

Guardian Life Insurance, issued by Hannover Life Re of Australasia Ltd, offers a range of insurance options, including Life Insurance, Children's Insurance, Serious Illness Insurance, and Total & Permanent Disability Insurance. The Life Insurance provides a lump sum benefit in the event of death or terminal illness for individuals aged 18 to 64, with a minimum benefit of \$100,000 and a maximum of \$1.5 million for ages 18-44, decreasing for older age brackets. An interim Accidental Death Insurance is included at no extra cost for up to 30 days while an application is assessed. Claims for Life Insurance benefits are payable upon death or terminal illness diagnosis, with an advance payment of \$15,000 available for funeral expenses under certain conditions. However, benefits may be limited by the maximum applicable amount for the insured's age and can be reduced by benefits paid under other policies or for total and permanent disability. Premiums are stepped, increasing annually based on age and other factors, and remain fixed once the insured reaches age 99. Exclusions include deaths from self-inflicted injuries within 13 months of policy acceptance, claims related to special terms prior to policy issuance, and various circumstances such as suicide, drug and alcohol abuse, participation in motor sports, acts of war, and aviation activities unless as a passenger in a licensed aircraft. Coverage begins on the Acceptance Date specified in the Policy Schedule, with the first premium deducted from the Commencement Date. The policy guarantees renewal for life as long as premiums are paid on time, and coverage ends upon the death of the insured, payment of a Terminal Illness claim, exhaustion of benefits due to Total & Permanent Disability claims, or cancellation by either party.

The policy also includes a Children's Insurance Option, providing benefits for children aged 2 to 17 in the event of death, terminal illness, or specific serious injuries or illnesses, with benefit amounts ranging from \$20,000 to \$50,000 per child. Coverage for serious injuries or illnesses is contingent upon diagnosis after the first three months of coverage, and benefits will not be paid for congenital conditions or conditions arising before or within the first three months. The Serious Illness Insurance Option is available for Life Insured individuals aged 18 to 59, covering serious illnesses such as cancer (excluding early-stage), heart attacks, heart bypass surgery, and strokes, with benefit

amounts ranging from \$50,000 up to a maximum of \$500,000 or 50% of the Life Insurance Benefit Amount. Only one benefit is payable per Life Insured for serious illness, and any payment under this option will reduce the Life Insurance and Total & Permanent Disability Insurance Benefit Amount accordingly.

The Total & Permanent Disability (TPD) Insurance option is available only with Life Insurance for individuals aged 18 to 59 who work at least 20 hours per week, with a minimum benefit of \$50,000. Benefits are paid as a lump sum for total and permanent disability, provided the condition is certified by a medical practitioner, but are not payable for disabilities resulting from intentional acts or motor sports. The policy includes a 30-day money-back guarantee for cancellation within this period for a full refund, provided no claims have been made. Premiums may increase annually, and policyholders can opt for automatic increases to keep up with inflation. Changes to coverage can be made by contacting the insurer, and the policy may be canceled if premiums are unpaid for over a month.

Insurance risks include the need for adequate coverage to avoid financial hardship and potential changes in health affecting future insurability. Benefit payments are made to the policyowner or their legal representative, and if a beneficiary is not nominated for amounts exceeding \$100,000, additional documentation may be required. All payments are made in Australian dollars, and the policy is designed solely for protection, not as a savings plan. It is recommended to nominate a beneficiary to receive the Benefit Amount upon death, which can be done via a Nomination of Beneficiaries Form. Claims should be submitted as soon as possible, ideally within 120 days of the insured event, and must include proof of the event, which may require documentation from medical practitioners. Guardian Insurance reserves the right to request examinations or tests to confirm the occurrence of an insured event and may conduct investigations to validate claims.

The policy outlines the responsibilities related to premium payments, managed through direct debit

arrangements, and customers must ensure sufficient funds are available for payments. The policy is a legal contract that includes the Product Disclosure Statement (PDS) and cannot be transferred to another person. Misrepresentation during the application process can lead to serious consequences, including voiding of coverage or claim denials. Definitions of key terms are provided to clarify coverage specifics, and the policy emphasizes the importance of notifying Guardian Insurance of any changes affecting the application before coverage begins. For questions or complaints, policyholders can contact Guardian Insurance through various means, and the complaint resolution process involves escalation to the Internal Dispute Resolution team and the option to refer unresolved matters to the Australian Financial Complaints Authority (AFCA). Personal information collected during the application process is used for policy administration and claims assessment, with consent required for sensitive information collection.