

Protecting your future

MLC Life Cover Super MLC Personal Protection Portfolio Product Disclosure Statement

Life Cover
Total & Permanent Disability
Critical Illness
Income Protection
Business Expenses
Premium Waiver



Australia & New Zealand
Insurance
Industry
Awards

Life Insurance
Company of
the Year 2008

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This PDS was prepared by
MLC Nominees Pty Limited
ABN 93 002 814 959 AFSL 230702
RSE L0002998

Issuer of MLC Life Cover Super
Trustee for The Universal
Super Scheme R1056778
ABN 44 928 361 101

and MLC Limited
ABN 90 000 000 402 AFSL 230694
Issuer of MLC Personal Protection Portfolio

Before you read this PDS

The information in this Product Disclosure Statement (PDS) may change from time to time. Changes that are not materially adverse will be updated and made available to you at www.mlc.com.au. Alternatively, you can call the MLC Client Service Centre on **132 652** for a free paper copy.

MLC and the Trustee are the joint issuers of this PDS. Each issuer takes full responsibility for the whole of the PDS.

The full legal terms and conditions for each product are contained in their respective policy documents. Copies of the policy document(s) may be obtained free of charge, upon request.

The products described in this PDS are only offered to residents of Australia who receive this PDS in Australia.

Applications for each product will only be accepted on the Application Form accompanying or attached to this PDS.

Any information in this PDS has been prepared without taking account of your objectives, financial situation or needs. Because of this, you should, before acting on any information in this PDS, consider whether it is appropriate to your objectives, financial situation and needs. To obtain advice or more information about the products offered in this PDS you should speak with a financial adviser.

The benefits available under MLC Life Cover Super and MLC Personal Protection Portfolio are paid out of MLC's No.1 Statutory Fund.

This life insurance is designed purely for protection and is not a savings plan. It will never have a surrender or cash value.

MLC and the Trustee are part of the National Australia Group's wealth management division. An MLC Personal Protection Portfolio policy and an interest in an MLC Life Cover Super policy held through the Scheme do not represent a deposit with or liability of MLC Nominees Pty Limited, National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of their related bodies corporate (other than a liability of MLC Limited as insurer). Neither National Australia Bank Limited, nor any of its related bodies corporate (other than MLC Limited as insurer) guarantees or accepts liability in respect of MLC Life Cover Super and MLC Personal Protection Portfolio.

The following terms are used in this PDS:

For MLC Life Cover Super (LCS)		
MLC/we/us	refers to	MLC Limited either in its capacity as insurer or in its capacity as administrator of the Scheme on behalf of the Trustee
MLC Nominees / the Trustee	refers to	MLC Nominees Pty Limited in its capacity as the Trustee of The Universal Super Scheme (the Scheme) and issuer of MLC Life Cover Super
the Scheme	refers to	The Universal Super Scheme
you/your/member	refers to	a member of MLC Life Cover Super and the life insured

For MLC Personal Protection Portfolio (PPP)		
MLC/we/us	refers to	MLC Limited in its capacity as insurer and issuer of MLC Personal Protection Portfolio
you/your	assumes that	you are both the policy owner and the life insured

Any words shown in *italics* are explained in the Definitions section of this PDS.

Welcome to MLC

At MLC we protect you today, so you don't have to worry about what might happen tomorrow.

MLC's winning ways

Our track record

Life Insurance Company of the Year, 2008

Australia & New Zealand Insurance Industry Awards

Income Protection Product of the Year, 2008

AFR Smart Investor Blue Ribbon Awards

Income Protection Product of the Year, 2008

Asset Innovation Awards

Income Protection Product of the Year, 2007

Asset Innovation Awards

Income Protection Product of the Year, 2007

Plan for Life / AFA

Income Protection Product of the Year, 2007

AFR Smart Investor Blue Ribbon Awards

Life Insurance Company of the Year, 2006

Australia & New Zealand Insurance Industry Awards

Best Life Insurance Company, 2006

Australian Banking & Finance Magazine

Best Term and TPD Risk Insurance, 2006

Money Magazine

Business Overheads Product 2005 and 2006

Money Management

Insurance Company of the Year, 2005

Personal Investor

Best Income Protection Insurance, 2005

Money Magazine

Income Protection Product of the Year, 2005

Personal Investor

Insurance Company of the Year, 2004

Personal Investor

Life Insurance Company of the Year, 2004

Australia & New Zealand Insurance Industry Awards

Best Life Insurance Company, 2004

Australian Banking & Finance Magazine

Trauma Product of the Year, 2004

Personal Investor

Insurance Company of the Year, 2003

Personal Investor

Income Protection Product of the Year, 2003

Personal Investor

Term Life Product of the Year, 2003

Personal Investor

Trauma Product of the Year, 2003

Personal Investor

Insurance Company of the Year, 2002

Personal Investor

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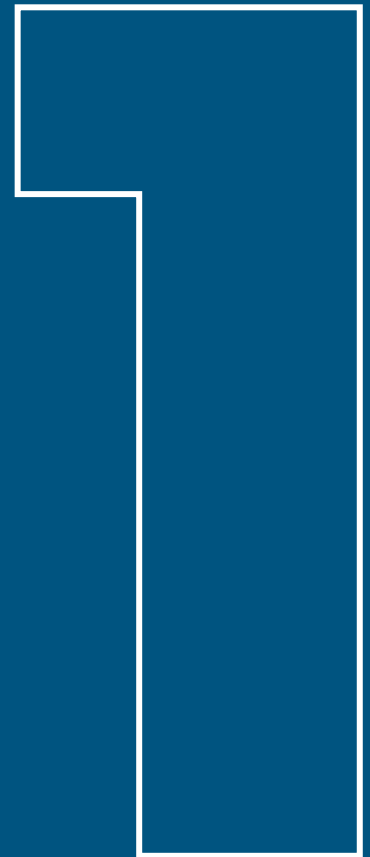
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**You're making
the right choice
with MLC**



Why MLC?

As a multi-award winning provider of more personal insurance to Australians¹ than any other company, we keep it straightforward. That way, you know the benefits stated in your policy are the benefits you'll receive.

We are part of the National Australia Group of companies, one of the nation's largest financial services institutions with a very strong 'AA' Insurer Financial Strength assessment by international ratings agency Standard & Poors.²

With over 120 years of experience you can be confident we'll be there for you when you need us most, at claim time.

¹ As at 31 March 2008, DEXX & R league tables.

² As at April 2008. Ratings are subject to change. For the latest ratings information please visit www.standardandpoors.com.

Insurance inside super

MLC Life Cover Super provides a range of insurances to meet your needs and budget, conveniently packaged with a single policy fee and annual statement, within the superannuation environment.

The insurances form part of a policy issued by MLC Limited to MLC Nominees Pty Limited as the Trustee of the Scheme.

You can select from:

- **Life Cover**
- **Total and Permanent Disability**
- **Income Protection**
- **Premium Waiver.**

Premiums can be paid by deduction from eligible MLC MasterKey superannuation products or by other payment methods.

Insurance outside super

MLC Personal Protection Portfolio offers a portfolio of insurances to suit your needs with a single policy fee—and because life is full of changes, you can modify your insurance cover in the future—making this an excellent insurance option for individuals and small family businesses or partnerships.

You can select from:

- **Life Cover**
- **Total and Permanent Disability**
- **Critical Illness**
- **Income Protection**
- **Business Expenses**
- **Premium Waiver.**

Each policy can cover up to six lives, and each life insured can have different types of insurance and levels of cover.

Connected Benefits

Connected Benefits give you greater flexibility in how you structure your insurance choices both inside and outside superannuation and, depending on your circumstances, may make your overall cover more affordable than other alternatives.

When an insurance policy is issued as a Connected Benefit, the benefits paid under one policy will reduce the benefits payable under the other.

Choice of benefit and premium structures

- **Stepped premium** - Your insured benefit stays the same, while the *premiums* vary each year
- **Decreasing cover** - Your *premium* stays the same, while your insured benefit varies each year
- **Level premium** - Your insured benefit stays the same and the *premium* will be based on your age at the time you take out your policy. Your *premiums* will only vary if a change is made to MLC's *premium* rates.

Please see pages 47 and 63 for further details.

Choice of cover types

- **Standard** – excellent basic cover at an affordable price
- **Plus** – incorporating a wider range of benefits and options.

MLC's upgrade philosophy

Since 1986 we have improved and enhanced LCS and PPP and passed these enhancements to our clients.

Whenever MLC improves the benefits of LCS and PPP that don't require an increase in premium rates due to the improvements, MLC will add those improvements to your policy.

MLC's upgrade philosophy means you won't need to remember what has and hasn't been added—because upgrades automatically apply—so you can be confident that, long after the policy is purchased, MLC is working hard to help ensure that your cover stays up to date.

What you need to know about the risks

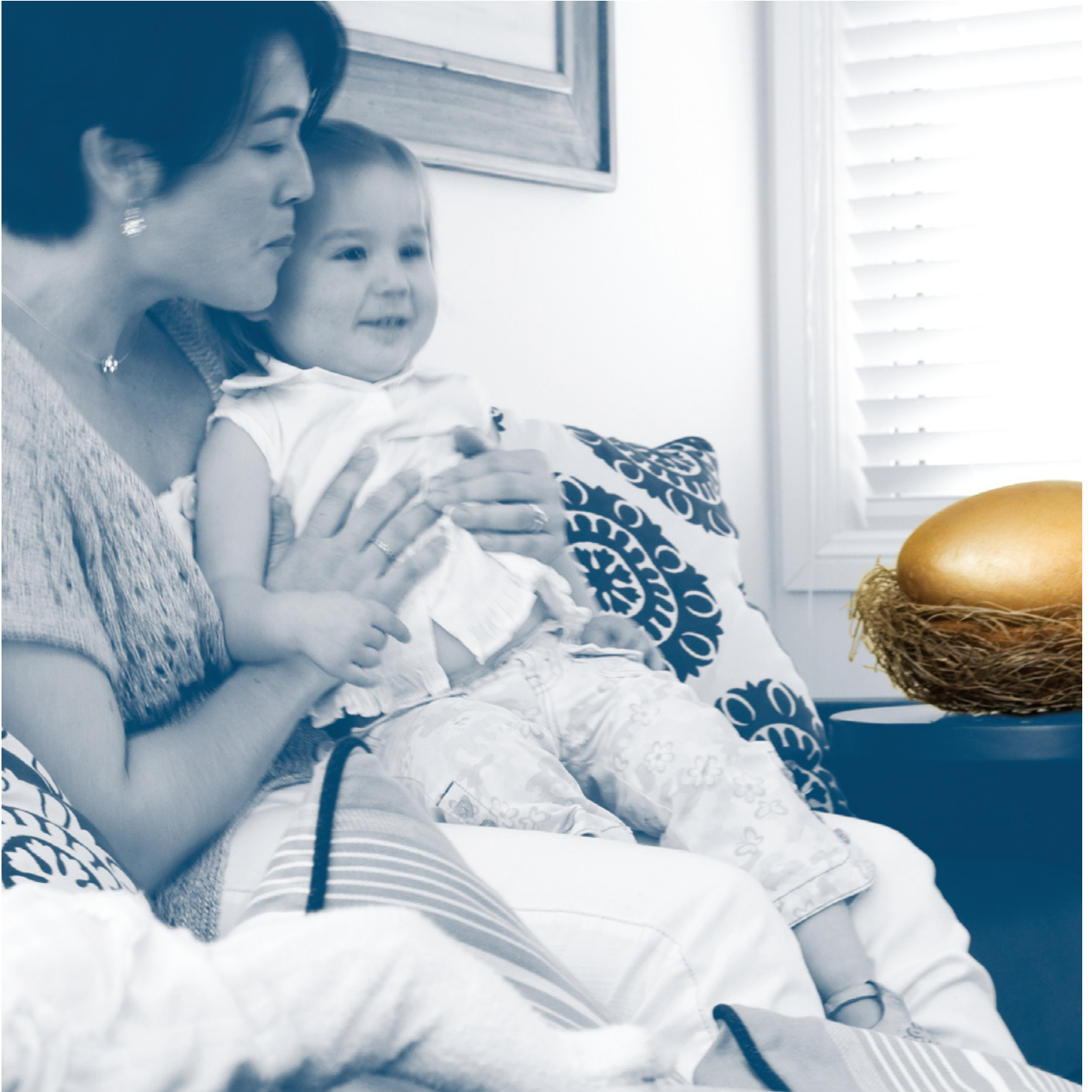
The insurance cover and benefit amounts you select may not always be adequate for your needs. It is important that you and your financial adviser thoroughly assess your needs and ensure that you choose a type and amount of insurance that is suitable and adequate for your current circumstances. It is also prudent to consider your future insurance needs now because you may not be eligible for some insurance if your circumstances change.

What to do next

Please take the time to read this document carefully.

If you have any questions after reading this PDS, we would encourage you to speak to your financial adviser.

If you don't have a financial adviser we can always put you in touch with one. Simply go to www.mlc.com.au and click 'Advice' on our 'Welcome' page.



The types of insurance offered



Life Cover insurance

Life Cover insurance pays an agreed lump sum if you die or if you are diagnosed with a terminal illness.

Life Cover at a glance		LCS		PPP	
		Standard	Plus	Standard	Plus
What are you covered for?	Death	•	•	•	•
	Terminal Illness	•	•	•	•
What features are built in?	Advance Death Benefit			•	•
	Accidental Injury		•		•
	Financial Planning Benefit			•	•
	Continuation Option for level premium	•	•	•	•
	Increases without Medical Evidence		•		•
What options can you choose at an additional cost?	Terminal Illness Support Option	•	•	•	•
	Business Safeguard Option	•	•	•	•
	Total and Permanent Disability (TPD) and Loss of Independence as part of Life Cover or as a Connected Benefit	•	•	•	•
	Critical Illness as part of Life Cover			•	•
	Critical Illness as a Connected Benefit with Life Cover	•	•	•	•
At what age can you apply for Life Cover insurance?	Level premium	15–59		15–59	
	Stepped premium or decreasing cover	15–64		10–69	
	Terminal Illness Support Option (stepped and level premium)	18–59		18–59	
To what age can you renew your insurance?	Level premium	guaranteed renewable up to age 65 (then a continuation option is offered for stepped premium)			
	Stepped premium or decreasing cover	guaranteed renewable up to age 100			
What amount can you apply for?	Minimum amount insurable	\$25,000			
	Maximum amount insurable	no general maximum (special terms may apply for amounts greater than \$15,000,000)			

For more information on Financial Planning Benefit, Continuation Option, Increases without Medical Evidence and Business Safeguard Option please read the 'Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness' section on pages 23 to 26.

When will MLC pay?

Death	If you die MLC will pay your specified Life Cover benefit.
Terminal Illness	If you are diagnosed with a <i>terminal illness</i> MLC will pay the Life Cover benefit. You will not have to return the Terminal Illness benefit to MLC if you survive the 12 month <i>terminal illness</i> period.
Advance Death Benefit (for PPP only)	<p>If your Life Cover benefit is \$20,000 or more and you die, MLC will pay one advance of \$20,000 in proportionate shares to any remaining policy owners or nominated beneficiaries who are entitled to the Life Cover benefit. The Life Cover benefit will then be reduced by \$20,000.</p> <p>MLC must receive a written request with a certified copy of your birth certificate and death certificate or an extract of death registration to pay the advance.</p> <p>Payment of the Advance Death Benefit is not an admission of liability by MLC to pay the Life Cover benefit, and may be recovered by MLC if the Life Cover claim is denied.</p>
Accidental Injury Cover (for Life Cover Plus only)¹	<p>If you have an <i>accident</i> and lose:</p> <ul style="list-style-type: none"> • the use of both hands or both feet, or • the sight in both eyes, or • the use of one hand and one foot, or • the use of one foot or hand and the sight in one eye <p>MLC will pay the full Life Cover benefit up to a maximum of \$2,000,000.</p> <p>OR if you lose:</p> <ul style="list-style-type: none"> • the use of one hand or foot, or • the sight in one eye <p>MLC will pay 25% of your Life Cover benefit, up to a maximum of \$500,000.</p> <p>Any loss must be complete and permanent, be a direct result of the <i>accident</i> and occur within 6 months of the <i>accident</i>.</p>
Terminal Illness Support Option (for stepped and level premium)¹	<p>If you are diagnosed with a <i>terminal illness</i> and live for 30 days after MLC is notified, MLC will pay the lesser of 50% of the Life Cover benefit or \$250,000. You are eligible for this benefit up until the <i>review date</i> after you turn 65.</p> <p>This Terminal Illness Support benefit is in addition to any Life Cover benefit paid due to <i>terminal illness</i>, and you will not have to return the money to MLC if you survive the 12 month <i>terminal illness</i> period.</p> <p>The Terminal Illness Support benefit can be used to pay for your immediate or future needs when diagnosed with a <i>terminal illness</i> (such as medical bills or a family holiday).</p>

For LCS, the Trustee will not be able to release the Accidental Injury benefit to you unless you satisfy the criteria for permanent incapacity in the superannuation legislation. Please see 'Accessing your MLC Life Cover Super benefit' on page 59 for further guidance on when the Trustee can release the benefits to you.

¹ The maximum amount stated is the most you will be paid, no matter how many MLC insurance policies (inside or outside superannuation) cover you. If you have more than one policy where the total of all MLC policies is greater than the maximum amount, each policy will proportionally contribute to the maximum amount.

How does a claim affect your insurance?

Your Life Cover insurance will be reduced by any Accidental Injury benefit paid. If you also have Terminal Illness Support insurance, the amount of that type of insurance will be reduced to the lesser of \$250,000 or 50% of the reduced Life Cover insurance.

MLC will reduce the *premiums* payable in line with the reduced insurance for both the Life Cover and Terminal Illness Support Option.

When won't MLC pay?

	MLC will not pay a benefit:
Life Cover	if you commit suicide within 13 months after this type of insurance began or was last reinstated; this also applies to the amount of any increase made to the Life Cover insurance in the 13 months before suicide.
Accidental Injury	(or may pay a smaller amount) if you had already lost the use of one hand, foot or eye before this type of insurance began or was last reinstated. for accidental injury arising from war or warlike operations.
Terminal Illness Support Option	for any <i>terminal illness</i> arising from or contributed to by: <ul style="list-style-type: none"> intentional self-inflicted injury or attempted suicide any injury that occurred, or sickness that first appeared, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).

When do Life Cover and Terminal Illness Support insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums*
- the policy is cancelled because you make a fraudulent claim
- MLC pays your full Life Cover benefit or your full Terminal Illness Support benefit (where applicable)
- MLC pays your full TPD or Loss of Independence benefit and/or Critical Illness benefit, if they were part of or connected to Life Cover and the benefit paid equals the Life Cover insurance
- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 64)
- you reach the **expiry age** for your type of insurance and premium structure
- you reach the *termination date* shown on your *Schedule*
- for Terminal Illness Support Option, your Life Cover insurance ends
- you die.

Expiry ages:

- 65 for level premium and Terminal Illness Support stepped premium (cover ceases on the next *review date*)
- 75 for stepped premium or decreasing cover for Life Cover in LCS
- 100 for stepped premium or decreasing cover for Life Cover in PPP (cover ceases on the next *review date*).

Total and Permanent Disability (TPD) and Loss of Independence insurance

You will receive a lump sum if you suffer *total and permanent disability or loss of independence*.

MLC will insure you for TPD until the *review date* after you turn 65. After that date, MLC will insure you only for *loss of independence*.

You can be covered under different definitions of TPD, which include *Any Occupation*, *Own Occupation* and *'not gainfully employed'*.

For more detail on TPD and Loss of Independence definitions, please see 'Total and Permanent Disability (TPD) and Loss of Independence Definitions' on pages 73 to 74.

TPD and Loss of Independence at a glance			LCS	PPP
How can you structure this insurance?	either	TPD and Loss of Independence as part of Life Cover	•	•
	or	TPD and Loss of Independence as a Connected Benefit	•	•
	or	TPD and Loss of Independence as stand-alone insurance (stepped premium only)		•
What features are built in?		Financial Planning Benefit		•
		Continuation Option for level premium	•	•
		Increases without Medical Evidence	•	•
What options can you choose at an additional cost?		<i>Own Occupation</i> Definition (eligible occupations only)	•	•
		Life Cover Buy Back (not applicable to stand-alone)	•	•
		Business Safeguard Option	•	•
At what age can you apply for TPD insurance?		Level premium	15–54	
		Stepped premium or decreasing cover	15–59	
What amount can you apply for?		Minimum amount insurable	\$25,000	
		Maximum amount insurable	\$3,000,000	

For more information on Financial Planning Benefit, Continuation Option, Life Cover Buy Back, Increases without Medical Evidence and Business Safeguard Option please read the 'Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness' section on pages 23 to 26.

Total and Permanent Disability (TPD) and Loss of Independence insurance

How can you structure TPD and Loss of Independence insurance?

a) as part of your Life Cover

The amount of TPD and Loss of Independence insurance you choose must not exceed your Life Cover insurance. When you also choose Critical Illness insurance as part of your Life Cover, the combined amount must not exceed your Life Cover insurance.

b) as a Connected Benefit

You can have TPD and Loss of Independence insurance and Life Cover as separate policies with different owners, but take advantage of connecting the TPD insurance to your Life Cover. For example you or your business could own TPD as a PPP policy (outside super), and connect it to Life Cover taken in LCS (inside super). When you also choose Critical Illness insurance as a Connected Benefit with TPD, the combined amount must not exceed your Life Cover insurance. Note: stand-alone TPD insurance cannot be connected to Life Cover insurance.

c) as stand-alone insurance

In PPP (stepped premium only) you can choose to hold this insurance separately from your Life Cover.

Special waiting periods apply to claims for stand-alone TPD and Loss of Independence insurance.

When will MLC pay?

To claim under this insurance all terms of the policy definition must be met. Diagnosis and certification must be provided by a doctor who is an appropriate specialist and confirmed by MLC's medical adviser.

TPD	Until the <i>review date</i> after you turn 65, if you become <i>totally and permanently disabled</i> MLC will pay your full TPD benefit.
Loss of Independence	Following the <i>review date</i> after you turn 65, if you <i>lose your independence</i> MLC will pay your full Loss of Independence benefit, up to a maximum of \$500,000. After you turn 75, your <i>premium</i> will be set and your benefit will be reduced each year in line with MLC's <i>premium</i> rates at the time for this type of insurance.
Stand-alone TPD and Loss of Independence	For a claim to be payable for stand-alone TPD and Loss of Independence you must survive for at least: <ul style="list-style-type: none"> • 6 months to claim for TPD or <i>loss of independence</i> • 14 days to claim for TPD based on the total and irrecoverable loss of limbs or sight. If you die within 14 days after becoming <i>totally and permanently disabled</i> , MLC will pay a benefit of \$5,000.

For LCS, the Trustee will not be able to release the TPD or Loss of Independence benefit to you unless you satisfy the criteria for permanent incapacity in the superannuation legislation. Please see 'Accessing your MLC Life Cover Super benefit' on page 59 for further guidance on when the Trustee can release the benefits to you.

How does a claim affect your insurance?

If you have TPD and Loss of Independence insurance as part of your Life Cover or as a Connected Benefit:

- your Life Cover insurance will be reduced by the claim amount paid for TPD or Loss of Independence and, if applicable, your Terminal Illness Support insurance will also be reduced to the lesser of 50% of the reduced Life Cover insurance or \$250,000
- when MLC pays some or all of your Life Cover insurance for Terminal Illness or Accidental Injury, your TPD and Loss of Independence insurance will be reduced by the claim amount paid.

MLC will reduce your future *premiums* in line with the reduced insurance.

If you have stand-alone TPD and Loss of Independence insurance:

- your Life Cover and Terminal Illness Support insurance will not be reduced by the claim amount paid for TPD or Loss of Independence
- your TPD and Loss of Independence insurance will not be reduced by any claim paid under your Life Cover insurance, including claims paid for Terminal Illness or Accidental Injury.

When won't MLC pay?

	MLC will not pay:
TPD and Loss of Independence (including stand-alone)	a benefit for any <i>total and permanent disablement</i> or <i>loss of independence</i> arising from or contributed to by: <ul style="list-style-type: none"> • intentional self-inflicted injury or attempted suicide • any injury that occurred, or sickness that first appeared, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).
Stand-alone TPD and Loss of Independence	the death benefit of \$5,000 if you commit suicide within 13 months after this insurance began or was last reinstated.

When does TPD and Loss of Independence insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums*
- the policy is cancelled because you make a fraudulent claim
- MLC pays your full TPD or Loss of Independence benefit
- MLC pays your full TPD or Loss of Independence benefit and/or Critical Illness benefit, if they were part of or connected to Life Cover and the benefit paid equals the Life Cover insurance
- MLC pays your full Life Cover benefit or your Life Cover insurance ends, if your TPD and Loss of Independence insurance is part of or connected to Life Cover
- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 64)

- you reach the **expiry age** for your type of insurance and premium structure
- you reach the *termination date* shown on your *Schedule*
- you die.

Expiry ages:

- 65 for level premium
- 75 for stepped premium or decreasing cover in LCS
- 100 for stepped premium or decreasing cover in PPP (cover ceases on the next *review date*).

Critical Illness insurance

Critical Illness insurance pays you a lump sum if you suffer a *critical condition*.

Critical Illness at a glance			PPP	
			Standard	Plus
How can you structure this insurance?	either	Critical Illness as part of Life Cover	•	•
	or	Critical Illness as a Connected Benefit	•	•
	or	Critical Illness as stand-alone insurance (with stepped premium or decreasing cover only)		•
What are you covered for?		A range of <i>critical conditions</i>	limited	wide
	and	<i>Critical conditions</i> and definitions on renewal	may change	cannot be changed
What features are built in?		Financial Planning Benefit	•	•
		Continuation Option for level premium	•	•
		Increases without Medical Evidence		•
What options can you choose at an additional cost?		Total and Permanent Disability (TPD) as a <i>Critical Condition</i>	•	•
		Life Cover Buy Back (not applicable to stand-alone)	•	•
		Extra Benefits Option: <ul style="list-style-type: none"> • Additional <i>critical conditions</i> for which a partial benefit is payable • Critical Illness Buy Back 		• •
At what age can you apply for Critical Illness insurance?		Level premium, stepped premium or decreasing cover	18–59	
To what age can you renew your insurance?		Level premium, stepped premium or decreasing cover	guaranteed renewable up to age 75	
What amount can you apply for?		Minimum amount insurable	\$25,000	
		Maximum amount insurable	\$2,000,000	

For more information on Financial Planning Benefit, Continuation Option, Life Cover Buy Back and Increases without Medical Evidence please read the 'Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness' section on pages 23 to 26.

How can you structure Critical Illness insurance?

a) as part of your Life Cover

The amount of Critical Illness insurance you choose must not exceed your Life Cover insurance. When you also choose TPD insurance as part of your Life Cover, the combined amount must not exceed your Life Cover insurance.

b) as a Connected Benefit

You can have Critical Illness insurance and Life Cover as separate policies with different owners, but take advantage of connecting the Critical Illness insurance to your Life Cover. For example you could have your Life Cover insurance in LCS (inside super) and, as Critical Illness is not available inside super, you could own Critical Illness insurance as a PPP policy (outside super) connected to that Life Cover. When you also choose TPD insurance as a Connected Benefit with Critical Illness insurance, the combined amount must not exceed your Life Cover insurance. Note: stand-alone Critical Illness insurance cannot be connected to Life Cover insurance.

c) as stand-alone insurance

With Critical Illness Plus (stepped premium or decreasing cover only) you can choose to hold this insurance separately from your Life Cover.

What is a critical condition?

You are deemed to meet a *critical condition* when the condition is first diagnosed as meeting its definition or, for surgical conditions, when the surgery is actually performed. An appropriate specialist and MLC's medical adviser must agree that your condition meets all the terms of MLC's detailed definitions (see 'Critical Conditions Definitions' on pages 75 to 79). In some cases a condition must progress to a certain point before it meets the definition.

Qualifying periods

Some *critical conditions* are covered only after a period of time known as a qualifying period. This means that you are not covered for those conditions when they first appear, first happen or are first diagnosed within the qualifying period after this insurance began, was last reinstated or increased.

For surgical procedures this means that you are not covered when the underlying condition requiring the surgical intervention first appears, first happens or is first diagnosed within the qualifying period.

However, MLC will cover you for a future occurrence of those *critical conditions* if they appear, happen or are diagnosed after the qualifying period and are independent of, and not related to, the earlier occurrence of the conditions.

If the policy replaces similar insurance, the qualifying period will be waived for the amount of benefit that would have applied under the replaced policy had it continued.

Critical Illness insurance

Which critical conditions are covered by Critical Illness Plus and Standard?

The following table sets out the *critical conditions* covered by Critical Illness Plus and Standard (see 'Critical Conditions Definitions' on pages 75 to 79 for detailed definitions).

Critical condition	Critical Illness Standard	Critical Illness Plus	Qualifying period
Aorta repair		•	3 months
Aplastic anaemia		•	
Bacterial meningitis		•	
Benign brain tumour		•	
Blindness		•	
Cardiomyopathy		•	
Chronic kidney failure		•	
Chronic liver failure		•	
Chronic lung failure		•	
Coma		•	
Coronary artery angioplasty ¹		•	3 months
Coronary artery angioplasty—triple vessel ²		•	3 months
Coronary artery bypass surgery	•	•	3 months
Deafness		•	
Dementia or Alzheimer's disease		•	
Encephalitis		•	
Heart attack	•	•	3 months
Heart valve surgery		•	3 months
HIV contracted through medical procedures		•	
HIV contracted through your work		•	
Intensive care		•	
Loss of independence	•	•	
Loss of speech		•	

Critical condition	Critical Illness Standard	Critical Illness Plus	Qualifying period
Major brain injury		•	
Major burns		•	
Major organ transplant		•	
Malignant cancer	•	•	Plus: 3 months Standard: 6 months
Meningococcal septicaemia		•	
Motor neurone disease		•	
Multiple sclerosis		•	
Muscular dystrophy		•	
Open heart surgery		•	
Out of hospital cardiac arrest		•	
Parkinson's disease		•	
Paralysis (includes paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia)		•	
Pneumonectomy		•	
Primary pulmonary hypertension		•	
Severe osteoporosis		•	
Severe rheumatoid arthritis		•	
Stroke	•	•	3 months
Total and permanent disability (TPD) (optional—not available with stand-alone cover)	•	•	

Conditions covered by Critical Illness Standard and their definitions may change

As advances are made in treatment and diagnostic techniques, MLC may need to change the definitions used to ensure that they:

- remain appropriate with regard to medical terminology and classification
- take into account effective cures, vaccines and modern diagnostic procedures
- include some conditions considered appropriate in the future
- exclude some conditions that are no longer considered critical.

As a result, if you choose Critical Illness Standard, MLC may continue your insurance on the same or different conditions and definitions on renewal. MLC does not guarantee to renew your current policy terms and conditions for this type of insurance.

Where a change is necessary, the change will apply to all insurances of a similar type. MLC cannot single you out for a change.

MLC will notify you of any changes to your *critical conditions* or definitions. You may accept the new conditions by continuing to pay your *premiums* and you will in effect be entering into a new policy. You may choose to reject these changes by not making further *premium* payments and your policy will lapse.

¹ Coronary artery angioplasty benefit will only apply if your Critical Illness benefit is \$100,000 or more. The benefit payable for Coronary artery angioplasty is 10% of the Critical Illness benefit up to a maximum of \$20,000. You can claim for this condition only the first time you have this operation.

² The benefit payable for Coronary artery angioplasty—triple vessel is 100% of your Critical Illness benefit. It is only available the first time you have this operation.

Critical Illness insurance

When will MLC pay?

Critical Illness	If you suffer a <i>critical condition</i> MLC will pay you a lump sum.
Stand-alone Critical Illness	If you live for 14 days after suffering a <i>critical condition</i> , MLC will pay the full Critical Illness benefit. If you die within 14 days after suffering a <i>critical condition</i> , MLC will pay a benefit of \$5,000.

Qualifying periods and exclusions apply for certain critical conditions.

How does a claim affect your insurance?

If you have Critical Illness insurance as part of your Life Cover or as a Connected Benefit:

- your Life Cover insurance will be reduced by the claim amount paid for Critical Illness and, if applicable, your Terminal Illness Support insurance will also be reduced to the lesser of 50% of the reduced Life Cover insurance or \$250,000
- your Critical Illness insurance will be reduced by the claim amount paid for your Life Cover benefit for Terminal Illness or Accidental Injury.

MLC will reduce your future *premiums* in line with the reduced insurance.

If you have stand-alone Critical Illness insurance:

- your Life Cover and Terminal Illness Support insurance will not be reduced by the claim amount paid for Critical Illness
- your Critical Illness will not be reduced by any claim paid under Life Cover insurance for Terminal Illness or Accidental Injury.

What options can you choose at an additional cost?

Total and Permanent Disability (TPD) as a Critical Condition

If you choose Critical Illness as part of your Life Cover or as a Connected Benefit, you can add the following TPD definitions to the *critical conditions* under Critical Illness insurance:

- *Any Occupation*
- *Own Occupation* (for eligible occupations only).

The following entry ages apply:

- 18 to 54 for level premium
- 18 to 59 for stepped premium or decreasing cover.

Extra Benefits Option (for Critical Illness Plus)

If you choose Critical Illness Plus you can add one or both of the following extra benefits:

- additional *critical conditions* for which a partial benefit is payable
- Critical Illness Buy Back—an option to buy back your Critical Illness insurance.

Additional critical conditions for which a partial benefit is payable

If you suffer any of the following additional *critical conditions* MLC will pay you 20% of the Critical Illness benefit, subject to a minimum of \$10,000 and the maximum partial benefit payable for each additional *critical condition* in the following table. Only one claim will be paid for each of the additional *critical conditions*. See 'Critical Conditions Definitions—Extra Benefits Option' on pages 80 to 82 for detailed definitions.

Additional <i>critical conditions</i>	Qualifying period	Maximum partial benefit payable
Adult onset insulin dependent diabetes mellitus		\$100,000
Advanced endometriosis		
Carcinoma in situ of the breast	3 months	
Chronic lymphocytic leukaemia	3 months	
Deafness in one ear		
Diagnosed motor neurone disease		
Diagnosed multiple sclerosis		
Diagnosed muscular dystrophy		
Diagnosed Parkinson's disease		
Facial reconstructive surgery and skin grafting		
Placement on waiting list for major organ transplant		
Prostate cancer	3 months	
Serious accidental injury		
Loss of one foot or one hand		\$200,000
Loss of sight in one eye		
Congenital abnormalities of a <i>child</i>	1 year	\$50,000
Inability of a <i>child</i> to gain independence	1 year	
Death of a <i>child</i>	1 year	\$20,000
Melanoma	3 months	
Specified complications of pregnancy	1 year	

How does a claim under the Extra Benefits Option affect your insurance?

If you are covered for additional *critical conditions* under the Extra Benefits Option with Critical Illness as part of your Life Cover or as a Connected Benefit, MLC will reduce your Critical Illness benefit and your Life Cover insurance by the amount of any Critical Illness benefit MLC pays you under the option.

Your Terminal Illness Support insurance (if applicable) will also be reduced to the lesser of 50% of the reduced Life Cover insurance or \$250,000.

MLC will reduce your future *premiums* in line with the reduced insurance.

If you take this option with stand-alone Critical Illness insurance, any Life Cover you have will not be affected.

Critical Illness insurance

Critical Illness Buy Back

Until the *review date* after you turn 75, this option allows you to apply to restore your original Critical Illness insurance 1 year after MLC pays your full Critical Illness benefit. You may restore up to 100% of the original Critical Illness insurance but you must apply within 30 days after the 1 year waiting period ends.

The restored insurance will not cover a *critical condition*:

- for which a benefit or partial benefit has been paid
- which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any *critical condition* for which a benefit or partial benefit has been paid.

TPD will not be available under the restored Critical Illness insurance. The Financial Planning Benefit will not be available under the restored Critical Illness insurance if it has been paid previously.

If you have Critical Illness as part of your Life Cover or as a Connected Benefit you must buy back your Life Cover (if you have this option) when you restore your Critical Illness insurance. If you do not have the option to buy back your Life Cover you can be issued stand-alone Critical Illness insurance.

If your Critical Illness insurance was issued as a Connected Benefit and your Life Cover is restored at the same time under Life Cover Buy Back, the owner of the original connected Life Cover policy will own the restored Life Cover insurance.

MLC will base the *premium* for the restored insurance on MLC's normal Critical Illness rates and your age at the time, taking into account the insured benefit, your premium structure and any special conditions on your original Critical Illness insurance.

When won't MLC pay?

	MLC will not pay:
Critical Illness (including stand-alone)	a benefit for any <i>critical conditions</i> arising from or contributed to by: <ul style="list-style-type: none"> • intentional self-inflicted injury or attempted suicide • any injury that occurred, or sickness that first appeared, first happened or was first diagnosed before the policy commenced or was last reinstated—or, for Critical Illness Plus Extra Benefits Option, before the option began or was last reinstated—(unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).
Stand-alone Critical Illness	the death benefit of \$5,000 if you commit suicide within 13 months after this insurance began or was last reinstated.

When does Critical Illness insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums*
- the policy is cancelled because you make a fraudulent claim
- MLC pays your full Critical Illness benefit
- MLC pays your full Critical Illness benefit, and/or TPD or Loss of Independence benefit, if they were part of or connected to your Life Cover and the benefit paid equals the Life Cover insurance
- MLC pays your full Life Cover benefit or your Life Cover insurance ends, if your Critical Illness insurance is part of or connected to Life Cover
- you reach the **expiry age** for your type of insurance and premium structure
- you reach the *termination date* shown on your *Schedule*
- you die.

Expiry ages:

- 65 for level premium
- 75 for stepped premium or decreasing cover (cover ceases on the next *review date*)
- 65 for TPD as a *Critical Condition* option (cover ceases on the next *review date*).

Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness

Financial Planning Benefit (for PPP only)

When MLC pays a lump sum benefit of at least \$100,000, you or your beneficiary can claim up to \$2,000, for a fully documented financial plan prepared by a qualified financial adviser.

If there is more than one beneficiary of the lump sum benefit, the Financial Planning Benefit will be divided equally between those who each receive at least \$100,000.

The reimbursement must be claimed:

- within 6 months of the date MLC pays the lump sum benefit
- only once for all MLC policies covering you.

MLC reserves the right to increase the minimum lump sum benefit amount of \$100,000. MLC will notify you when this happens.

Continuation Option (for level premium after age 65 only)

Level premium Life Cover, TPD and Loss of Independence, and Critical Illness insurance end when you turn 65. If the policy is claim free, the Continuation Option lets you continue with the nearest equivalent MLC insurance available at the time, up to the same insurance amount, on a stepped premium. New terms and conditions may apply. For TPD and Loss of Independence, continued cover is for *loss of independence* only.

You must apply for continuation within 30 days of the *termination date* of your existing insurance.

For TPD and Loss of Independence and for Critical Illness you must exercise your Life Cover Continuation Option at the same time.

Life Cover Buy Back

This option is available if you choose TPD or Critical Illness as part of your Life Cover insurance or as a Connected Benefit until the *review date* after you turn 75.

If you purchase the Life Cover Buy Back option for TPD or Critical Illness insurance, MLC will restore your Life Cover insurance up to the original insurance amount if you:

- survive 14 days after MLC pays your full TPD or Loss of Independence benefit
- survive 14 days after MLC pays your full Critical Illness benefit due to TPD as a *Critical Condition*
- apply 1 year after MLC has paid your full Critical Illness benefit where the benefit is not paid due to TPD as a *Critical Condition* (you must apply within 30 days after the 1 year waiting period ends).

Limitations

For TPD:

- your restored insurance will only apply to death, not to Terminal Illness or Accidental Injury
- if you take out TPD under LCS, in certain cases you may need to take new insurance outside the Scheme.

For Critical Illness:

- your restored insurance will only apply to death and Terminal Illness (unless paid previously), not to Accidental Injury.

If the Terminal Illness Support Option and the Financial Planning Benefit have been paid previously they will not be available under the restored Life Cover.

If your TPD or Critical Illness insurance was issued as a Connected Benefit, the owner of the original connected Life Cover policy will also own the restored Life Cover insurance.

MLC will base the *premium* for the restored insurance on MLC's normal Life Cover rates and your age at the time, taking into account the insured benefit, your premium structure and any special conditions on your original insurance.

Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness

Increases without Medical Evidence (for Life Cover Plus, TPD and Critical Illness Plus only)

Until the *review date* after you turn 55, you can apply to increase your Life Cover, TPD and Critical Illness insurance (as applicable) without further medical evidence due to specified personal and business events.

You must apply for the increase at any time between the event and 30 days after the first *review date* following a personal event and within 30 days after the first *review date* following a business event.

Your *premiums* will rise in line with the increased insurance.

Personal events

You can apply to increase your Life Cover, TPD and Critical Illness insurance by up to 25% of your original insured benefit (your insured benefit at the date the policy began), up to a maximum of \$200,000 per event, if any of these personal events occur:

- you or your spouse adopt or give birth to a child
- you get married or divorced
- you complete an undergraduate degree at a government-recognised university
- you have a dependent child who starts secondary school.

If you take out or increase a mortgage to buy or improve your home, the maximum increase MLC allows in your Life Cover, TPD and Critical Illness insurance is the lowest of:

- 50% of your original insurance
- the value of your new mortgage
- the value of the latest increase to your existing mortgage
- \$200,000.

Business events

You can apply to increase your Life Cover, TPD and Critical Illness insurance if the insurance is used for one of the following purposes:

- a written ownership (buy/sell), share purchase or business continuation agreement under which you are a partner, shareholder or unit holder in the business
- *revenue protection (key person)* insurance if you are a *key person* in the business (for PPP only)

The increase will be in proportion to the increase in value over the year of your financial interest in the business or of the *key person* to your business (as agreed by MLC).

The maximum increase allowed is the lowest of:

- 25% of your original insurance
- the increase, averaged over the last 3 years, in the net value of your share of the business
- \$200,000.

What conditions apply for personal and business events?

Number and frequency of increases

Until the *review date* after you turn 55 you can apply for increases as many times as the listed events occur while you have the policy. However, you may only apply for an increase for one personal and one business event each year.

Limitations

The maximum by which you can increase each insurance (Life Cover, TPD or Critical Illness as applicable) without medical evidence is the lesser of the original amount of each insurance or \$1,000,000.

If more than one MLC insurance policy covers you, these maximums apply to the combination of all MLC policies covering you, and each policy that provides Increases without Medical Evidence for Life Cover, TPD or Critical Illness as applicable will proportionally contribute to any such increase.

However, the maximum amount of all increases in the Life Cover, TPD and Critical Illness insurance (as applicable) under this right for all MLC policies covering you is the lesser of:

- the total of your Life Cover, TPD and Critical Illness insurance (as applicable) or
- \$1,000,000.

If you have TPD and/or Critical Illness as part of your Life Cover or as a Connected Benefit, MLC's maximum benefit limits for them still apply and they can't collectively exceed your Life Cover.

During the first 6 months after certain increases, increase amounts cover you only for the following specified events caused by *accident*:

Type of insurance:	Reason for increase:	In the first 6 months the increase covers only:
Life Cover	marriage, divorce or mortgage	death caused by <i>accident</i>
Critical Illness	marriage, divorce or mortgage	death and <i>critical conditions</i> caused by <i>accident</i>
TPD	all specified event reasons	TPD caused by <i>accident</i>

You can apply to increase your Life Cover, TPD and Critical Illness insurance only if:

- MLC originally insured you without any additional loading due to your health, occupation or pastimes
- your Life Cover insurance was not restored by the Life Cover Buy Back option under TPD and/or Critical Illness
- your Critical Illness insurance was not restored by the Critical Illness Buy Back option under the Critical Illness Plus Extra Benefits Option.

The increased insurance does not cover you for any TPD claim caused by an *accident* or sickness that first occurred within 6 months prior to the increase date.

You cannot apply to increase your Life Cover, TPD and Critical Illness insurance (as applicable) when a claim is made or is entitled to be made.

Information common to Life Cover, Total and Permanent Disability (TPD) and Critical Illness

Business Safeguard Option (for Life Cover and TPD only)

For an additional cost, Business Safeguard Option lets you increase your Life Cover and TPD insurance (if applicable) without further medical evidence if the insurance is used for one of the following purposes:

- an ownership (buy/sell) agreement where your share of the business is purchased by any remaining partners when certain events occur (for example, your death or disability)
- asset protection (loan guarantee) insurance
- *revenue protection (key person) insurance (for PPP only)*

and the value of your financial interest in the business, loan guarantee, or the value of the *key person* to your business increases.

You must apply for the increase within 30 days either side of the *review date*.

Your *premiums* will rise in line with the increased insurance.

How do you apply for Business Safeguard increases?

To apply for an increase, write to MLC and provide a valuation of your business or of the *key person* to your business as performed by an independent qualified accountant or business valuer, or evidence of the loan guarantee, and any other contractual or financial evidence MLC may request to satisfy itself that the value of your financial interest is at least equal to the increase you request.

At what age can you apply for Business Safeguard Option?	Stepped and level premium Life Cover	18–59	
	Stepped premium TPD	18–59	
	Level premium TPD	18–54	
When does this option end?	At the <i>review date</i> after you turn 65		
	If not used within 3 consecutive <i>review dates</i> (policy years)		
Maximum benefit increase	Life Cover	3 x original insured amount up to \$10,000,000	This maximum includes Life Cover or TPD from all sources covering you.
	TPD	3 x original insured amount up to \$3,000,000	

This option is not available for decreasing cover Life Cover.

What conditions apply to Business Safeguard Option?

Any insurance increase must be approved by MLC.

For TPD insurance as part of Life Cover insurance, Business Safeguard Option is only available where you have selected it with your Life Cover.

Limitations

For TPD insurance as part of your Life Cover or as a Connected Benefit, the TPD insurance cannot be more than your Life Cover insurance, so you may need to increase your Life Cover insurance to increase your TPD insurance. You do not have to increase your TPD insurance if you increase your Life Cover.

The total amount of the Life Cover or TPD benefit (if applicable) for all policies from all sources under Business Safeguard Option cannot exceed the value (as applicable) of:

- your financial interest in the business
- the loan guarantee
- the *key person* to the business (PPP only).

If your original Life Cover or TPD insurance was less than 100% of the value of your financial interest in the business, the loan guarantee or the *key person* to the business, your insurance can only increase under this option to an equivalent percentage of their value at the time you apply for an increase.

During the first 6 months after an increase for a loan guarantee, the increase amount covers you only for death and TPD (if applicable) caused by an *accident*.

If you don't use Business Safeguard Option within 3 consecutive *review dates* (policy years), it will be automatically cancelled, unless you can demonstrate to MLC's satisfaction that financial evidence relating to the business and the purpose identified by you for that period did not support an insurance increase.

You cannot apply for a benefit increase under this option when a claim is made or is entitled to be made under your Life Cover insurance or TPD insurance.

Income Protection insurance

Income Protection insurance pays a benefit each month that you are **totally or partially disabled or under rehabilitation.**

This benefit is usually payable monthly in arrears from the end of the waiting period you choose.

Income Protection at a glance		Professional, Clerical and General Occupations				Special Risk Occupations				Farmers under the Farmers Package
Your policy type:		LCS		PPP		LCS		PPP		PPP
		Standard	Plus	Standard	Plus	Standard	Plus	Standard	Plus	Plus
What are you covered for?	Total Disability:									
	<i>Own Occupation</i> definition		•		•		•		•	•
	2 years <i>Own Occupation</i> , then <i>Any Occupation</i> definition	•		•		•		•		
	Partial Disability or Rehabilitation	•	•	•	•	•	•	•	•	•
	Death benefit	•	•	•	•	•	•	•	•	•
What features are built in?	World-wide coverage, 24 hours a day, 7 days a week	•	•	•	•	•	•	•	•	•
	Choice of waiting periods	•	•	•	•	•	•	•	•	•
	Choice of benefit periods	•	•	•	•	•	•	•	•	•
	Rehabilitation Expenses			•	•			•	•	•
	Rehabilitation Bonus				•				•	•
	<i>Premium</i> waived while you receive benefits	•	•	•	•	•	•	•	•	•
	Return to work during waiting period	•	•	•	•	•	•	•	•	•
	Recurring Disability Benefit	•	•	•	•	•	•	•	•	•
	Extended Leave Cover	•	•	•	•	•	•	•	•	•
	Elective Surgery Benefit	•	•	•	•	•	•	•	•	•
	Style of benefit									
	Indemnity Benefit (see page 32)	•		•		•		•		
Agreed Value Benefit (see page 32)		•		•		•		•	•	
What options can you choose to lower the cost?	Indemnity Option		•		•		•		•	
	HIV/AIDS Exclusion Discount	•	•	•	•	•	•	•	•	•
	Non-Occupational Cover Discount					•	•	•	•	
What option can you choose at extra cost?	Indexed Claim Benefits	•	•	•	•	•	•	•	•	•
	Short waiting period for accidental injury				•				•	
	Extra Benefits Option				•				•	•
	Occupational HIV, Hepatitis B or C Lump Sum Benefit (certain professions)				•					

Income Protection insurance

What type of occupations are covered under Income Protection?

Professional, Clerical and General Occupations	Covers people in most occupations.
Special Risk Occupations	Covers people who work in certain special risk occupations which are hazardous or present special assessment difficulties, such as armed security guards. For this type of insurance, MLC will review your Income Protection insurance each year and may offer, but does not guarantee, its renewal. The maximum benefit period available is 5 years.
Farmers (under the Farmers Package)	Covers principal farm owners whose farm has been in operation for a minimum of 2 years and has a positive balance sheet (total assets exceeding total liabilities) over the 2 financial years prior to application. The benefit is based on the gross farm turnover (the total revenue received by the farm business throughout the financial year prior to application).

MLC or your financial adviser can tell you your occupation category.

		LCS	PPP
At what age can you apply for Income Protection insurance?	Professional and Clerical Occupations	18–59	18–59
	General Occupations	18–54	18–54
	Special Risk Occupations	18–54	18–54
	Farmers under the <i>Farmers Package</i>	n/a	18–54
To what age can you renew your insurance?	Professional and Clerical Occupations, General Occupations and Farmers under the <i>Farmers Package</i>	guaranteed renewable up to age 65	
	Special Risk Occupations	not guaranteed renewable up to age 65	
What benefit can you apply for?	Minimum benefit	\$500 per month	
	Maximum benefit	<p>Professional, Clerical and General, and Special Risk Occupations maximum 75% of your earnings up to \$30,000 per month based on:</p> <ul style="list-style-type: none"> • 75% of the first \$240,000 per annum of <i>earnings</i> • plus 50% of the next \$240,000 per annum of <i>earnings</i> • plus 25% of the next \$240,000 per annum of <i>earnings</i> <p>Farmers (under the <i>Farmers Package</i>) either up to \$5,000 per month for a 2 year maximum benefit period or up to \$5,000 per month or up to 30% of gross farm turnover, whichever is less, for a 5 year maximum benefit period</p>	

For example, if your *earnings* were \$60,000 per annum and you are in a professional, clerical and general or special risk occupation, the maximum Income Protection benefit you could apply for would be \$3,750 per month, being 75% of the monthly equivalent of \$60,000 per annum (\$60,000/12).

When will MLC pay?

Total Disability

The definition of total disability depends on the Income Protection insurance you choose.

LCS and PPP Standard	You are totally disabled if, during the first 2 years of disability, you are continuously unable to do at least one of the important duties of your occupation necessary to producing your income. After the 2 years, you are totally disabled only if you are unable to do the important duties of any occupation you are suited to by way of education, training or experience.
LCS and PPP Plus	You are totally disabled if you are continuously unable to do at least one of the important duties of your occupation necessary to producing your income.

Your inability to work must be due to injury or sickness.

If you are working for *earnings*, payment or profit, you will not be eligible for Total Disability benefits but you may be eligible for Partial Disability or Rehabilitation benefits.

MLC will pay benefits for total and partial disability and rehabilitation only while a doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of continued disability.

Partial Disability and Rehabilitation

MLC will pay you a reduced monthly benefit if you remain continuously unable to fully perform the duties of your own occupation as a direct result of the injury or sickness which caused your total disability, but you do one of the following:

- return to work in your own or another occupation
- begin a vocational rehabilitation programme approved by government or MLC.

The Partial Disability or Rehabilitation benefit must follow total disability of at least 14 days or from the end of your waiting period, whichever is later.

For PPP only, where partial disability or rehabilitation is due to one of the following specified conditions, a prior period of total disability is not required to be eligible for those benefits:

- Diagnosed motor neurone disease
- Diagnosed muscular dystrophy
- Diagnosed multiple sclerosis
- Diagnosed Parkinson's disease.

The specified condition must satisfy all of the terms of its definition, be diagnosed by an appropriate specialist and be confirmed by MLC's medical adviser. These specified conditions are defined in 'Critical Conditions Definitions—Extra Benefits Option' on pages 80 to 82.

Income Protection insurance

The maximum period of time MLC will pay Partial Disability or Rehabilitation benefits depends on the Income Protection insurance you choose.

LCS and PPP Standard	MLC will pay Partial Disability or Rehabilitation benefits for up to a maximum of 6 months. If you are paid less than the full monthly benefit over the 6 months, MLC will extend the benefit period while your partial disability or rehabilitation continues until the benefit paid equals 6 times the full monthly benefit.
LCS and PPP Plus	MLC will pay Partial Disability or Rehabilitation benefits up to the end of the benefit period.

MLC will pay benefits for total and partial disability and rehabilitation only while a doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of continued disability.

The Partial Disability or Rehabilitation benefit is calculated as follows:

Professional, Clerical and General, and Special Risk Occupations insured under LCS and PPP, Plus and Standard:

The Partial Disability or Rehabilitation benefit is calculated in proportion to your reduction in *earnings*.

Farmers insured under the *Farmers Package (Plus)*:

The Partial Disability or Rehabilitation benefit is calculated as 50% of your monthly benefit for up to 2 years of partial disability or rehabilitation.

Then, beyond 2 years, if you have a 5 year benefit period, 50% of your monthly benefit or a part of the monthly benefit in proportion to your level of whole person impairment, whichever is less.

Whole person impairment is based on medical advice that may include regular occupational or medical assessment by a medical adviser appointed by MLC, which may be requested at any time. It will be required following 2 years of partial disability or rehabilitation and every 6 months thereafter while partial disability or rehabilitation continues or until the end of the benefit period, whichever is earlier. This assessment is in addition to any other information or examination required to assess the claim. No benefit will be payable for any period of partial disability or rehabilitation with an assessed whole person impairment of less than 25%.

One benefit paid at a time

MLC only pays one benefit at a time except for the:

- rehabilitation expense benefit under PPP Standard
- rehabilitation expense benefit and rehabilitation bonus under PPP Plus
- double benefits for specified conditions, home assistance benefit, transportation benefit and accommodation benefit under the Extra Benefits Option under PPP Plus.

For LCS, the Trustee will not be able to release the Income Protection benefit to you unless you satisfy the criteria for temporary incapacity in the superannuation legislation. Please see 'Accessing your MLC Life Cover Super benefit' on page 59 for further guidance on when the Trustee can release the benefits to you.

When do the benefits end?

Any benefit you are paid under Total Disability, Partial Disability or Rehabilitation cover ends if any of these occur:

- you cease to be totally disabled, partially disabled or in rehabilitation (as applicable)
- your maximum benefit period ends
- your Income Protection insurance ends.

If you die while receiving a benefit MLC will pay 6 months extra benefit as a lump sum, to a maximum of \$60,000.

What features are built in?

Choice of waiting periods

You select a waiting period when you apply. This is the initial period of your disability during which MLC does not pay benefits. You pay a lower *premium* the longer the waiting period you select. You can choose a period of:

Professional, Clerical and General Occupations	Special Risk Occupations	Farmers (Farmers Package)
14 days	14 days	
1 month	1 month	1 month
3 months	3 months	3 months
12 months		12 months
24 months		

Choice of benefit periods

MLC will pay a benefit each month until you recover for up to the maximum benefit period you choose. You pay a lower *premium* the shorter the benefit period you select. You can choose a maximum benefit period of:

Professional, Clerical and General Occupations	Special Risk Occupations	Farmers (Farmers Package)
2 years	2 years	2 years
5 years	5 years	5 years
up to age 65		

Rehabilitation Expenses (for PPP only)

In addition to any Rehabilitation benefit payable, we will pay up to 6 times your monthly benefit (Standard) or 12 times your monthly benefit (Plus) for approved rehabilitation expenses, such as the cost of a rehabilitation course or special equipment, to help you return to work.

Rehabilitation Bonus (for PPP Plus only)

While MLC pays you Rehabilitation benefits MLC may approve a benefit increase of 50% for up to 12 months unless double benefits for specified conditions are payable under the Extra Benefits Option during the same period.

Premium waived while you receive benefits

We will refund any *premium* paid (including *premiums* paid during the waiting period) for Income Protection insurance while you are disabled and receiving benefits. *Premiums* will still be due for other types of insurances and other people insured.

When benefits stop, we will start charging you *premiums* again, unless your Income Protection insurance ends.

Return to work during waiting period

You can return to work during the waiting period. The days you work do not have to be consecutive. The waiting period will be extended by the number of days you return to work. However, the waiting period will start again if:

- you select a waiting period of 14 days or 1 month and you return to work for more than 5 consecutive work days
- you select a waiting period longer than 1 month and you return to work for more than 10 consecutive work days.

Recurring Disability Benefit

If the same disability recurs while this insurance is in force and within:

- 6 months (if your benefit period is 5 years or less)
- 12 months (if your benefit period is more than 5 years)

of your return to full-time work, MLC will consider it a continuation of the original disability. You can claim as soon as the disability recurs, with no new waiting period. The cause of the disability must be the same as, or related to, the cause of the original disability.

If the disability recurs after this time, MLC will treat it as a new claim.

Extended Leave Cover

Your cover continues for up to a year while you are on extended leave (you are not doing paid work), except as a direct result of disability or sabbatical leave. MLC may approve longer periods in writing. For professional and clerical occupations, if you are on sabbatical leave, the insurance can continue for up to 2 years. You must continue to pay *premiums* during this time.

Income Protection insurance

Elective Surgery Benefit

MLC will pay you the monthly benefit if you are unable to work as a result of undergoing elective surgery performed by an appropriately qualified doctor to donate an organ to another person, to improve your appearance as a result of injury or sickness, or on the advice of a medical practitioner.

The surgery must take place more than 6 months after your Income Protection insurance began or was last reinstated. MLC will not pay any increase to your Income Protection benefit for surgery within 6 months of the increase.

Style of benefit

For both LCS and PPP, subject to all the terms and conditions of your insurance and provided that your proposal is accurate, complete and acceptable to us when you apply, if your *earnings* decrease after your policy is issued an:

- **Agreed Value Benefit** (Plus only) means that the monthly benefit issued will be the amount upon which your benefits are based when you claim eg. your Total Disability benefit will not be reduced because your *earnings* are lower when you claim than they were when your policy was issued.
- **Indemnity Benefit** (Standard and under the Plus Indemnity Option) means that the monthly benefit issued may be reduced when you claim so that it does not exceed more than 75% of your *earnings* before disability.

What options can you choose to lower the cost?

Indemnity Option (for Plus, except under the Farmers Package)

To lower the cost of Income Protection Plus you can select the Indemnity Option instead of an Agreed Value Benefit. As for Standard cover (Indemnity Benefit), if your *earnings* decrease after taking out Income Protection Plus insurance MLC will reduce your monthly benefit when you claim so that you receive no more than 75% of your *earnings* before disability.

HIV/AIDS Exclusion Discount

MLC will discount your *premium* if you do not want cover for HIV/AIDS and are prepared to accept this exclusion.

Non-Occupational Cover Discount (for Special Risk Occupations only)

This option lets you pay a lower *premium* for Income Protection insurance that will not cover you for disabilities caused at work or as a result of work, or for which you can claim benefits under any Workers Compensation Act or similar legislation.

What options can you choose at extra cost?

Indexed Claim Benefits

So that your benefits keep pace with *inflation*, MLC will apply the *Consumer Price Index (CPI)* increase to:

- your monthly benefit, each year after benefits have been paid for a full year
- your pre-disability *earnings*, when calculating your Partial Disability or Rehabilitation benefit.

Short waiting period for accidental injury (for PPP Plus except farmers under the Farmers Package)

If you choose a 14 day or 1 month waiting period, this option enables you to receive benefits while you are totally disabled during the waiting period, unless you are already eligible for benefits during the waiting period under the Extra Benefits Option. Benefits are payable from the fourth consecutive day of your total disability during the waiting period. Your total disability must be caused by an *accident* and begin within 30 days of the *accident*.

Extra Benefits Option (for PPP Plus only)

Extra Benefits Option offers:

- Benefit during the waiting period
- Accommodation benefit
- Double benefits for specified conditions
- No claim bonus
- Advance payment for certain injuries
- Home assistance
- Transportation benefit.

Benefit during the waiting period

MLC will pay you the daily proportion of your monthly benefit for each day during the waiting period that you are totally disabled, confined to bed, and receiving full-time registered nursing care (not provided by a member of your immediate family) under a doctor's direction. The benefit applies from the fourth day of such care for the duration of the waiting period up to 180 consecutive days.

Accommodation benefit

If you are totally disabled, confined to bed and receiving full-time registered nursing care (not provided by a member of your immediate family) under a doctor's direction, more than 100 kilometres from your usual place of residence, MLC will pay an additional benefit of \$500 per day if one of your immediate family members requires hotel or motel accommodation to be near you. The benefit applies from the fourth day of your confinement to bed for a maximum of 30 days in any 12 month period.

Double benefits for specified conditions

MLC will pay you double the normal monthly benefit for total or partial disability or rehabilitation for up to 6 months if you are disabled by any of the following conditions, defined in 'Critical Conditions Definitions' on pages 75 to 79.

- Aorta repair
- Aplastic anaemia
- Benign brain tumour
- Cardiomyopathy
- Chronic kidney failure
- Chronic liver failure
- Chronic lung failure
- Coma
- Coronary artery bypass surgery
- Deafness
- Dementia or Alzheimer's disease
- Encephalitis
- Heart attack
- Heart valve surgery
- HIV contracted through medical procedures
- HIV contracted through your work
- Major brain injury
- Major burns
- Major organ transplant
- Malignant cancer
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Open heart surgery
- Parkinson's disease
- Pneumonectomy
- Primary pulmonary hypertension
- Stroke

The specified condition must satisfy all of the terms of its definition, be diagnosed by an appropriate specialist and confirmed by MLC's medical adviser.

No claim bonus

Every year that you do not claim under Income Protection insurance, MLC increases your monthly benefit for the first year of a claim:

Continuous years without a claim	Increase in monthly benefit
1	0
2	5%
3	10%
4	15%
5	20%
6+	25%

Income Protection insurance

Advance payment for certain injuries

For certain injuries, MLC will pay your monthly benefit in advance as a lump sum for the periods indicated in the following tables.

If one injury causes more than one of the losses shown in the following tables, MLC will pay only for the loss with the largest benefit.

If, within 181 days of the injury, you completely and permanently lose the use of:	the advance benefit period is:
both hands or both feet or the sight in both eyes	24 months
a hand and a foot	24 months
a hand or foot and the sight in one eye	24 months
an arm or leg	18 months
a hand or foot or the sight in one eye	12 months
thumb and index finger on the same hand	6 months

If you completely fracture these bones (so that they require a pin, traction, a plaster cast or other immobilising structure, diagnosed within 30 days of the injury that caused the fracture):	the advance benefit period is:
thigh (shaft)	3 months
pelvis (except the coccyx)	3 months
skull (except the face or nose bones)	2 months
upper arm (shaft, including the elbow and shoulder)	2 months
shoulder blade	2 months
lower leg (shaft, including the ankle but excluding the foot and toes)	2 months
kneecap	2 months
collar bone	1.5 months
forearm (shaft, including the wrist but excluding the elbow)	1.5 months
jaw	1.5 months

If you are diagnosed with:	the advance benefit period is:
paralysis (the total and permanent loss of the function of two or more limbs caused by damage to the nervous system, including paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia)	your benefit period or 60 months, whichever is less

MLC will pay your monthly Income Protection benefits after the advance benefit period while you are totally or partially disabled or under rehabilitation as a result of your injury up to the earliest of the following:

- MLC pays your chosen maximum benefit (taking into account any advance benefits)
- you turn 65
- you die.

If your waiting period is greater than 1 month, the advance benefit will equal your monthly benefit for the period in the table minus your waiting period.

Home assistance

If MLC is paying you Total Disability benefits under Income Protection insurance and you are at home, confined to bed or the house, and dependent on home assistance or nursing care, MLC will pay you a further benefit to help cover this care.

The benefit for home assistance is the daily proportion of your monthly benefit if your spouse stops working full-time to care for you at home, unless your spouse worked for you or your employer before your disability. The benefit for nursing care is \$85 per day for a hired private registered nurse who is not a member of your immediate family.

The maximum benefit is the lesser of your monthly benefit or \$2,500 per month, for up to 6 months.

Transportation benefit

If you become totally disabled for at least 1 month while you are:

- outside Australia, MLC will reimburse the cost of transportation back to Australia
- inside Australia, more than 100 kilometres from home, MLC will reimburse the cost of transportation back to your home.

MLC will only pay this benefit once in any 12 calendar-month period, after deducting any reimbursements you are entitled to receive from other sources, and the most MLC will pay is an amount equivalent to 3 times your monthly benefit.

Occupational HIV, Hepatitis B or C Lump Sum Benefit (for certain occupations only under PPP Plus)

This option is only available for Income Protection Plus for certain medical occupations (such as doctors, surgeons, dentists, nurses and ambulance officers) if you also choose the Extra Benefits Option. MLC or your financial adviser can tell you if you are eligible.

MLC will pay you a lump sum if, while the policy is in force, you acquire HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an occupational accident while you are performing the normal duties of your occupation in the health industry.

The minimum benefit you can select is \$25,000 and the maximum benefit you can select is 100 times your monthly benefit to a maximum of \$500,000.

You (or someone representing you) must tell MLC you may become infected within 14 days of the incident or that you have become infected within 14 days of diagnosis. MLC will send a claim form and/or instructions for submitting proof of benefit entitlement.

Documented proof must be provided by you to MLC that:

- the incident did happen at work and involved a definite source of infection, including copies of the incident report, the names of the witnesses to the incident and confirmation of the source of infection
- the HIV, Hepatitis B or Hepatitis C is a new infection and that seroconversion from the relevant negative antibodies or antigens to positive antibodies or antigens has taken place within 6 months of the incident, based upon blood or body fluid samples tested by Australian Government approved pathology laboratories.

MLC must be allowed to independently retest the samples and/or take further samples for testing at MLC's cost.

MLC will not pay benefits for any Hepatitis B infection commencing within 6 months after this insurance began or was last reinstated.

MLC will not pay for any HIV, Hepatitis B or C infection:

- arising from intentionally self-inflicted infection
- first diagnosed after you die
- commencing after the appropriate government body has recommended a preventative vaccine for use in your occupation, but you have not taken this vaccine
- commencing after the appropriate government body has approved a treatment which makes infection inactive and non-infectious
- occurring, or sickness first appearing, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).

MLC will continue your Occupational HIV, Hepatitis B or C infection lump sum insurance until the benefit is paid or your Income Protection Plus insurance ends.

Income Protection insurance

What if you can claim from another source?

If you are paid a regular income benefit under government legislation, such as workers compensation, MLC will reduce the amount we pay so the total you receive is not more than 75% of your *earnings* before disability (or not more than the monthly benefit, for farmers under the *Farmers Package*).

If you receive a lump sum benefit from such a source, MLC will treat it as though it was paid as a monthly benefit payable over 8 years and adjust your benefits accordingly (dividing the lump sum into equal monthly instalments over an 8 year period (1/96) to calculate the amount to be offset monthly).

No offset applies for social security payments or common law benefits of either a regular income or lump sum nature.

In addition to the above, MLC will reduce the amount MLC pays under Income Protection Standard if you receive any benefit from:

- a superannuation or pension plan or any policy of income protection, salary continuance or disability insurance
- any income provided or arranged by an employer, partnership or business, including sick leave.

Time limits to claim

From the time your total disability begins you have:

- 30 days to inform MLC
- 90 days to return the claim form MLC sends you.

When won't MLC pay?

	MLC will not pay a benefit for any disability arising from or contributed to by:
All Income Protection policy types	<ul style="list-style-type: none"> • intentional self-inflicted injury or attempted suicide • normal and uncomplicated pregnancy or childbirth • war or warlike operations (does not apply to any benefit payable on your death) • any injury that occurred, or sickness that first appeared, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).
Income Protection Standard (additional exclusions)	<ul style="list-style-type: none"> • chronic fatigue syndrome or fibromyalgia • <i>mental disorder</i> and/or alcohol, drug or chemical abuse or dependency except where you are confined indoors and, under the direction of an appropriately qualified doctor, are receiving full-time nursing care or continuous supervision (not provided by a member of your immediate family) to protect yourself or other people.

When does Income Protection insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums*
- the policy is cancelled because you make a fraudulent claim
- for LCS, the policy is converted to non-superannuation insurance (insurance will continue as detailed on page 64)
- for Special Risk Occupations, renewal is declined by MLC
- you cease working for more than 12 months (or 2 years if you are on sabbatical leave from a professional or clerical occupation), except as a direct result of disability or if MLC approves an extension in writing
- you turn 65
- you retire, or stop work and do not intend to work any more, for reasons other than disability
- you reach the *termination date* shown in your *Schedule*
- you die.

Business Expenses insurance

For PPP (outside super) only, Business Expenses insurance reimburses certain business expenses incurred while you are totally disabled, if you are self-employed or in a small partnership.

Business Expenses at a glance		PPP
What are you covered for?	Monthly reimbursement of covered business expenses during total disability (as defined in Income Protection Plus on page 29)	•
	3 months extra benefits up to a maximum of \$30,000 if you die while receiving benefits	•
What features are built in?	World-wide coverage, 24 hours a day, 7 days a week	•
	Your choice of 14 day or 1 month waiting period	•
	Business Expenses <i>premium</i> refund during disability	•
What options can you choose?	HIV/AIDS Exclusion Discount	•
At what age can you apply for Business Expenses insurance?	General Occupations	18–54
	Professional or Clerical Occupations	18–59
To what age can you renew your insurance?	General Occupations and Professional or Clerical Occupations	guaranteed renewable up to age 65
What amount can you apply for?	Minimum benefit (per month)	\$500
	Maximum benefit (per month)	\$60,000

MLC or your financial adviser can tell you your occupation category. Business Expenses cover is not available if you work in a special risk occupation.

Business Expenses insurance

What is a business expense?

The covered expenses are the reasonable and regular normal operating expenses of the business you own and manage, including:

- rent or mortgage payments
- property rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating business income
- costs of accounting services
- fees for memberships of professional associations
- business insurance *premiums*.

When will MLC pay?

MLC reimburses the monthly expenses you actually incur after your waiting period ends and while you are totally disabled, up to your chosen monthly benefit, for up to 1 year.

If you are entitled to benefits because you are disabled for part of a month, MLC will reduce the covered expenses and monthly benefits proportionally based on a 30 day month.

If you are paid less than the full benefit over a year (for example, if your expenses are sometimes less than your chosen benefit), MLC will extend the benefit period while your disability continues for up to another 12 months until you have been reimbursed the full 12 months benefit.

MLC pays benefits only while a doctor is regularly treating you. MLC will review the benefit regularly and may require further proof of disability if it continues.

If you die while receiving a benefit MLC will pay 3 months extra benefit, up to a maximum of \$30,000.

What if the same disability recurs?

If the same disability recurs within 6 months of your return to full-time work and while this insurance is in force, MLC will consider it a continuation of the original disability. You can claim as soon as the disability recurs, with no new waiting period. The cause of the disability must be the same as, or related to, the cause of the original disability.

If the disability recurs after six months, MLC will treat it as a new claim.

Time limits to claim

From the time your total disability begins you have:

- 30 days to inform MLC
- 90 days to return the claim form MLC sends you.

Your choice of waiting periods

When you apply you choose a waiting period of 14 days or, for a lower *premium*, 1 month. Payment begins 1 month after your waiting period ends.

Return to work during the waiting period

You can return to work during the waiting period. The days you work do not have to be consecutive. The waiting period will be extended by the number of days you return to work. However, the waiting period will start again if you return to work for more than 5 consecutive work days.

Premium refund during disability

When you have been disabled for longer than your waiting period, MLC will refund any Business Expenses *premium* paid while you are disabled and receiving benefits (including any paid during the waiting period). *Premiums* will still be due for other types of insurance and other people insured.

When benefits stop being paid, MLC will charge you *premiums* again, unless this insurance ends.

HIV/AIDS Exclusion Discount

MLC will discount your *premium* if you do not want cover for HIV/AIDS and are prepared to accept this exclusion.

How does Business Expenses insurance work for your business?

If your business continues to generate income while you are disabled, MLC will not reduce your benefits.

If there is more than one owner of the business MLC will pay your share of the covered expenses.

If you own and operate your business through a company, MLC will treat covered expenses paid by the company as if they were paid by you.

If you change businesses the policy is portable. Simply apply it to your new business.

If you have a break in employment you can continue your cover for up to a year while you are on extended leave, unless it is a direct result of disability. MLC can approve longer periods. You must continue to pay *premiums* during this time.

When won't MLC pay?

MLC does not cover you for expenses incurred during a disability arising from or contributed to by:	Business Expenses insurance does not reimburse:
<ul style="list-style-type: none"> • intentional self-inflicted injury or attempted suicide • normal and uncomplicated pregnancy or childbirth • war or warlike operations (this exclusion does not apply to any benefit payable on your death) • any injury that occurred, or sickness that first appeared, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process). 	<ul style="list-style-type: none"> • expenses that you can claim from another source • payment or other benefits of any kind to you, or to your replacement in the business • any expense that was not normally paid before the disability • repayment of the principal of a loan or mortgage that started less than 1 year before the disability • the cost of equipment or merchandise for your business.

When does Business Expenses insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums* (unless MLC is paying you benefits)
- the policy is cancelled because you make a fraudulent claim
- you turn 65
- you reach the *termination date* in your *Schedule*
- you cease working for more than 12 months, except as a direct result of disability or if MLC has agreed in writing to extend this period
- you retire, or stop work and do not intend to work any more, for reasons other than disability
- you die.

Premium Waiver insurance

Premium Waiver insurance enables all premiums on a policy to be waived where the life insured is disabled or retrenched.

Only one life insured can be nominated for Premium Waiver per policy. If that person becomes eligible to have their *premiums* waived under this insurance, *premiums* will be waived for all benefits on all lives insured under the policy while the nominated person remains eligible to have *premiums* waived.

Premium Waiver at a glance		LCS and PPP
When does MLC waive your premiums?	While you are <i>totally and permanently disabled</i> under the <i>Any Occupation</i> definition up to age 65	•
	While you are receiving Income Protection benefits for Total Disability (as defined in Income Protection Plus on page 29) after you have been so disabled for 6 months, up to age 65	•
	For 12 months after you are <i>retrenched</i> , as long as you have had this type of insurance and have been employed full-time by the same employer continuously for the 12 months before your <i>retrenchment</i> Note: This benefit is available only once in any 5 year period.	•
At what age can you apply for Premium Waiver insurance?	General, Professional or Clerical Occupations	18–54
To what age can you renew your insurance?	General, Professional or Clerical Occupations	guaranteed renewable up to age 65

MLC or your financial adviser can tell you your occupation category. Premium Waiver is not available if you work in a special risk occupation.

When won't MLC waive?

MLC will not waive premiums:

due to disability or retrenchment arising from, or contributed to by:

- intentional self-inflicted injury or attempted suicide
- normal and uncomplicated pregnancy or childbirth
- war or warlike operations
- any injury that occurred, or sickness that first appeared, before the policy commenced or was last reinstated (unless disclosed to, and accepted by, MLC as part of the application or reinstatement process).

due to retrenchment if you are:

- self-employed
- an independent contractor
- employed by a member of your immediate family, your family company or family trust
- a partner in a partnership
- *retrenched* more than once from the same employment.

for any insurance increase you obtain in the 12 months prior to *retrenchment* (MLC waives only the *premiums* which applied before the increase).

for any benefits or types of insurance which you add after you are *retrenched* or suffer an injury or sickness causing your disability, except for increases under the Inflation Linked Option.

When does Premium Waiver insurance end?

Your insurance will end when:

- the insurance is cancelled at your written request (cover ceases on the next *paid-to date* and MLC will not refund any *premium* paid up to then)
- the insurance is cancelled because you stop paying *premiums* (unless MLC is paying you benefits)
- the policy is cancelled because you make a fraudulent claim
- you reach the *review date* after you turn 65
- you reach the *termination date* in your *Schedule*
- your Life Cover insurance ends
- you die.



**How it
all works**



Setting up your insurance

How to apply

How do you apply for insurance?

Your financial adviser can prepare a recommendation based on your financial needs.

Read this PDS, then apply for LCS and PPP using the attached Application Form (the Trustee will use this Application Form to apply for an LCS insurance policy on your behalf) and send it with your payment instruction to MLC. For more efficient processing MLC prefers this payment by direct debit request or credit card authority.

How is your application assessed?

After receiving your application MLC assesses it, taking into account your occupation, lifestyle, leisure activities and medical history, to decide whether, and on what terms or conditions, insurance can be offered to you. In some cases you may not be eligible for the insurance you request or MLC may offer you insurance at a higher *premium* or with an exclusion (for instance, if you have an existing health problem or participate in a hazardous sport).

MLC may telephone you to help assess and process your application.

To process your application MLC may require you to provide additional medical information. You may be requested to undergo a medical examination or other test. If this is required, you will be notified and the appropriate forms will be sent to you. MLC will pay for medical information requested during the assessment process, unless you are advised otherwise. MLC may also need to write to your doctor for additional information (authorised by you).

MLC will contact you if financial information is required from you or your accountant for insurances such as Income Protection, Business Expenses or high amounts of Life Cover, Critical Illness and Total and Permanent Disability insurance.

You must let MLC know if any information you give on your Application Form changes before MLC has issued a policy (for instance, if you become ill or have an *accident*). If you do not, the insurance policy may not be valid. This also applies to applications to extend, vary or reinstate the policy.

Interim Accident Insurance

While your application is being assessed, you will be covered by the Interim Accident Insurance Certificate on terms as detailed on pages 83 to 84.

How do you appoint your authorised representative?

In your application you may appoint an authorised representative to access information about the policy on your behalf. This person is not permitted to perform any other actions in respect of the policy. The appointment is valid until changed or cancelled in writing by you (in a form acceptable to MLC), or until the policy is cancelled. It is your responsibility to change your authorised representative if your circumstances change.

What payment will your financial adviser receive?

Your *premium* includes provision for your financial adviser's commission, but the actual remuneration your financial adviser receives depends upon your financial arrangement with them, which will be specified in the statement of advice they must provide to you. The commission is not an additional cost to you. The *premium* will not be less, if you don't have a financial adviser.

When does your insurance start?

If MLC approves your application you will receive:

- a copy of the insurance policy issued to the Trustee which includes the *Schedule* and a letter of confirmation for LCS
- a policy document which includes your *Schedule* for PPP.

All the terms of your insurance are effective from the policy start date printed on your *Schedule*, which outlines the specific insurances that apply to you.

You should read the policy documents and *Schedules* carefully to ensure the policy meets your needs. You will need these policy documents to make a claim, so keep them with this PDS in a secure, accessible place.

If your application is declined, you will be notified.

Need help? Call your financial adviser or the MLC Client Service Centre any *business day* between 8 am and 6 pm EST on 132 652.

Guarantee of upgrade

Whenever MLC improves the benefits of a type of insurance you have chosen as part of LCS or PPP without any increase in rates or without charging an extra *premium*, MLC will add those improvements to the policy. MLC will notify you of the effective date of any improvements to the policy. The improvements will apply only to future claims and not to past or current claims or any claims resulting from health conditions or events which began or took place before the effective date of the improvements.

What you must tell MLC and the Trustee – Your Duty of Disclosure

Before you enter into a contract of life insurance with MLC, you have a duty, under the Insurance Contracts Act 1984, to disclose to MLC every matter that you know, or could reasonably be expected to know, is relevant to MLC'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 MLC before such a contract of life insurance is extended, varied or reinstated.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by MLC
- that is of common knowledge
- about which MLC knows or, in the ordinary course of business, ought to know
- for which your duty of compliance is waived by MLC.

If you take out LCS the Trustee obtains life insurance from MLC on you. Because the Trustee is taking out a life policy at your request, the Trustee requires you to make full disclosure to it on the same basis.

Non-Disclosure

If you fail to comply with your Duty of Disclosure and MLC would not have entered into the contract on any terms if the failure had not occurred, MLC may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, MLC may avoid the contract at any time.

Even if MLC is entitled to avoid a contract of life insurance MLC may, within 3 years of entering into it, elect not to avoid it but reduce the sum for which you have been insured in accordance with a formula that takes into account the *premium* that would have been payable if you had disclosed all relevant matters to MLC.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by MLC and a policy is issued. It also applies if the contract is extended, varied or reinstated.

Setting up your insurance

How to pay

Premiums

What is your premium?

You pay *premiums* to purchase your insurance. The *premium* for the types of insurance and the amount of insured benefits you initially apply for will be calculated by your financial adviser and confirmed by MLC. If you don't have a financial adviser please contact the MLC Client Service Centre on **132 652** for a quotation before completing an application.

Your *premium* will differ according to your individual circumstances as the life insured, including but not limited to your:

- age at policy commencement and chosen premium structure—in a stepped premium structure premiums generally increase with age, while in a level premium structure premiums are based on your age when the policy begins
- sex
- occupation—MLC or your financial adviser can provide you with more information
- smoking status—*premiums* are higher for smokers than non-smokers
- medical history—your state of health and/or your family's medical history
- lifestyle and leisure activities—the greater the risk of the activities you undertake, the higher the *premium*.
- frequency of *premium* payments and applicable policy fee
- the financial arrangement agreed with your financial adviser

Your initial *premium* will be stated in the *Schedule*.

The *premium* for both your initial cover and for subsequent changes, excluding policy fees, will be at least:

Frequency of premium payments	Minimum premium	Minimum increase in premium
Monthly	\$20	\$20
Half-yearly	\$130	\$130
Yearly	\$250	\$250

How can you pay premiums?

All *premiums* must be paid in advance.

For LCS *premiums* that are paid by deduction from eligible MLC MasterKey superannuation products only one deduction may operate on any account.

Your *premium* will be higher the more frequently you pay. MLC can change these percentages at any time and will notify you and the Trustee (for LCS) of any change.

Frequency of premium payments	Payment methods available					Current loading on frequent payments
	direct debit	credit card	cheque	BPAY®	MLC MasterKey (LCS only)	
Monthly	•	•			•	yearly plus 7%
Half-yearly	•	•	•	•	•	yearly plus 4%
Yearly	•	•	•	•	•	yearly

How is your first premium treated?

Any *premium* paid by direct debit, credit card or cheque stays in a trust account while your application is being considered until your application is accepted or declined (in which case the *premium* is refunded). Any interest earned on monies in the trust account will be retained by MLC.

Selecting a benefit and premium structure

For certain insurance benefits you can choose from three insured benefit and premium structures:

- **Stepped premium**

Your insured benefit stays the same, while the *premiums* vary each year with the age of those insured and MLC's *premium* rates at the time you renew your policy

- **Decreasing cover (not available for TPD stand-alone, Income Protection or Business Expenses)**

Your *premium* stays the same, while your insured benefit varies each year with the age of those insured and MLC's *premium* rates at the time you renew your policy

- **Level premium (not available for TPD stand-alone or Critical Illness Plus stand-alone)**

Your insured benefit stays the same and the *premium* will be based on your age at the time you take out your policy. When you renew your policy, your *premiums* will only vary if a change is made to MLC's *premium* rates.

Stepped and level premium rates are subject to any Inflation Linked Option variations (see 'Policy fee and other charges on pages 48 to 49') and other increases to the level of benefits.

You can make different selections for different types of insurance. However, if you purchase Critical Illness or Total and Permanent Disability and Loss of Independence insurance as part of your Life Cover or as a Connected Benefit, the premium structure(s) chosen must be the same as for Life Cover. You can also choose to split your cover between different premium structures for the one type of insurance.

What happens if your premiums are not paid?

If your *premium* is not paid in full by the due date and it is still not paid in full by the end of the notice period:

- MLC will cancel the policy and your insurance will cease
- MLC will deduct any unpaid *premium* from any benefits that have been paid during the notice period
- for LCS, your interest in LCS will cease and, if it is your only interest in the Scheme, your membership of the Scheme will also cease.

If the policy is cancelled due to non-payment of *premiums*, you or the Trustee (for LCS) can apply to have it reinstated on terms set by MLC up to 6 months after the date the policy was cancelled. However:

- the policy will not be reinstated until MLC approves the reinstatement
- MLC is under no obligation to approve the application for reinstatement
- you must tell MLC (in writing) about any event that could influence MLC's decision to reinstate the policy as part of your Duty of Disclosure
- payment of overdue amounts does not automatically reinstate the policy.

If the policy is not reinstated:

- MLC will refund any *premiums* you sent after the policy was cancelled
- for LCS, the Trustee will not accept a contribution if MLC does not accept the *premium*, so the money will be returned to you or to the MLC MasterKey account from which it was deducted.

Setting up your insurance

Can premiums change?

MLC may change (increase or decrease) how it sets *premiums* at any time. As a result, your *premiums* change. However, MLC will:

- give you 1 month's written notice before it changes your *premiums*
- only change your *premiums* as at the *review date* following any change
- not single you out for a change in *premiums*.

Your level premium rates guaranteed for 5 years

For Life Cover insurance and Total and Permanent Disability insurance taken out as part of your Life Cover or as a Connected Benefit under a level premium structure, MLC guarantees not to increase the level premium rates that apply to you for a period of 5 years. Your *premium* will still increase due to:

- *Consumer Price Index (CPI)* increases for the policy fee
- *CPI* increases for insurance increases under the Inflation Linked Option
- voluntary increases in the sum insured.

Premium rates for each type of insurance are available upon request by calling the MLC Client Service Centre on **132 652**.

Policy fee and other charges

All the charges of the policy (other than the *premium*) are fully described in this section. MLC undertakes not to apply any other charges without your specific consent.

Policy fee

A policy fee applies to each policy for which you apply. However if you have purchased Total and Permanent Disability and/or Critical Illness insurance as a Connected Benefit where the Life Cover is issued on a separate policy, only one policy fee will apply and the policy fee will be applied to the policy with the Life Cover. Note if the connected Life Cover policy is cancelled and the connected policy remains in force the current policy fee applicable at the time will be reinstated.

The *premiums* charged include the policy fee, which will increase every year in line with the *CPI* at the *review date* on or after 1 October each year. The latest policy fee information for new policies is available at www.mlc.com.au.

The policy fee at the preparation date of this PDS is:

Frequency of premium payments	Policy fee	Annual equivalent
Monthly	\$6.52	\$78.24
Half-yearly	\$37.98	\$75.96
Yearly	\$73.02	\$73.02

Government charges

MLC and the Trustee (for LCS) reserve the right to recover from you the cost of any duty, tax, excise or other charge of the Australian Government or any state or territory government as they may apply to the policy from time to time.

There is no Goods and Services Tax (GST) payable by you on the policy *premium* for PPP or the *premium* payable by the Trustee to MLC for LCS.

Family Law charges

The Family Law Act enables superannuation, life insurance and other investments to be divided between parties in the event of marriage breakdown. MLC and the Trustee may be obliged to provide information to other parties and manage your policy in line with court orders. MLC and the Trustee may charge a fee for any costs we incur.

Trustee fees

For LCS at the date of preparation of this PDS, the Trustee does not charge a fee for acting as Trustee. The Trustee will notify you at least 3 months before introducing a fee.

Inflation Linked Option

Inflation may erode the value of your insured benefits. MLC offers *inflation*-linked increases, so each year your benefits can increase in line with the *CPI*. The increase is available regardless of any claims you make on the policy, or any changes in the health of those insured. You will be notified of the increase 1 month prior to the *review date*.

For all premium structures, including level premium, the *premium* rate applicable to the increased benefits due to *CPI* will be based on your age when the increase is effective.

To accept the increase, simply pay the corresponding additional *premium*, which will vary with the increased benefit and your age. To decline the *inflation*-linked increase for a particular year, notify MLC in writing within 2 months after the *review date*, and MLC will not increase your benefits according to *inflation* for that year.

Type of insurance	Inflation-linked increase
Life Cover	the <i>CPI</i> increase or 3%, whichever is higher
Total and Permanent Disability	
Critical Illness	
Income Protection	the <i>CPI</i> increase
Business Expenses	
Total and Permanent Disability as part of Life Cover or as a Connected Benefit	the same as your connected Life Cover's increase
Critical Illness as part of Life Cover or as a Connected Benefit	
Terminal Illness Support Option	not available
Decreasing cover premium structure	

Setting up your insurance

Payments by Direct Debit

Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is issued by MLC Limited and MLC Investments Limited (ABN 30 002 641 661) (AFSL 230705).

This Service Agreement and the Direct Debit Request Schedule in the attached Application Form contain the terms and conditions on which you authorise MLC to draw (debit) money from your account and the obligations of MLC and you under this Agreement. You should read through them carefully to ensure you understand these terms and conditions before signing the Schedule. Please direct all enquiries about your direct debit to the MLC Client Service Centre on **132 652**.

MLC's commitment to you

MLC will give you at least 14 days notice in writing if there are changes to the terms of the drawing arrangements.

MLC will keep the details of your nominated financial institution account confidential, except where provided to MLC's bank or as required to conduct direct debits with your financial institution.

Where the due date is not a *business day*, MLC will draw from your nominated financial institution account on the *business day* before or after the due date in accordance with the terms and conditions of your MLC policy.

MLC will not charge you for any dishonours. However:

- if your account dishonours, your financial institution may charge you a fee
- MLC reserves the right to cancel drawing arrangements if drawings are dishonoured by your financial institution.

Your commitment to MLC

It is your responsibility to:

- ensure your nominated account can accept direct debits
- ensure there are sufficient funds available in the nominated account to meet each drawing on the due date
- advise MLC if the nominated account is transferred or closed, or the account details change
- arrange an alternate payment method acceptable to MLC if MLC cancels the drawing arrangements
- ensure that all account holders on the nominated financial institution account sign the Direct Debit Request Schedule.

Your rights

Your drawing arrangements are detailed in the Direct Debit Request Schedule in the Application Form. They are also governed by the terms and conditions of your MLC policy. You should contact the MLC Client Service Centre on **132 652**, providing at least 7 days notice, if you wish to alter the drawing arrangements. You can:

- alter the Schedule
- cancel the Schedule
- stop an individual drawing
- defer a drawing
- suspend future drawings.

Your cooling-off rights

When you receive your policy document, you have 14 days to reconsider whether you want to continue with your policy. Within this period, you may cancel your policy or part of it (if you wish to cancel one or more types of insurance cover that you applied for) by advising us in writing. This notification must be signed by the relevant life insured (for LCS) or policy owner (for PPP) in respect of the policy or insurance to be cancelled.

We will return all money paid, or part of the money paid referable to the type of insurance to be cancelled, other than government fees and charges. An alteration or claim made on the policy within the 14 day period will confirm your acceptance of the policy.

Contributing to MLC Life Cover Super

Your *premiums* are treated as superannuation contributions.

There are limits on the amount of contributions, that you can make into superannuation in any financial year and penalties apply if you exceed the limits. MLC and the Trustee need your Tax File Number to accept contributions. Please read the 'Taxation' section on pages 60 to 62 for further details.

Who can contribute to superannuation?

Contributions may be made to LCS subject to your age and certain work related conditions as shown in the table.

When you turn 75 the LCS insurance policy terminates and no more contributions are accepted. However, before you turn 75 you may be able to replace LCS insurance with a non-superannuation policy on similar terms by conversion.

Note: LCS does not accept *superannuation lump sum rollovers*, *Directed Termination Payments*, *personal injury contributions*, *small business sale proceeds* or transfers from overseas funds.

Age (inclusive)	Allowable LCS contributions	Conditions
Under 18	Mandatory employer contributions (required by law) Voluntary employer contributions (includes <i>salary sacrifice</i> contributions) Personal contributions <i>Spouse</i> contributions	Special conditions and application requirements may apply: please call the MLC Client Service Centre on 132 652 .
18 to 64	Mandatory employer contributions (required by law) Voluntary employer contributions (includes <i>salary sacrifice</i> contributions) Personal contributions <i>Spouse</i> contributions	No special conditions apply
65 to 69	Mandatory employer contributions (required by law) Voluntary employer contributions (includes <i>salary sacrifice</i> contributions) Personal contributions <i>Spouse</i> contributions	Except for mandatory employer contributions you must satisfy the work test.
70 to 74	Mandatory employer contributions (required by law) Voluntary employer contributions (includes <i>salary sacrifice</i> contributions) Personal contributions	Except for mandatory employer contributions you must satisfy the work test.
75 and over	None: LCS insurance terminates	

What is the work test?

To satisfy the work test, you must be *gainfully employed* on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

Setting up your insurance

The Universal Super Scheme

Which superannuation fund is used?

When you obtain LCS insurance you become a member of the Scheme. The Scheme is a *complying superannuation fund* under section 40 of the Superannuation Industry (Supervision) Act 1993.

Who is the Trustee?

MLC Nominees Pty Limited is the Trustee of the Scheme.

What are the Trustee's responsibilities?

The Trustee officially holds your money and is responsible for the operation of the Scheme, including management and administration. The Trustee is subject to many duties under the legislation, including the duty to:

- act honestly
- exercise care and diligence
- exercise its powers in the best interests of members generally.

The Trustee also has the responsibility and authority to:

- apply to MLC on your behalf (and at your request) for any variation to or claim on the insurance policy
- determine whether any benefit received from MLC can be released under superannuation law
- generally manage the Scheme in the interest of the members as a whole
- invest in policies issued by certain member companies of the National Australia Group unless MLC consents to the Trustee investing otherwise
- amend the Trust Deed
- terminate the Scheme
- determine the Scheme's earnings and allocate them to accounts
- be appointed as each member's attorney
- recover tax from recipients of benefits.

The Trust Deed

The rights and obligations of members are governed by the Scheme's Trust Deed, the insurance policy and this PDS, but are also affected by other laws including the Superannuation Industry (Supervision) Act 1993 and the Corporations Act 2001. The Trust Deed:

- details the nature of your account, what may be debited from and credited to it, when your benefit may be transferred out of the Scheme and what you are entitled to receive when the Scheme is wound up
- sets out the powers and duties of the Trustee
- deals with the liabilities of the Trustee in relation to the Scheme and when the Trustee can be reimbursed out of the Scheme's assets for those liabilities.

Service provider relationship

The Trustee is a wholly owned subsidiary of MLC. The Trustee is responsible for the management of the Scheme. The Trustee has appointed MLC to carry out the day-to-day management, investment and administration of LCS. MLC receives the *premiums* for the insurance outlined in this PDS, which includes the cost of these services.

The Trust Deed of the Scheme, the insurance policy and this PDS contain the full legal terms of LCS which govern your interest in the Scheme. This PDS summarises those terms. You should keep it for future reference. Copies of the Trust Deed are available from the Trustee free of charge by phoning the MLC Client Service Centre on **132 652**.

Using your insurance

How to claim

MLC's claims philosophy

MLC aims to treat all clients with respect and compassion and to make the claim process as simple and convenient as possible. Whilst protecting the interests of all clients, MLC will assess claims promptly and fairly, maintaining open and honest communication regarding issues of concern, and is committed to acting ethically and observing the principles of privacy and confidentiality.

How do you lodge a claim?

You or your financial adviser must notify MLC in writing or by phone that a claim is to be made, and provide MLC with the:

- policy number(s)
- full name of the policy owner(s)
- full name of the life insured who is the subject of the claim
- date of the claim event
- cause/nature of the claim
- name, address and telephone number of the person to whom correspondence is to be sent.

MLC will then send you or your financial adviser the necessary forms and instructions for completion and return of the claim forms.

MLC may ask for any further proof or information it needs to satisfy itself that you are entitled to the benefit. Different types of insurance may have special claim requirements. Any proof or information you provide is at your cost. If MLC requires a financial audit or medical examination by a person it appoints, MLC will pay for it.

The amount of benefit you are entitled to for each type of insurance is shown in the *Schedule*. MLC will pay this benefit when MLC has proof:

- that all the events entitling you to a benefit have happened, and
- of the life insured's age.

The insurance must have been in force when the events leading to the claim occurred and (unless a claim is made for Life Cover insurance after the death of the life insured) when the claim is made.

If MLC does not accept the claim, MLC will state its reason for non-acceptance.

When must your claim be lodged?

You should lodge a claim as soon as possible after the occurrence of the event entitling you to payment of a benefit, unless you or the Trustee (for LCS) are not legally capable of providing the information required during that period. That is:

- within 12 months, generally
- within 30 days of becoming Totally Disabled, for Income Protection and Business Expenses insurance (and you must return the claim form MLC sends you within 90 days of becoming Totally Disabled).

If you delay making a claim MLC may not be able to accept your claim or pay benefits.

For information on how to claim contact the MLC Service Centre on **132 652**.

Beneficiaries

It is important to keep your beneficiary nomination up to date with your personal circumstances. You can cancel or change your nomination at any time by completing the Beneficiary Nominations Form available from www.mlc.com.au or by calling the MLC Client Service Centre on 132 652.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances and how the complex tax rules about death benefits and beneficiaries may affect you.

MLC Personal Protection Portfolio

How can you control who receives your PPP death benefit?

You may nominate a beneficiary to receive the Life Cover benefit in the event of your death. You may nominate up to six people to each receive a share of the Life Cover benefit in the proportions you nominate. Benefits paid for Terminal Illness and Accidental Injury will be paid to you.

You can nominate beneficiaries on your Application Form, and you may vary or cancel your nomination at any time by completing a Beneficiary Nominations Form. The latest written nomination received by MLC will apply. Note: nominations cannot be made where the policy owner is a trustee of a trust or self-managed superannuation fund.

The interest of a Nominated Beneficiary is purely personal and it cannot be sold or otherwise assigned or passed to their estate. If a Nominated Beneficiary dies before the life insured, the nomination is cancelled.

If you assign the policy, any nomination will be cancelled automatically.

Nomination of a beneficiary is only available for any insurance taken out for non-business purposes. Generally, non-business purposes means that the beneficiary does not pay an amount of money or other consideration to become nominated.

What happens if you don't nominate any beneficiaries?

If you die while your Life Cover policy is in force, and you have no nominated beneficiaries, MLC will pay the amount to your estate unless MLC is legally required to pay the benefit to someone else.

What happens if there is more than one policy owner?

If there is more than one owner, they all own the policy jointly and if one owner dies, the remaining owners still own the policy jointly.

Benefits will be paid to the policy owner(s) you nominate or, if you don't make a nomination, to the remaining owners.

If all the policy owners have died, MLC will pay any benefits to the estate of the owner who died last, unless legally required to pay someone else.

Please consult your financial adviser or the policy document for details.

MLC Life Cover Super

How can you control who receives the LCS benefit if you die?

If you die, the Trustee will generally pay a death benefit to your eligible beneficiaries and/or to your legal personal representative as described below.

If you are diagnosed with a *terminal illness* MLC will pay the Trustee the relevant *insured benefit*. Superannuation payment rules may prevent the Trustee from releasing this benefit to you. Please read 'Accessing your MLC Life Cover Super benefit' on page 59 in this PDS.

You have three ways to nominate a beneficiary. The process and outcome will differ depending on your situation and the type of nomination you make.

Option	Result
Make a non-lapsing binding death benefit nomination	If valid, and unless there are contrary court orders, the Trustee will pay your benefit to those you nominated in your latest nomination, in the proportions you requested.
OR	
Make a category selection under the MLC Super Estate Optimiser facility	The Trustee must pay your benefit as a lump sum or an account-based pension according to the rules set out in that category. In that sense, your selection is binding on the Trustee.
OR	
Make a non-binding death benefit nomination	In the event of your death, the Trustee will determine who receives your benefit, taking into account your nominated beneficiaries and other factors.

You can notify MLC and the Trustee of your choice on the Application Form. If you have not nominated one of the above, the Trustee will have discretion over who receives the benefit in the event of your death.

Who can you nominate?

Whether you make a non-lapsing binding or non-binding death benefit nomination you can only nominate:

- your *spouse* and/or children (including step and adopted children)
- individuals who are financially dependent on you at the time of your death
- your legal personal representative (either the executor under your Will or a person(s) granted letters of administration for your estate if you die without having left a valid Will)
- someone in an *interdependency relationship* with you.

If you do not have any such beneficiaries at the time of your death, then the Trustee may pay the benefit to another person. When nominating your beneficiary you should take these restrictions into account.

Why use a non-lapsing binding nomination

Non-lapsing binding death benefit nominations are designed to help you with your estate planning. This means that you can choose who to leave your benefit to, as long as you have made a valid nomination.

Using your insurance

How do you make a valid non-lapsing binding death benefit nomination?

In order to make a valid non-lapsing binding death benefit nomination, it must:

- be in writing, stating the full name and, unless the nomination is to your legal personal representative, the date of birth of eligible beneficiaries and their relationship to you
- be signed and dated by you in the presence of two adult witnesses who are not nominated beneficiaries
- contain a signed and dated declaration from the witnesses that your beneficiary nomination was made in their presence
- for multiple beneficiaries, specify the proportions of the benefit to go to each beneficiary (the total must add up to no more than 100%).

Can you change your non-lapsing binding death benefit nomination?

Yes. You can change the beneficiaries of your non-lapsing binding death benefit nomination or cancel it at any time. You can also replace your non-lapsing binding death benefit nomination with a non-binding death benefit nomination.

Can your non-lapsing binding death benefit nomination become invalid?

Yes. Your non-lapsing binding death benefit nomination can become invalid for any beneficiary who is not an eligible beneficiary at the time of your death. In this case the Trustee will have discretion over who receives the benefit amount allocated to that beneficiary.

Do you need to review your nomination regularly?

Yes. It is important that you review your nomination regularly to ensure you still want the Trustee to pay the person(s) you have nominated. If you make a non-lapsing binding death benefit nomination your nomination will not automatically become invalid in the event of marriage, divorce or any other life-changing event. In these circumstances, your last valid nomination may no longer reflect your intentions and, unless you update it, the Trustee will still pay the person named in the nomination so long as they are still an eligible beneficiary. We will confirm the details of your nomination each year via your annual statement.

MLC Super Estate Optimiser

If you have Life Cover under LCS, MLC Super Estate Optimiser can provide you with greater certainty as to how your death benefit will be paid and to whom.

You select from categories to determine how the death benefit will be paid (as a lump sum or an account-based pension) and to which class of beneficiaries (your spouse, partner, dependent children or estate). With this facility you do not nominate specific individuals to receive your death benefits. Instead, the benefit will be paid in equal portions to all beneficiaries that meet the criteria for the nominated category.

Once selected, the Trustee must pay your death benefit according to your category selection. In that sense, your selection is binding on the Trustee. If your personal circumstances change you should update your category selection.

What are the key advantages of MLC Super Estate Optimiser?

The advantages of this facility are that:

- you exercise greater control of your estate planning (note that ex-spouses are excluded, but your Dependent and Minor Children are included)
- certainty is provided about who will receive the benefits (assuming you update your selection if your circumstances change)
- future beneficiaries are automatically included if they meet the category definition at the date of your death (for example, future children for child related categories)
- your nomination does not expire and is effective until you change or cancel your selection

- the need to set up a Testamentary Trust may be reduced, potentially saving legal and associated fees.

Who should use MLC Super Estate Optimiser?

You will find this facility particularly useful if you want peace of mind that your death benefit will be paid to the groups of beneficiaries selected by you and in the manner specified by you (lump sum or pension).

How does MLC Super Estate Optimiser work?

You determine who will receive your superannuation death proceeds by selecting one of the ten categories below. The Trustee will pay your death benefits according to your selected category.

What are the categories?

1.	Lump Sum–Spouse
2.	Lump Sum–Minor Children
3.	Lump Sum–Spouse / Minor Children (50/50)
4.	Lump Sum–Dependent Children and Minor Children
5.	Lump Sum–Estate
6.	Lump Sum–Partner
7.	Account-Based Pension–Spouse
8.	Account-Based Pension–Minor Children
9.	Account-Based Pension–Spouse / Minor Children (50/50)
10.	Account-Based Pension–Partner

Who do the categories include?

Spouse—is the spouse (of the opposite gender to you) who lived with you as husband/wife immediately before your death. This also includes a de facto spouse, but does not include a spouse or de facto spouse from whom you were separated at the time of your death.

Minor Children—are your children aged under 18 at the date of your death. This includes step children and adopted children. Note: If an account-based pension is paid to a minor child, it must be cashed out as a lump sum at age 25 unless the child is *disabled* at that time.

Dependent Children—are children of yours who are dependent (in most cases financially dependent) on you and aged 18 or over at the date of your death. This includes step children and adopted children.

Estate—for the purpose of payment will be the executor or administrator of your estate.

Partner—is the person (of the same gender as you) who lived with you in a de facto relationship immediately before your death.

What if there is more than one eligible child?

Where there is more than one eligible child the payment will be made to those children in equal shares.

What if your beneficiaries don't meet the eligibility criteria?

Important benefit default provisions apply where the person(s) you have nominated do not meet the definition for the category nominated at the date of your death or do not survive you:

- if a lump sum would have been payable to your Dependent Children or Minor Children, but neither exists at the date of your death, then it is paid to your Spouse, or if none, your Partner, or if none, your Estate
- if a pension would have been payable to your Minor Children and there are no Minor Children at the date of your death, then it is paid to your Spouse, or if none, your Partner, or if none, your Estate as a lump sum
- if a benefit would have been payable to your Spouse or Partner and there is none at the date of your death, then it is paid to your Estate as a lump sum.

Using your insurance

Default pensions

If a pension is selected, the Trustee will pay a pension according to the current terms. The current default pension is MLC MasterKey Pension Fundamentals.

How do you make a category selection under MLC Super Estate Optimiser?

To make a category selection under MLC Super Estate Optimiser, complete the Super Estate Optimiser questions in the Application Form and send it to MLC with your application for LCS. To assist the Trustee in administering a claim you may name Children and/or your Spouse (or Partner) in the Selection Form, but all persons who fulfil the category at the date of your death will receive the death benefit whether or not they are named on the Selection Form.

How do you change your category selection under MLC Super Estate Optimiser?

You can change your category selection at any time by completing the Super Estate Optimiser questions in the Application Form. Of course you should also regularly update your Will.

What is the impact of super splitting under the Family Law Act?

You should be aware that in certain circumstances upon the breakdown of your marriage, your MLC Super Estate Optimiser death benefit category selection may be overridden in whole or in part and the payment of benefits may be delayed by various actions taken under the superannuation provisions of the Family Law Act. Should your marriage break down, you should review your current category selection under the MLC Super Estate Optimiser.

Accessing your MLC Life Cover Super benefit

Are your Life Cover, TPD and Income Protection benefits under LCS restricted?

Benefits payable by MLC under LCS are paid to the Trustee, who then passes the benefit to you. The Trustee is restricted from passing benefits to you if you do not satisfy a superannuation condition of release. If you do not satisfy a condition of release, the Trustee must hold your benefit in the Scheme as a *preserved benefit* until you do satisfy a condition of release.

Typically, TPD, Income Protection and Terminal Illness benefits paid under LCS may be affected by this restriction:

- for TPD benefits paid to the Trustee, you must satisfy the condition of release of permanent incapacity, which means that the Trustee is satisfied that you are unlikely, because of health reasons, to engage in gainful employment for which you are reasonably qualified by your education, training and experience
- for Income Protection benefits paid to the Trustee, you must satisfy the condition of release of temporary incapacity, which means that you have ceased to be *gainfully employed* or ceased temporarily to receive any gain or reward due to ill health. The Trustee may not be able to pass benefits to you or may reduce benefits if you receive any income provided or arranged by an employer, partnership or business, including fully paid leave such as sick leave, or if government regulations otherwise limit the benefit that can be paid. A benefit can not be paid for longer than the period of temporary incapacity.

- for Terminal Illness you must have a terminal medical condition and have two medical practitioners (at least one of them a specialist in the area of the illness or injury) certify that you are suffering from an illness, or have incurred an injury, which in the normal course would result in death within 12 months from the date of certification (known as the 'certification period').

Other conditions of release are set out below. The Trustee will write to you if it is unable to release benefits to you and will explain your options in relation to any preserved benefits. You may transfer your *preserved benefits* to any other *complying superannuation fund*, approved deposit fund or retirement savings account.

How can you access your LCS benefits?

This type of benefit	Can be withdrawn
Preserved benefit	when you satisfy a condition of release
Unrestricted non-preserved benefit	at any time

Conditions of release

You may generally withdraw your benefits from the superannuation environment if you:

- reach age 65
- cease employment with an employer after age 60
- reach your preservation age and permanently retire

- are permanently incapacitated—the definition for release of *preserved benefits* on the grounds of permanent incapacity is different to that used for TPD insurance, so you may not be able to access this benefit held for you by the Trustee (if, for example, you are still employed)
- are suffering from a terminal medical condition
- qualify on the grounds of severe financial hardship—to find out if you qualify contact your financial adviser or the MLC Client Service Centre on **132 652**
- qualify under compassionate grounds specified under superannuation law
- are a temporary resident holding a specified class of visa and have permanently departed Australia, and you are not a citizen of Australia or New Zealand.

If you don't meet any of these conditions of release and you are over your preservation age, you may be able to use your benefit, including *preserved benefits*, to commence a *transition to retirement pension*. Please see your financial adviser for more information.

What is your preservation age?

The preservation age is 55 years for individuals born before 1 July 1960 and progressively increases to 60 years for individuals born between 1 July 1960 and 1 July 1964.

Taxation

This section gives a brief summary of the way LCS and PPP are treated for tax purposes as at the preparation date of this PDS. The information is of a general nature only, and is written as though you are the policy owner. MLC recommends that you seek professional advice regarding your own taxation position. In addition, you can obtain information from the Australian Taxation Office at www.ato.gov.au

MLC Personal Protection Portfolio

Generally, whether a PPP *premium* is tax deductible or a benefit payment is assessable depends on who is insured and whether it is for business or non-business purposes.

Life Cover

For non-business purposes, the *premium* is not tax deductible but the benefit is tax free whether paid to you or a nominated beneficiary.

For business purposes, if you insure a key employee to protect against a revenue loss, the *premium* is likely to be tax deductible and the benefit is likely to be assessable as income to the business.

Total and Permanent Disability, Terminal Illness Support, Critical Illness and Occupational HIV, Hepatitis B or C lump sum benefit

For non-business purposes:

- if you insure yourself, your *spouse* or a qualifying relative, the *premium* is not tax deductible but the benefit is tax free in your hands
- if you insure anyone else, the *premium* is not tax deductible but a taxable capital gain may arise when a benefit is paid to you.

For business purposes:

- if you insure a key employee to protect against a revenue loss, the *premium* is likely to be tax deductible and any benefit would likely be assessable as income to the business
- in other circumstances the *premium* may not be tax deductible and a benefit may give rise to a capital gain when paid.

Financial Planning Benefit

For non-business purposes, the Financial Planning Benefit is generally not taxable. However, seek tax advice specific to your circumstances.

For business purposes, seek tax advice specific to your circumstances.

Income Protection and Business Expenses

If you are self-employed or an employee, the *premium* is likely to be tax deductible and the benefit is likely to be assessable as income.

Where the life insured dies while receiving Income Protection benefits, the lump sum benefit paid is not likely to be assessable as income.

Premium Waiver and Policy Fee

Where your policy covers a number of benefits, the cost of Premium Waiver and Policy Fees for each benefit may be deductible, partly deductible or non-deductible depending on whether your *premium* for that benefit is deductible, partly deductible or non-deductible.

MLC Life Cover Super

When is your first premium reported?

The first *premium* is reported to the Australian Tax Office only when an application is accepted so, if you intend to claim a tax deduction for your *premium*, you should note that the first *premium* for an application received towards the end of the tax year may not be reported until the application is accepted in the following tax year.

How are LCS contributions classified for tax purposes?

Contributions to superannuation are generally classified as either *concessional* or *non-concessional* contributions.

Concessional contributions commonly include:

- contributions from your employer (including *salary sacrifice*)
- if you are eligible, personal contributions for which you claim a tax deduction.

Non-concessional contributions commonly include:

- your personal contributions for which you do not claim a tax deduction
- contributions made by your *spouse* on your behalf.

There are a number of specific inclusions and exclusions. If other contributions are being made to an LCS insurance policy you need to check how they may affect your contribution limits and tax.

What are the limits on super contributions?

Age on the last day of the financial year	Limit per year on concessional contributions	Conditions
Less than 50	\$50,000	This limit applies to the 2008–2009 financial year and will be indexed periodically.
50 and over	\$100,000 (only mandated employer contributions can be made from age 75)	This limit is not indexed and will apply up to 30 June 2012. From 1 July 2012, the indexed \$50,000 limit will apply.

Age on the first day of the financial year	Limit per year on non-concessional contributions	Conditions
Less than 65	\$150,000 per annum or a 3-year limit of \$450,000	This limit applies to the 2008–2009 financial year and will be indexed periodically. Once triggered, the '3-year' <i>non-concessional</i> limit is not indexed.
65 to 74	\$150,000	This limit applies to the 2008–2009 financial year and will be indexed periodically.
75 and over	Not eligible to make <i>non-concessional</i> contributions	n/a

Please note that if you have more than one fund, all *concessional* and *non-concessional* contributions made to all your funds are added together and count towards your limits.

What deductions or concessions are available for contributions to LCS?

Generally, personal contributions may be claimed as a tax deduction if you are under age 75 and receive less than 10% of your assessable income and reportable fringe benefits from eligible employment.

Your *spouse* may be entitled to a tax offset on contributions they pay to your super account depending on your level of income and provided you are not permanently living apart.

This is a complex area. You should seek professional advice about the types of contributions that fall into each category and the limits that may apply. LCS does not accept contributions from overseas funds, *small business sale proceeds*, *Directed Termination Payments* or *personal injury payments*, so please discuss these with your financial adviser.

Using your insurance

How are LCS contributions taxed?

Tax on contributions

Contributions are generally either tax free or taxed at a rate of 15%. The main types of contributions that are taxed at a rate of 15% are *concessional contributions*.

In LCS, generally, contributions pay for the cost of insurance cover which is fully deductible to the Scheme, so the net effect is that no *contributions tax* applies.

Penalty tax on excessive contributions

If you exceed the contribution limits, significant penalty taxes may be charged by the Australian Taxation Office at the rate of 31.5% for *excessive concessional contributions* and 46.5% for *excessive non-concessional contributions*. Also, *excess concessional contributions* count towards your *non-concessional* limit, so if you exceed both limits then both lots of penalty tax may be charged. If you are issued with a tax assessment from the Australian Taxation Office you will need to pay the amount due to the Australian Taxation Office **within 21 days**.

It is your responsibility to pay the tax liability to the Australian Taxation Office on time.

How are LCS benefits taxed?

Generally, any benefits received by you from age 60 or paid to your dependents on your death are tax free. Tax may be payable by you if you receive a benefit before age 60 or payable by your beneficiary if a death benefit is paid to a non-dependant.

Where required to by law, MLC will deduct any tax, duty, impost or the like from a benefit payment and forward it to the relevant authority.

Are benefit payments from MLC Super Estate Optimiser taxed?

Any tax that may apply to a death benefit payable to beneficiaries depends on a number of factors such as the form of the benefit (lump sum or pension), timing and the dependency status of your beneficiaries. In general, if a death benefit is paid as a lump sum to a *tax dependant* (which includes a Spouse, Minor Child, Dependent Child and Partner) the full amount is tax free. If the death benefit is instead paid as a pension to a *tax dependant*, the income received from the pension will be tax free if either the deceased or the recipient is aged 60 or over. Otherwise, the pension income payments will generally be taxed at the recipient's marginal rate less a 15% tax offset.

As the tax rules for death benefits are complex, you should seek professional advice about which option (lump sum or account-based pension) is preferable for your beneficiaries.

Should you provide your Tax File Number?

Yes. Whilst you're not legally required to provide your Tax File Number, if you do not provide your Tax File Number your application for LCS cannot be accepted. In the event an LCS policy is issued and a Tax File Number is not provided by you on request, MLC may cancel the policy.

You should also be aware that:

- MLC and the Trustee are authorised to collect your Tax File Number under the Superannuation Industry (Supervision) Act 1993.
- It is not an offence to decline to notify MLC and the Trustee of your Tax File Number.
- If you do not notify MLC and the Trustee of your Tax File Number, they may not be able to now or in the future locate or amalgamate and identify your benefits in order to pay you any benefits.
- MLC and the Trustee are allowed to use your Tax File Number only for lawful purposes, in particular if paying out monies, identifying and amalgamating superannuation benefits for surcharge purposes and for other approved purposes. The approved purposes and the consequences of not notifying a Tax File Number may change in the future as a result of legislative changes.
- Your Tax File Number will be disclosed to the Commissioner of Taxation. Your Tax File Number will also be passed to another superannuation provider if your benefits are being transferred, unless you inform MLC and the Trustee in writing not to pass on your Tax File Number. Your Tax File Number will not otherwise be disclosed to any other person.

Changing, replacing, renewing or terminating your insurance

Adding to or changing your insurance

To add to or change your insurance, complete the 'Application for Increase / Alteration / Reinstatement' form and send it to MLC, who will accept or decline the change. The change is not effective until MLC acknowledges the acceptance of the change.

The terms applicable to your additional insurance will be those prevailing at that time.

Premiums for the policy may alter if you add to or change your cover.

Replacing insurance

If you are replacing insurance, you should compare the differences between the existing and replacement policies and only cancel your policy when the new insurance is in place, because there is a risk that:

- the new insurance may not provide you with benefits that would have been available under your existing policy (including benefits for conditions which are considered as pre-existing under the new policy)
- you may be without protection if the new insurance is not issued and your existing policy has lapsed or been cancelled.

However, once replacement insurance is in place, you must cancel your existing policy. If you do not cancel the replaced policy, any benefit that becomes payable under the new insurance will be reduced by any similar benefit that you, your estate or a nominated beneficiary is entitled to receive under the policy that MLC and the Trustee understood was to be replaced.

Renewing your insurance

Generally, MLC will renew the policy each year (as long as you continue to pay the *premiums*), even if you make claims or your health worsens. However:

- MLC does not renew Income Protection insurance for special risk occupations automatically, but assesses whether it can renew the cover on a case by case basis
- MLC will renew a Critical Illness Standard policy on terms and conditions that apply to Critical Illness Standard insurance at the time of renewal (see 'Conditions covered by Critical Illness Standard and their definitions may change' in the 'Critical Illness' section on page 19).

Terminating insurance

You can cancel any insurance or the policy at any time by notifying MLC in writing.

Your insurance may also end because your full benefit is paid, you reach your policy's expiry age or *termination date*, you die, or because the policy is cancelled due to a fraudulent claim or failure to pay *premiums*, as stated in 'When does insurance end?' for each type of insurance.

Changing, replacing, renewing or terminating your insurance

Converting MLC Life Cover Super to non-superannuation insurance

What is conversion?

Conversion means that the insurance policy in superannuation ends and a new policy is issued outside superannuation.

When does conversion happen?

With MLC's approval you may convert the LCS policy to a non-superannuation policy at any time before you turn 75.

MLC **must** convert the LCS policy to a non-superannuation policy if:

- you are aged 65 to 74, and
- you do not satisfy the work test.

What is the work test?

To satisfy the work test, you must be *gainfully employed* on at least a part-time basis, having worked for at least 40 hours during a period of 30 consecutive days in the financial year in which the contribution is made.

If you do not respond when MLC writes to you and asks if you satisfy the work test, MLC will assume you do not satisfy the work test.

If MLC must convert the LCS policy to a non-superannuation policy, this is how it works:

If you pay your premiums via deduction from your MLC MasterKey Superannuation account, and the balance no longer covers the premiums:

MLC will cancel the insurance policy held by the Trustee for you and **you will be offered the opportunity to convert** to a non-superannuation policy. If you wish to convert, you must complete the appropriate forms to select your preferred payment method for the new policy.

If you pay your premiums via direct debit, credit card, cheque or BPAY®:

MLC will cancel the insurance policy held by the Trustee for you and it will be **automatically converted** to a non-superannuation policy. You will not need to complete any forms. However, if you do not want MLC to automatically convert the insurance policy, you or the Trustee must notify MLC in writing. MLC will terminate the policy.

How does conversion work?

On conversion, MLC cancels the LCS insurance policy held by the Trustee for you and MLC issues a non-superannuation policy with similar types of insurance and amounts of *insured benefits*. The policy terms and conditions will be determined at the date of conversion.

If LCS is your only interest in the Scheme, your membership of the Scheme and your entitlement to receive a benefit from the Scheme will also cease.

In determining eligibility for benefits, insurance under the new policy will be taken to have started on the later of:

- the date similar insurance began under the superannuation insurance policy
- the date the superannuation insurance policy was last reinstated.

The amount of *insured benefits* under the new policy will not be more than it was under the old policy at the date of conversion. *Premiums* under the new policy will be calculated in line with MLC's base *premium* rates at the time, taking into account the amount of *insured benefits*, your age and acceptance terms of the policy.

Transfers out of MLC Life Cover Super to rollover funds

Transfers to an eligible rollover fund

The Trustee may transfer your benefit to an *eligible rollover fund* if we lose contact with you and cannot locate you.

The Trustee will advise you of our intention to transfer your benefit to an *eligible rollover fund* in writing at your last known address and will proceed with transferring your benefit if you don't respond with details of an alternative superannuation fund.

Transfer to an *eligible rollover fund* may be detrimental to you as the *eligible rollover fund* may have a different fee structure, different investment strategies and may not offer insurance benefits.

The *eligible rollover fund* we currently use is the Australian Eligible Rollover Fund and they can be contacted on **1800 677 424**.

What happens to unclaimed money?

If you don't claim your benefit, it is treated as unclaimed money and the Trustee must pay it to the Australian Taxation Office. A benefit becomes unclaimed money if:

- you have reached eligibility age (currently 65 years) or you die, and
- you or another person are entitled to a benefit, and
- MLC and the Trustee are unable to locate you, or the person who is entitled to receive your benefit.

To seek payment, you or the person entitled to receive your benefit must apply to the Australian Taxation Office which can be contacted at:

Telephone: **131 020**
Website: **www.ato.gov.au**

The Australian Taxation Office website also has an online SuperSeeker service that enables you to search for your unclaimed money (also known as lost superannuation) using your Tax File Number. You can phone SuperSeeker on **132 865**.

Complaint resolutions

In most cases we can deal with your complaint over the telephone. You can speak to a customer service consultant by calling the MLC Client Service Centre on **132 652**. If we cannot resolve your complaint please write to us at the following address and mark your envelope 'Notice of complaint':

The Manager
MLC Complaint Resolutions
PO Box 1086
North Sydney NSW 2059

If we are unable to resolve your complaint within the timeframe specified below or if you are dissatisfied with the outcome, you may seek assistance from the following independent bodies:

If you are insured under an LCS policy:

Timeframe: 90 days
Superannuation Complaints Tribunal
Telephone: **1300 780 808**
Website: www.sct.gov.au

If you are insured under a PPP policy:

Timeframe: 45 days
Financial Ombudsman Service
Telephone: **1300 780 808**
Email: info@fos.org.au
Website: www.fos.org.au

Time limits on legal actions

Neither you nor the Trustee may take legal action for the payment of benefits under the Policy:

- less than 60 days after MLC receives all proof or information that MLC needs to properly consider the claim
- more than 3 years after MLC first asked for that proof or information.

Privacy Notification

MLC Limited and its subsidiaries are members of the National Australia Group (the Group). The Group includes banking, financing, funds management, financial planning, superannuation, insurance, broking and e-commerce organisations. This statement is an outline of certain matters relating to the collection and handling of your personal information by Group organisations.

Collecting your personal information

Group organisations will collect personal information for the purposes of:

- providing you with a product or service (including assessing your application)
- managing and administering the product or service
- identifying you and protecting against fraud
- verifying your authority to act on behalf of a customer
- determining whether a beneficiary will be paid a benefit upon a person's death
- letting you know about products or services from across the Group that might better serve your financial, e-commerce and lifestyle needs or promotions or other opportunities in which you may be interested.

If you provide MLC with incomplete or inaccurate personal information, the Group organisation may not be able to process your requests and applications or manage or administer your products or services. It may also not be possible to tell you about other products or services from across the Group that might better serve your financial, e-commerce and lifestyle needs.

Using and disclosing your personal information

Group organisations may disclose your personal information to other organisations:

- involved in providing, managing or administering the products and services the Group offers, including third-party suppliers (eg printers, posting services), other Group organisations, its advisers and loyalty and affinity program partners
- who are your financial or legal advisers or representatives and their service providers
- involved in maintaining, reviewing and developing the Group's products, business systems, procedures and infrastructure including testing or upgrading the Group's computer systems
- involved in a corporate re-organisation or involved in a transfer of all or part of the assets or business of a Group organisation
- involved in the payments system including financial institutions, merchants and payment organisations
- which are Group organisations which wish to tell you about their products or services that might better serve your financial, e-commerce and lifestyle needs or promotions or other opportunities, and their related service providers, except where you tell the Group not to
- as required or authorised by law and/or where you have given your consent.

Your personal information may also be used in connection with such purposes. Because the Group operates throughout Australia and overseas, some of these uses and disclosures may occur outside your state or territory and outside Australia.

Gaining access to your personal information

Subject to some exceptions allowed by law, you can gain access to your personal information. If access is denied, you will be given reasons for this. In some cases, your request may be dealt with over the telephone. For more information about your personal information and privacy, please call the MLC Client Service Centre on **132 652**.



Definitions



General Definitions

Accident	An event where bodily injury is caused directly and solely by violent, external and visible means, independently of all other causes.
Business day	A day, other than a Saturday or Sunday, or a public or Bank holiday.
Complying superannuation fund	A regulated superannuation fund that qualifies for concessional tax rates. A complying superannuation fund must meet the requirements that are set out in law.
Concessional contributions	These include, but are not limited to, contributions from your employer (including <i>salary sacrifice</i>) or if you are eligible, personal contributions for which you claim a tax deduction. There are a number of specific inclusions and exclusions and if contributions other than these are being made to your account you need to check the impact these may have on your concessional contributions limit.
Consumer Price Index (CPI)	The 'Consumer Price Index: All Groups Index Weighted Average for Eight Capital Cities' published by the Australian Bureau of Statistics or, if that is not available, any reasonable substitute chosen by MLC.
Contributions tax	A tax of 15% applied to deductible personal contributions, employer contributions (including <i>salary sacrifice</i>) and some other types of contributions.
Dependant	Includes a <i>spouse</i> , a child of any age, a financial dependant, or a person in an <i>interdependency relationship</i> .
Directed Termination Payment (DTP)	A <i>transitional termination payment</i> that you direct your employer to contribute to a <i>complying superannuation fund</i> , approved deposit fund, retirement savings account or to purchase a qualifying annuity. Tax otherwise payable on a <i>transitional termination payment</i> is not withheld on a Directed Termination Payment but <i>contributions tax</i> of 15% is payable on the taxable component at the time the Directed Termination Payment is contributed.
Disabled	For the purposes of the death benefit restriction for child beneficiaries, a disabled person is defined in s8(1) of the Disability Services Act as a person with a disability that is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments. The disability must be permanent or likely to be permanent and result in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services.
Earnings	Where you are self-employed (directly or indirectly own part of a business), 'earnings' means the income of the business generated by your personal efforts after the deduction of your share of business expenses in generating that income. Where you are an employee, 'earnings' means the total remuneration paid by the employer to you including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on your behalf. Earnings do not include investment income and are calculated before tax.
Eligible MLC MasterKey superannuation product	<i>Premiums</i> can be deducted monthly from the following MLC MasterKey superannuation products: <ul style="list-style-type: none"> • MasterKey Super Fundamentals • MasterKey Super • MasterKey Superannuation (Gold Star / Five Star).
Eligible rollover fund (ERF)	A regulated superannuation fund or approved deposit fund which has formally elected to be an eligible rollover fund. An eligible rollover fund is required to treat all members as protected members.
Farmers Package	An Income Protection Plus plan available under PPP, which may be available to farmers when they do not qualify for Income Protection insurance due to difficulty of assessing <i>earnings</i> .
Gainfully employed	Working for <i>earnings</i> , payment or profit.

Key person / revenue protection insurance	A method used by a business or employer to protect against financial loss that may result from the loss of service of a key person in the event of death, sickness or injury. A key person is a person without whose knowledge or expertise the business would suffer financial loss.
Inflation	The increase in the price of goods and services as measured by the <i>Consumer Price Index (CPI)</i> . The effect of inflation is that something you buy today will cost more in the future.
Insured benefit	The amounts shown in the <i>Schedule</i> for LCS which are the maximum amounts that will be paid to the Trustee by MLC under each type of insurance provided.
Interdependency relationship	<p>Broadly, an 'interdependency relationship' exists where two persons:</p> <ul style="list-style-type: none"> • have a close personal relationship • live together • one or each provides financial support to the other, and • one or each provides domestic support and financial care to the other. <p>If a close personal relationship exists but the other requirements of an interdependency relationship are not satisfied because of physical, intellectual or psychiatric disability, then an interdependency relationship may still exist.</p>
Mental disorder	A mental disorder is defined as any disorder classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) which is current at the start of the period of total disability. Such disorders include, but are not limited to, stress (including post traumatic stress); physical symptoms of a psychiatric illness; mental disorders due to a general medical condition; anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders; and disorders related to substance abuse and dependency which include alcohol, drug or chemical abuse dependency. If the DSM is discontinued, MLC will use the manual chosen as its replacement by the APA.
Non-concessional contributions	These contributions most commonly include your personal contributions for which you do not claim a tax deduction and contributions made by your <i>spouse</i> on your behalf. There are a number of specific inclusions and exclusions and if contributions other than these are being made to your account you need to check the impact these may have on your non-concessional contributions limit.
Normal physical domestic duties	Cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of dependent children.
Paid-to date	<p>The date <i>premiums</i> are paid up to in whole months in line with the <i>review date</i>. The following will apply:</p> <ul style="list-style-type: none"> • if you pay your <i>premiums</i> monthly, your insurance cover will end as at the next paid-to date • if your <i>premiums</i> are deducted from your <i>eligible MLC MasterKey superannuation product</i> account, MLC will cease deducting <i>premiums</i> on the date the policy is cancelled and your insurance cover will end as at the next paid-to date, as outlined above for <i>premiums</i> paid monthly • if you pay your <i>premiums</i> half-yearly or yearly, your insurance cover will end on the next monthly paid-to date following receipt of your cancellation request. Any <i>premium</i> paid by you for cover after that paid-to date will be refunded.
Personal injury payments	<p>The amounts derived from:</p> <ul style="list-style-type: none"> • a structured settlement payment • an order for a personal injury payment, or • a workers compensation payment, taken as a lump sum.
Premium	The amount of money charged by MLC for the insurance cover provided.
Preserved benefits	Benefits that must be kept in a superannuation fund and cannot be withdrawn until you have met a condition of release.

Retrenchment	When your employer terminates your full-time employment because your position is no longer needed; for the business.
Review date	The date stated in the <i>Schedule</i> on which MLC reviews the insured benefits and <i>premiums</i> each year. Typically, this is the anniversary of the date the policy was issued or reinstated.
Salary sacrifice	'Before tax' salary that can be contributed to your superannuation account via an arrangement with your employer. These contributions are treated as employer contributions.
Schedule	The Schedule issued for LCS and PPP with the policy which details the types of insurance and the amount of insured benefits under the policy. An updated Schedule will be issued each year or at any time there is a change in the benefits or types of insurance. The updated Schedule will replace the previous Schedule.
Small business sale proceeds	Amounts that relate to the disposal of certain small business assets. These contributions are sometimes referred to as the 'Capital Gains Tax retirement exemption', which is subject to a lifetime limit of \$500,000, and the 'Capital Gains Tax 15 year exemption'.
Spouse	A person living together with another person as husband, wife or de facto partners on a genuine domestic basis, except same-sex partners. Note this definition does not apply to the MLC Super Estate Optimiser facility.
Statement of Advice	A document that must be given to a client by their financial adviser in relation to the provision of personal advice in accordance with Div 3C and 3D of Part 7.7 of the Corporations Act.
Superannuation lump sum rollover	The amount of your superannuation benefits that you move directly to and from another resident <i>complying superannuation fund</i> , approved deposit fund, retirement savings account or qualifying annuity.
Tax Dependant	Generally a <i>dependant</i> but expressly excludes a child over 18 who was not financially dependent on, or in an <i>interdependency relationship</i> with, the member at the time of the member's death.
Termination date	The date when cover under a type of insurance ends. The termination date may vary for different types of insurance.
Terminal Illness	Any illness that, in the opinion of an appropriate specialist physician approved by MLC, is likely to lead to your death within 12 months from the date MLC is notified in writing by the approved physician.
Transition to Retirement Pension	An income stream benefit with restrictions on income payments and lump sum withdrawals which permit a person who has reached their preservation age to access part or all of their accumulated benefits including <i>preserved benefits</i> .
Transitional Termination Payment	A payment which is subject to the transitional arrangements that may apply to certain payments made in consequence of termination of employment between 1 July 2007 and 30 June 2012.
Unrestricted non-preserved benefits	Benefits that have previously met a <i>condition of release</i> and therefore can be withdrawn from a superannuation fund at any time (subject to the rules of the fund).

Total and Permanent Disability (TPD) and Loss of Independence Definitions

What is Total and Permanent Disability?

You are <i>totally and permanently disabled</i> if you have a disability resulting from an injury or illness	and	as a result of your disability you have been completely unable, and are unlikely ever to be able, to work according to your Occupation Definition at the time of claim, and these circumstances have existed continuously for at least 6 months.
	or	you suffer a permanent impairment of at least 25% of whole person function so that you are completely unable, and are unlikely ever to be able, to work according to your Occupation Definition ('whole person function' is defined in the American Medical Association's 'Guide to the Evaluation of Permanent Impairment', 4 th edition, or an equivalent approved by MLC).

or

You are <i>totally and permanently disabled</i> if you suffer the total and irrecoverable loss of	either	the use of both hands
	or	the use of both feet
	or	the sight in both eyes
	or	the use of one hand and one foot
	or	the use of one foot and the sight in one eye
	or	the use of one hand and the sight in one eye

Eligibility for 'Own Occupation' definition of TPD

For an additional cost you can choose an *Own Occupation* definition if the occupation in which you are engaged when you apply is eligible under the AAA, ACT, ML or certain AA occupation categories, which include professional occupations such as accountants, doctors and solicitors. MLC or your financial adviser can tell you your occupation category. The *Own Occupation* definition of TPD varies according to your employment status.

When you claim, the *Own Occupation* definition lets you choose to be assessed according to:

- your occupation when you applied, or
- your occupation immediately prior to your date of disability, as long as that occupation is eligible for the *Own Occupation* definition.

What are the TPD Occupation Definitions?

How your inability to work is defined depends on whether or not you are *gainfully employed* (working for *earnings*, payment or profit) when your disability begins, and whether you are insured under the *Any Occupation* or *Own Occupation* definition.

If you are <i>gainfully employed</i> when your disability begins, 'unable to work' means your inability to:	work at your usual occupation or any other occupation you are reasonably suited to by way of education, experience or training for the Any Occupation definition
	work at your own occupation for the Own Occupation definition and not be working in any occupation for a continuous period of at least 6 months.
If you are not <i>gainfully employed</i> when your disability begins, 'unable to work' means your inability to:	do any <i>normal physical domestic duties</i> (cleaning, cooking meals, doing the laundry, shopping for groceries and taking care of dependent children)

What is Loss of Independence?

There are three categories of *loss of independence* criteria.

You have lost independence if, as a result of illness or injury, you are permanently unable to do any two or more of the following groups of daily activities without physical help from someone else:

- bathing or showering
- dressing
- moving from place to place, in and out of bed, and in and out of a chair
- eating and drinking
- using the toilet.

You have *lost independence* if, as a result of illness or injury, you have suffered from the total and irrecoverable loss of:

- the use of both hands, or
- the use of both feet, or
- the sight in both eyes, or
- the use of one hand and one foot, or
- the use of one foot and the sight in one eye, or
- the use of one hand and the sight in one eye.

You have *lost independence* if you suffer severe permanent cognitive impairment (if you obtain a score of 15 or less out of 30 in a 'Mini Mental State Examination'), so that you need continuous supervision to protect yourself or other people.

A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.

The *loss of independence* circumstances must have existed continuously for at least 6 months.

Critical Illness Definitions

Critical Conditions Definitions

Your Critical Illness insurance requires the following precise medical definitions:

Aorta repair	The correction of narrowing, dissection or aneurysm of the aorta through the chest or abdominal wall. It does not include angioplasty, intra-arterial procedures or other non-surgical procedures.
Aplastic anaemia	Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments: <ul style="list-style-type: none"> • marrow stimulating agents • bone marrow transplantation • blood product transfusions • immunosuppressive agents.
Bacterial meningitis	Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of whole person function. Bacterial meningitis occurring in patients with HIV infection is not covered.
Benign brain tumour	The presence of a non-cancerous tumour of the brain resulting in at least 25% permanent impairment of the whole person function. The following are not included: <ul style="list-style-type: none"> • intracranial cysts, granulomas and haematomas • intracranial malformation in or of the arteries and veins • tumours of the pituitary gland or the spinal cord.
Blindness	The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.
Cardiomyopathy	The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment. Cardiomyopathy caused by alcohol or drug abuse is not covered.
Chronic kidney failure	The final stage of kidney disease that requires permanent dialysis or a transplant.
Chronic liver failure	The final stage of liver disease with permanent jaundice, ascites (abnormal retention of fluids within the abdominal cavity), deteriorating liver function tests and encephalopathy (related brain disease). Liver disease caused by alcohol or drug abuse is not covered.
Chronic lung failure	The final stage of lung disease, needing a permanent extra oxygen supply and with lung function tests known as FEV1 consistently showing results of less than 1 litre.
Coma	A total loss of consciousness and responsiveness that: <ul style="list-style-type: none"> • lasts at least 96 hours • requires the continuous use of a life support system for that time, and • results in permanent loss of at least 25% of either the brain's mental function or its physical control function. Coma caused by alcohol or drug abuse is not covered.
Coronary artery angioplasty	An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are not included.
Coronary artery angioplasty—Triple Vessel	The actual undergoing for the first time of an operation to correct narrowing or obstruction of three or more coronary arteries within the same procedure when considered the necessary and appropriate treatment.
Coronary artery bypass surgery	The surgical grafting of a bypass to a coronary artery to overcome narrowing or obstruction. It does not include coronary artery angioplasty, intra-arterial procedures or other non-surgical procedures.

Critical Illness Definitions

Deafness	Permanent loss of all hearing in both ears.
Dementia or Alzheimer's disease	The permanent failure of brain function resulting in significant cognitive impairment with the need for continuous supervision to protect yourself or other people. The diagnosis of Dementia or Alzheimer's disease must be certain, with no other recognisable cause, and be supported by clinical evidence and standardised testing.
Encephalitis	Severe inflammation of brain substance which results in permanent loss of at least 25% of either the brain's mental function or its physical control function. Encephalitis occurring in patients with HIV infection is not covered.
Heart attack	The death of part of the heart muscle because of inadequate blood supply. The diagnosis must be based on electrocardiogram changes and either: <ul style="list-style-type: none"> • higher levels of cardiac enzyme (CK-MB) than normal, or • an elevation (other than as a result of cardiac or coronary intervention or angina) of Troponin I in excess of 2.0 µg/L (micro-grams per litre) or Troponin T in excess of 0.6 µg/L. If a diagnosis based on the above criteria is inconclusive, then MLC will consider a claim based on conclusive evidence that the life insured has been diagnosed as having suffered a heart attack, resulting in either one of the following: <ul style="list-style-type: none"> • new pathological Q waves, or • a permanent left ventricular ejection fraction of 50% or less, measured 3 or more months after the event.
Heart valve surgery	The surgical repair or replacement of a defective heart valve or valves. It does not include intra-arterial procedures or other non-surgical procedures.
HIV contracted through medical procedures	Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures: <ul style="list-style-type: none"> • blood transfusion, or transfusion with blood products • organ transplant to the life insured • assisted reproductive techniques • any other procedure or operation performed by a medical practitioner or dentist. The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist. Any event that might lead to a claim must be reported to MLC within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event. MLC must have access to the blood sample tested and must be able to take further samples if MLC thinks this is needed. Seroconversion must occur within 6 months of the event. A benefit will not be paid if any of the following are true: <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.

HIV contracted through your work	<p>Infection with Human Immunodeficiency Virus (HIV) as a result of an injury while you are working at your normal occupation.</p> <p>Any injury that might lead to a claim must be reported to MLC within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the injury. MLC must have access to the blood sample tested and must be able to take further samples if MLC thinks this is needed. Seroconversion must occur within 6 months of the injury.</p> <p>A benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none"> • the HIV infection has any other cause, including sexual activity or recreational intravenous drug use • before the injury the Australian Government has recommended an HIV vaccine for use in your occupation, but you have not taken this vaccine • the Australian Government has approved a treatment which makes HIV inactive and non-infectious.
Intensive care	<p>Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p> <p>Intensive care as a direct or indirect result of drug or alcohol intake is excluded.</p>
Loss of independence	<p>As a result of injury or sickness you are permanently unable to do any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed, and in and out of a chair • eating and drinking • using the toilet. <p>You also lose your independence if you have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision to protect yourself or other people. A Mini Mental State Examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.</p> <p>The loss of independence circumstances must have existed continuously for at least 6 months.</p>
Loss of speech	<p>Total and permanent loss of all ability to speak.</p> <p>A claim can only be made once the initial diagnosis is reconfirmed after 6 months.</p>
Major brain injury	<p>Physical head injury that results in permanent loss of at least 25% of either the brain's mental function or its physical control function.</p>
Major burns	<p>Third degree burns to 20% or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.</p>
Major organ transplant	<p>The transplant of any of the following whole organs from a human donor to you:</p> <ul style="list-style-type: none"> • kidney • lung • liver • pancreas • heart • bone marrow • small bowel.

Critical Illness Definitions

Malignant cancer	<p>The presence of one or more malignant tumours, leukaemia or lymphomas (including Hodgkin's Disease). The following are not included:</p> <ul style="list-style-type: none"> • chronic lymphocytic leukaemia in its early stages (RAI stages 0 or 1) • prostate cancer which is histologically described as TNM classification T1 or another equivalent or lesser classification • carcinoma in situ (including cervical dysplasia CIN1, CIN2, and CIN3), or premalignant tumours. Carcinoma in situ of the breast is included where it leads to the removal of the breast by a mastectomy. The procedure must be performed as a direct result of the carcinoma in situ and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment • skin cancer other than melanoma at least 1.5 mm thick or at least Clark Level 3 of invasion • hyperkeratosis or basal cell skin carcinoma • squamous cell skin carcinoma unless it has spread to other organs.
Meningococcal septicaemia	Severe infection in the blood stream that causes blood poisoning which results in a permanent impairment of at least 25% of whole person function.
Motor neurone disease	The progressive weakening and wasting of the muscles of the body. The diagnosis of motor neurone disease must be certain and supported by neurological investigations. There must be permanent loss of at least 25% of the brain's physical control function.
Multiple sclerosis	The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The diagnosis of multiple sclerosis must be certain and supported by neurological investigations. There must be more than one episode of brain dysfunction with persistent abnormalities and loss of at least 25% of either the brain's mental function or its physical control function.
Muscular dystrophy	The progressive weakening and associated loss of muscle tissue resulting in a permanent loss of at least 25% of whole person function.
Open heart surgery	Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.
Out of hospital cardiac arrest	<p>Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.</p> <p>Cardiac arrest as a direct or indirect result of alcohol or drug intake is excluded.</p>
Parkinson's disease	A degenerative disease of the central nervous system, the most common symptom of which is a rhythmic tremor of the limbs. The diagnosis of Parkinson's disease must be certain and supported by neurological investigations. The disease must be at a stage where it can no longer be controlled with medication and has resulted in the permanent loss of at least 25% of either the brain's mental function or its physical control function.
Paralysis	Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.
Pneumonectomy	The removal of an entire lung when considered the necessary and appropriate treatment.
Primary pulmonary hypertension	A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Severe osteoporosis	<p>The life insured:</p> <ul style="list-style-type: none"> • before the age of 50, suffers at least two vertebral body fractures and/or a fracture of the neck of femur, due to osteoporosis, and • has bone mineral density reading with a T-score of less than -2.5 (ie 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe rheumatoid arthritis	<p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a 6 week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> – proximal interphalangeal joints in the hands – metacarpophalangeal joints in the hands – metatarsophalangeal joints in the foot – wrist, elbow, knee, or ankle joints. • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity • 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.
Stroke	<p>An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours. There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred. Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium, except embolism resulting in stroke, are not included.</p>

Critical Illness Definitions

Critical Conditions— Extra Benefits Option Definitions

For the purposes of the Critical Illness Extra Benefits Option *child* means your natural, adopted or step child.

If you have chosen the Extra Benefits Option your Critical Illness Plus insurance requires the following precise medical definitions:

Adult onset insulin dependent diabetes mellitus	The diagnosis after the age of 30 of Type 1 diabetes mellitus for which insulin is required for survival.
Advanced endometriosis	The presence of endometrial tissue (normal lining of the uterus) outside the uterus, usually in the pelvic cavity. Advanced endometriosis is a partial or complete obliteration of the cul-de-sac (Pouch of Douglas) by endometriotic adhesions, and/or the presence of endometriomas (cysts containing endometriotic material), and/or the presence of deep endometriotic deposits involving the pelvic side wall, cul-de-sac and broad ligaments, or involving the wall of the bladder, ureter and bowel for which surgical treatment is required.
Carcinoma in situ of the breast	The presence of histologically proven localised pre-invasive cancer in the breast, where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. This includes, but is not limited to, pre-invasive cancer of the milk ducts or lobules.
Chronic lymphocytic leukaemia (CLL)	The presence of chronic lymphocytic leukaemia diagnosed as RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).
Congenital abnormalities of a child	<p>If the life insured or life insured's <i>spouse</i> gives birth to a <i>child</i> that survives for at least 28 days and is diagnosed with one of the following:</p> <ul style="list-style-type: none"> • Down's syndrome—a specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities. • Spina bifida—defective closure of the spinal column due to neural tube deficit with a meningocele or meningocele and resulting in neurological deficit. • Tetralogy of Fallot—an anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition. • Transposition of great vessels—a congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be supported by an echocardiogram, and invasive surgery must be performed to correct the condition. • Congenital blindness—complete absence of the sense of sight from birth. • Congenital deafness—complete absence of the sense of hearing from birth. <p>Congenital abnormalities that first appeared in a <i>child</i>, before this Extra Benefits Option commenced or was last reinstated, are not covered for any existing or future children.</p> <p>Benefits are not payable if payment has been made under 'Inability of a <i>child</i> to gain independence' or 'Death of a <i>child</i>'.</p>
Deafness in one ear	The total, irreversible and irreparable loss of hearing in one ear, whether aided or unaided.
Death of a child	<p>If the life insured has a <i>child</i> that dies whilst the policy is in force, MLC will pay you a partial benefit.</p> <p>Benefits are not payable:</p> <ul style="list-style-type: none"> • if the death of an existing or future <i>child</i> is caused or contributed to by an injury that occurred or sickness that first appeared before this Extra Benefits Option commenced or was last reinstated, and • if payment has been made under 'Congenital abnormalities of a <i>child</i>', 'Specified complications of pregnancy', or 'Inability of a <i>child</i> to gain independence'.
Diagnosed motor neurone disease	The diagnosis of motor neurone disease which is the progressive weakening and wasting of the muscles of the body. The diagnosis must be certain and supported by neurological investigations.
Diagnosed multiple sclerosis	The diagnosis of multiple sclerosis which is the progressive destruction of the insulating layer of myelin in the brain and spinal cord. The diagnosis must be certain and supported by neurological investigations.

Diagnosed muscular dystrophy	The diagnosis of muscular dystrophy which is the progressive weakening and associated loss of muscle tissue. The diagnosis must be certain and supported by muscle biopsy or neurological investigations.
Diagnosed Parkinson's disease	The diagnosis of Parkinson's disease which is a degenerative disease of the central nervous system. The diagnosis must be certain and supported by neurological investigations.
Facial reconstructive surgery and skin grafting	The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an <i>accident</i> requiring inpatient hospital treatment of the life insured. An <i>accident</i> or injury as a direct or indirect result of alcohol or drug intake is excluded. The <i>accident</i> must occur whilst the policy is in force.
Inability of a child to gain independence	<p>The life insured's <i>child</i>, as a result of Injury or sickness, will be permanently unable to do any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none"> • bathing or showering • dressing • moving from place to place, in and out of bed and in and out of a chair • eating and drinking • using the toilet. <p>The life insured's <i>child</i> also suffers an inability to gain independence which results in permanent loss of at least 25% of either the brain's mental function or its physical control function which leads to a need for continuous supervision of the <i>child</i> to protect them or other people.</p> <p>A claim can only be made once the initial assessment or diagnosis is reconfirmed after 6 months.</p> <p>Benefits are not payable:</p> <p>if the inability of an existing or future <i>child</i> to gain independence is caused or contributed to by an injury that occurred or sickness that first appeared before this Extra Benefits Option commenced or was last reinstated, and</p> <p>if payment has been made under 'Congenital abnormalities of a <i>child</i>', or 'Death of a <i>child</i>'.</p>
Loss of one foot or one hand	<p>The total and irrecoverable loss, or loss of the use, of the following:</p> <ul style="list-style-type: none"> • one foot • one hand. <p>Loss as a direct or indirect result of alcohol or drug intake is excluded.</p>
Loss of sight in one eye	The permanent loss of sight in one eye, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less.
Melanoma	The presence of one or more malignant melanomas. The melanoma must be between 1.0 mm and 1.5 mm Breslow thickness and also less than Clark Level 3 depth of invasion as determined by histological examination. The malignancy must be characterised by the uncontrollable growth of malignant cells.
Placement on waiting list for major organ transplant	The life insured has been placed on an Australian waiting list, approved by MLC, for an organ transplant (as listed under the Major Organ Transplant definition) from a human donor.
Prostate cancer	The presence of prostate cancer histologically described as TNM classification T1 (or another equivalent classification) and with a Gleason score of at least 6.

Critical Illness Definitions

Serious accidental injury	The life insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered doctor. Injury as a direct or indirect result of alcohol or drug intake is excluded.
Specified complications of pregnancy	The life insured is diagnosed with one of the following: <ul style="list-style-type: none">• Disseminated Intravascular Coagulation (DIC) where there is a pregnancy related cause of the DIC which has resulted in a life threatening haemorrhage from multiple sites.• Ectopic pregnancy—pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be terminated by laparotomy or laparoscopic surgery.• Hydatidiform mole—the development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in death of the embryo.• Stillbirth—the birth of an infant after at least 28 weeks of pregnancy, which shows no signs of life after birth. Elective termination of pregnancy is specifically excluded. Benefits are not payable if payment has been made under 'Death of a <i>child</i> '.

Interim Accident Insurance Certificate

This information is provided by MLC Limited ABN 90 000 000 402 AFSL 230694 (MLC), the issuer of this Interim Accident Insurance.

MLC is pleased to provide this Interim Accident Insurance, at no extra cost, while your application for LCS and/or PPP, whether for a new policy or an addition to an existing policy, is being considered. This insurance is provided separately to LCS and is not part of the Scheme. The Trustee has no liability or obligation to you for this Interim Accident Insurance. The terms and conditions of this Interim Accident Insurance Certificate are set out below.

When will MLC pay?

MLC will pay you the benefits of the Interim Accident Insurance if the life insured dies, is *totally and permanently disabled*, suffers a *critical condition*, or becomes totally disabled, as a result of a bodily injury caused by *accidental* means, which occurs while that life insured is covered by this Interim Accident Insurance. Details are as follows:

Life Cover insurance and Total and Permanent Disability insurance

If you applied for any of these insurances for a life insured, and that life insured dies within 12 months, or is *totally and permanently disabled*, as a result of a bodily injury which is caused by *accidental* means during the term of this insurance, MLC will pay you the lowest of:

- \$1,000,000
- the benefit you applied for
- the benefit MLC would allow under its normal assessment guidelines.

Critical Illness insurance

(applicable for PPP only)

If you applied for Critical Illness insurance for a life insured, and that life insured suffers one of the following critical conditions, as a result of bodily injury which is caused by *accidental* means during the term of this insurance:

- coma¹
- major burns¹
- major brain injury¹
- blindness¹
- paralysis¹
- loss of independence

MLC will pay the lowest of:

- \$600,000
- the Critical Illness benefit you applied for on that life insured
- the Critical Illness benefit MLC would allow for that life insured under its normal assessment guidelines.

The definitions of each *critical condition* that will apply are the definitions for those conditions set out in the current PPP policy document, and as outlined in the Product Disclosure Statement (PDS). Interim cover will only be provided for those conditions that are covered under the terms of the insurance for which you have applied.

¹ These conditions are not covered if you have applied for Critical Illness Standard.

Income Protection insurance

If you have applied for Income Protection insurance for a life insured, and that life insured is totally disabled as a result of a bodily injury which is caused by *accidental* means during the term of this insurance, MLC will pay you the lowest of:

- \$10,000 a month
- the benefit you applied for
- the Income Protection benefit MLC would allow under its normal assessment guidelines.

MLC will pay this benefit each month that the life insured is continuously totally disabled after the end of the waiting period you applied for, up to a maximum of 12 months. If the life insured is disabled for part of a month the benefit will be reduced proportionately.

Conditions

Other than as varied by these terms, the following (as set out in this PDS and the policy document), shall apply to this Interim Accident Insurance:

- the *Any Occupation* definition of *totally and permanently disabled*
- the definition of totally disabled under Income Protection Plus
- the standard conditions, waiting periods, limitations and exclusions, subject to any options you applied for in your application for LCS and/or PPP.

In applying the definitions to your Interim Accident Insurance, in respect of an application for LCS, a reference to the Trustee as set out in the insurance policy issued by MLC for LCS should be read as a reference to you.

Interim Accident Insurance Certificate

When does Interim Accident Insurance start?

Unless MLC nominates an earlier date, Interim Accident Insurance will start when MLC or the Trustee receives a fully completed, signed and dated application for LCS or PPP at any of its branches or head office together with one of the following:

- one full instalment of the *premium*
- a fully completed Direct Debit Request Schedule or Credit Card Deduction Authority or Direct Payment
- a MasterKey Superannuation Deduction Authority (in respect to LCS).

If your application is not accepted, any *premium* received by MLC will be refunded, less any government charges or taxes, to you or to the Trustee for LCS members.

Your Interim Accident cover is void if the *premium* payment for LCS and/or PPP is dishonoured.

Your Duty of Disclosure

Interim Accident Insurance will only be available if you and the lives insured nominated in the application for LCS and/or PPP have completed the Application Form accurately and honestly and have complied with your Duty of Disclosure as set out on page 3 of the Application Form.

Your Duty of Disclosure does not end on completion of your application and personal statement. Your duty continues until MLC accepts your application and issues a *Schedule* and a policy document to you.

MLC will not pay more than one benefit

MLC will not pay more than one benefit under this Interim Accident Insurance for any one *accident* to any life insured.

Benefit Limits

If you are applying to replace an existing policy, the amount of any benefit will be limited to the amount (if any) by which the sum proposed to be insured under the LCS and/or PPP application exceeds the sum insured under the policy to be replaced.

When won't MLC pay?

In addition to MLC's standard exclusions (as set out in the current LCS and/or PPP policy document and outlined in the PDS), MLC will not pay under this insurance for death or disability arising from or contributed to by:

- any condition that you or any life insured knew about before applying for LCS and/or PPP
- the life insured engaging in any occupation, sport or pastime that MLC would not cover under MLC's normal assessment guidelines.

Furthermore, MLC will not pay if:

- the cover applied for would have been declined under MLC's current assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the normal underwriting process.

When does Interim Accident Insurance end?

MLC will cancel your Interim Accident Insurance by notice in writing on the earliest of the following:

- 90 days after the start of this Interim Accident Insurance unless before then MLC tells you a different date
- the date MLC issues a *Schedule* following MLC's acceptance of your application for LCS and/or PPP (or in the case of additional insurance, when MLC issues a revised *Schedule* to you)
- when MLC advises you that your application has not been accepted
- when MLC advises you that your Interim Accident Insurance has ended
- when you withdraw your application.

Your application for LCS and/or PPP

If you claim under your Interim Accident Insurance for any life insured, MLC will take this into account in considering your application for LCS and/or PPP on that life insured. MLC may decide not to accept your application on this basis.

MLC may accept or reject your application as MLC sees fit. No insurance will take effect (apart from this Interim Accident Insurance) before MLC accepts your application and issues a policy to you (or in the case of additional insurance, when MLC issues a revised *Schedule* to you).

No financial adviser or other person is authorised to change these conditions, whether in writing or otherwise. No changes will be binding upon MLC.



Application Form

**To apply for insurance
you must complete
this Application Form**

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Application Form

Issue 6

Preparation date: 15 September 2008

Issue date: 27 October 2008

MLC Nominees Pty Limited (Trustee)
ABN 93 002 814 959
AFSL 230702 RSE L0002998

Trustee for The Universal Super Scheme R1056778
ABN 44 928 361 101
(Issuer of MLC Life Cover Super)

MLC Limited (MLC)
ABN 90 000 000 402 AFSL 230694
(Issuer of MLC Personal Protection Portfolio)

Before you complete and sign this Application Form, you should consider the information about the product(s) you wish to acquire contained in the current Product Disclosure Statement (including any supplementary PDS). These documents will help you to understand the product and decide if it is appropriate to your needs.

What you must tell us

Your Duty of Disclosure

Before you enter into a contract of life insurance with MLC, you have a duty, under the Insurance Contracts Act 1984, to disclose to MLC every matter that you know, or could reasonably be expected to know, is relevant to MLC'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 MLC before such a contract of life insurance is extended, varied or reinstated.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by MLC;
- that is of common knowledge;
- that MLC knows or, in the ordinary course of business, ought to know;
- for which your duty of compliance is waived by MLC.

If you take out MLC Life Cover Super the Trustee obtains life insurance from MLC on you. Because the Trustee is taking out a life insurance policy at your request, the Trustee requires you to make full disclosure to it on the same basis.

Non-Disclosure

If you fail to comply with your Duty of Disclosure and MLC would not have entered into the contract on any terms if the failure had not occurred, MLC may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, MLC may avoid the contract at any time.

Even if MLC is entitled to avoid a contract of life insurance MLC may, within three years of entering into it, elect not to avoid it but 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 MLC.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by MLC and a policy is issued. It also applies if the contract is extended, varied or reinstated.

POLICY 1 (place policy sticker here)		POLICY 2 (place policy sticker here)	
Please tick which product you are applying for:			
Policy 1		Policy 2	
<input type="checkbox"/> LCS	<input type="checkbox"/> PPP	<input type="checkbox"/> PPP	
<input type="checkbox"/> New policy	<input type="checkbox"/> Large Case (please discuss with your Financial Adviser)		
<input type="checkbox"/> Addition of insurance to an existing MLC Policy	Existing policy number (if addition of new insurance)		
<input type="checkbox"/> Concurrent or related application(s) eg. for spouse or business partner (please give name or application number if known)			

Application checklist

Before sending this application to MLC, please check that the following have been completed:

- All relevant questions on the Application Form have been answered.
- The Application Form has been signed and dated by the Life to be Insured and Policy Owner(s).
- Any Supplementary Underwriting Questionnaires have been attached (if required).
- The Personal Financial Questionnaire has been attached (if required).
- Any Supplementary Application Forms for PPP have been attached (if required).
- The Direct Debit Request Schedule or Credit Card Deduction Authority on page 20 or MLC MasterKey Deduction Authority on page 21 is completed (if required).
- If paying by cheque for PPP, a crossed cheque made payable to MLC Limited marked 'Not Negotiable' has been attached.
- If paying by cheque for LCS, a crossed cheque made payable to MLC Nominees Pty Limited marked 'Not Negotiable' has been attached.
- The required copy of the full premium quotation has been attached to the application.
- The Pathology Request and Medical Authority has been completed and signed (if required).

Please forward these requirements to:

MLC Limited, PO Box 200, North Sydney NSW 2059

Need help?

Call your financial adviser, or the MLC Client Service Centre any business day 8 am – 6 pm EST on **132 652**.

SECTION A POLICY OWNER INFORMATION

To be completed by the Policy Owner(s)

If you are applying for one LCS policy OR one PPP Policy, please complete Policy 1.

If you are applying for both a LCS policy and PPP policy, please complete Policy 1 for LCS and Policy 2 for PPP.

Please attach a copy of the premium quotation to this Application Form. The quotation provides the details of the insurance benefits and options being applied for. We need this so we can assess your application(s).

POLICY 1

1 Purpose of cover (please tick the relevant boxes)

- Personal Protection needs
- Individual/Family Protection
- Estate Protection (Estate equalisation, Estate Debts)
Go to Question 2

- Business Protection needs
- Asset (Debt) Protection
- Revenue Protection
- Business Expenses
- Ownership Protection*

* If this application is for Ownership Protection, has a Succession Agreement (Buy/Sell Agreement) been entered into or is one being legally drafted?

No Yes

If you are applying for LCS only, please go to Section B on page 7.

2 Who is to own this PPP policy?

- Individual(s)
- Partnership
- Trustee (of a trust or self managed super fund)
- Company* If the Policy Owner is a Company, percentage of shares in that company held by the Life to be Insured %

* Only one corporate entity can own this policy

3 Please complete the ownership details on the next column. If more than 2 individuals are to own this policy, complete their details on a separate sheet and sign and date it.

If you have selected Individual(s) to own this PPP policy and Income Protection insurance is being included in the policy, **the Life to be Insured must also be the Policy Owner.**

Title	Surname (trustee, individual, director or secretary)	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Trust / Partnership / Company Name / Self Managed Super Fund		
<input type="text"/>		
Date of Birth	NAB Customer Number (NAB Planner use only)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

Title	Surname (trustee, individual, director or secretary)	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Trust / Partnership / Company Name / Self Managed Super Fund		
<input type="text"/>		
Date of Birth	NAB Customer Number (NAB Planner use only)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	

4 How many people are to be insured under this policy?

The acknowledgments and declarations of the Policy Owner(s) in this application also apply to any Supplementary Application(s) for PPP submitted.

5 Postal Address for Notices*

Note: We cannot accept a financial adviser's address as a postal address.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
									Postcode

* If there is more than one policy owner for PPP, notices will be sent to the first policy owner listed above. The first policy owner agrees to provide a copy of each notice to each other policy owner, and the other policy owners appoint the first policy owner as their agent for notice.

6 Contact Details

Home number	Best Contact Time	Day(s)
<input type="text"/> ()	<input type="text"/> am/pm	<input type="text"/>
Work number	Best Contact Time	Day(s)
<input type="text"/> ()	<input type="text"/> am/pm	<input type="text"/>
Mobile	Fax	
<input type="text"/>	<input type="text"/> ()	
Email		
<input type="text"/>		

SECTION B LIFE TO BE INSURED INFORMATION

To be completed by the Life to be Insured

If you are applying for a LCS policy only please complete the life to be insured details below.

If you are applying for a PPP policy and there is more than one Life to be Insured, use this form for one person and complete a Supplementary Application for each additional person.

- Please tick this box if the Life to be Insured details are the same for Policy 1 and Policy 2 and go to Question 13.
If they are not the same, then fill out the details below for Policy 1 (LCS or PPP, as applicable) and use a Supplementary Application for Policy 2.

13 Person whose Life is to be Insured

Title	Surname <i>(and maiden name in brackets if applicable)</i>		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Preferred name			
<input type="text"/>			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Marital Status		<input type="text"/>	
Date of Birth	NAB Customer Number <i>(NAB Planner use only)</i>		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		
What is your relationship to the Policy Owner(s)?			
<input type="text"/>			

14 Home Address

<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Postcode		<input type="text"/>	<input type="text"/>

If you are only applying for LCS go to Question 16

15 Are you the Policy Owner detailed in the Policy Owner Information section on pages 5 and/or 6? (PPP only)

- No **Go to next Question**
Yes **Go to Question 17**

16 Contact Details

Home number	Best Contact Time	Day(s)
<input type="text"/> ()	<input type="text"/> am/pm	<input type="text"/>
Work number	Best Contact Time	Day(s)
<input type="text"/> ()	<input type="text"/> am/pm	<input type="text"/>
Mobile	Fax	
<input type="text"/>	<input type="text"/> ()	
Email		
<input type="text"/>		

17 Are you a permanent resident of Australia?

- No **Go to next question**
Yes **Go to Question 21**

18 How long have you lived in Australia?

<input type="text"/> years	<input type="text"/> months
----------------------------	-----------------------------

19 What was your last country of residence?

20 Have you applied or are you intending to apply for permanent residency?

No Reason for not applying

Yes Please give details

SECTION C EXISTING INSURANCE DETAILS

To be completed by the Life to be Insured

- 21** Are you covered by, or are you applying for any other life, disability, critical illness, income protection, salary continuance, or business expenses insurance with any company including MLC (other than this application) – including benefits under superannuation or insurance benefits provided by your employer or business or credit insurance?

No **Go to next question**

Yes **Please provide details for each. If there is not enough space here, please complete additional details on page 14**

Type of Insurance	Commencement Date	
<input type="text"/>	/ /	
Company	Policy Number	
<input type="text"/>	<input type="text"/>	
Sum Insured or Monthly Benefit	If Income Protection or Business Expenses: Waiting period	Benefit period
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Is this application replacing this insurance?*		
No <input type="checkbox"/> Yes <input type="checkbox"/>		

Type of Insurance	Commencement Date	
<input type="text"/>	/ /	
Company	Policy Number	
<input type="text"/>	<input type="text"/>	
Sum Insured or Monthly Benefit	If Income Protection or Business Expenses: Waiting period	Benefit period
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Is this application replacing this insurance?*		
No <input type="checkbox"/> Yes <input type="checkbox"/>		

* **If you intend to cancel the existing policy(s), you should not do so until you have received a policy document from MLC.**

- 22** Have you ever had an application for insurance on your life declined, postponed, cancelled, accepted with an exclusion or a higher than standard premium, or modified in any way?

No

Yes Give details

- 23** Are you in receipt of or have you ever made a claim for any type of accident or sickness (including lump sum total and/or permanent disablement, workers' compensation or third party insurance) benefit or have you ever applied for unemployment, sickness or accident benefits or other Centrelink or Veterans' Affairs Benefits?

No

Yes Give details, benefit type and amount, reasons and date finalised

SECTION D PERSONAL QUESTIONNAIRE

To be completed by the Life to be Insured

Your health information may be disclosed to your financial adviser. Please see the Privacy Notification section in the Product Disclosure Statement.

If there is insufficient space to fully answer a question, use page 14.

Occupation and Income

Please provide details of your full-time occupation and any professional or trade qualifications you have.

- 24** Full-time occupation

If your full-time occupation is home duties, please go to Question 54.

- 25** Time spent in occupation

 years months

- 26** Industry

- 27** Name of employer or trading name

- 28** Street address of employer or business

 Postcode

- 29** Professional or trade qualifications

- 30** Describe your **duties** including hours per week and percentage of your time doing manual work or hazardous work (eg driving, lifting, cleaning, working at heights or underground etc).

Duties	Hours per week	% Manual
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 31** Do you have any occupation other than described in Question 24 above?

No

Yes What is this occupation?

Duties of this occupation

How long have you been in this occupation?

 years months

Annual income from this occupation

 \$

32 What is the average number of hours you worked per week over the last year?

Full-time occupation hrs Second occupation hrs

Go to Question 34 if you are only applying for Business Expenses or Income Protection

33 What were your Earning **before tax** from your full-time occupation for the last 12 months? **Do not include investment income.**

\$

A Personal Financial Questionnaire may be required, please check the criteria in the Supplementary Underwriting Questionnaires on page 8.

34 Are you applying for any of the following insurances?

- Total and Permanent Disability
- Premium Waiver
- Total and Permanent Disability as a Critical Condition
- Income Protection
- Business Expenses

No **Go to Question 54**

Yes

35 Have you changed your occupation or employment status in the last 5 years?

No

Yes What was your previous occupation?

How long were you in that occupation?
 years months

36 What percentage of your time was spent working from home over the last year?

%

37 Are you applying for any of the following insurances?

- Income Protection
- Business Expenses

No **Go to Question 54**

Yes **Go to Question 38**

Income Protection

Complete this section if you are applying for Income Protection and/or Business Expenses insurance.

If your income protection benefit is over \$15,000 per month from all sources, please also complete the Personal Financial Questionnaire in the Supplementary Underwriting Questionnaires.

38 Has the Life to be Insured and/or proposed policy owner(s), or any business that they are or have been associated with ever been:

1. bankrupt
2. in receivership
3. in involuntary liquidation
4. under administration?

No

Yes Please give date and details

Date of discharge
 / /

39 What is your employment status?

Employee of a business in which you have no ownership **Go to Question 40**

Sole Trader
Partner in business **Go to Question 44**
Employee of your own company

Employee Section

Complete this section if you are an employee of a business in which you have no ownership

40 What is the breakdown of your current Earnings **before tax** from your full-time occupation? **Do not include investment income.**

Earnings: where the Life to be Insured is an employee ie does not directly or indirectly own part or all of a business or practice – Earnings means the total remuneration paid by the employer to the Life to be Insured including salary, commission, fees, regular bonuses, regular overtime and fringe benefits. It also includes regular superannuation contributions paid by the employer on behalf of the Life to be Insured.

Salary/Wage	\$
Employer contributed superannuation	\$
Allowances (car, travel, etc)	\$
Regular Commissions/Bonuses/Overtime	\$
Other (please specify):	
	\$
	\$
	\$
	\$
Total Earnings:	\$

41 How long have you been with your current employer?

years	months
-------	--------

42 Do you have more than 90 days accumulated sick leave?

No

Yes

43 Do you intend to change your occupation duties, work hours, employment situation or take extended leave over the next 12 months?

No

Yes Please give details of the change

Go to Question 54

Self-Employed Section

Complete this section if you are self-employed – sole trader, partner, employee of own company

44 How long have you been self-employed in your present occupation or employment?

years	months
-------	--------

45 What is your percentage ownership of the business, practice or company?

%

46 What were your Earnings **before tax** from your full-time occupation for the last 2 years? **Do not include investment income.**

Earnings: where the Life to be Insured is self-employed ie directly or indirectly owns part or all of a business or practice – Earnings means the income of the business or practice generated by the personal efforts of the Life to be Insured after the deduction of their appropriate share of business or practice expenses in generating that income.

Year Ending	(An amount is required in each box)	
	30/06/	30/06/
Gross business income (revenue)	\$	\$
Less business expenses in generating that income	\$	\$
<i>Equals</i> net income before tax	\$	\$
Your share of net income	%	%
<i>PLUS</i>		
• personal salary/wage	\$	\$
• director's fees	\$	\$
• superannuation contributions	\$	\$
• salary/wage to spouse not working in the business	\$	\$
• share of profit from associated entities (eg trust, service company)	\$	\$
• other (please specify)		
	\$	\$
Total net Earnings	\$	\$

47 Will your annual income continue at or beyond this level?

No Reason for decrease

Yes

48 Has the business traded profitably over the past year?

No Give details

Yes

49 Does the business employ any people other than yourself?

No

Yes How many full-time? How many part-time?

50 In the event of your disability, will the business continue to operate?

No

Yes What percentage of the business activities will continue?

How long will these continue?

Will you continue to receive an income?

No

Yes How much \$

How long for

51 Are you applying for Business Expenses insurance?

No **Go to Question 54**

Yes List the monthly expenses to be covered below:

Note: Covered expenses are the reasonable and regular expenses of the business or practice the Life to be Insured owns and manages.

Rent or mortgage payments (principal plus interest)	\$ <input type="text"/>
Property rates and taxes	\$ <input type="text"/>
Equipment or motor vehicle lease costs	\$ <input type="text"/>
Electricity	\$ <input type="text"/>
Heating and water	\$ <input type="text"/>
Cleaning and laundry	\$ <input type="text"/>
Depreciation of office equipment and premises the business owns	\$ <input type="text"/>
Salaries and associated costs for employees not generating business income	\$ <input type="text"/>
Accounting services	\$ <input type="text"/>
Professional association fees	\$ <input type="text"/>
Business insurance premiums	\$ <input type="text"/>
Other regular monthly business expenses normally incurred (please specify):	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Total Business Expenses	\$ <input type="text"/>

52 Number of employees who generate business income (other than yourself)

53 What percentage of the total expenses are you responsible for? %

Travel and Pastimes

54 Do you plan to travel overseas, live or work in another country?

No

Yes When? For how long?

Location (city, region, country)

For what reason?

If more than one country, specify time in each country?

55 Do you now or do you intend to take part in any of the following activities?

- | | No | Yes |
|--|--------------------------|--------------------------|
| a Flying as a pilot or crew in an aircraft | <input type="checkbox"/> | <input type="checkbox"/> |
| b Motor car, motor cycle or motor boat racing | <input type="checkbox"/> | <input type="checkbox"/> |
| c Underwater diving | <input type="checkbox"/> | <input type="checkbox"/> |
| d Football, parachuting, hang-gliding | <input type="checkbox"/> | <input type="checkbox"/> |
| e Other hazardous pursuits, activities or sports (eg polo, competitive judo, mountain climbing, mountain biking, downhill mountain biking) | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'Yes' to any of these, complete the Pastimes Questionnaire located in the Supplementary Underwriting Questionnaires

If you answered 'Yes' to any of these, give full details of each below. If there is not enough space here, please list on page 14.

Activity

Location

Recreational Professional Competitive

Events/Hrs per year

Other details

56 Does a loading or exclusion apply to any of the activities listed in Question 55? (MLC or your Financial Adviser will tell you this and give details. Please include in the premium quotation).

No

Yes

Loading

I acknowledge that a loading of %
or \$ pa

per \$1,000 sum insured will apply on the cover

due to my participation in

Yes

Exclusion

I acknowledge that no

benefit will be paid under this policy in the event of a claim caused by or contributed to by practice for, or participation in:

- | | | | |
|----------------------|--------------------------|-------------------|--------------------------|
| Football | <input type="checkbox"/> | Underwater diving | <input type="checkbox"/> |
| Motor racing | <input type="checkbox"/> | Aviation | <input type="checkbox"/> |
| <input type="text"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

Personal and Medical Details

57 What is the name and address of your usual doctor or medical centre? (If no usual doctor, then the last doctor you last visited)

If you have known this doctor for less than 12 months, please also advise the previous doctor's details on page 14.

This question must be completed

Doctor's name or medical centre

Address

Postcode

Business Number ()

How long have you been attending this practice?
 years months

Please provide details of your last check-up or consultation.

Date of last consultation / / Reason for last check-up or consultation

Result

Medication prescribed, referral given or tests ordered

58 Have you had any occupational incident in the last 6 months that may lead to infection with HIV, Hepatitis B or C?

No

Yes

Please give date and details

59 Are you carrying the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or any AIDS related condition?

No

Yes

60 In the past three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? Note – HIV risk situations are situations in which you have been potentially exposed to HIV infection. These situations include but are not limited to, intercourse with someone you know or suspect to be HIV positive, intravenous drug use, or unprotected anal intercourse, (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years)

No

Yes

A confidential questionnaire will be sent out to you to complete and return to MLC's Chief Underwriter.

61 Have you ever had asthma?

No

Yes

Complete the Asthma Questionnaire located in the Supplementary Underwriting Questionnaires

62 Have you ever had any cyst, mole or skin lesion requiring medical advice or treatment?

No

Yes

Complete the Cyst/Mole/Skin Lesion Questionnaire located in the Supplementary Underwriting Questionnaires

63 Have you ever had a strained back, sciatica, whiplash, spondylitis or any other back, neck or spinal problem?

No

Yes

If you are applying for Total and Permanent Disability, Income Protection, Business Expenses or Premium Waiver insurance, complete the **Back/Neck Disorder Questionnaire** located in the Supplementary Underwriting Questionnaires, otherwise give details at Question 80.

64 Have you ever had any disorder of the bones, joints or muscles, arthritis, gout or repetitive strain injury?

No

Yes

Complete the Joint/Musculoskeletal Questionnaire located in the Supplementary Underwriting Questionnaires

65 Have you ever had treatment or counselling for depression, or any nervous, anxiety, stress or mental disorder?

No

Yes

Complete the Mental Health Questionnaire located in the Supplementary Underwriting Questionnaires

66 Have you ever had high blood pressure or high cholesterol?

No

Yes **Complete the High Blood Pressure / High Cholesterol Questionnaire located in Supplementary Underwriting Questionnaires**

67 Who has arranged / will arrange any necessary medical requirements?

MLC Financial Adviser Nil required

68 Is a full medical examination required?

No **Go to Question 69**

Yes **Go to Section E – Beneficiary Information**

69 Do you drink alcohol?

No

Yes Number of standard drinks:
 per day or per week
 Note: one standard drink = 1 glass of beer/wine/nip of spirit

70 Have you smoked tobacco or any other substance or used any nicotine-containing product in the last 12 months?

No

Yes What type? *eg cigarettes, gum, patch* Daily quantity

71 What is your height? cm

72 What is your weight? kg

73 Do you have or have you ever had any of the following?

If you answer 'Yes' to any item in this question please give details at Question 80.

	Item Code	No	Yes
Heart complaint	a	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or any neurological disorder	b	<input type="checkbox"/>	<input type="checkbox"/>
Stroke or vascular disorder	c	<input type="checkbox"/>	<input type="checkbox"/>
Lung complaint	d	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, bowel, kidney or bladder disorder	e	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug dependence	f	<input type="checkbox"/>	<input type="checkbox"/>
Professional advice to reduce alcohol consumption	g	<input type="checkbox"/>	<input type="checkbox"/>
Migraine, persistent headache or chronic fatigue	h	<input type="checkbox"/>	<input type="checkbox"/>
Disorder of the reproductive system (eg prostate, ovary), or sexually transmitted disease	i	<input type="checkbox"/>	<input type="checkbox"/>
Cancer or leukaemia	j	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilia or blood disorder	k	<input type="checkbox"/>	<input type="checkbox"/>

Item Code No Yes

Liver disorder, hepatitis or test indicating past or present hepatitis infection **l**

Any allergies, skin disorder, or disorder of the eyes, ears, nose or throat **m**

Any other operation, disability, illness or injury, medical investigation or test (eg genetic test, mammogram, ultrasound, ECG) not already mentioned **n**

74 Other than already stated, have you in the last 5 years:

If you answer 'Yes' to any item in this question please give details at Question 80.

Item Code No Yes

Taken any prescribed medication on a regular or ongoing basis? (other than for colds or flu) **a**

Used (by mouth, inhalation or injection) any drug not prescribed by a doctor, other than medicines purchased at a chemist? **b**

75 Do you NOW have any other disability, illness, injury or symptoms not already mentioned?

76 Do you contemplate seeking any advice, test, investigation or treatment?

Males: Go to Question 80

Females Only

77 Have you had any complications during pregnancy or childbirth?

No

Yes **Give details at Question 80**

78 Are you currently pregnant?

No

Yes Due Date / /

79 Have you ever had an abnormal pap smear?

No

Yes When?
 Treatment given
 Date and result of most recent pap smear

80 Did you answer 'Yes' to any item in questions 63, 73, 74, 75, 76 and 77?

No

Yes Give full and accurate details below of each instance. **If you are completing any of the questionnaires at the back of this application, you do not need to give the same details here. If there is not enough space here, please list below.**

Question No. & Item Code (see above)	Disability, illness, injury, condition or test	Test results	When did it start?	When did it cease?	Type of treatment and when treatment ceased	How long off work?	Have you completely recovered?	Name and address of medical facility and attending person

81 Have any of your parents, brothers or sisters (living or dead) suffered from any of the following?

- Cancer (specify type and site)
- Heart disease
- Stroke
- Diabetes
- Kidney disease
- Rheumatoid Arthritis
- Huntington's disease
- Motor neurone disease
- Muscular dystrophy
- Familial polyposis
- Multiple sclerosis
- Any other hereditary disorder?

No

Yes **Please provide details below**

Relationship	Medical condition	Cancer type and site	Age condition began	Age at death (if applicable)

82 To be completed by the Life to be Insured

If you use this page to provide further information, please note the page and question number the additional information refers to.

Page No.	Question No.	Further Information

SECTION E BENEFICIARY INFORMATION

Nomination of Beneficiary – PPP only (must be nominated by the Policy Owner)

Note: For PPP, nominations cannot be made by trustees of a trust or a self-managed super fund.

83 Do you wish to make a beneficiary nomination? *(This nomination only applies to your death benefit)*

No The death benefit will be paid to the Policy Owner(s) for PPP. **Go to page 16**

Yes **Complete 83A below, then go to page 16**

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

83A This section allows you to nominate who MLC will pay the death benefit to should you die.

Beneficiary nomination for PPP

Complete this section if you wish the death benefit to be paid to someone other than yourself. This is only available for insurance taken out for non-business purposes. Leave this section blank if you wish the death benefit to be paid to the Policy Owner(s).

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 individuals.

	Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1		/ /		%
2		/ /		%
3		/ /		%
4		/ /		%
5		/ /		%
6		/ /		%
7	Legal Personal Representative	Not applicable	Not applicable	%
Total				%

* The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

If you are applying for additional cover under a PPP policy, please attach a photocopy of this image specifying whether you wish to make a beneficiary nomination and the details of the beneficiary/ies.

If you are applying for PPP only, go to Section F – Payment, TFN (LCS only) and Authorised Representative Details.

Nomination of Beneficiary – LCS only (must be nominated by the Life to be Insured)

84 Please tick only one of the options below to indicate what type of beneficiary nomination you would like to make.

- Non-binding death benefit nomination *Complete 84A below, then go to page 20*
- Non-lapsing binding death benefit nomination *Complete Question 84B on page 17, then go to page 20*
- MLC Super Estate Optimiser *Go to page 18*

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

84A This section allows you to nominate who MLC will pay the death benefit to should you die.

Non-binding death benefit nomination for LCS

Complete this section if you wish to indicate to the Trustee to whom you want your death benefit paid. It is the Trustee's decision to whom to pay the benefits and in what portions, but your nomination will be taken into account by the Trustee. The Trustee will be restricted to paying the death benefits to your dependants (spouse, partner and/or your children) and/or your legal personal representative. It is important that you read page 55 of the PDS about making nominations before completing this section.

If this application relates to an existing policy, then the nomination provided in this form overrides the existing nomination on file.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 individuals.

	Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1		/ /		%
2		/ /		%
3		/ /		%
4		/ /		%
5		/ /		%
6		/ /		%
7	Legal Personal Representative	Not applicable	Not applicable	%
Total				%

* The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

84B Non-lapsing binding death benefit nomination for LCS

Complete this section if you wish to nominate persons to whom the Trustee MUST pay your death benefit. It is important that you read page 55 of the PDS about making nominations before completing this section.

Your nominated beneficiary(ies) must be a dependant(s) or your legal personal representative. The Trustee will pay the benefits to your nominated beneficiaries and in the portions indicated providing that you satisfy the requirements in making this nomination and, at the date of death, the beneficiaries are your dependants or legal personal representative.

You should speak to your financial adviser, estate planner or legal representative to determine which type of nomination will best suit your circumstances.

The tax applicable on a death benefit payment to beneficiaries depends on a number of factors. As the tax rules in relation to death benefits are complex, you should seek professional advice.

Please nominate your preferred beneficiary(ies) and the portion you would like each to receive. You may nominate up to 6 individuals.

To be valid your nomination must also be witnessed, signed and dated by witnesses as required below.

	Name and address of beneficiary	Date of birth	Relationship to you	Portion of total benefit*
1		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
2		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
3		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
4		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
5		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
6		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Financial dependant <input type="checkbox"/> Interdependency relationship	%
7	Legal Personal Representative	Not applicable	Not applicable	%
Total				%

* The sum of each of your portions of the total benefit must equal 100% and each portion must be provided in whole percentages.

Application agreement and declaration (only required when making a non-lapsing binding beneficiary nomination for LCS):

I have read and understand the information provided in the Product Disclosure Statement on beneficiary nominations.

I understand I should review my nomination regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child, or my benefit being affected by a payment split) to ensure my nomination is always up to date.


Witness declaration (only required when making a non-lapsing binding death benefit nomination for LCS). Must be signed and dated by two adult witnesses.

I declare that:

- I am over 18 years of age;
- I am not already a nominated beneficiary of the applicant and I am not one of the beneficiaries named above; and
- This form was signed and dated by the applicant in my presence.

I request that the Trustee accept my beneficiary nomination for my LCS policy.

Signature of Life to be Insured

 Date / /

Witness 1

Surname

Given name(s)

Signature of witness

 Date / /

Witness 2

Surname

Given name(s)

Signature of witness

 Date / /

MLC Super Estate Optimiser – LCS Only

You can only apply for this facility if you are a member or have applied to become a member of The Universal Super Scheme through LCS.

You can only apply for LCS by completing this Application Form (Issue 6). Applications are subject to acceptance by MLC and the Trustee.

85 Applicant's name

Mr Mrs Ms Miss Other

Surname (Family Name) (PLEASE PRINT)

Given name(s)

86 Date of birth

 / /

87 Contact phone number

 ()

88 Select one of the following categories for the distribution of your death benefits. **Only tick one box.**

Category No.	Category	Selection
1	Lump Sum – Spouse	<input type="checkbox"/>
2	Lump Sum – Minor Children	<input type="checkbox"/>
3	Lump Sum – Spouse/Minor Children (50/50)	<input type="checkbox"/>
4	Lump Sum – Dependent Children and Minor Children	<input type="checkbox"/>
5	Lump Sum – Estate	<input type="checkbox"/>
6	Lump Sum – Partner	<input type="checkbox"/>
7	Account Based Pension – Spouse	<input type="checkbox"/>
8	Account Based Pension – Minor Children	<input type="checkbox"/>
9	Account Based Pension – Spouse/Minor Children (50/50)	<input type="checkbox"/>
10	Account Based Pension – Partner	<input type="checkbox"/>

89 I agree to a legal guardian making the choice of pension as may be required in respect of (please tick your preference(s)):

- Any minor-aged child
 Any nominated person under a disability

If you do not agree then the default pension provisions outlined in the MLC Super Estate Optimiser section of the PDS will apply.

90 To assist the Trustee please provide the following details about your spouse (and/or partner) and children. If you have more than three children complete additional details on a separate sheet and sign and date it.

Spouse or Partner

Surname

Given name(s)

Address

 Postcode

Date of birth

 / /

Minor/Dependent Children

Surname

Given name(s)

Address

 Postcode

Date of birth

 / /

Minor/Dependent Children

Surname

Given name(s)

Address

 Postcode

Date of birth

 / /

Minor/Dependent Children

Surname

Given name(s)

Address

 Postcode

Date of birth

 / /

91 Acknowledgment and Agreements

I am a member or have applied to become a member of The Universal Super Scheme through MLC Life Cover Super.

I have selected the above category for the distribution of my death benefit payable through the MLC Super Estate Optimiser facility.

I have read and I understand this PDS and the consequences of making a category selection and I understand that my death benefits will be paid according to the category I have selected.

I understand that this category selection overrides all previous Super Estate Optimiser selections, or nominations made in any MLC Life Cover Super Application Form.

I understand I should review my selection regularly and as my circumstances change (eg marriage, marriage breakdown, birth of a child or my benefit being affected by a payment split) to ensure my selection is always up to date.

I understand this category selection is not valid until received and accepted by the Trustee or its delegate.

Life to be Insured's signature

X

Date / /

SECTION F PAYMENT DETAILS, TFN (LCS only) and Authorised Representative Details

If you wish to use the same payment method but with a different account for the second policy, please attach a photocopy of this page with the account details and specify which policy this is applicable to.

Direct Debit Request Schedule

92 Complete this section if you want to pay your premiums by automatic deduction from your nominated financial institution account.

Please tick the policy(ies) this account details is applicable to:

PPP LCS Second PPP (if applicable)

I/We,

Surname (or Company/Business Name)

Given Name(s) (or ACN/ABN)

Surname

Given Name(s)

request MLC Limited (ABN 90 000 000 402) (AFSL 230694) (user ID No. 000108) and/or MLC Investments Limited (ABN 30 002 641 661) (AFSL 230705) (user ID No. 022779) to draw money from my/our account conducted with:

Name and Address of Financial Institution

Postcode

Name of Account to be debited

BSB Number

Account Number

 -

Note: Direct debiting is not available on the full range of financial institution accounts. If in doubt, please refer to your financial institution before completing this Schedule.

How frequently will premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date. Your first premium will be drawn at policy commencement, which may differ to the draw date you select.

1st 5th 10th 15th 17th 20th 25th

I/We acknowledge that this Direct Debit Request Schedule is governed by the terms of the Direct Debit Request Service Agreement in the Product Disclosure Statement and the terms and conditions of the policy to which this application relates. I have read and agree to the terms and conditions.

Signature(s) of Financial Institution Account Holder(s)

 Date / /

 Date / /

Credit Card Deduction Authority

93 Complete this section if you want to pay your premiums by charging your nominated credit card.

Please tick the policy(ies) this account details is applicable to:

PPP LCS Second PPP (if applicable)

I (Name as it appears on the card)

authorise MLC to charge my

Mastercard Visa

Card number

Expiry date

 /

or any replacement/substituted card, for the premiums due on the policy.

Tick this box if this credit card deduction is for

both the **initial and ongoing premiums**

ongoing premiums only – a cheque is attached for the initial premium

the **initial premium only**

If making **regular payments** from your credit card how frequently will your premiums be paid?

Monthly Half-yearly Yearly

Preferred draw date of the month. Please note that due to normal business processing we cannot guarantee this date. Your first premium will be drawn at policy commencement, which may differ to the draw date you select.

1st 5th 10th 15th 20th 25th

Cardholder signature

 Date / /

Direct Payment of Premiums

94 Complete this section if you want to pay your premiums direct to MLC by cheque or money order.

I wish to pay my premiums directly to MLC:

Half-yearly Yearly

MLC will send you notices for premiums prior to the due date.

NOTE: If we do not receive your payment (Direct Debit Request, Credit Card Deduction Authority, Cheque payment or MLC MasterKey Deduction Authority), Interim Accident Cover cannot commence.

If you are applying for PPP only, please go to Question 98.

MLC MasterKey Deduction Authority – LCS only

95 Complete this section if you want to pay your premiums by a regular deduction from your account with an eligible MLC MasterKey superannuation product.

Important Information

- The member must be the same for both the account with an eligible MLC MasterKey superannuation product and the MLC Life Cover Super policy.
- Only one deduction may operate on any account with an eligible MLC MasterKey superannuation product.
- It is the obligation of the member to ensure there are sufficient funds to operate the MasterKey superannuation account and pay for the LCS premium. To allow completion of the LCS policy, MLC requires the MasterKey superannuation account to have a minimum of 3 months premium for a monthly paid policy or the full balance of premium for half-yearly and yearly paid policies. If the balance of the MasterKey superannuation account does not meet this criteria, another payment method should be selected (pending rollovers excluded).

Instalment deduction

- The date that deductions will commence from your account with an eligible MLC MasterKey superannuation product will depend on when we receive this form.
- Instalments will be deducted from your account with an eligible MLC MasterKey superannuation product on:
 - the same date each month for *monthly* payments
 - the half-yearly and annual policy anniversary date for *half-yearly* payments
 - the annual policy anniversary date for *yearly* payments.

I wish to pay my premiums through a regular deduction from my MLC MasterKey superannuation product:

Monthly Half-yearly Yearly

Declaration

I authorise MLC/the Trustee, until further notice in writing, to deduct my MLC Life Cover Super premiums from my:

- new** account with an eligible MLC MasterKey superannuation product; or
- existing** account number with an eligible MLC MasterKey superannuation product

I understand and acknowledge that:

- MLC/the Trustee may, by prior arrangement and advice to me, vary the amount and frequency of future deductions; and
- MLC/the Trustee may, in its absolute discretion, at any time by notice in writing to me, terminate this request as to future deductions.

Life to be Insured's signature

 Date / /

Contributions – LCS Only

96 Please specify what type of contributions will be made by you or on your behalf? *Please tick one box only.*

- Employer (including salary sacrifice)
- Personal Spouse

Tax File Number Details – LCS Only

97 Please provide your Tax File Number below.

Tax File Number

NOTE: Applications will not be accepted where a member fails to provide their TFN.

Authorised Representative

98 Please complete the following section if you wish to authorise a representative to have access to your information on this policy. **The authorised representative cannot transact on the policy** and will stay in place indefinitely until a request to change is received in writing from you.

Please indicate which policy this authorised representative is applicable to.

PPP LCS Additional PPP

If you wish to have a different authorised representative for the second policy, please attach a photocopy of this page and specify which policy the details will be applicable to.

Surname (Family name) *(PLEASE PRINT)*

Given name(s)

Date of Birth

 / /

MLC Customer Number (if existing customer)

Address

 Postcode

Home number

 ()

Work number

 ()


Mobile

Fax

 ()

Email

Authorised representative's signature

 Date / /

SECTION G DECLARATION

Complete this Declaration if you are applying for LCS and/or PPP.

Both the Policy Owner(s) and the Life to be Insured(s) are to read this section carefully before signing this declaration.

My decision to apply for MLC Life Cover Super and/or MLC Personal Protection Portfolio is based on the Product Disclosure Statement for these products that I have received and my understanding of the information it contains.

I understand and agree that:

- (a) I have read the Duty of Disclosure set out on page 3 of the Application Form. I understand that, until MLC accepts this application and issues a policy (or, in the case of an addition to an existing policy, a revised Schedule), I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) avoid the policy or reduce the benefits under it;
- (b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete;
- (c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- (d) no insurance is effective until MLC accepts this application and issues a policy (or, in the case of an addition to an existing policy, a revised Schedule), except for Interim Accident Insurance that will apply subject to specific terms and conditions;
- (e) if I have provided my email address for the purpose of receiving communications from MLC, I acknowledge my personal and sensitive information may be sent to that email address.
- (f) if existing cover is to be replaced, I will cancel the existing insurance. If I do not, I understand that any benefit payable on the occurrence of an event under any policy issued from this application will be reduced by any benefit that I, my estate or nominated beneficiary is entitled to receive for the same event under the existing insurance.

I authorise MLC and the Trustee to:

- (a) collect further medical information from any doctor, medical centre, hospital or any other health service provider identified by me in this application for the purpose of assessing my application for insurance; and
- (b) provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance; and
- (c) provide a copy of any test results (except the HIV Antibodies Blood Test) I have undergone in connection with this application to my usual doctor or medical centre as nominated at Question 57 of the Personal Questionnaire; and
- (d) provide a copy of the HIV Antibodies Blood Test to my usual doctor or medical centre as nominated at Question 57 of the Personal Questionnaire unless I have nominated an alternative doctor to receive the results, in which case I authorise the results to be provided to the alternative doctor specified.


I also authorise MLC and any third party referred to in paragraphs (a), (b), (c) and (d) of this authority, to transfer any such information outside the State, Territory or jurisdiction in which the information was collected in order to give effect to this authority.

Privacy Authorisation (please tick as required)

- I give my consent to my financial adviser to provide information to MLC, on my behalf, concerning my pastime activities, occupation and financial status, for the purpose of expediting the assessment of my application for insurance.
- I give my consent to MLC to disclose to my financial adviser any personal medical information or finding that results in my application for insurance being accepted on non-standard or amended terms, or declined. I understand that MLC will not provide copies of medical or other reports pertaining to my application for insurance to my financial adviser without first obtaining my specific consent to do so.

I acknowledge that a MLC Life Cover Super and MLC Personal Protection Portfolio policy does not represent a deposit with or a liability of National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of their related bodies corporate (other than a liability of MLC Limited as insurer). Neither National Australia Bank Limited, nor any of its related bodies corporate (other than MLC Limited as insurer) guarantees or accepts liability in respect of MLC Life Cover Super and MLC Personal Protection Portfolio.

Signature of Life to be Insured

 Date / /

The Life to be Insured must complete the Medical Authorities on page 25 of this Application Form.

For LCS – If you are applying for an LCS policy, the declaration in Section H on page 23 must also be completed.

For PPP – If the Policy Owner and the Life to be Insured are not the same person, the Policy Owner section on the next page must be completed.

SECTION G DECLARATION continued

PPP only – Signature(s) of Policy Owner(s) (if different from the Life to be Insured)

- Parent or Guardian if Life to be Insured is under 16 years of age
- In the case where the Policy Owner is a Company;
 - (a) two directors or a director and company secretary are to sign; or
 - (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.

Policy 1

Signature(s) of Policy Owner(s)

X Date / /

X Date / /

Sole director and sole secretary

(indicate by ticking box)

Policy 2

Signature(s) of Policy Owner(s)

X Date / /

X Date / /

Sole director and sole secretary

(indicate by ticking box)

SECTION H DECLARATION – LCS ONLY

Complete this Declaration if you are also applying for LCS

Read this section carefully before signing.

- I apply to become a Member of The Universal Super Scheme ('the Scheme') and agree to be bound by the provisions of the Trust Deed constituting the Scheme and the MLC Life Cover Super insurance policy issued by MLC to the Trustee, as amended from time to time.
- I agree that the Trustee will take out a MLC Life Cover Super policy with MLC in its name but on my behalf.
- I am eligible to make superannuation contributions, or I am eligible to receive contributions made on my behalf (refer to the Contributing to MLC Life Cover Super section in the PDS).
- I agree that my benefit in respect of my membership of the Scheme may be reduced by any benefit amounts paid under a connected benefit.
- my decision to apply for MLC Life Cover Super is based on the Product Disclosure Statement for this product that I have received and my understanding of the information it contains.

- I will provide MLC or the Trustee with any information which relates to my membership of the Scheme which they may request.
- I understand that if I quote my Tax File Number to MLC or the Trustee it will only be used for superannuation and future approved purposes.

I acknowledge that:

- an interest in MLC Life Cover Super held through The Universal Super Scheme does not represent a deposit with or a liability of National Australia Bank Limited (ABN 12 004 044 937) (AFSL 230686) or any of their related bodies corporate (other than a liability of MLC Limited as insurer). Neither National Australia Bank Limited, nor any of its related bodies corporate (other than MLC Limited as insurer) guarantees or accepts liability in respect of MLC Life Cover Super.
- my policy, in certain circumstances, will be converted to a non-superannuation insurance policy (as explained in the Converting MLC Life Cover Super to non-superannuation insurance section in the PDS).

Signature of Life to be Insured

X Date / /

SECTION I MARKETING CONSENT

We always seek to better understand and serve your financial, e-commerce and lifestyle needs so we can offer you other products and services that aim to meet those needs as well as promotions and other opportunities. This applies to each organisation within the National Australia Group (the 'Group') including its banking, financing, funds management, financial planning, superannuation, insurance, broking and e-commerce organisations.

We request your consent to Group marketing activities. By giving your consent you agree to receiving information about the products and services we have described, including by telephone call to the numbers provided by you in this application or numbers you may provide later and by email if you have provided us with an email address. For this purpose, we may need to use and disclose your personal information amongst the Group, to your financial adviser (if any) and to service providers (for example posting services). Your consent therefore includes the authority to use and disclose your personal information as described. We will not disclose health information.

Your consent will not change any specific product or service consent that you have given or will give in the future (for example, for a loyalty program or online direct marketing).

Do we have your consent?

No

Yes

If you do not mark a box your consent will be presumed.

Your consent will continue until you withdraw it. You can withdraw your consent at any time by contacting the MLC Client Service Centre on 132 652.

This page left blank intentionally.

Information about the HIV Antibody Blood Test

To fully assess this application for insurance, we may request you undergo an HIV antibody blood test. This test could be arranged through your own doctor, by consulting a doctor arranged by us or directly with the pathology laboratory. This test is completely voluntary. However, if you refuse the test, it could affect our willingness to accept this application. Acquired Immune Deficiency Syndrome (AIDS) is a viral disease caused by the Human Immunodeficiency Virus (HIV) which destroys some of the white blood cells in our bodies. These white blood cells help protect our bodies against infection and cancers. Some people infected with HIV therefore suffer infections or cancers and, in some cases, direct damage to the brain by the virus. The most recent evidence suggests that the virus will persist in the body indefinitely. As yet, there is no cure for AIDS.

Following infection, there may be mild flu-like symptoms or no symptoms at all. The body subsequently manufactures antibodies to the virus, usually within 8 to 12 weeks, but occasionally longer. These antibodies can be detected by a blood test and this is the test proposed. The infected individual may remain free of symptoms for many years, but during this time may pass on the infection to others. The first symptoms may include weight loss, fever, swollen glands, diarrhoea, coughs, cancer or nervous system diseases.

A Positive Result

If the result of the HIV antibody test is positive, this means:

- 1 You have been infected by HIV,
- 2 You can pass this infection:
 - (a) to any unprotected sexual partner,
 - (b) to anyone receiving your blood, donated organs or semen,
 - (c) if you are an intravenous drug user, to anyone sharing syringes or needles with you,
 - (d) if you are a woman, to a baby during pregnancy, and perhaps at birth or by breast feeding.

There is no evidence that the virus can be spread by other types of contact, such as touching, sharing eating utensils, coughing, sneezing or from mosquito bites.

- 3 Full AIDS is notifiable throughout Australia. In some States and Territories, HIV infection and other early stages of the disease are also notifiable to the health authority. In most cases, notification is by name and address, though in some States, it is by code.

- 4 Knowing that you are HIV antibody positive has legal consequences in all States and Territories, although they vary. It may exclude you from some jobs and from access to some services. It can be an offence to knowingly transmit the virus or put someone at risk of infection through sexual activity. There are quarantine provisions which may be used if the authorities consider it appropriate.

- 5 In many cases, the full effects of AIDS will develop at some stage and the long-term outlook is still uncertain. As a result, life and disability insurance is unlikely to be available to anyone infected with HIV.

If the result of the test is positive, it is important that you receive appropriate counselling from a doctor. You are asked to nominate your family doctor to give you this counselling in the consent declaration contained in the Application Form attached to this PDS. You may wish to nominate an alternative doctor. We will pass a positive result on to that doctor for onward communication to you.

A Negative Result

If the result of the HIV antibody test is negative, this means, either that you have not been infected or that you have been infected recently but your body has not yet had time to manufacture antibodies. However, you should be alert to the risk of becoming infected and refrain from activities which make that possible – particularly unsafe sexual practices and sharing of syringes or needles.

The Choice is Yours

You may choose not to have the test for a variety of reasons, eg you may feel you would not be able to cope with the knowledge of a positive result and the medical implications which follow, or you may be concerned about the social implications (discrimination, stigma, etc). You may feel that you would like more information first, in which case you are advised to seek advice from your own doctor. If you do not have one, or would prefer advice from elsewhere, you should see a specialist counsellor on the subject. Government and community organisations provide AIDS counselling services.

If you choose to have the test arranged by us, we are concerned to protect your privacy. A positive result will not be transferred to our general records on your application for insurance.

Third Party Interest

Does a third party (eg bank or financial institution) require the policy as security?

No

Yes *Provide details below*

Contact name

Telephone number

Mobile number

Address

<input type="text"/>			
<input type="text"/>			
<input type="text"/>			Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BSB number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Adviser Note: Please attach completed Memorandum of Transfer

Back of Application Form



Supplementary Underwriting Questionnaires

Application number: _____

Life to be Insured Name: _____

Please tick the relevant Underwriting Questionnaires that have
been requested to be completed as part of your application

Pastimes Questionnaire

Asthma Questionnaire

Cyst/Mole/Skin Lesion Questionnaire

Back/Neck Disorder Questionnaire

Joint/Musculoskeletal Questionnaire

Mental Health Questionnaire

High Blood Pressure/High Cholesterol Questionnaire

Personal Financial Questionnaire

Please return the
full booklet to MLC

Pastimes Questionnaire

Complete the appropriate Pastime Questionnaire only if requested to do so.
To be completed by the Life to be Insured.

UNDERWATER DIVING

1 Do you hold a diving qualification?

No

Yes Type of qualification and time held

.....

.....

.....

2 How many dives do you make per year?

3 What is the average depth of dives?

 metres

4 What is the maximum depth of dives?

 metres

5 Do you ever dive alone?

No

Yes

6 Do you dive in caves, potholes or dive at night?

No

Yes Please provide details

.....

.....

.....

MOTOR CAR, CYCLE OR BOAT RACING

1 What vehicle type do you race?

2 In what events and categories do you race? (please use CAMS category descriptions where applicable)

.....

.....

.....

Motor Car, Cycle or Boat Racing continued

3 Engine size

4 What maximum speed is reached?

5 How many times do you race per year?

AVIATION

1 Do you hold an aviation licence?

No **Go to Question 3**

Yes Type of licence and period of time held

.....

2 Do you intend to change the scope of your licence, or engage in any other form of aviation other than as shown below?

No

Yes Please provide details

.....

.....

.....

3 Please complete number of flying hours in the following table.

	Last year		Future average	
	Crew	Passenger	Crew	Passenger
Commercial Airline				
Charter				
Private				
Aero Club / Flying School				
Agriculture				
Ultralight				
Helicopter				

Asthma Questionnaire

Complete this Questionnaire only if requested to do so.
To be completed by the Life to be Insured.

Cyst/Mole/Skin Lesion Questionnaire

Complete this Questionnaire only if requested to do so.
To be completed by the Life to be Insured.

1 When did you have your first episode?

2 How frequently do you need to use medication (inhalers, tablets, etc)?

3 Approximately how many episodes occur per year?

4 When was your most recent episode?

5 How much time have you lost from work due to asthma in the past 12 months?

6 Have you ever been hospitalised for this condition or needed to attend a hospital, casualty or doctor's surgery for urgent treatment?
No
Yes Please provide names of hospitals, doctors and dates

7 Have you consulted any other doctor for this condition?
No
Yes Please provide names and addresses of doctors and dates

8 Are you now taking medication or have you used any medication (including steroids) within the last 12 months?
No
Yes Please provide name of drug, daily dosage and date ceased (if applicable)

1 Site

2 Date diagnosed

3 Type

4 Was the cyst/mole/skin lesion removed?
No
Yes When?

By what method? (eg surgically, freezing or otherwise)

5 Were any special tests, investigations or treatments required?
No
Yes Please provide details

6 Was the growth reported to be malignant or benign?
Malignant Benign
Please forward copies of any histopathology reports you have.

7 Have you been or are you required to attend for any further treatment or follow-up since the original removal, including re-excision of the lesion?
No
Yes Please provide details of date(s) and what was advised

8 Please advise name and address of any doctor consulted.
Name

Address

Postcode

Back/Neck Disorder Questionnaire

Complete this Questionnaire only if requested to do so.

To be completed by the Life to be Insured.

1 When did you first suffer from a back/neck disorder?

2 What is the cause of your back/neck disorder?

3 What is/was the exact nature of the back/neck disorder including symptoms?

4 What area of your back/neck is affected?

5 Please advise the names and addresses of any doctor, physiotherapist or chiropractor consulted and approximate dates.

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Approximate dates	<input type="text"/>

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Approximate dates	<input type="text"/>

6 Have you undergone any x-ray, scan or other test?

No

Yes Please provide details and results

7 What treatment have you had? (eg physiotherapy, medication, brace, surgery)

8 Are you still undergoing treatment?

No When did treatment cease? / /

Yes

9 When did you last experience symptoms?

10 Do you continue to experience symptoms?

No **Go to Question 13**

Yes

11 What are your current symptoms?

12 How often do you experience symptoms?

13 Have you lost time from work due to this disorder?

(a) In the last 12 months?

No **Go to (b)**

Yes

From	To
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

(b) Prior to the last 12 months?

No

Yes Please provide full details of all periods of time off work including dates

Joint/Musculoskeletal Questionnaire

Complete this Questionnaire only if requested to do so.

To be completed by the Life to be Insured.

1 Which joint(s) or area(s) of the body are affected? *(Advise if left or right joint, where applicable)*

2 What is/was the nature of the joint disorder, including symptoms?

3 What is the cause of the disorder?

4 When did the symptoms first occur?

5 When did you last experience symptoms?

6 Do you continue to experience symptoms?

No **Go to Question 9**
 Yes

7 What are your current symptoms?

8 How often do you experience symptoms?

9 What treatment have you had?

10 Are you still undergoing treatment?

No When did treatment cease? / /
 Yes

11 Have you had an x-ray or other test?

No
 Yes Please provide details, including dates and results

12 Please advise the names and addresses of any doctor, physiotherapist or chiropractor consulted.

Name

 Address

 Postcode

Name

 Address

 Postcode

13 Have you lost time from work due to this disorder?

(a) In the last 12 months?

No **Go to (b)**
 Yes

From	To
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

(b) Prior to the last 12 months?

No
 Yes Please provide full details of all periods of time off work including dates

Mental Health Questionnaire

Complete this Questionnaire only if requested to do so.

To be completed by the Life to be Insured.

1 Please indicate the conditions you have had or received treatment for?

- Anxiety including generalised anxiety, panic or phobia disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression, dysthymia
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness, chronic tiredness
- Other Please describe

2 Please describe your symptoms including the date they started and how long they lasted.

.....

.....

.....

3 Has any reason for your condition been identified?

No

Yes Please provide details

.....

.....

.....

4 When was your condition first diagnosed?

5 Have you had any recurrences of this condition?

No

Yes How many times?

When?

6 Have you ever received any counselling or treatment for this condition? (eg medication, CBT, hospitalisation)

No

Yes Please provide details below

Type of Treatment	Date Commenced	Date Ceased
.....
.....
.....

7 Are you currently receiving treatment?

No When did you cease treatment?

Yes Please provide details

.....

.....

8 Please provide the names and addresses of doctors you have consulted including the date first and last consulted. Please complete additional details on a separate sheet and date and sign it.

Doctor's name

Doctor's address

Postcode

Date first consulted

Date last consulted

9 Has your condition ever caused you to lose time from work?

No

Yes Please provide details including dates

.....

.....

10 Are you limited in your ability to work or to perform your activities of daily living as a result of this condition?

No

Yes Please provide details

.....

.....

11 Do you continue to experience symptoms?

No **Go to Question 12**

Yes **Go to Question 13**

12 When did you last experience symptoms?

13 Describe your symptoms

.....

.....

High Blood Pressure/High Cholesterol Questionnaire

Complete this Questionnaire only if requested to do so.

To be completed by the Life to be Insured.

- 1 (a) What was your last blood pressure / cholesterol reading and when was this taken?

Blood pressure / /
Systolic Diastolic Date

Cholesterol /
Reading Date

- (b) Is this reading consistent with others when checked?

No What is your typical reading?

Yes

- 2 When are you due for your next check up?

- 3 How often are you required to attend your doctor for review/check ups?

Monthly Twice yearly

Quarterly Annually

- 4 When were you first told you had raised blood pressure / raised cholesterol?

- 5 Are you currently taking medication for your blood pressure / cholesterol levels?

No **Go to Question 7**

Yes Please provide names and medication and daily dosage

- 6 Has your treatment (type or dosage) been changed within the last 12 months?

No **Go to Question 8**

Yes When was it changed?

What was changed?

Why was it changed?

Go to Question 8

- 7 Have you ever been prescribed medication for blood pressure / cholesterol?

No How has the condition been managed?

Yes When and why did you cease taking this?

- 8 What was your blood pressure / cholesterol reading at the time of diagnosis?

Blood pressure (eg 120/80)
Systolic Diastolic

Cholesterol

Reading

- 9 Have you undergone or been referred for any other investigations: eg ECG (resting or exercise stress), Echocardiogram, 24 hr Holter monitoring, urinalysis?

No

Yes What were the results?

Who holds the results of any investigations (eg GP)?

- 10 Has any underlying cause been found for your raised blood pressure / cholesterol?

No

Yes Please provide full details

Personal Financial Questionnaire

To be completed by the Life to be Insured.

To be completed for personal Life Cover, Total and Permanent Disability and Critical Illness applications, where the sum insured exceeds \$4 million and/or where your Income Protection is over \$15,000 per month from all sources.

There may be other instances where MLC requires this questionnaire, please discuss with your financial adviser*. Supporting financial evidence may also be required eg. tax returns, company accounts.

1 How has the sum insured been calculated?

Please attach a copy of the needs analysis or presentation material used, if available.

2 How many dependants do you have?

Ages	Relationship

3 What assets and debts do you have an ownership interest in or control over?

Assets	
Property – residence	\$
Property – investment/other	\$
Personal – eg collectables	\$
Motor vehicle	\$
Investments – eg shares	\$
Other assets (please specify):	
	\$
	\$
	\$
TOTAL ASSETS	\$

* **Note to Financial Adviser:** Refer to the Financial Adviser Guide for guidance on when this questionnaire should be completed.

Debts	
Mortgage – residence	\$
Mortgage – other	\$
Personal loan	\$
Motor vehicle loan	\$
Investments loans	\$
Other debts (please specify):	
	\$
	\$
TOTAL DEBTS	\$

4 What is your employment status?

Employee of a business in which you are not an owner

Go to Question 5

Sole Trader

Partner in business

Go to Question 6

Employed by your own company

5 What was your personal income for each of the past 3 years?

	Year ended 30/06/ _____	Year ended 30/06/ _____	Year ended 30/06/ _____
Salary	\$	\$	\$
Superannuation	\$	\$	\$
Commissions/ Bonuses/Overtime (specify which)	\$	\$	\$
Investment Income	\$	\$	\$
Other Income	\$	\$	\$
Total	\$	\$	\$

6 What was your personal income for each of the past 3 years?

	Year ended 30/06/ _____	Year ended 30/06/ _____	Year ended 30/06/ _____
Occupation Earnings: (earnings after deduction of business expenses but before tax)	\$	\$	\$
Investment Income	\$	\$	\$
Other Income (specify source)	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total	\$	\$	\$



MLC Insurance

Registered Office for
MLC Nominees Pty Limited
and MLC Limited

Ground Floor
105–153 Miller Street
North Sydney NSW 2060

Website: mlc.com.au

Telephone: 132 652
(inside Australia)
+ 61 3 8634 4721
(outside Australia)

Fax: 1800 550 081
(inside Australia)
+ 61 2 9964 3163
(outside Australia)

Postal address:
PO Box 200
North Sydney
NSW 2059