			
Please tick this box confirming you h	nave attached the applicable AMP Ele	evate Desktop Insura	nce quote (to be submitted

with the application form)'. If only the client quote has been provided we will use the default commission structure of

Super NS Non-super

upfront, unless otherwise indicated in the application.

To be completed by the Person to be insured.	
--	--



# Personal statement

Personal details				
· ·	ty to disclose all information rele ir application. Any incorrect infor of disclosure.			3
You' refers to the Person to be	insured (unless otherwise indica	ted).		
Contact details for Person to b	pe insured			
Ve may need to contact you be	tween 8.00 am and 7.00 pm rega	ording the details of your a	oplication.	
Daytime phone number	Hours you can be contacted	After hours phone numl	per Hours you ca	an be contacted
( )		( )		
Mobile phone number	Hours you can be contacted	Email address		
( )				
Residence and travel details				
•	n or a permanent resident of Aust including the type of visa you hol			□ No □ Yes
If yes, please provide details  Where	:	Duration		
If yes, please provide details	ide Australia or New Zealand for :	holiday or business purpos	es?	□ No □ Yes
Where	When	D	uration	
Insurance details				
income insurance or busines	are you covered by, or are you appers expenses insurance with <b>any co</b> nness or credit insurance or benefi	ompany? Note: This includ	es benefits	□ No □ Yes
Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
		\$	/ /	☐ No ☐ Yes
		\$	/ /	☐ No ☐ Yes
		\$	/ /	☐ No ☐ Yes

	To be completed by the Person to be insured.
Personal details (continued)	
Insurance details (continued)	
<ol> <li>Important notes: If this application for insurance is intended to repprevious page:</li> <li>When the insurer notifies you that it has accepted your application not cancel the existing plan(s) listed in the table above, any claim accepted may not be considered.</li> <li>Under takeover terms, the insurance cover to be replaced must have accepted under modified or limited underwriting requirements or</li> </ol>	on for insurance, you must cancel such plan(s). If you do you make to AMP for the insurance applied for and ave been fully underwritten and not have been
Has <b>any company</b> ever indicated they would not issue you insurance, modify, restrict or exclude your insurance in any way?  If yes, please provide full details including reason, date, company name	
6. In the last five years have you, or do you intend in the next 12 months If yes, please provide details: Benefit type	s, to claim unemployment benefits?
benefit type	/ /
7. Have you ever, or do you intend to claim benefits under any insurance armed forces, pension or allowance, or court proceedings?	plan, government scheme,
If yes, please provide details:  Company/benefit type  Reason	Benefit amount Date
company, senemetype measure	\$ / /
	\$ / /
	\$ / /
Personal habits	
A. Have you ever been a smoker or used any sort of tobacco products.  No, go to question 9  Yes, what do you or did you use? Cigarettes Tobacco  Other, please specify  On average, how many do you or did you smoke daily?  If you have stopped, when?  b. Have you ever been advised by a health care professional to reduct of a medical condition?  If yes, please advise the name of the condition and any treatment Condition Treat	pipes Cigars Nicotine replacement products  month year e your smoking because No
9. a. How many standard drinks containing alcohol do you consume pe	
<ul><li>on average? [standard drink = 1 nip spirits (30ml), 100ml wine, 10c</li><li>b. Have you ever been advised by a health care professional to reduce seek alcohol treatment?</li></ul>	02/285mi beerj
If yes, please advise your alcohol intake amount at that time, reaso	on you were advised and details of any treatment:
LO. Have you ever used recreational drugs or drugs not prescribed by a do If yes, please give details, including the type of drug and the date(s) us	
Compare INC Non-compare	7 of

Super NS Non-super

Your healt	th details								
You' refers	to the Pe	erson to l	be insure	ed.					
Doctor de	tails								
advice, i	including	the deta	ils of you	eneral practiti ur last consulta lical centre		ntre you wou	ıld normally consult f	or medical co	onditions or
Address	i					Suburb		State	Postcode
Contact	phone n	umber	F	acsimile					
( )				( )		How long	have you been his/he	r patient?	years
Date of l consulta		Reas	on			Re	esult		
If ye	at is your: your wei s, please ount	Height ght varie cross one	e of the f	Reason	provide the amo		reason: Gain symptoms of the foll	Loss	□ No □ Yes
seen a c	-	aea	ve you e	re. rida, recert		слрепенеев	<i>5</i> ,p.co5	6118 (61.61.	) = 44
☐ No☐ No	Yes Yes	b. <b>Disc</b>	order or i		iding slipped disc i <b>ints</b> including ar		whiplash ıt (eg a disorder or inj	ury of the an	kle, elbow, hip,
☐ No	Yes					_	cture, tendonitis or te	-	
☐ No	Yes			order or menta ress disorder)	al illness (eg dep	ression, anxi	ety, stress, insomnia,	post-natal de	epression or post
☐ No	Yes		_		pain syndrome				
☐ No	Yes			ı, fibrositis or r					
☐ No	Yes						nage or brain injury		
☐ No	Yes		•				ise, dementia, paralys	sis or cerebra	l palsy
☐ No	Yes	•			igraine or recurre				
☐ No	Yes				t or disorder of t	he nervous s	ystem including dizzi	ness, involun	tary shaking,
			1101 y 1033	s, weakness, lo	ss of feeling, or t	tingling of lin	nbs or face		

To be completed by the Person to be insured.

		To be completed by the Person to be insured.
Your health details (co	ontinued)	
Personal health histor	ry (continued)	
□ No □ Yes I.	Heart condition including irregular heartbeat, heart	murmur, heart disease or chest pain
	n. Disorder of the blood including anaemia or haemopl	
☐ No ☐ Yes n	. Asthma	
□ No □ Yes o	. Bronchitis, sleep apnoea, pneumonia or any other lu	ng, respiratory or breathing disorder
□ No □ Yes p	o. Disorder of the thyroid	
☐ No ☐ Yes q	. Diabetes, sugar in the urine or raised blood sugar lev	vels
□ No □ Yes r.	Disorder of the kidney or bladder including blood or p	protein in the urine, urinary infections or kidney stones
□ No □ Yes s.	. Disorder of the digestive system, gall bladder, stoma duodenal ulcer, indigestion, colitis, Crohn's disease, h	
□ No □ Yes t.	. Disorder of the eyes not corrected by glasses or cont or double vision)	act lenses (eg iritis, glaucoma, optic neuritis, blurred
☐ No ☐ Yes u	. Disorder of the ears or speech including hearing loss	or tinnitus
☐ No ☐ Yes v.	Disorder of the skin including psoriasis, eczema or de	ermatitis
□ No □ Yes w	v. Cancer, tumour, leukaemia, Hodgkin's disease, lymph malignant condition	noma, melanoma or skin cancer or any
□ No □ Yes x	c. Cyst, skin lesion, growth, lump (including breast lum changed colour or increased in size	np), <b>mole or freckle</b> that has bled, become painful,
☐ No ☐ Yes y.	. Any sexually transmitted infection or disease	
-	Yes' to any of the items in 13, please provide details in hich you should complete the relevant section of 22 in	
Item no. eg (f) Date		and address of doctor, hospital or Time Degree of professional consulted off work recovery
/ /	/	%
/ /	/	%
/ /	/	%

/

/

%

%

%

rersor	nal health hi	story (co	ntinued)					
			ave you ever had, received a	dvice for or e	xnerienced sympton	ns of the following	leven if you	have not
	na doctor)?	our inc ne	ive you ever had, received a	avice for or e	xperienced sympton	ns of the following	(even ii you	nave not
Male	es only							
	No Yes		order or problem of the pros				ormal PSA (I	Prostate
Fem	ales only	Spe	cific Antigen), difficulty or u	irgency in pa	ssing unite of undesi	cended testicie?		
	No Yes	b. Are	you currently pregnant? If ye	es, please adv	ise expected delivery	/ date /	/	
	No Yes		e you ever had any complication		regnancy or childbir	th? If yes, please pr	ovide details	s below,
	No  Yes		uding whether resolved afto e you ever had an abnorma		sound mammogran	n or investigation?		
	No Yes		e you ever had an abnorma				?	
		1 (24 )						
U IT	you answer	ea <b>yes</b> to	o any of the items in 14, ple	ase provide d	letalls in the table be	Plow.		
tem no. eg (b)	Date		Details of condition, advice of including nature of treatmen		Name and address o health professional		Time off work	Degree or recovery
· g (b)	/	/	including nature of treatmen		nearth professionar	ionsuited	OH WORK	%
	,	,						
	/	/						%
	/	/						%
	1							
	/	/						%
								,,
		-	e already told us in this app		•	-		):
	No Yes No Yes	a. Atte	e already told us in this appended any other medical aper doctors, medical centres uropaths, osteopaths, podiad or are you currently using alled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive	og counselling), or ha e professionals, inclu palists? on, prescribed or unp ratment for any symp evented you from pe days?	d any other test (eg ding chiropractors rescribed (taken by toms, sickness, injur erforming any of th	g x-ray, blood , physiothera mouth, injecty y or medical	i): il) with any apists, ctions, condition
	No Yes No Yes	a. Atte other nate b. Use inha c. Had occe	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c	og counselling), or ha e professionals, inclu- palists? on, prescribed or unp eatment for any symp evented you from pe days? letails in the table be	d any other test (eg ding chiropractors rescribed (taken by toms, sickness, injui erforming any of th	g x-ray, blood , physiothera mouth, injecty y or medical	i): ii) with any apists, ctions, condition
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	og counselling), or ha e professionals, inclu palists? on, prescribed or unp ratment for any symp evented you from pe days?	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	d) with any apists, ctions, condition rour usual
	No Yes No Yes	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide of Name and	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injurerforming any of the	g x-ray, blood , physiother mouth, injecty ry or medical e duties of y	i): d) with angapists, ctions, condition
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	): d) with any apists, ctions, condition rour usual
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	): d) with any apists, ctions, condition rour usual
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	): d) with any apists, ctions, condition rour usual
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	Degree or recovery
	No Yes No Yes No Yes you answer	a. Atte other nate b. Use inha c. Had occo	ended any other medical aper doctors, medical centres aropaths, osteopaths, podial dor are you currently using a sled spray, cream, ointment) of any sickness, symptom or impation for more than three or any of the items in 15, ple octails of condition, advice or ymptom including nature	pointment (e or health car trists or herb any medication or had any tre njury that pre consecutive ase provide c Name and hospital o	eg counselling), or ha e professionals, inclu- palists? on, prescribed or unp atment for any symp evented you from pe days? letails in the table be address of doctor,	d any other test (egiding chiropractors) rescribed (taken by toms, sickness, injuiterforming any of the elow.  Date treatment or medication ceased	g x-ray, blood , physiothers mouth, injecty or medical e duties of y	Degree o

To be completed by the Person to be insured.

'Yo	u' refers to the Person to be insured						
Y	our health details (continued)						
P	ersonal health history (continued)						
16.	Have you ever had, are you currently waiting for a Note: You do not have to provide a result if you wor trial and haven't been or will not be provided will yes, please provide full details:	er	e or are taking part in a medical research projec			No	☐ Yes
17.		any lai	reason? nts for which you have not consulted a doctor? r are you awaiting any medical advice, investiga	ition or		No No No	☐ Yes ☐ Yes ☐ Yes
18.	Have you or any of your current or previous se sign of HIV infection (eg some signs of HIV/AII persistent diarrhoea)?		ual partners tested positive for HIV/AIDS, or hav are: unexplained weight loss, swollen glands o			No	☐ Yes
	<ul> <li>b. In the last three years, are you aware of any HI sexual partners may have been exposed?</li> <li>Note – HIV risk situations include but are not I – Sex with or as a prostitute</li> <li>– Sex with an intravenous drug user</li> <li>– Contact with someone else's blood (eg thro</li> </ul>	lin ou et	nited to: gh injection or scratch with a used needle) ween you and one other person only and neithe	er of you		No	☐ Yes
	(If you answered 'Yes' to any part of 18 we will ser	nd	you a confidential questionnaire to complete).				
F	mily history						
19.	Have any of your parents, brothers or sisters suffer diabetes, breast cancer, bowel cancer, other cancer inherited blood disease, Alzheimer's disease, inher or any other inherited disease?  Note: You are only required to disclose family hist.	er, rit	polycystic kidney disease, Huntington's Chorea ed brain disease, kidney failure, muscular dystro	, ophy,	nem	No	Yes
	or deceased (mother, father, sisters and brothers).		y morniation relating to mot degree blood rela	rea ranniy n	icii	10013	
	If yes, please provide details in the table below:  Direct family member (please state their relationship to you but not their name)		Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)		-	death dicable)

To be completed by the Person to be insured.

			То	be completed by the P	erson to be insured.
ports a	nd pastimes details				
Have y No No No No No No	Yes a. Aviation (oth Yes b. Motor racing Yes c. Underwater Yes d. Football Yes e. Motor bike ri	o you currently, or do you interner than a fare paying passeng g (including car, bike and boat) diving iding, including trail bike riding szardous activity, pursuit or spa g, hang-gliding, ocean racing, r	ger on a licensed pul g g and commuting (p ort not previously di	blic service) lease specify below) isclosed (including, b	out not limited to:
		, e or f, please provide details ov vant section of 21. If you answ			ny activity in bold text
m no. (f)	Activity/sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
				☐ Amateur	☐ Competitive
				☐ Professional	☐ Non-competitive
	ed sports and pastimes que y complete the relevant sec	stionnaires tions of this question if you an	swered 'Yes' to 20 a	, b or c above.	
	iation questionnaire  Do you hold a Department If yes, please state type of	of Transport licence to fly airc licence and period held:	:raft?		□ No □ Yes
2.	Do you intend to change the lf yes, please provide details	ne scope of your present licenc ls:	re?		□ No □ Yes
3.	Have you ever had an accid	dent or been charged with viol ls:	ating civil aviation re	egulations?	□ No □ Yes
4.	Do you always use recogni If no, please provide details	sed Department of Transport	airfields?		□ No □ Yes
5.	Please provide details of th aero club, helicopter, ultral	e type(s) of aviation you are in ight aircraft, aerobatics):	volved in (eg comm	ercial, private, agricu	ultural,
<ol> <li>7.</li> </ol>	Please provide details of th  i. in total as a pilot  ii. in the last 12 months  iii. expected each year in the provousintend to engage in		an the above) (eg b	allooning naraglidin	g) 🔲 No 🗔 Yes
of 44	If yes, please provide detail		35070. (45 50		0/

To be completed by the Person to be insured.	
to be completed by the reison to be insured.	

### Spo

### **21**.D

port	s ar	nd pastimes details (continued)
Det	aile	ed sports and pastimes questionnaires (continued)
b.	Мо	otor racing questionnaire
	1.	What type(s) of motor sports activities do you participate in (eg circuit racing, drag racing, formula racing, karting, rallies, speedway, stock car racing, time trials)?
	2.	What type(s) of motor vehicles do you drive or crew? Please state the make, model, year of manufacture, engine size, category, group and class details:
	3.	Please state the nature of your participation:  Recreational Competitive Sponsored Amateur Professional
		Number of events you participate in: Last 12 months Next 12 months (expected)  Where have you, or do you intend to compete or race? Please provide the name of all organised events:
		What maximum speeds do you reach?  Please provide details of your licences/certifications and memberships attained:
	7.	Licence/certification or membership details  When attained/joined  / / / /
	8.	Have you ever had your licence restricted or suspended for any reason?  If yes, please provide details:
		derwater diving questionnaire  What type of diving activities do you participate in (eg snorkelling, scuba diving, free diving)?
	2.	What diving certification do you hold?
	3. 4.	Average depth you dive to metres  Maximum depth you dive to metres
	5.	Number of times you dive per year  Professional Amateur
	6. 7.	Do your diving activities include pothole, cave or sink hole diving, wreck exploration or any other hazardous diving?
		If yes, please provide details, including how often:
	8.	Do you ever dive alone?  If yes, please provide details, including where and how often:

9. Have you ever had a diving accident or sickness?

If yes, please provide details:

☐ No ☐ Yes

Detailed health questionnaires  Only complete the relevant health questionnaires, if you answered 'Yes' to any items in bold text in 13.  a. Back or neck disorder questionnaire  1. Neck disorder Back disorder – please clarify which area is/was painful (eg upper, lower, middle, neck look disorder)  2. What was the cause of the disorder (eg accident, arthritis, osteoporosis)?  b. When did you first experience symptoms? / /  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted to the long, if at all, have you been symptom free?	
Only complete the relevant health questionnaires, if you answered 'Yes' to any items in bold text in 13.  Back or neck disorder questionnaire  1. Neck disorder Back disorder – please clarify which area is/was painful (eg upper, lower, middle, neck was the cause of the disorder (eg accident, arthritis, osteoporosis)?  3. a. When did you first experience symptoms?  b. When did you last have any symptoms?  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
Only complete the relevant health questionnaires, if you answered 'Yes' to any items in bold text in 13.  Back or neck disorder questionnaire  1. Neck disorder Back disorder – please clarify which area is/was painful (eg upper, lower, middle, neck what was the cause of the disorder (eg accident, arthritis, osteoporosis)?  3. a. When did you first experience symptoms?  b. When did you last have any symptoms?  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
<ol> <li>Back or neck disorder questionnaire</li> <li>Neck disorder □ Back disorder − please clarify which area is/was painful (eg upper, lower, middle, neck was the cause of the disorder (eg accident, arthritis, osteoporosis)?</li> <li>a. When did you first experience symptoms?</li></ol>	
<ol> <li>Neck disorder  Back disorder – please clarify which area is/was painful (eg upper, lower, middle, neck</li> <li>What was the cause of the disorder (eg accident, arthritis, osteoporosis)?</li> <li>a. When did you first experience symptoms?</li></ol>	
<ul> <li>a. When did you first experience symptoms?  / /  b. When did you last have any symptoms?  / /  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted.)</li> </ul>	x):
b. When did you last have any symptoms?  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
b. When did you last have any symptoms?  Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:  c. On average, how long does each episode last?  4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
4. Have you had any recurrence of this disorder?  If yes, when and how often? (please include the number of recurrences, the causes and how long they lasted	
	No 🗌 Yes
5. How long, if at all, have you been symptom free?	d):
<ul><li>6. How many times have you been absent from work or unable to perform your normal daily activities?</li><li>7. Are you currently able to do your work or perform your normal activities without any restriction, stress or discomfort?</li></ul>	No  Yes
If no, please provide details:	
<ul><li>8. a. Are you currently receiving treatment?</li><li>b. What is or was the nature of the treatment? Please include details of any medication, physical therapy or</li></ul>	No Yes
5. What is of was the nature of the treatment. Hease include actuals of any medication, physical therapy of	r surgery.
9. Have you had any investigations such as an x-ray, CT Scan or MRI?  If yes, what were the results?	
10. Please provide names and addresses of all doctors and health care professionals consulted in relation to you neck disorder and approximate dates of consultations:	No 🗌 Ye

		To be completed by the Person to be insure	ed.
ilth q	uestionnaires (continued)		
etaile	d health questionnaires (continued)		
. Dis	order or injury of the joints questionnaire		
1.	What is the name of your disorder or injury?		
2.	Please state which joints are or were affected, including whether left or	r right:	
3.	Please describe symptoms fully:		
4.	When did you <b>first</b> experience symptoms of this disorder or injury?	/ /	
5.	When did you <b>last</b> experience symptoms of this disorder or injury?	/ /	
6.	What was the cause of the disorder or injury?		
7.	Have you had any treatment for your disorder or injury?	□ No	☐ Yes
	If yes, please provide details (eg medication, surgery, plates or screws in physiotherapy, injection):	serted/removed, arthroscopy,	
8.	Are you currently receiving treatment or is any treatment expected in the lf yes, please provide details:	he future?	☐ Yes
9.	Have you had any recurrence of this disorder? If yes, when and under what circumstances?	□ No	☐ Yes
10.	Please provide names and addresses of all doctors and health care profed disorder or injury and the approximate dates of consultations:	essionals consulted in relation to your joir	nt

11. Have you ever taken time off work or been unable to perform your normal daily activities

Super NS Non-super

because of this disorder or injury? If yes, please provide details:

☐ No ☐ Yes

taile	ed health questionnaires (continued)				
	ervous disorder, mental illness, depression, anxiety, chronic fatigue, chronic pain questionnaire				
1.	Have you ever suffered from, had treatment for or been diagnosed with any of the following? Please cross.				
	☐ Stress ☐ Anxiety ☐ Chronic fatigue ☐ Inability to sleep ☐ Depression ☐ Fears or phobias ☐ Chronic pain ☐ Obsessive compulsive disorder				
	Other – please specify:				
2.	What was the cause of your symptoms?				
3.	Please describe your symptoms fully:				
4.	a. What was the date of the <b>first</b> symptoms?				
•					
5.	b. What was the date of the <b>last</b> symptoms?				
٦.	Did you have more than one episode of symptoms?   No Yes  If yes, please provide full details, including number of recurrences:				
6.	Please provide details of the treatment you have received for this condition (eg treatment with tranquillisers or other drugs, counselling, psychotherapy or surgery):				
7.	Have you ceased treatment?				
	If no, and treatment is ongoing, please provide details (eg dosage and type of medication, counselling):				
	If yes, please provide a date and whether or not this was at the direction of your doctor:				
8.	Have you ever been an in-patient at a hospital or clinic?				
	If yes, please provide details including number of times, dates and hospital/clinic name:				

To be completed by the Person to be insured.

			To be completed by the Person to	be insure	ed.
Healt	:h զւ	estionnaires (continued)			
<b>22.</b> Det	aile	d health questionnaires (continued)			
	9.	vous disorder, mental illness, depression, anxiety, chronic fatigue, chronic Have you ever thought about, or tried to deliberately harm yourself or ta	ke your own life?	ed)	
		If yes, please provide details:			
		Have you ever taken time off work or been unable to perform your norm because of your symptoms?	nal daily activities	□ No	☐ Yes
		If yes, please provide details, including dates:			
		Are you currently able to do your work or perform your normal daily activany restriction, stress or discomfort?	vities without	□ No	☐ Yes
		If no, please provide details			
	12.	a. Name of doctor or health professional <b>last</b> consulted for this disorde	r and the date of the <b>last</b> consul	tation:	
		b. Please provide names and addresses of any other doctors or health c including approximate dates of consultations:	are professionals consulted for t	this cond	lition,

To be completed by the Person to be insured.
--

Health (	questionnai	i <b>res</b> (con	tinued)
----------	-------------	-------------------	---------

22. Detailed	health o	questionn	aires	(continued)	)

1.	1010	ease indicate which of the following h	uestionnaire	lood proceuro	Chalactoral Dath			
2.				•				
۷.	2. a. When did you first find that your readings/levels were raised or were you advised to have your monitored or noted?							
	b.	What was your reading/level at the	time noted in 2a?					
		Blood pressure /	Cholesterol					
3.	a	What was the last blood pressure/ch		was this taken?				
٠.		/	/ /	rras ems canem				
		Blood pressure /	Date / /					
		Cholesterol reading	Date / /					
	b.	Is the reading above consistent with	others when checked?		□ No □ Y			
		If no, what is a typical reading?						
4.	Но	ow often are you required to see your	•					
		Monthly Quarterly Twice	early Annually Oth	ner – details:				
5.	Wł	hen is your next check-up due?	/ /					
		e you currently taking any medication	for your blood pressure/cho	lesterol levels?				
		No, go to question 8 Yes, please			and the daily dosage			
		ndition	Medication	,	· · ·			
					Daily dosage			
	Bl	lood pressure			Daily dosage			
		lood pressure holesterol			Daily dosage			
7	Cl	holesterol		hs?	Daily dosage			
7.	Cl	holesterol as your treatment type or dosage char	nged within the last 12 mont					
7.	Cł Ha	holesterol as your treatment type or dosage char No, go to question 9	nged within the last 12 mont e provide the details below a		estion 9			
7.	Cł Ha	holesterol as your treatment type or dosage char	nged within the last 12 mont					
7.	Cł Ha	holesterol as your treatment type or dosage char No, go to question 9	nged within the last 12 mont e provide the details below a		estion 9			
	Cl Ha Wh	holesterol  is your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?	nged within the last 12 mont e provide the details below an What was changed?	nd continue to qu	estion 9 Why was it changed?			
	Cl Ha Wh	holesterol  Is your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  Inve you ever been prescribed medication	mged within the last 12 mont e provide the details below as What was changed?	nd continue to qu	estion 9			
	Cl Ha Wh	holesterol  is your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?	mged within the last 12 mont e provide the details below as What was changed?	nd continue to qu	estion 9 Why was it changed?			
	Cl: Ha Wh	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  ave you ever been prescribed medication, how has the condition been mana	mged within the last 12 mont e provide the details below an What was changed? ion for blood pressure/choles ged?	nd continue to qu	estion 9 Why was it changed?			
	Cl: Ha Wh	holesterol  Is your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  Inve you ever been prescribed medication	mged within the last 12 mont e provide the details below an What was changed? ion for blood pressure/choles ged?	nd continue to qu	estion 9 Why was it changed?			
	Cl: Ha Wh	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  ave you ever been prescribed medication, how has the condition been mana	mged within the last 12 mont e provide the details below an What was changed? ion for blood pressure/choles ged?	nd continue to qu	estion 9 Why was it changed?			
8.	Ha Wh	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  Eve you ever been prescribed medication, how has the condition been mana  eves, when and why have you ceased to  eve you undergone or been referred for	mged within the last 12 mont e provide the details below as  What was changed?  ion for blood pressure/choles ged?  aking this medication?	nd continue to que	estion 9  Why was it changed?  No Y			
8.	Ha If r	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  ave you ever been prescribed medication, how has the condition been mana  yes, when and why have you ceased to  ave you undergone or been referred for the holter monitor, urinalysis, echocare	mged within the last 12 mont e provide the details below as  What was changed?  ion for blood pressure/choles ged?  aking this medication?	nd continue to que	estion 9  Why was it changed?  No Y			
8.	Ha If r	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  Eve you ever been prescribed medication, how has the condition been mana  eves, when and why have you ceased to  eve you undergone or been referred for	mged within the last 12 mont e provide the details below as  What was changed?  ion for blood pressure/choles ged?  aking this medication?	nd continue to que	estion 9  Why was it changed?  No Y			
	Ha If r	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  ave you ever been prescribed medication, how has the condition been mana  yes, when and why have you ceased to  ave you undergone or been referred for the holter monitor, urinalysis, echocare	mged within the last 12 mont e provide the details below as  What was changed?  ion for blood pressure/choles ged?  aking this medication?	nd continue to que	estion 9  Why was it changed?  No Y			
8.	Ha If r Ha 24l	holesterol  as your treatment type or dosage char  No, go to question 9 Yes, please then was it changed?  ave you ever been prescribed medication, how has the condition been mana  yes, when and why have you ceased to  ave you undergone or been referred for the holter monitor, urinalysis, echocare	mged within the last 12 mont e provide the details below as  What was changed?  ion for blood pressure/choles ged?  aking this medication?  or any other investigations (egdiogram)?	terol?	estion 9  Why was it changed?  No Y			

	To be completed by the Person t	o be insure	ed.
h q	uestionnaires (continued)		
	ed health questionnaires (continued)		
Ast	thma questionnaire		
1.	When was your asthma diagnosed?		
2.	When did you <b>first</b> have symptoms?		
	When did you <b>last</b> have symptoms? / /		
	Approximately how many times per year do you or did you get symptoms?		
5.	Does the environment in which you work or perform your normal daily duties, exacerbate or cause your symptoms of asthma (eg dust, sawdust, pollen, grass)?	☐ No	Yes
	If yes, please provide details:		
).	In the last 12 months have you taken time off work or been unable to perform your normal	☐ No	☐ Yes
	daily activities because of your asthma?		
	If yes, please provide details including the number of times and days:		
7	Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency	, leg aero	sol
7.	spray, tablets or injections, amounts and number of times per day):	(cg acio	301
	Have you ever been treated for your asthma with steroids (eg Prednisone)?	☐ No	Yes
	If yes, please provide details, including dates:		
	Have you ever attended a hospital emergency room or been admitted to hospital	□ No	Yes
•	Have you ever attended a hospital emergency room or been admitted to hospital because of your asthma?	L NO	L Yes
	If yes, please provide details:		
0.	In the last three years, have you had or been advised to have a chest x-ray or respiratory function test?	☐ No	Yes
	If yes, please provide dates and results:		
_			
1.	Have you ever had any complications or other conditions related to your asthma (eg cardiac or respiratory arrest, heart disease, chest deformities)?	□ No	☐ Yes
	If yes, please provide details:		

b. When did you **last** consult this doctor for asthma?

	ed health questionnaires (continued	i)			
-	st, skin lesion, growth, lump, mole				
1.	•		, or received treatment for, the number, the site and th	_	
	Condition	Number	Site	Date diagno	osed
	Basal cell carcinoma (BCC)			/	/
	Hyperkeratosis or solar keratosis			/	
	Melanoma			/	/
	Mole or naevi			/	/
	Sebaceous (fatty) cyst			/	/
	Squamous cell carcinoma (SCC)			/	/
	Other, please specify:			/	/
	If not removed, please provide rea	son why it	was not removed:		
3.	If not removed, please provide reasons were any special tests, investigation of the second special tests and special tests.	<u>,                                      </u>		□ No	☐ Y
	Were any special tests, investigation of the second special tests and second sec	ons or treat		□ No	☐ Ya
4.	Were any special tests, investigation of the second special tests and second sec	ons or treat	tment required?  sting:	□ No	
4. 5.	Were any special tests, investigation of the second special tests of the second spe	oratory tea oratory of the eresults.	tment required?  sting:		
4. 5.	Were any special tests, investigation of the second special tests of the second spe	ons or treat oratory tes a copy of the e results. to attend	tment required?  sting:		
4. 5.	Were any special tests, investigation of the second special tests of the second special	oratory tea oratory of the e results. to attend	sting:	□ No	

To be completed by the Person to be insured.

You' refers to the Person	to be insured your current ar 32 overleaf.				
You' refers to the Person  23. Please give details of y please give details in 3  From Current principal occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation	to be insured your current ar 32 overleaf.	(unless otherwise indica			
You' refers to the Person  23. Please give details of y please give details in 3  From Current principal occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation	to be insured your current ar 32 overleaf.	(unless otherwise indica			
23. Please give details of y please give details in 3  Current principal occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation	our current ar 2 overleaf.		ted).		
please give details in 3  Froi Current principal occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation	32 overleaf.	nd previous occupation o	•		
Current principal occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation		-	r jobs over the last five years. If yo	ou have a second occupation	on,
Previous occupation  Previous occupation  Previous occupation  Previous occupation  Previous occupation		То	Occupation	Employer	
Previous occupation  Previous occupation  Previous occupation  Previous occupation	/ /	Present	·		
Previous occupation  Previous occupation  Previous occupation		Cross which is applicable	☐ Employed by own company ☐ Partnership ☐ Employee	Self-employed Contractor	
Previous occupation  Previous occupation  Previous	/ /	/ /			
occupation  Previous occupation  Previous			☐ Employed by own company ☐ Partnership ☐ Employee	Self-employed Contractor	
Previous occupation  Previous	/ /	/ /			
occupation Previous	, ,	, ,	☐ Employed by own company ☐ Partnership ☐ Employee	Self-employed Contractor	
Previous		/ /			
			☐ Employed by own company ☐ Partnership ☐ Employee	Self-employed Contractor	
occupation		/ /			
			☐ Employed by own company ☐ Partnership ☐ Employee	Self-employed Contractor	
If you work in the m	nining or oil an	nd gas industry, please en	sure you complete 34.		
<b>24.</b> In the last five years hat (eg unemployment or If yes, please provide d	end of contra	2	se working for reasons other than	n holidays No	☐ Yes
ii yes, piease provide d	ictalis.				
DE Harrimanich ause name	wook do you c		in assumation? hou	urs	
<b>25.</b> How many hours per w			in occupation?	eks per year	
<b>26.</b> How many weeks per		0 3	поссирации:		
27. In your main occupation	•		end performing the following typ	es of duties:	
Sedentary/Administrative		Describe details of specific du	ties performed		%
Supervising manual work					%
Light manual	`				%
Heavy manual					%
Home duties (include detail: dependants including ages and relevant information)					%
Other (including hazardous du handling dangerous substances heights/ underground/offshore					
	s, working at				%

	To be completed by the Person to be i Income Insurances, Business Expenses Permanent Disability Insurance.	
Occupation details (continued)		
<b>28.</b> a. What qualifications do you hold in relation to your	main occupation (eg trade certificate, degr	ee)?
b. When did you qualify/graduate? // /		
c. Please give details of any other qualifications you h	old:	
29. Do you ever work from home?		□ No □ Yes
If yes, provide details of actual work you perform at ho	me, your work set-up (eg separate office)	1VO 1C3
and frequency and type of contact with clients:		
<b>30.</b> Do you intend to change your occupation or employme	nt status?	☐ No ☐ Yes
If yes, please provide details below:		
<b>31.</b> Have you or any business with which you have been as	·	☐ No ☐ Yes
or placed in receivership, involuntary liquidation or unc		
If yes, a. when/ b. date of discha	rge / /	
<b>32.</b> Do you have any other occupations or jobs?	.4:	□ No □ Yes
If yes, please provide details below including specific d	ities:	
<ul><li>33. Number of hours per week worked and annual income occupations or jobs.</li><li>Only complete 34 if you work in the mining or oil and gas</li></ul>		hours \$
<b>34.</b> Questions to be completed by individuals working in the		
<ul> <li>a. Please advise the type of resource mined/extracted</li> <li>Metal Coal Oil</li> </ul>	/retined at the mine/plant/platform:  Gas Oth	er
Wictai Coai Oii	Gus Gti	ICI
b. Please select from the list below the closest region.  NSW – Hunter Valley, Broken Hill TAS – Qu  QLD – Townsville, Gladstone, Rockhampton, Too	eenstown, Beaconsfield 🔲 WA – Kalgoor	lie, Port Hedland, Karratha
c. How do you travel to and from your work location?		
C. Flow do you travel to and from your work location:  Commute to your work location daily from home	e 🔲 Fly in fly out to your work location	
Other, please provide details:		
d. How long have you been working in the mining or o	oil and gas industry?	
e. Please complete the table below regarding your sal	ary and any allowances paid for the last tw	o financial years:
	Last financial year Year	immediately prior to last
Salary (including super)	\$	
Bonus	\$	
Allowances (eg site allowance, living away from home allowance, travel allowance)	\$	
Other	\$	

					t Disability Insuranc		or Total and
lr	come details						
35.	Insurable income	e					
			ome earned by your unable to work. It do				that income)
		•	accurately reflect yo income and busine		on for the periods	indicated below.	In the event of a
	If you are self-e (or contractor)	employed, in a part , please complete th	nership or an emplo ne 'For self-employed	yee of your own co	ompany OR If you		ee, please complete ection on page 24.
F	or self-employed						
		e this section if you our own company.	are self-employed.	This includes sole	traders, partners,	contractors or if	you are an
a.			ness income details re available. <b>Do not</b>			-	which tax returns, past profits,
	Tax year ending	Gross income for entire business	Less all expenses incurred in earning that income	Equals net business income before tax	Wages/salary	Drawings/ director's fees paid to you	Your total income
	30 / 06 /	\$	\$	\$	\$	\$	\$
	30 / 06 /	\$	\$	\$	\$	\$	\$
	What percentage ownership and re	or what percentage e of the business do oles/duties of the o le do you employ?			ot 100 per cent ow any income splitt	ing arrangement	
e. f.	Do you receive o	r do you expect to I	ncome is from your receive any income nd amount(s) per ye	from any other so		come, dividends)?	? No Yes
	Source	.,	.,,				income per year after enses but before tax
						\$ \$	
g.	commission) con	tinue? If yes, please	uld any of your inco e provide the follow me would continue	ing details:		/renewal	□ No □ Yes
	_	reement in place (v provide further de	vritten or otherwise tails:	) in relation to this	entitlement and w	hen it may cease	? No Yes
h.	-	•	ing loss over either full company accou		-	ncluding any asso	☐ No ☐ Yes
i.	So far this financ	ial year, is your bus	iness trading profit	ably? If no, please	provide details in t	the space below:	□ No □ Yes

To be completed by the Person to be insured only if applying for:

		To be completed by the Person Income Insurances, Business Ex Permanent Disability Insurance	openses Insurance or Total and
ncome details (continued)			
Insurable income (continued)			
/hat is Insurable income? This is efore tax, which will stop if you a			
ase disclose all income figures th im, we may call for evidence of yo		· · · · · · · · · · · · · · · · · · ·	indicated below. In the event of a
If you are <b>self-employed, in a p</b> (or contractor), please comple	partnership or an employee of the the 'For self-employed' section		ou are <b>an employee</b> , please complete 'For employees' section below.
or employees			
Only complete this section if	you are an employee and do n	not have any ownership in you	r employer's business.
Permanent full time Pe Other, please specify: Please give details of your total	remuneration package from a	•	e last two financial years.
Salary	Current	Last financial year	Year immediately prior to last
Bonuses	\$	\$ \$	\$ \$
Commissions	\$	\$	\$
Regular overtime	\$	\$	\$
Superannuation	\$	\$	\$
Total	\$	\$	\$
Do you receive or do you expect If yes, please advise the source(s	•	ny other sources (eg rental inc	Net income per year after expenses but before tax
			\$
			\$
			\$
If you were to become disabled, If yes, please answer i and ii:	would any of your income (in	cluding investment income) co	ontinue?
i. What is the income amount investments, rental)?	that would continue, for how	long, and the source (eg salar	y, sick pay, company profits,
ii. Is there an agreement in pla If yes, please provide details		determines when this entitler	ment will cease?

Busine	mpany $\ \square$ Partnership $\ \square$ Trust $\ \square$ Sole proprietor $\ $ Date the business was purchas	sed/started	/
	ess details		
Busine	ess name		
Busine	ess address Suburb S	State	Posto
mplo	pyees		
Numb	per of income producing employees: Full time Part time		
Numb	per of non-income producing employees: Full time Part time		
fa pa	rtnership/company, number of partners/directors		
	ntage of business income derived from your personal exertion \( \text{\tin}\text{\texi{\text{\texi{\text{\texi{\text{\texi}\texi{\text{\texi{\texi{\texi{\texi{\texi{\tex{\texi\texi{\texi{\texi{\texi{\texi{\texi{\texi}\texi{\tex		
		%	
-	were to become totally disabled, what would be the reduction in business income?		
	e provide a brief explanation of what would happen to the business if you were to become	disabled:	
	hly expenses of the business over the last 12 months		nences
		Monthly ex	penses
Montl	<b>hly</b> expenses of the business over the last 12 months	Monthly ex	penses
<b>Montl</b>	hly expenses of the business over the last 12 months  Rent or mortgage interest payments	Monthly ex	penses
Montl (i) (ii)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating	Monthly ex	penses
Montl (i) (ii) (iii)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums	Monthly ex \$ \$ \$	penses
(i) (ii) (iii) (iii)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning	Monthly ex  \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone	Monthly ex  \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles	\$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (vii)	Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (vii) (viii)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes  Dues to professional bodies	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (vii) (viii)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes  Dues to professional bodies  Accountant's fees  Salaries and associated costs (eg superannuation contributions) for employees who do	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (vii) (viii) (ix)	hly expenses of the business over the last 12 months  Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes  Dues to professional bodies  Accountant's fees  Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (viii) (ix) (xx)	Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes  Dues to professional bodies  Accountant's fees  Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue  Other fixed expenses (please provide details below) <sup>1</sup>	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	penses
(i) (ii) (iii) (iv) (v) (vi) (vii) (viii) (ix) (xi) (xii) (xiii)	Rent or mortgage interest payments  Electricity, gas, water, heating  General insurance premiums  Cleaning  Telephone  Leasing of equipment or motor vehicles  Property rates and taxes  Dues to professional bodies  Accountant's fees  Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue  Other fixed expenses (please provide details below) <sup>1</sup> Total monthly expenses (Total of (i) to (xi) above)	Monthly ex  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	penses

To be completed by the Person to be insured only if applying for Business Expenses Insurance.

Super NS Non-super 25 of 44

2 Net Locum Cost is the estimated cost of engaging a locum to replace you while you are totally disabled and unable to work due to sickness or injury, less any income this person generates. Only complete this question if you estimate locum expense will exceed income generated by the locum.



## Authorities

### Authorities and application forms for completion

Page no.	Forms to be completed	Non-superannuation application (including through a SMSF) NS	Superannuation application, through Super Directions	Superannuation or Pension application, through North, Summit, Generations or iAccess §	Non-superannuation application through a North, Summit, Generations or iAccess investment account NS
	Authorities				
27	Medical authorities S NS	✓	✓	✓	✓
27	Financial authority S NS	<b>√</b> 3	<b>√</b> 3	✓3	✓3
29	Non-superannuation payment authorities NS	✓	2	2	
34	Superannuation payment authorities §		✓		
	Non-superannuation application		'		
31	Nomination of beneficiaries NS	✓			<b>✓</b>
33	Non-superannuation insurance application and signatures NS	<b>✓</b>	2	2	<b>✓</b>
	Superannuation application				
36	Nomination of dependants §		✓	1	
39	Tax file number §		✓	1	
41	Superannuation insurance application and signatures §		<b>√</b>	<b>✓</b>	

<sup>1</sup> If you are a superannuation or pension member or prospective member of North, Summit, Generations or iAccess, your tax file number will be completed as part of your membership of the Fund. Your nomination of dependants or any changes to your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess as applicable.

<sup>2</sup> Complete this section if you are linking a FlexiLink Plan and/or a PremierLink option to a Life Insurance Superannuation Plan or an Income Insurance Superannuation Plan.

<sup>3</sup> Financial authorities are only required if your accountant or financial adviser is required to release financial information to AMP.

			To be completed by for all applications.	the Person to be insured	
Madical code with a OFF					
Medical authorities S NS					
	authorities below because some d 'Privacy use and disclosure of p ure Statement.				you
Authority to release medical info					_
Family name	Given name(s)		Date of birth		
1			/ /	authorise any medic	cal
practitioner, doctor, health professionappointed to collect the full details cauthorisation should be considered a	of my health and medical history.			NMLA) or its representat	
Signature of Person to be insured				Date signed	
X					
<b>/</b>				/ /	
Authority for AMP to release me	dical information to usual do	octor			
Only complete this section if y assessment of your application	ou authorise AMP to release med n.	dical information	າ to your doctor ເ	upon an adverse	
Family name	Given name(s)		Date of birth		
l,			/ /	authorise NMLA	
to advise Doctor assessment of my application if it was authorise AMP to provide copies of t		_	assessment of th	ison(s) behind any adver nis application. I also	se
Signature of Person to be insured				Date signed	
v					
^				/ /	
Financial authority § NS					
Only complete this section if y	ou want your accountant or fina	ıncial adviser to ı	release information	on to AMP.	
Family name	Given name(s)		Date of birth		
l,			/ /	authorise my	
accountant/financial adviser to releas			•	the purpose of assessing	_ ,
application for insurance. I agree that	a photocopy (or similar copy) of th	nis authorisation	should be conside	<u> </u>	al.
Signature of Person to be insured				Date signed	
X					
Accountant/financial adviser name			Accountant/fina	ncial adviser contact nu	mhei
			( )	daviser contact flu	
Accountant/financial adviser addres	S		· ·		

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### Non-superannuation application

To be completed if you are applying for a non-superannuation/SMSF insurance plan not paid from a North, Summit, Generations or iAccess account. Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, the payment authorities below must be completed.

Non-superannuation payment authorities NS	
Before you complete this page, please read the 'Paying your premiums' section in the General terms an Product Disclosure Statement.	d conditions in the
Payment method	
Select method of payment:	
Direct debit by credit card (please list insurance plans paid by credit card below and complete option 1)	
☐ Direct debit by bank account (please list insurance plans paid through bank account below and complete c	option 2)
	,
Receive payment due notices (only available for quarterly, half-yearly and yearly payments)	
Option 1: Direct debit by credit card	
Only complete this section to pay your insurance premiums by credit card.	
If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completic	on of this application.
Frequency of ongoing premium deductions (tick one): $\Box$ Fortnightly $\Box$ Monthly $\Box$ Quarterly $\Box$ Half	f yearly 🔲 Yearly
(Optional) If paying <b>monthly</b> direct debit by credit card, you may choose a date for deduction, between 1st to 28	th only
Credit card type:   MasterCard Visa	,
Credit card number Expiry date Name as shown on credit card	
Cardholder's signature	Date signed
×	/ /
Should your credit card details change at any time (eg card number or expiry date) then we will be unable to p	process your payment
You will need to complete a new direct debit authority form. To do this, please contact our Customer Service	

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649



# Non-superannuation application

To be completed if you are applying for a non-superannuation/SMSF insurance plan not paid from a North, Summit, Generations or iAccess account.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, the payment authorities below must be completed.

Non-superannuation payment authorities NS (continued)					
Option 2: Direct debit by bank account					
① Only complete this section to pay your insurance premium	s by direct debit.				
<b>Note</b> : Please refer to your financial institution to check your account offer	ers direct debiting.				
If a deposit premium is not supplied, we will automatically deduce	ct the premium on acceptance and completion of this application.				
Frequency of ongoing premium deductions (tick one):   Fortn	ightly 🗌 Monthly 🔲 Quarterly 🔲 Half yearly 🔲 Yearly				
(Optional) If paying <b>monthly</b> direct debit by bank account, you may	choose a date for deduction, between 1st to 28th only				
BSB number Account number					
Bank/financial institution name	Bank/financial institution branch name				
Account in name of (name in full)	If company account ABN (Australian Business Number)				
Account holder signature(s)					
Signature – account holder 1 Signature – account holder 2 (if applicable)					
×					
Date signed	Date signed				
/ /	/ /				

# Non-superannuation application

To be completed if you are applying for a Life Insurance Plan,
including plans where the insurance will be paid from a
North, Summit, Generations or iAccess investment account.

A I a control of the				
Nominatior	1 of her	haticia	PIOC N	
ivoilillatioi	ו או היי	i Ci i Ci a	IIICO N	~

'Yo	'You' refers to the Plan owner (ie the person who has the authority to decide how the benefit is dispersed).								
N	Nominate beneficiaries – only for Life Insurance Plan								
•	① Only complete this page if you have applied for the Life Insurance Plan.								
Υοι	can choo	se who and how your death ben	efit is paid in the event of the death of	the Person to be insured.					
Do	you wish t	o make a nomination?	Yes						
If y	If yes, please nominate the beneficiaries to receive the payment of benefits below.								
1.	Title	First name	Family name	Gender	Date of birth				
				☐ Male ☐ Female	/	/			
	Address								
	Phone nui	mber	Relationship of the nominated perso	n to the Plan owner	% of death	n benefit <sup>1</sup>			
	( )					%			
2.	Title	First name	Family name	Gender	Date of bi	rth			
				☐ Male ☐ Female	/	/			
	Address								
	Phone nui	one number Relationship of the nominated person to the Plan owner		% of death					
	( )					%			
3.	Title	First name	Family name	Gender	Date of bi	rth			
				☐ Male ☐ Female	/	/			
	Address								
	Phone nui	mber	Relationship of the nominated perso	n to the Plan owner	% of death	n benefit <sup>1</sup>			
	( )					%			
4.	Title	First name	Family name	Gender	Date of bi	rth			
				☐ Male ☐ Female	/	/			
	Address								
	Phone nui	mber	Relationship of the nominated perso	n to the Plan owner	% of death	n benefit <sup>1</sup> %			
5.	Title	First name	Family name	Gender	Date of bi	rth ,			
	Address			☐ Male ☐ Female	/	/			
	ridaress								
	Phone nu	mber	Relationship of the nominated perso	n to the Plan owner	% of death	n benefit¹			
	( )					%			
				Total percentage		100%			
1 P	ercentages	must be whole numbers		.otal percentage					

# Non-superannuation application

To be completed if you are applying for a Life Insurance Plan, including plans where the insurance will be paid from a North, Summit, Generations or iAccess investment account.

Nomination of beneficiaries NS (continued)	
Plan owner declaration	
Plan owner family name	Given name(s)
the Plan owner(s), nominate the person(s) named result of the death of the Person to be insured.	above to receive any proceeds that may become payable under this plan, as a
<ul> <li>If there is no nomination, or the nomination ha</li> <li>Nominated beneficiaries should seek advice from benefit received</li> <li>If a nominated beneficiary predeceases the per owner (or their estate)</li> </ul>	of the latest nomination received in writing by AMP is been revoked, benefits will be paid to the Plan owner (or their estate) or their taxation adviser regarding the potential taxation implication of any insured, then that nominated beneficiary's benefit will be paid to the Plan in time by completing a Nomination of Beneficiary form and forwarding it to AMP.
Signature of the Plan Owner	Date signed

### Non-superannuation application

To be completed if you are applying for a non-superannuation plan/
PremierLink option, including plans where the insurance will be paid
from a North Summit Congressions or increase investment account

application			from a North, Summit, Generations or iAccess investment account.						
Non-superannua	tion insurance application a	nd signatures	(Declarations and consent) NS						
Plan number									
This Application fo	rm is dated 20 May 2013.								
<ul><li>be aware other info</li><li>read the I and to de</li></ul>	ormation relevant to special or Product Disclosure Statemer cide whether it is appropriat	r AMP is oblige offers and/or n nt because it co se to your need	d to have provided you with the nember discounts for the produ ontains important information t s, and sclosure Statement and unders	ict(s) y to hel	ou ar p you	e applyii underst	ng fo and	or the pro	
Signature of Pers	on to be insured								
If the Person to be	insured is the same person	as the Plan ow	ner, go to 'Signature of Plan ow	ner –	only	for indiv	idua	ıls'.	
Print full name of F	Person to be insured	Signature		Da	Date of birth		Date signed		
		X			/	/		/	/
Signature of Plan	owner – only for individual	s							
For Plan owners (m	nust be aged 16 years or ove	r)							
Print full name of F	Plan owners	Signature	ature		te of b	oirth	Date signed		
		X			/	/		/	/
Print full name of F	Plan owners	Signature			Date of birth Date		ate sigi	ned	
		X			/	/		/	/
Signatures of Pla	n owners — only for compan	ies and trustee	es (including self-managed supe	erannı	uatior	funds)			
Company seal	Print full name of compa					,			
	Signature 1		Signature 2				Da	ate sigi	ned
	X		X					/	/
	Print full name of person signing for and on behalf of the above company/self-managed superannuation fur					n fund			
<ul> <li>Company seal a</li> </ul>		ole director an	or d secretary' where the company vide their full name(s) and signa					w.	

To be completed if you are applying for a Life Insurance Superannuation or an Income Insurance Superannuation Plan held through Super Directions.

Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

Superannuation payment authorities 6	
Before you complete this page, please read the 'Paying your premiums' section in the General terms are Product Disclosure Statement.	nd conditions in the
Payment method	
Select method of payment:	
Direct debit by credit card (please list insurance plans paid by credit card below and complete option 1)	
☐ Direct debit by bank account (please list insurance plans paid by bank account below and complete option	n 2)
Receive payment due notices (only available for quarterly, half-yearly and yearly payments)	
Option 1: Direct debit by credit card	
Only complete this section to pay your insurance premiums by credit card.	
If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completic	on of this application.
Frequency of ongoing premium deductions (tick one):   Fortnightly   Monthly   Quarterly   Hal	If yearly 🔲 Yearly
(Optional) If paying manthly direct debit by gradit gard you may change a data for deduction between 1st to 20	Oth anh
(Optional) If paying <b>monthly</b> direct debit by credit card, you may choose a date for deduction, between 1st to 28 Credit card type:   MasterCard Visa	stri only
Credit card number Expiry date Name as shown on credit card	
Cardholder's signature	Date signed
V	
×	/ /

Should your credit card details change at any time (eg card number or expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre on 132 987.

To be completed if you are applying for a Life Insurance Superannuation or an Income Insurance Superannuation Plan held through Super Directions. Where a FlexiLink plan and/or PremierLink option is applied for and linked to North, Summit, Generations or iAccess, please complete the payment authorities section in the Non-superannuation application.

Superannuation payment authorities (continued)						
Option 2: Direct debit by bank account						
Only complete this section to pay your insurance premiums by direct debit.						
<b>Note</b> : Please refer to your financial institution to check your account offers direct debiting.  If a deposit premium is not supplied, we will automatically deduct the premium on acceptance and completion of this application.  Frequency of ongoing premium deductions (tick one):   Fortnightly   Monthly   Quarterly   Half yearly   Yearly						
(Optional) If paying monthly direct debit by bank account, you may choose a date for deduction, between 1st to 28th only  BSB number Account number  Bank/financial institution name  Bank/financial institution branch name						
Account in name of (name in full)	If company account ABN (Australian Business Number)					
Account holder signature(s)  Signature – account holder 1  Signature – account holder 2 (if applicable)						
Date signed / /	Date signed / /					

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

To be completed if you are applying for a Life Insurance Superannuation Plan held throug	ξh
Super Directions.	

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

### Nomination of dependants (For Super Directions Fund members only)

### Before you complete this page:

- You should read the 'Holding your policy in superannuation' section of the Product Disclosure Statement, and
- Discuss your needs with your financial adviser.

#### What nomination do you wish to make?

To make a binding nomination complete the binding nomination section below including witness declarations.

To make a non-binding nomination complete the non-binding nomination section on page 38.

Please note: you can change your nomination at any time by notifying the Trustee of the Super Directions Fund in the approved form.

#### Binding death benefit nomination

(Trustee must pay specific people you have selected, provided that your nomination is valid)

#### Direct the Trustee to pay my death benefit exactly as follows (ie no Trustee discretion)

1.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
	Address				
	Phone nu	mber	Relationship of the nominated p	erson to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ S	Spouse $\square$ IR <sup>2</sup> $\square$ Child	%
2.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
	Address				
	Phone nu	mber	Relationship of the nominated p	erson to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ S	Spouse $\square$ IR <sup>2</sup> $\square$ Child	%
3.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
	Address				
	Phone nu	mber	Relationship of the nominated p	erson to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ S	Spouse $\square$ IR <sup>2</sup> $\square$ Child	%
4.	Title	First name	Family name	Gender	Date of birth
				☐ Male ☐ Female	/ /
	Address				
	Phone nu	mber	Relationship of the nominated p	erson to the Person insured	% of death benefit <sup>1</sup>
	( )			Spouse $\square$ IR <sup>2</sup> $\square$ Child	%

This Application form is dated 20 May 2013

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

Γο be completed if you are applying	for a Life Insurance Superannuation	Plan held through
Super Directions.		

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

N	ominatio	on of dependants (For Su	per Directions Fund members only	) <b>⑤</b> (continued)	
В	inding de	eath benefit nomination	(continued)		
5.	Title Address	First name	Family name	Gender  Male Female	Date of birth
or 1 F		My Legal Personal Repres	Relationship of the nom  Financial dependan  entative (eg the executor of your v  Interdependency Relationship	Total percentag	% of death benefit <sup>1</sup> %  100%
		n, acknowledgment and			
Do I ha	ave read to the every this nomed to pay the making a lacknow Custome	this declaration unless in the 'birent of my death, the Trus' evoke or amend it before ination revokes any previous at the date of this apere that if I do not make a benefit in the event of selection	tee will pay the death benefit in act it expires, this nomination will ceal ous nomination that I may have moplication I have answered all quest valid binding nomination, the Trustemy death. I ask that the Trustee continuation is not valid unless complet	ase to be valid in three years time nade	or persons to whom ntioned above when
	Please	e complete the Witness d	eclarations section below.		
<b>No</b> I de	<b>te</b> : Each v	witness must be an indep t:	pleted if making a binding nomina pendent person and cannot be a no	ominated beneficiary.	
	-	s of age or over, am not a full name	person nominated above and that i Signature	this nomination was signed by the me	Date signed
	<b>-</b>		X		/ /
lar	n 18 years	s of age or over, am not a p	erson nominated above and that th	is nomination was signed by the memb	per in my presence.
Wi	tness 2 –	full name	Signature		Date signed / /

This Application form is dated 20 May 2013

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

To be completed if you are applying for a Life Insurance Superannuation Plan held tl	nrough
Super Directions.	_

If the person insured is a member of the National Mutual Retirement Fund, binding death nominations are not available. Please contact our Customer Service Centre for the correct form if you wish to make a non-binding nomination. If you are applying for membership through North, Summit, Generations or iAccess, your nomination of dependants for distribution of your death benefits requires the completion of the appropriate death benefit nomination form available under North, Summit, Generations or iAccess. Completion of the superannuation nomination of dependants form accompanying this application will be void if your policy is under North, Summit, Generations or iAccess.

No	mination	e of donondants (For S	uper Directions Fund members only) <b>(</b> continued)	
		g death benefit nomin		
		of the Super Directions a non-binding nominat	s Fund will consider your preference but is not bound by this nomination. W tion.)	itnesses are not
-	itle	First name	Family name Gender	Date of birth
			☐ Male ☐ Female	/ /
А	ddress			
P	hone nu	mber	Relationship of the nominated person to the Person insured	% of death benefit <sup>2</sup>
	( )		☐ Financial dependant ☐ Spouse ☐ IR <sup>2</sup> ☐ Child	%
. T	itle	First name	Family name Gender	Date of birth
			☐ Male ☐ Female	/ /
А	ddress			
P	hone nu	mber	Relationship of the nominated person to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ Spouse ☐ IR <sup>2</sup> ☐ Child	%
_ 	itle	First name	Family name Gender	Date of birth
Ė		, ii se ii diii e	Male Female	/ /
	ddress hone nu	mher	Relationship of the nominated person to the Person insured	% of death benefit
Ė	( )	THE CI	Financial dependant Spouse IR <sup>2</sup> Child	%
Т	itle	First name	Family name Gender	Date of birth
Ţ	reic	THEFTIATIC	Male Female	/ /
Д	ddress			, ,
Р	hone nu	mber	Relationship of the nominated person to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ Spouse ☐ IR <sup>2</sup> ☐ Child	%
T	itle	First name	Family name Gender	Date of birth
			☐ Male ☐ Female	/ /
A	ddress			
P	hone nu	mber	Relationship of the nominated person to the Person insured	% of death benefit <sup>1</sup>
	( )		☐ Financial dependant ☐ Spouse ☐ IR <sup>2</sup> ☐ Child	%
				100%
r L		Ny Legal Personal Repre	esentative (eg the executor of your will)  Total percentage	100%
	centages	must be whole numbers	2 Interdependency Relationship	
gna V	ature of	member		Date signed

This Application form is dated 20 May 2013

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449

Tax file number (TFN) §			
	page if you are applying for superannua uperannuation Plan.	tion cover with the Life Insurance Superannu	ation Plan and/or
Plan number			
<b>Note</b> : the Plan owner is th	e Trustee of Super Directions Fund.		
	npleted by the Person to be insured app annuation Plan. Applications cannot be	lying for the Life Insurance Superannuation Faccepted without a tax file number.	Plan and/or
TFN – only for the Life In	surance Superannuation Plan and/or Ir	ncome Insurance Superannuation Plan	
Family name		Given name(s)	
Date of birth Telep	ohone number	Tax file number (TFN)	
/ / (	)		
Your TFN is confidential. B	sefore you provide your tax file number	we are required to tell you the following:	
Under the Superannuation only be used for lawful pu		superannuation fund is authorised to collect	your TFN, which will
your TFN to another super		change. The trustee of your superannuation sare being transferred, unless you request thany other superannuation provider.	
<ul><li>advantages:</li><li>Your superannuation fu</li><li>The tax on contributior</li><li>Other than the tax that superannuation benefit</li></ul>	und will be able to accept all types of constoyour superannuation account(s) with may ordinarily apply, no additional taxts.		wn your
•	on (above) and agree to provide my TFN	(tick one only)	
Signature		•	Date
X			/ /

This Application form is dated 20 May 2013

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654, Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598

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Superannuation insurance application and si	gnatures (Declarations and consent) S		
Plan number			
This Application form is dated 20 May 2013.			
<ul> <li>Before you sign this Application form, you</li> <li>Be aware that your financial adviser is information relevant to special offers</li> <li>Read the Product Disclosure Stateme and to decide whether it is appropriat</li> <li>Read the Declarations and consent of</li> </ul>	obliged to have provided you with the and/or member discounts for the prod nt because it contains important inforreto your needs, and	uct(s) you are applying for mation to help you underst	and the product
Superannuation membership			
Are you applying for insurance through:	orth	iAccess	
If through North please provide your existing N If through Summit, Generations or iAccess plea existing client reference number	se provide your		
Are you applying for insurance through superar North, Summit, Generations or iAccess? This w		d.	□ No □ Yes
If yes, please complete questions 1 to 3			
<ul> <li>Current employment status</li> <li>Employee, go to question 2</li> <li>Self employed (sole trader, partnership)</li> <li>Employed by own company, go to quest</li> </ul>	ion 3		
2. Does your employer contribute to an existing	ng superannuation fund on your behalf	?	□ No □ Yes
3. Have you selected an employer supported place of the selected of the selected an employer details below the selected of the		f your premiums)?	□ No □ Yes
Company address			
<ol> <li>Please confirm that your employer has agree</li> <li>To be completed by the Person to be insured</li> </ol>	red to pay for premium increases due to	o indexation.	□ No □ Yes
Print full name of Person to be insured	Signature	Date of birth	Date signed
	X	/ /	/ /

This Application form is dated 20 May 2013

The issuer of the Life Insurance Superannuation Plan and Income Insurance Superannuation Plan is N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFS Licence No 234654,

Trustee of the Super Directions Fund ABN 78 421 957 449 and the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598



To be completed by the Adviser for all applications.	r
To be completed by the Adviser for all applications.	L



## Financial adviser and commission details

Have you spoken to our Underwriting Department for pre-assessment advice?  If yes, who did you speak to, what did you discuss and on what date did this occur?	□ No □ Yes
If yes, who did you speak to, what did you discuss and on what date did this occur?	
Has the Person to be insured completed and signed all the relevant authorities, including medical authorities and/or financial authority?	☐ No ☐ Yes
Have you arranged or do you intend to arrange for any mandatory medical examinations or pathology tests to be completed?	□ No □ Yes
If you have advised the Person to be insured to have these tests specify name of doctor, paramedical facility or laboratory who will arrange for the test:	pathology
Adviser check-list	
If changes have been made to the application, has the Person to be insured initialled all changes?	☐ No ☐ Yes☐ Not applicable
Has supporting financial evidence been included with this application?	☐ No ☐ Yes
If this application is for agreed value income insurance, will the client be providing substantiating financial evidence in support of the monthly benefit proposed?	□ No □ Yes
Note: If you have ticked 'No' above, financial evidence will be required in the event of a claim and the client will notification from us after the policy has commenced.	l receive written
Are there multiple payment methods (eg Life superannuation insurance paid via Summit, trauma insurance paid by direct debit)?	□ No □ Yes
If yes, please specify which benefits are to be paid by which payment method in the Adviser notes below.	
Has a quote been provided with this application?	☐ No ☐ Yes
Is there any other documentation attached to this proposal?	☐ No ☐ Yes
If yes, please tick: Children's Trauma Option Personal Statement Financial Questionnaire	
Other, please specify	
Has this application been faxed prior to sending?	☐ No ☐ Yes
If yes, specify fax number (Addressee)	
Has the Person to be insured read the Duty of Disclosure?	☐ No ☐ Yes
Do you have a preferred or alternative contact method?	☐ No ☐ Yes
If yes, please provide details in adviser notes below.	
Have you explained to the client the possible implications on the contract of any non-disclosure?	☐ No ☐ Yes
Are there any other circumstances or facts, such as the client's background, not fully covered by answers provided herein that you feel may assist our assessment of this application?	□ No □ Yes
If yes, specify (refer to adviser notes if extra space required)	

Principal servicing adviser details					
Account/Adviser name				A	Account/Adviser numbe
Business phone number	Mobile phone num	nber	Fax n	umber	
( ) Email address			(	)	
Email address					
New Plan Commission splits					
Note: Standard commission splits are not	available for Rewards	s (Workplace/Family/Me	embers	hips/Business	rewards) applications.
New Plan Commission					
Account/Adviser name		Account/Adviser numbe	r	% split <sup>1</sup>	State
				%	
				%	
1 Percentage must be whole numbers			Total	100%	
Renewal Business Commission splits					
Renewal Business Commission					
Account/Adviser name		Account/Adviser numbe	r	% split <sup>1</sup>	State
				%	
				%	
Percentage must be whole numbers			Total	100%	
1 refeemage must be whole numbers			iotai	20070	
Adviser notes					

To be completed by the Adviser for all applications.

For AMP	internal	use only.	



### AMP administration

Plan number								
Service centre only								
Deposit paid	Date		Amount	Rece	eipt number	Accour	nt/By	
	/	/	\$					
	/	/	\$					
		Total	\$					
Previous busi	iness							
☐ No ☐ Yes		ve details:						
Plan number								
Person insure	d							
Benefit symbo	ol							
Code accepta	nce							
Assessment								
Special condit	ions							
Amount of ris	k							
Reinsurance								
Status and commenceme	ent date							
Plan number								
Person insure	d							
Benefit symbo	ol							
Code accepta	nce							
Assessment								
Special condit	ions							
Amount of ris	k							
Reinsurance								
Status and commenceme	ent date							
Plan number								
Person insure	d							
Benefit symb	ol							
Code accepta	nce							
Assessment								
Special condit	ions							
Amount of ris	k							
Reinsurance								
Status and commenceme	ent date							

### Contact your adviser or financial planner

phone 132 987 web amp.com.au

The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649 Registered Office: Level 24, 33 Alfred St SYDNEY NSW 2000