



# **Business Protection – Living Security Program**

## **Customer Information Brochure**

Life Protection Plan ▪ Life Protection Superannuation Plan  
Recovery Protection Plan

# AC&L

You should read the enclosed material carefully, especially the Key Features sections.  
These sections contain important information you should know about the products.  
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## About Australian Casualty & Life

At Australian Casualty & Life we are, first and foremost, committed to the long term financial security of our fellow Australians. To fulfil this commitment we offer a wide range of Income Protection plans as well as a competitive range of Term Life and Trauma plans. What's more, we are committed to providing a standard of service and support **that's second to none.**

In October 1990, ACC Life (established 1960) and the Australian Casualty Company (established 1971) amalgamated and Australian Casualty & Life was born. Australian Casualty & Life is part of a worldwide financial services group, the Global AXA Group, with assets owned and under management in excess of \$910 billion.<sup>1</sup> With Australian Casualty & Life you can rest assured that your financial security is in the hands of experts.

## Important information applying to all Plans

This Customer Information Brochure is a summary of some of the important terms and conditions of your plan. You should refer to your Plan Document which sets out in detail the terms and conditions of your benefits under your plan.

In this Customer Information Brochure and the attached Application form, any references to 'us', 'we' or 'the insurer' means Australian Casualty & Life.

In this Customer Information Brochure unless otherwise specified, 'you' means any potential customer who is likely to become the person insured and/or the plan owner, as applicable.

Please also note that we won't pay for an injury or sickness that happened or began before the Commencement date of your plan unless you or the person insured told us in writing about the injury or sickness when you applied for this insurance and we specifically agreed to cover it. You must comply with your Duty of Disclosure which is set out in detail on page 25.

<sup>1</sup> As at 31/12/2001

# Key Features Statement

## Life Protection Plan

### Key Features Statement Life Protection Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

#### Important notice

This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you die or are terminally ill with 12 months or less to live.

Your plan will not acquire a cash value. If you terminate your plan at any time, you will not get anything back.

### The Plan

The Life Protection Plan pays a lump sum if you die or are diagnosed with a terminal illness and have 12 months or less to live.

### Premiums

#### Payment of premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly\* instalments.

#### Premium structure

There are 2 premium structures to choose from. Where the structure is 'level', we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For 'yearly stepped' plans, we calculate the premium rate once a year at every renewal date according to your age. If there are any increases in the sum insured, we calculate the premium for the increase at the date of the increase.

In addition, premiums for all premium structures can increase in the ways mentioned on this page.

If you select a 'level' premium structure, the premium structure will change to 'yearly stepped' from the first renewal date after you turn 65.

#### Premium increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

#### Minimum premium

There is a minimum premium each year of \$200 (including the plan fee and other charges).

#### Premium tables

Premium tables for each premium structure are available on request.

#### Premium freeze

If you have 'yearly stepped' you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year.

This facility is available throughout the duration of the plan.

### Benefits

Under this plan, we will pay you a lump sum amount if you:

- die whilst this plan is in force; or
- are terminally ill with 12 months or less to live.

#### Death Benefit

We will pay a lump sum in the event of your death. The amount to be paid is the sum insured.

#### Terminal Illness Benefit

On our approval of a doctor's diagnosis that you are terminally ill with 12 months or less to live, we will pay an advance payment of the sum insured, up to \$2,000,000. Any balance will be payable on death. Refer to page 23 for the full definition of Terminal Illness.

#### Financial Plan Benefit

We will pay a reimbursement benefit of up to \$1,000 to a financial adviser who has provided a financial plan for the person insured or their dependant, once a death or terminal illness claim is admitted on the plan.

We will only pay this benefit once and the benefit will not reduce any other benefits payable under your plan.

\* Please refer to page 24 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

# Key Features Statement

## Life Protection Plan

The financial plan must be provided by an Australian Casualty & Life authorised representative.

### 24 hour cover

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

### Indexation of cover

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index or 5%, whichever is greater, unless you decline the increase in writing. We will not increase it if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, indexation will not be applied to your benefit once it reaches \$1,500,000.

### Nominated Events Benefit

This benefit lets you increase your sum insured, without giving us any new medical evidence, if one of the following nominated events happens:

- you take out or increase a first mortgage to buy or improve your home;
- you get married;
- you get divorced;
- you or your partner give birth to a child;
- you adopt a child; or
- your salary increases by at least 25% as a result of a promotion or move to another job.

You cannot increase your benefit as a result of a salary increase, if the increase is a result of changes to your salary packaging arrangements, you are self employed, a controlling director, or you are able to decide on the amount of your salary.

'Partner' means:

- your legal spouse; or
- a person living with you as your spouse on a domestic basis in good faith. They can be the same sex as you.

You can only increase your sum insured once under this benefit in any 12 month period. You can increase your sum insured by 25% or \$100,000, whichever is lower. However, the maximum total amount you can increase your sum insured under this benefit over the period you have your plan is the lesser of:

- the amount of the sum insured under your plan excluding any previous Nominated Events Benefit increases and Consumer Price Index increases; and
- \$1,000,000.

You can't make the increase:

- if the nominated event happens on or after your 50th birthday;

- if you are entitled to make or have made a claim under any plan you hold with us; or
- during any period in which we are not requiring you to pay the premium for your plan.

You must apply for the increase within 30 days from the first renewal date after the nominated event happens. We will require proof of the nominated event.

During the first 6 months after the date of an increase, we limit your cover for the increase in the sum insured to accidental death cover only. That is, death as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Also, death must occur within 90 days of the injury occurring.

The Nominated Events Benefit does not apply under your plan if we impose any special conditions under your plan, for example, occupation loadings, premium loadings for medical conditions or pastime activities or any other exclusions. This benefit is not available if the Business Solutions Option is selected.

### Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Life Protection Plan as part of the Living Security Program, we add to, improve or alter the benefits of the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade.

### Options available

For an extra premium, you may choose one or more of the following options to add to your plan:

#### Premium Waiver Option

Premium Waiver Option means you do not have to pay any further premiums for your plan, if, based on medical evidence, you are totally and permanently disabled by sickness or injury. The applicable definition of total and permanent disablement is the 'any occupation' version outlined on page 3.

#### Total and Permanent Disablement Option

The Option sum insured is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined on page 3 and will depend on whether you have the 'own occupation' version or the 'any occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss; or
  - B are unable to work; or
  - C are unable to perform domestic work; or
  - D require future care.
- A 'specific loss' refers to the total and permanent loss of use of:
- both hands;
  - both feet;
  - one hand and one foot;
  - the entire sight in both eyes;
  - one hand and the entire sight in one eye; or
  - one foot and the entire sight in one eye.
- B 'unable to work' depends on which version of the option you hold:
- (i) if you hold the 'own occupation' version, the following applies:
    - you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation; or
  - (ii) if you hold the 'any occupation' version, the following applies:
    - you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation or any occupation you could reasonably be suited to by education, training or experience.
- C 'unable to perform domestic work' refers to the following:
- you are unable to perform your usual unpaid domestic work for 6 continuous months;
  - you are diagnosed by a doctor as having a permanent disability;
  - you are permanently confined to the home; and
  - you receive regular medical attention from a doctor.
- (d) 'future care' refers to the permanent inability to perform at least two of the 'activities of daily living' listed below, without assistance:
- bathing/showering;
  - dressing/undressing;
  - eating/drinking;
  - using the toilet to maintain personal hygiene;
  - getting in and out of bed, a chair or wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

On the first renewal date after age 64, the total and permanent disablement definitions outlined above in paragraphs A, B and C no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph D, continues to apply until the first renewal date after you turn 99.

You may choose a single or double Total and Permanent Disablement Option. You should note that if you choose the double option, this will only apply up to the first renewal date after age 64. After that, for the purposes of future care, outlined in paragraph D, the single option will apply.

In the case of the single Option, any payment under the option reduces the amount of the sum insured for death or terminal illness under the Life Protection Plan by the Option sum insured. This may mean the end of your cover if the sum insured under your Life Protection Plan and Total and Permanent Disablement Option are the same.

In the case of the double Option, any payment under the Option does not reduce the sum insured under the Life Protection Plan for death or terminal illness. In fact, you will not need to pay any further premiums on your Life Protection Plan, except on the portion of the Life Protection Plan sum insured for death or terminal illness, if any, which is more than the Option sum insured.

### **Future Care Option**

The Option sum insured is payable if you require future care. You require future care if you are permanently unable to perform at least two of the 'activities of daily living', (outlined on this page), without assistance.

Any payment made under the Option reduces the amount of the sum insured for death or terminal illness under the Life Protection Plan by the Option sum insured.

Provided you continue to pay your premium and your plan continues, cover for this Option will continue until the first renewal date after you turn 99.

### **Business Solutions Option**

The Business Solutions Option allows you to apply each year for future increases in the sum insured under your Life Protection Plan and any Total and Permanent Disablement Option (TPD Option) attached to your plan without the need for medical underwriting. When you exercise this option and apply for future increases to the sum insured, we will only require financial and supporting evidence of the increases in the value of your business, unless the conditions of this Option require otherwise.

# Key Features Statement

## Life Protection Plan

Under this Option you must notify us each year whether or not you wish to apply for an increase.

For the duration of this Option the maximum amount you can increase the sum insured to under any plans with death cover is the lesser of \$15,000,000 or five times the original sum insured under the plan.

For the TPD Option you can increase the sum insured, inclusive of all plans and options held with us that provide cover for total and permanent disablement, by the lesser of \$2,500,000 million or five times the original sum insured under the option.

Any increase in the sum insured is subject to our approval. At the time of applying for an increase you must provide us with financial and supporting evidence to our satisfaction. The conditions that apply for increases are explained in detail in the plan document.

Medical evidence will be required if your application for increase is greater than \$2,000,000 or 25% of the sum insured in any plan year.

The Indexation of Cover benefit will not be available for any plans covered under this Option.

This Option will expire in the following instances:

- the first renewal date after you reach age 65;
- you do not notify us in writing whether or not you wish to apply for an increase;
- the original reason for cover no longer exists; and
- after five consecutive years you have not increased the sum insured under the plans attached to this Option.

### Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

We will not pay a claim under the plan if you commit suicide within 13 months of:

- the date your plan starts; or
- your plan being restored.

If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic Consumer Price Index increases – we will not pay the increase in the sum insured.

In addition, if you hold an Option under your Life Protection Plan, we will not pay a claim under the Option if it was caused by:

- you on purpose; or
- war or any act of war whether war is declared or not.

### What are the charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government taxes and charges) without your specific consent.

#### Plan fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 24 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 24.

The plan fee will be increased each year at renewal by any percentage increase in the Consumer Price Index.

#### Instalment fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

#### Stamp duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

#### Goods and Services Tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

#### Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least three months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

## **Taxation**

The purpose for which you take the insurance determines the taxation situation regarding your premium and payment of benefits. The following is a brief summary:

- for personal cover, the premium is not tax deductible and any benefits paid are not assessable income;
- in the case of business cover, this depends on whether the cover is for a revenue purpose or a capital purpose. If cover is for a revenue purpose, the premium is generally tax deductible to the business and any benefits paid are assessable income. If the cover is for a capital purpose, the premium is generally not tax deductible to the business and any plan benefits paid are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

## **Cooling Off period**

After you sign up for a plan and receive the Plan Document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

## **Information on your Plan**

If your Application is accepted, you will receive a Plan Document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our Customer Service Centre on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your enquiry or complaint was handled or with our response, you may wish to contact the Financial Industry Complaints Service. This service has been set up by the Investment and Financial Services Association (IFSA) as an independent party to hear unresolved complaints. Their contact details are on page 25 of this Customer Information Brochure, along with detailed information on how to deal with your concerns.

# Additional information on your Plan

## Life Protection Plan

This section provides further details of the benefits and conditions of your plan.

### Amount of cover

You can choose the sum insured amount to suit your needs. Often people choose a certain multiple of their salary, for example, between 3 and 8 times salary.

### Entry ages

Under the Life Protection Plan:

Minimum entry age is:

- 11 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 71 next birthday for 'yearly stepped' premium structure; and
- 60 next birthday for 'level' premium structure.

The plan expires at age 99 next birthday.

Under the Total and Permanent Disablement Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The plan expires at age 65 next birthday.

Under the Premium Waiver Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 55 next birthday.

The option expires at age 99 next birthday.

Under the Future Care Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 71 next birthday for 'yearly stepped' premium structure; and
- 60 next birthday for 'level' premium structure.

The option expires at age 99 next birthday.

Under the Business Solutions Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

### Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you turn 99. There are no other guarantees except the benefits stated in the plan.

### When your Plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 1);
- you are paid the full sum insured under the plan for terminal illness;
- a payment under the single Total and Permanent Disablement Option or Future Care Option reduces the sum insured under the plan to nil;
- on the first renewal date after you reach age 99;
- you make a fraudulent claim; or
- you die.

### Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premium for this cover. Conditions apply. For details see page 27 of this Customer Information Brochure.



# Key Features Statement

## Life Protection Superannuation Plan

### Key Features Statement Life Protection Superannuation Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

#### Important notice

**This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you die or are terminally ill with 12 months or less to live.**

**If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.**

### The Plan

The Life Protection Superannuation Plan pays a lump sum if you die or are diagnosed with a terminal illness with 12 months or less to live. Life Protection Superannuation Plan is a plan which is issued under a regulated superannuation fund acceptable to us.

One such acceptable fund is the Super Directions Fund ('Super Directions'). We are an insurer and an administrator of this plan under the Super Directions Fund. N.M. Superannuation Pty. Ltd. (ABN 31 008 428 322), a member of the Global AXA Group, is Trustee of Super Directions. The Australian Prudential Regulation Authority has approved the Trustee and has accepted Super Directions as a regulated superannuation fund pursuant to the provisions of the Superannuation Industry (Supervision) Act 1993. A copy of the Trust Deed is available upon request. When a plan is not taken out under the Super Directions Fund, N.M. Superannuation Pty. Ltd. will not be the trustee.

If you hold a Life Protection Superannuation Plan, the plan owner will be the trustee of the superannuation fund the plan is issued under. Also, you will be the person insured under the plan and a member of the superannuation fund the plan is issued under.

### Premiums

#### Payment of premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly\* instalments.

#### Premium structure

There are 2 premium structures to choose from. Where the structure is 'level', we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For 'yearly stepped' plans, we calculate the premium rate once a year at every renewal date according to your age. If there are any increases in the sum insured, we calculate the premium for the increase at the date of the increase.

In addition, premiums for all premium structures can increase in the ways mentioned below.

#### Premium increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for the plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

#### Minimum premium

There is a minimum premium each year of \$200 (including the plan fee and other charges).

#### Premium tables

Premium tables for each structure are available on request.

#### Premium freeze

If you have 'yearly stepped', you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year. This facility is available throughout the duration of the plan.

### Benefits

Under this plan, we will pay a lump sum amount if you:

- die whilst the plan is in force; or
- are terminally ill with 12 months or less to live.

\* Please refer to page 24 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

# Key Features Statement

## Life Protection Superannuation Plan

We will pay any claim we admit under the plan to the trustee of the superannuation fund that the plan is issued under.

### Death Benefit Options for Super Directions Fund Members

If you are a member of the Super Directions Fund, you can choose from three options for distribution of your death benefit.

#### Death Benefit

We will pay the sum insured in the event of your death.

#### Option 1 - Nomination of Dependants

If you choose this option, the Trustee has discretion to pay your death benefit to one or more of your dependants or your legal personal representative (as defined in the governing rules of the Fund) in proportions it determines. You can nominate on the attached Application for Membership form who you would like the Trustee to consider when paying your death benefit. However, the Trustee will not be bound by this nomination.

A dependant who is selected by the Trustee as a beneficiary of your death benefit can ask to receive payment in lump sum or pension form or a combination of both. This may depend on the financial and taxation situation of your dependant or dependants, who should seek taxation advice at the time the benefit is payable.

#### Option 2 - Make a category selection under the Super Category Solutions facility

If you make a category selection under the Super Category Solutions facility, the Trustee will be required to pay your death benefit in accordance with the terms of the category you have chosen.

Under the Super Category Solutions facility, your death benefit can be paid to combinations of your spouse (as defined under the category selection facility), children, minor children and estate according to the category you choose. The form in which your death benefit is paid will also be determined under your category and can include lump sum and pension payments depending on your circumstances.

Details of the categories available and how to use the category selection facility are available in the Super Category and Binding Nomination Solutions Category Selection brochure. You can obtain a copy of this brochure from your financial adviser or by our Customer Service Centre on 1300 366 366.

A Category selection form can be found on page 20 of the Application Form contained in this brochure.

#### Option 3 - Make a Binding Nomination

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

- is valid;
- has been made in the prescribed manner;
- is received by the Trustee before your death;
- has not expired; and
- the nominated person(s) is a dependant or legal personal representative;

If your nomination is no longer valid or has expired, the Trustee will have discretion to determine to whom your death benefit is paid.

To be valid, a nomination must:

- be fully completed and signed by you;
- be witnessed by two people who are over 18 years of age and neither of whom are nominated on the form. Each witness must also sign and date the Witness Declaration section; and
- nominate one or more Dependants or your legal personal representative and provide the percentage of the death benefit for each nominee to receive in the event of your death. The proportional entitlements must total 100%.

Your nomination expires after three years. We strongly recommend that you review your nomination regularly and update your nomination as your personal circumstances change. We will send you a form before the end of three years to allow you to review your nomination. You may update your nomination by completing a new Binding Nomination form or by contacting Australian Casualty & Life.

If you wish to revoke a nomination, you must ensure that this notice is signed by two adult witnesses. The Binding Nomination form provides an option to revoke your nomination. Unless you replace a revoked nomination with a new nomination, the Trustee will have discretion to determine to whom your death benefit is paid.

#### Terminal Illness Benefit

To receive a benefit for terminal illness, you must be terminally ill with 12 months or less to live, you must have ceased gainful employment and we must receive a certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited to by education, training or experience. In this case, we will pay the

sum insured under the plan up to \$2,000,000. Any balance will be payable on death.

Where a terminal illness claim is admitted, the proceeds will be paid to the Trustee. The Trustee will need to be satisfied that the payment meets the total and permanent incapacity test as defined under superannuation law prior to making a cash payment from the Fund. If you do not meet the definition, the terminal illness benefit must be rolled over as a preserved benefit to the fund of your choice.

### **24 hour cover**

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

### **Indexation of cover**

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index or 5%, whichever is greater, unless you decline the increase in writing. We will not increase it if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, indexation will not be applied to your benefit once it reaches \$1,500,000.

We will increase your sum insured by at least 5%, even if the percentage increase in the Consumer Price Index is lower than this.

### **Nominated Events Benefit**

This benefit lets you increase your sum insured, without giving us any new medical evidence, if one of the following nominated events happens:

- you take out or increase a first mortgage to buy or improve your home;
- you get married;
- you get divorced;
- you or your partner give birth to a child;
- you adopt a child; or
- your salary increases by at least 25% as a result of promotion or move to another job.

You cannot increase your benefit as a result of a salary increase, if the increase is a result of changes to your salary packaging arrangements, you are self employed, a controlling director, or you are able to decide on the amount of your salary.

‘Partner’ means:

- your legal spouse; or
- a person living with you as your spouse on a domestic basis in good faith. They can be the same sex as you.

You can only increase your sum insured once under this benefit in any 12 month period. You can increase your sum insured by 25% or \$100,000, whichever is lower. However, the maximum total amount you can increase your sum insured under this benefit over the period you have your plan is the lesser of:

- the amount of the sum insured under your plan excluding any previous Nominated Events Benefit increases and Consumer Price Index increases; and
- \$1,000,000.

You can't make the increase:

- if the nominated event happens on or after your 50th birthday;
- if you are entitled to make or have made a claim under any plan you hold with us; or
- during any period in which we are not requiring you to pay the premium for your plan.

You must apply for the increase within 30 days from the first renewal date after the nominated event happens. We will require proof of the nominated event.

During the first 6 months after the date of an increase, we limit your cover for the increase in the sum insured to accidental death cover only. That is, death as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Also, death must occur within 90 days of the injury occurring.

The Nominated Events Benefit will not apply to your plan if we impose any special conditions under your plan, for example, occupation loadings, premium loadings for medical conditions or pastime activities or any other exclusions.

### **Right to automatically upgrade this Plan**

If, in a later enhancement of the Life Protection Superannuation Plan as part of the Business Protection series, we add to, improve or alter the benefits of the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade.

# Key Features Statement

## Life Protection Superannuation Plan

### Options available

For an extra premium, you may choose one of the following options with your plan:

#### Total and Permanent Disablement Option

The Option sum insured is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined below and will depend on whether you have the 'own occupation' version or the 'any occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss; or
- B are unable to work; or
- C require future care.

A 'specific loss' refers to the total and permanent loss of use of:

- both hands;
- both feet;
- one hand and one foot;
- the entire sight in both eyes;
- one hand and the entire sight in one eye; or
- one foot and the entire sight in one eye.

B 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:
  - you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation.

In the event of a claim being admitted under the 'own occupation' version of the Option, we will pay the benefit amount to the trustee of the superannuation fund. The amount may not automatically be paid to you immediately, as the trustee will have to consider whether you meet the permanent invalidity test under superannuation law (an 'any occupation' test). If you do not meet this test, the amount will be held in the fund on your behalf, until such time as entitlement to the benefit is triggered as permitted by superannuation laws, for example, on your permanent retirement from the workforce on or after age 55 or any later preservation age that applies if you were born after 30 June 1960, or on your death.

(ii) if you hold the 'any occupation' version, the following applies:

- you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation or any occupation you could reasonably be suited to by education, training or experience.

C 'future care' refers to the permanent inability to perform at least 2 of the 'activities of daily living', (outlined on page 3), without assistance.

In addition, you must have ceased gainful employment and must be unable to ever again follow any occupation that you could reasonably be suited to by education, training or experience.

On the first renewal date after age 64, the total and permanent disablement definitions outlined above in paragraphs A and B no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph C, continues to apply until the first renewal date after you turn 69.

You may choose a single or double Total and Permanent Disablement Option. You should note that if you choose the double option, this will only apply up to the first renewal date after age 64. After that, for the purposes of future care, outlined in paragraph C, the single option will apply.

In the case of the single option, any payment under the Option reduces the amount of the sum insured for death or terminal illness under the Life Protection Superannuation Plan by the Option sum insured. This may mean the end of your cover if the sum insured under your Life Protection Superannuation Plan and Total and Permanent Disablement Option are the same.

In the case of the double option, any payment under the Option does not reduce the sum insured for death or terminal illness under the Life Protection Superannuation Plan. In fact, you will not need to pay any further premiums on your Life Protection Superannuation Plan, except on the portion of the Life Protection Superannuation Plan sum insured for death or terminal illness, if any, which is more than the Option sum insured.

#### Future Care Option

The Future Care Option sum insured is payable if you require future care. You require future care if you are permanently unable to perform at least two of the 'activities of daily living', (outlined on page 3), without assistance. In addition, you must have ceased gainful employment and we must receive a

certificate from two doctors stating that you are unable to ever again follow any occupation that you would be reasonably suited to by education, training or experience.

Any payment made under the Option reduces the amount of the sum insured for death or terminal illness under the Life Protection Superannuation Plan provided by the Option sum insured.

Provided you continue to pay your premium and your plan continues, cover for this Option will continue until the first renewal date after you turn 69.

## Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

We will not pay a claim under the plan if you commit suicide within 13 months of:

- the date your plan starts; or
- your plan being restored.

If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic Consumer Price Index increases – we will not pay the increase in the sum insured.

In addition, if you hold an option under your Life Protection Superannuation Plan, we will not pay a claim under the option if it was caused by:

- you on purpose; or
- war or any act of war, whether war is declared or not.

As the Life Protection Superannuation Plan is issued under a superannuation fund, government legislation will limit the age to which you can pay the premium for the plan. Generally:

- before age 65, if you cease to be gainfully employed full-time or part-time, you can only pay premiums for a further 2 years or to age 65, whichever is earlier; or
- you are aged 65 and over, but under age 70, you can only pay premiums if you are employed for 10 hours or more per week; and
- you are aged 70 or over, you cannot pay premiums.

## What are the charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges without your specific consent.

## Plan fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 24 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 24.

The plan fee will be increased each year at renewal time by any percentage increase in the Consumer Price Index.

## Instalment fee

An instalment fee is charged should you pay your premium more frequently than once a year. The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

## Stamp duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

## Goods and Services Tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

## Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.
- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least three months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

# Key Features Statement

## Life Protection Superannuation Plan

### Taxation

The taxation information below is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

As the plan is written as a superannuation plan, the taxation aspects are complex and depend on individual circumstances at the time. The following is a brief summary:

- Contributions made by an employer to a superannuation fund to secure cover for the benefit of employees, or to provide benefits for dependants of employees, may be tax deductible.
- Contributions made by an individual to a superannuation fund to secure personal cover may in certain circumstances be tax deductible if the person is self-employed, substantially self-employed or an employee who is ineligible for any employer superannuation support. If the person is an employee who receives employer superannuation support, then contributions by the individual would not ordinarily be tax deductible. However, in certain circumstances, the person may be entitled to a tax rebate if his or her taxable income is below the set limit.
- If a benefit becomes payable, any tax must be deducted before a benefit is paid. Generally, death and disablement benefits receive concessional tax treatment. In certain circumstances (for example, a death benefit paid to a dependant, where the death benefit is within the deceased's Reasonable Benefit Limit), benefits may be paid free of tax.
- If an 'own occupation' Total and Permanent Disablement Option claim is paid to the trustee of the superannuation fund, and it must be held in the fund, any investment earnings of that held amount may be subject to tax at the prevailing rate applicable to superannuation funds (currently a maximum of 15%).

### Superannuation surcharge

The Superannuation Contributions Tax (Assessment and Collection) Act 1997 imposes a tax, up to a maximum of 15%\*, on certain types of superannuation contributions made in respect of:

- high income earners (annual income of more than \$90,527 for the 2002/2003 financial year, then indexed annually); and
- some persons who do not provide their tax file numbers to the relevant superannuation fund.

If your plan is issued under the Super Directions Fund, currently, we pay the surcharge tax for you. This may change in the future and you may be required to pay this tax.

If you are a member of a fund other than Super Directions, the trustee of your fund may require you to meet the surcharge obligations.

To determine whether or not the surcharge tax impacts on you, please contact your accountant or tax adviser.

### Cooling Off period

After you sign up for a plan and receive the Plan Document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

### Information on your Plan

If your Application is accepted, you will receive a Plan Document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

Also, if you are a member of Super Directions, we will send you a Trustee's Annual Report to Members once a year. The Report provides information regarding Super Directions' investment strategy and investment objectives, contact details of Super Directions, names of the directors of N.M. Superannuation Pty. Ltd., how the Super Directions Fund is structured, fees and charges and any other developments which are of significant interest to the members. A copy of the Report is available from our Customer Service Centre on the toll free number 1300 366 066.

If you are a member of the Super Directions Fund and you have an enquiry or complaint, you should contact our Customer Service Centre in the first instance on the toll free number above. If you are not a member of the Super Directions Fund, you should contact the trustee of the superannuation fund that the plan is issued under in the first instance. If, after 45 days, you are not satisfied with the way your enquiry or complaint was handled or with our response, you may wish to contact the Superannuation Complaints Tribunal. Their contact details are on page 25 of this Customer Information Brochure, along with detailed information on how to deal with your concerns.

\* The Commonwealth Government has proposed reducing the surcharge to 13.5% for 2002/2003, 12% for 2003/04 and 10.5% for 2004/05 and subsequent years. At the time of publication, this proposal has yet to be legislated.

# Additional information on your Plan

## Life Protection Superannuation Plan

This section provides further details of the benefits and conditions for your plan.

### Amount of cover

You can choose the amount of cover to suit your needs. Often people choose a certain multiple of their salary, for example, 3 to 8 times salary.

### Entry ages

Under the Life Protection Superannuation Plan, the minimum entry age is dependent on being engaged in gainful employment for at least 10 hours a week at any time during the last two years.

If you choose a 'level' premium structure, the

- minimum entry age is 25 next birthday.
- maximum entry age is 60 next birthday.

The plan expires at age 70 next birthday.

Under the Total and Permanent Disablement Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The option expires at age 65 next birthday.

Under the Future Care Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The option expires at age 69 next birthday.

### Nomination of dependants

Death benefits from a superannuation fund can only be paid to the deceased's dependant(s) or to his/her legal personal representative.

The following are some examples of what will occur if you do not update your binding nomination when your circumstances change:

- If an intended beneficiary has predeceased you and you have not updated your nomination, the Trustee will pay that nominee's portion of the benefit to their estate. There will be no reapportionment to your other nominees.
- If you divorce, the Trustee will pay the benefit in accordance with your nomination, provided the nominee is a dependant.
- If you nominate your child as your beneficiary and then have another child, the Trustee will only pay

the benefit to the nominated child. Children not nominated will not receive any of your benefit.

### Ownership of the Plan

Where the plan is held under the Super Directions Fund, the plan is owned by the Trustee of the Super Directions Fund, N.M. Superannuation Pty. Ltd. The Trustee is an 'approved trustee' under the Superannuation Industry (Supervision) Act 1993 (SISA) and has an appropriate level of indemnity insurance.

Where the plan is held under another superannuation fund, the plan is owned by the trustee of that superannuation fund.

In the event of a death claim being admitted, we will pay the sum insured to the trustee of your plan who will then provide the proceeds of the plan to one or more of the deceased member's dependants or to the deceased member's legal personal representative. Where a claim has been admitted for terminal illness or for Total and Permanent Disablement, the trustee will, subject to the claim satisfying superannuation laws, provide the member with the proceeds of the plan.

### Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you turn 69. There are no other guarantees except the benefits stated in the plan.

### When your Plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 7);
- you are paid the full sum insured under the plan for terminal illness;
- a payment made under the single Total and Permanent Disablement Option or Future Care Option reduces the sum insured under the plan to nil;
- on the first renewal date after you reach age 69;
- you no longer meet the employment conditions outlined on page 11 under 'Exclusions';
- you make a fraudulent claim; or
- you die.

Termination of your Fund membership will be dependent on the governing rules of the Fund.

### Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give you interim insurance cover for your accidental death. Death must occur within 90 days of the accident. Conditions apply. For details see page 27 of this Customer Information Brochure.

# Key Features Statement

## Recovery Protection Plan

### Key Features Statement Recovery Protection Plan

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission. It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

#### Important notice

**This is not a savings plan. The primary purpose of this plan is to provide a benefit in the event that you suffer one of the listed serious medical conditions or you die.**

**If you terminate your plan at any time your plan will not have a cash value and you will not get anything back.**

### The Plan

The Recovery Protection Plan pays a lump sum on the first occurrence of you suffering one of the listed serious medical conditions or dying.

### Premiums

#### Payment of premiums

For the plan to remain in force, you must pay the premium (plus charges) when they are due. We will end the plan if the premium is more than 30 days late. However, we will give you a further 20 days written notice before we end it for this reason. You can pay yearly, half yearly or by monthly\* instalments.

#### Premium structure

There are 2 premium structures to choose from. Where the structure is 'level', we calculate the premium rate at the start of the plan. Also, if there are any increases in the sum insured, we calculate the premium rate for the increase at the date of the increase.

For 'yearly stepped' plans, we calculate the premium rate once a year at every renewal date according to your age. If there are any increases in the sum insured, we calculate the premium for the increase at the date of the increase.

In addition, premiums for all premium structures can increase in the ways mentioned below.

If you select a 'level' premium structure, the premium structure will change to 'yearly stepped' from the first renewal date after you turn 65.

#### Premium increases

We will increase your premium if your sum insured increases. And, regardless of the premium structure you select, we can increase the premium for your plan if we increase premiums for all plans like yours. There are no guarantees that the premium will remain the same.

#### Minimum premium

There is a minimum premium each year of \$200 (including the plan fee and other charges).

#### Premium tables

Premium tables for each premium structure are available on request.

#### Premium freeze

If you have 'yearly stepped' you can keep your premium (not including your plan fee) at a particular level and have the sum insured reduce each year. This facility is available throughout the duration of the plan subject to meeting the minimum premium requirement.

### Benefits

Under this plan, we will pay you a lump sum amount if you:

- suffer one of the serious medical conditions mentioned in your Plan Document; or
- die whilst your plan is in force.

To be entitled to be paid a benefit, you must meet the conditions of the definition. See pages 20 to 23 for definitions of these medical conditions.

Cover for the listed medical conditions (except for terminal illness and loss of independency) can only continue until the first renewal date after you turn 64. Cover for death, terminal illness and loss of independency can continue until the first renewal date after you turn 99.

Proof of occurrence of all medical conditions must be based on clinical, radiological, histological and laboratory evidence and evidence from an appropriate specialist medical practitioner. All evidence must be acceptable to us.

\* Please refer to page 24 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.



The following medical conditions apply:

- Alzheimer's Disease and other Dementias
- Angioplasty (minimum sum insured \$100,000)
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cancer (Malignant Tumours)
- Cardiac Arrest Outside a Hospital
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease
- Coma
- Coronary Artery Surgery
- Deafness
- Dementia
- Diplegia
- Encephalitis
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Loss of Independency
- Loss of Limbs
- Loss of Limbs and Sight
- Loss of Speech
- Lung Disease
- Major Head Trauma
- Major Transplant
- Medical Condition Requiring Life Support
- Medically Acquired HIV
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired HIV
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Stroke
- Surgery of the Aorta
- Terminal Illness

### **Death Benefit**

We will pay you a lump sum in the event of your death. The amount to be paid is the sum insured.

### **Buyback Benefit**

This benefit lets you repurchase instalments of life insurance cover after receiving the Recovery Protection Plan lump sum payment (unless the payment was for terminal illness or death), up to your first renewal date after age 64. If you repurchase the life cover on the first anniversary of your claim, for each of the next two anniversaries, you can repurchase further life cover. The amount of cover you can purchase each time is 1/3 of the amount paid under the Recovery Protection Plan.

### **Financial Plan Benefit**

We will pay a reimbursement benefit to a financial adviser of up to \$1,000 who has provided a financial plan for you or your dependants, once a claim is admitted on the plan for death or terminal illness.

The financial plan must be provided by an Australian Casualty & Life authorised representative.

### **24 hour cover**

On acceptance of your plan, you are covered 24 hours a day, and we will also cover you if you travel overseas.

### **Indexation of cover**

Every year up to age 65, we will increase your sum insured by the increase in the Consumer Price Index or 5%, whichever is greater, unless you decline the increase in writing. We will not increase it if we have paid you a benefit under the plan, or you are not required to pay premiums. Also, we will not increase it if your sum insured is more than \$1,500,000.

### **Right to automatically upgrade this Plan**

If, in a later enhancement of this plan series of the Recovery Protection Plan as part of the Living Security Program, we add to, improve or alter the benefits of the plan series, we will automatically pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pursuits, pastimes or place of residence.

You will not be detrimentally affected by this automatic upgrade.

# Key Features Statement

## Recovery Protection Plan

### Options available

For an extra premium, the following options are available with your plan:

#### Total and Permanent Disablement Option

The option sum insured is payable if you become totally and permanently disabled. The definitions of total and permanent disablement are outlined below and will depend on whether you have the 'own occupation' version or the 'any occupation' version.

You are totally and permanently disabled if you:

- A suffer a specific loss; or
  - B are unable to work; or
  - C are unable to perform domestic work.
- A 'specific loss' refers to the total and permanent loss of use of:
- both hands;
  - both feet;
  - one hand and one foot;
  - the entire sight in both eyes;
  - one hand and the entire sight in one eye; or
  - one foot and the entire sight in one eye.
- B 'unable to work' depends on which version of the option you hold:
- (i) if you hold the 'own occupation' version, the following applies:
    - you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation; or
  - (ii) if you hold the 'any occupation' version, the following applies:
    - you are unable to follow your own occupation for a continuous period of 6 months and are unlikely to ever be able to follow your own occupation or any occupation you could reasonably be suited to by education, training or experience.
- C 'unable to perform domestic work' refers to the following:
- you are unable to perform your usual unpaid domestic work for 6 continuous months;
  - you are diagnosed by a doctor as having a permanent disability;
  - you are permanently confined to home; and
  - receive regular medical attention from a doctor.

You may choose a single or double Total and Permanent Disablement Option. If you choose the single option, then any payment under the option means the end of your cover under the Recovery Protection Plan. If you choose the double option, any payment under the option does not affect your cover under the Recovery Protection Plan and, in fact, you will not need to pay any further premiums for the Recovery Protection Plan.

#### Business Solutions Option

The Business Solutions Option allows you to apply each year for future increases in the sum insured under your Recovery Protection Plan and any Total and Permanent Disablement Option (TPD Option) attached to your plan without the need for medical underwriting. When you exercise this option and apply for future increases to the sum insured, we will only require financial and supporting evidence of the increases in the value of your business, unless the conditions of this Option require otherwise.

Under this Option you must notify us each year whether or not you wish to apply for an increase.

For the duration of this Option the maximum amount you can increase the sum insured to under any plans with trauma and death cover is the lesser of \$1,500,000 or five times the original sum insured under the plan.

For a TPD Option you can increase the sum insured, inclusive of all plans and options held with us that provide cover for total and permanent disablement, by the lesser of \$2,500,000 or five times the original sum insured under the option.

Any increase in the sum insured is subject to our approval. At the time of applying for an increase you must provide us with financial and supporting evidence to our satisfaction. The conditions that apply for increases are explained in detail in the Plan document.

Medical evidence will be required if your application for increase is greater than \$2,000,000 or 25% of the sum insured in any plan year.

The Indexation of Cover benefit will not be available for any plans covered under this Option.

This Option will expire in the following instances:

- the first renewal date after you reach age 65;
- you do not notify us in writing whether or not you wish to apply for an increase;
- the original reason for cover no longer exists; and

- after five consecutive years you have not increased the sum insured under the plans attached to this Option.

### Accelerated Buyback Option

This option lets you repurchase 100% of the amount paid to you for a claim under the plan, as life insurance cover, 12 months after you receive the payment under the plan. This does not apply if we paid a claim under the plan for terminal illness or if you have purchased additional life insurance cover under the Buyback Benefit contained in your Recovery Protection Plan.

### Hepatitis B and C Option

(This option is only available to medical professionals such as general practitioners, dentists and surgeons.)

We will pay a lump sum amount if you become infected with Hepatitis B or Hepatitis C as a result of an occupational incident.

An occupational incident means an incident that happens whilst you are performing the usual duties of your normal medical or dental occupation and involves contact with a body substance which puts you at risk of transmission of the infections.

However, we will only pay you this benefit if all the conditions for payment are satisfied. The conditions are explained in detail in the Plan Document. Briefly, we require that:

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

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

We will pay the amount you have insured for, to a maximum of \$400,000. We will only pay you once under this option. Also, payment under this option will not reduce the lump sum under the Recovery Protection Plan.

### Exclusions

We won't pay the lump sum under the Hepatitis B and Hepatitis C Option if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of the plan, or the date the plan is restored;
- a cure is available for the infection for which you are claiming. A 'cure' means any treatment which renders the infection inactive or non-infectious;
- we have paid you a benefit before because you became infected with Hepatitis B or Hepatitis C; or
- you are first diagnosed to be infected with Hepatitis B or Hepatitis C after you die.

In addition, the general exclusions for the plan, outlined on page 18, also apply.

### Children's Trauma Option

You can elect to cover up to 5 of your children under your Recovery Protection Plan.

Children aged between 2 years and under 15 will be covered for a nominated sum insured (maximum \$50,000) against the following events.

#### Events subject to a 90 day waiting period:

- **Aplastic Anaemia**  
Refer to the definition on page 20.
- **Cancer (Malignant Tumours)**  
Refer to the definition on page 21.
- **Major Transplant**  
Refer to the definition on page 22.
- **Subacute Sclerosing Panencephalitis**  
The certain diagnosis of subacute sclerosing panencephalitis.
- **Viral Encephalitis**  
The certain diagnosis of viral encephalitis and where there is an associated neurological deficit resulting in at least 25% impairment of whole person function that is permanent.

#### Events not subject to a 90 day waiting period:

- **Diplegia**  
Refer to the definition on page 21.
- **Hemiplegia**  
Refer to the definition on page 22.

# Key Features Statement

## Recovery Protection Plan

- **Loss of Limbs**  
Refer to the definition on page 22.
- **Loss of Limbs and Sight**  
Refer to the definition on page 22.
- **Major Head Trauma**  
Refer to the definition on page 22.
- **Paraplegia**  
Refer to the definition on page 23.
- **Quadriplegia**  
Refer to the definition on page 23.
- **Severe Burns**  
Refer to the definition on page 23.

We will not pay a benefit for this condition if it is directly or indirectly attributable to, or consequential upon intentional self-injury or injury caused by you.

After age 15 all events covered under Recovery Protection Plan (except for Terminal Illness and death) will apply. (See page 15 for events covered under Recovery Protection Plan).

Upon turning 21, the in-built life insurance component of the Recovery Protection Plan will be activated and the plan will vest, automatically transferring ownership to the life of the child insured.

### Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

We will not pay a claim under the plan if:

- you commit suicide within 13 months of the date your plan started or the date your plan is restored. If death was because of suicide committed within 13 months after an increase in the sum insured – not including automatic Consumer Price Index increases – we will not pay the increase in the sum insured;
- your medical condition was caused by you on purpose;
- you had the medical condition before your plan began and you did not tell us about it; or
- in the case of cancer, coronary artery surgery, heart attack and stroke, the medical condition occurs within 90 days of the date the plan starts or is restored; or
- war or any act of war, whether war is declared or not.

In addition, if you hold the Total and Permanent Disablement Option, we will not pay a claim under the option if it was caused by:

- you on purpose; or
- war or any act of war, whether war is declared or not.

### What are the charges?

All charges of the plan are fully described in this section. We undertake not to apply any new charges (other than government charges and taxes) without your specific consent.

#### Plan fee

A plan fee is charged for each plan you hold with us, unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See page 24 for more details about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 24.

The plan fee will be increased each year at renewal time by any percentage increase in the Consumer Price Index.

#### Instalment fee

An instalment fee is charged should you pay your premium more frequently than once a year.

The instalment fee is 6% of the premium (excluding the plan fee) for half yearly payments and 8% of the premium (excluding the plan fee) for monthly payments.

#### Stamp duty

A government stamp duty is imposed on the first premium payment for your plan. The government may change the rate of stamp duty from time to time.

#### Goods and Services Tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

#### Variations

We reserve the right to vary charges as described below:

- The plan fee may be increased to account for the effects of inflation.
- We can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type.

- The premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least three months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

## Taxation

The purpose for which you take insurance determines the taxation situation regarding your premium and payment of benefits. The following is a brief summary:

- for personal cover, the premium is not tax deductible and any benefits paid are not assessable income.
- in the case of business cover, this depends on whether the cover is for a revenue purpose or a capital purpose. If cover is for a revenue purpose, the premium is generally tax deductible to the business and any benefits paid are assessable income. If the cover is for a capital purpose, the premium is generally not tax deductible to the business, and any benefits paid are not assessable income.

This taxation information is based on the continuation of present laws and their interpretation and is a general statement only. Individual circumstances may vary. For further information, please contact your accountant or tax adviser.

## Cooling Off period

After you sign up for a plan and receive the Plan Document from us, you have 14 days to check that the plan meets your needs – this is known as the cooling off period. Within this time you may cancel the plan and we will refund to you the premium paid. We will require that your request be in writing.

## Information on your Plan

If your Application is accepted, you will receive a Plan Document. This sets out your obligations and ours. You should read this document carefully. In addition, we will send you a notice once a year setting out your premium and charges.

If you have an enquiry or complaint you should contact our Customer Service Centre in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your enquiry or complaint was handled or with our response, you may wish to contact the Financial Industry Complaints Service. This service has been set up by the Investment and Financial Services Association (IFSA) as an independent party to hear unresolved complaints.

Their contact details are on page 25 of this Customer Information Brochure, along with detailed information on how to deal with your concerns.

# Additional information on your Plan

## Recovery Protection Plan

The following provides further information on your plan and sets out the definitions of medical conditions covered under the plan.

### Entry ages

Under the Recovery Protection Plan and the Accelerated Buyback Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The plan expires at age 65 next birthday.

Under the Total and Permanent Disablement Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The option expires at age 65 next birthday.

Under the Business Solutions Option:

Minimum entry age is:

- 18 next birthday for 'yearly stepped' premium structure; and
- 25 next birthday for 'level' premium structure.

Maximum entry age is:

- 60 next birthday.

The option expires at age 65 next birthday.

### Guarantee

Provided you pay your premium and comply with the plan, we guarantee to renew your plan each year until the first renewal date after you reach age 99. However, after the first renewal date after you reach age 64, the plan only covers you for death, terminal illness and loss of independency. There are no other guarantees except the benefits stated in the plan.

### When your Plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 14);
- you are paid a benefit under the plan which reduces the sum insured to nil;

- on the first renewal date after you reach age 99. However, after the first renewal date after you reach age 64, the plan only covers you for death, terminal illness and loss of independency;
- you make a fraudulent claim; or
- you die.

### Interim Accidental Death Cover

To give you some protection while we are assessing your Application, we give interim insurance cover for your accidental death. Death must occur within 90 days of the accident. You do not have to pay any extra premiums for this cover. Conditions apply. For details see page 27 of this Customer Information Brochure.

### Definitions

#### Alzheimer's Disease and other Dementias

The certain diagnosis of Alzheimer's Disease or Dementia, and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living' (as outlined on page 3).

#### Angioplasty

The first treatment of a coronary artery obstruction by balloon angioplasty, other catheter based techniques, or endoscopic surgery, where at least one of the following criteria have been met:

- the obstruction is giving rise to impairment of ventricular function;
- the obstruction is giving rise to disabling symptoms; or
- the obstruction is associated with unstable angina pectoris or myocardial infarction.

To be entitled to angioplasty, you must have a minimum sum insured under the plan of \$100,000. In the case of angioplasty, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for angioplasty.

#### Aplastic Anaemia

The total persistent aplasia of bone marrow.

#### Benign Brain Tumour

A life threatening non-cancerous tumour in the brain which gives rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment. This must result in at least a 25% permanent impairment of whole body function. The presence of

the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

### **Blindness**

The total and permanent loss of the sight in both eyes.

### **Cancer (Malignant Tumours)**

The occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer also refers to leukaemia, lymphoma and Hodgkin's disease unless excluded below.

The following are excluded:

- tumours classified as carcinoma in situ;
- malignant melanomas classified as Clark Level 1 or 2;
- malignant melanomas of less than 1.5mm Breslow thickness;
- other skin cancers;
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification;
- lymphocytic leukaemia classified as Binet stages A and B or Rai stages 0, I and II;
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period;
- Kaposi's Sarcoma;
- other tumours associated with HIV infection.

### **Cardiac Arrest Outside a Hospital**

Cardiac arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation; and
- is not associated with any clinical procedure; and
- is documented by electrocardiographic (ECG) changes; and
- occurs outside a hospital or other medical facility.

### **Cardiomyopathy**

The impairment of the ventricular function of the variable aetiology resulting in significant physical impairment to the degree of at least Class 4 of the New York Heart Association of cardiac impairment and resulting in the person insured being unable to perform his or her usual occupation. Cardiomyopathy

related to alcohol or drug abuse is specifically excluded.

### **Chronic Kidney Failure**

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

### **Chronic Liver Disease**

End stage liver disease resulting in cirrhosis and with the following features:

- permanent jaundice (the serum bilirubin level must be continuously over 50 mmol/L);
- portal hypertension; and;
- Ascites or Encephalopathy or Hepatorenal syndrome.

### **Coma**

Total failure of cerebral function as shown by total, unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least seven days. Coma directly resulting from alcohol or drug abuse is excluded.

### **Coronary Artery Surgery**

Coronary artery bypass grafting surgery performed via open chest surgery as a consequence of coronary artery disease.

The following are excluded:

- coronary artery surgery which is done using a technique which does not require open-chest surgery, for example:
  - endoscopic intervention;
  - angioplasty;
  - laser techniques; and
  - other catheter techniques.

### **Deafness**

The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

### **Dementia**

Significant failure of brain function causing permanent defect. There must be a continual need for professional supervision and/or in-patient care. Also, there must be an established deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing.

### **Diplegia**

Total and permanent loss of the use of both sides of the body due to injury or sickness.

# Additional information on your Plan

## Recovery Protection Plan

### Encephalitis

Severe inflammation of brain substance which results in significant and permanent neurological sequelae, with at least 25% impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

### Heart Attack

The death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack; and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

The following are excluded:

- chest pain which does not meet the diagnostic requirements above;
- chest pain not related to a heart condition.

### Heart Valve Surgery

The undergoing of open heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Balloon or catheter techniques are excluded.

### Hemiplegia

Total and permanent loss of the use of one side of the body due to injury or sickness.

### Loss of Independency

As a result of an injury or sickness, the person insured is permanently unable to perform at least two of the five 'activities of daily living', (outlined on page 3), without assistance.

### Loss of Limbs

The total and permanent loss of:

- the use of both hands;
- the use of both feet; or
- the use of one hand and one foot.

### Loss of Limbs and Sight

The total and permanent loss of:

- the use of one hand and the sight of one eye; or
- the use of one foot and the sight of one eye.

### Loss of Speech

Total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply from the speech centres of the brain, whether caused by injury, tumour or sickness.

### Lung Disease

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

### Major Head Trauma

Cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25% impairment of whole body function.

### Major Transplant

The receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas.

### Medical Condition Requiring Life Support

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

In the case of a medical condition requiring life support, we will only pay 10% of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for a medical condition requiring life support.

Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

### Medically Acquired HIV

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

- a blood transfusion,
- transfusion with blood products,
- organ transplant to the person insured,
- assisted reproductive techniques,
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded. This benefit will not apply in the event that any medical cure is found for AIDS or the effects the HIV virus or a medical treatment is



developed that results in the prevention of the occurrence of AIDS.

### **Motor Neurone Disease**

The certain diagnosis of Motor Neurone Disease (amyotrophic lateral sclerosis) and where there is an associated neurological deficit resulting in the permanent inability to perform independently at least one of the 'activities of daily living' (as outlined on page 3).

### **Multiple Sclerosis**

The certain diagnosis of Multiple Sclerosis and where there is an associated neurological deficit resulting in the permanent inability to perform at least one of the 'activities of daily living' (outlined on page 3) without assistance.

### **Muscular Dystrophy**

The diagnosis of Muscular Dystrophy certified by a Consultant Neurologist, where there is an associated neurological deficit which causes the permanent inability to independently perform at least one of the specified 'activities of daily living' (refer to page 3).

### **Occupationally Acquired HIV**

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst the person insured was carrying out the normal duties of his or her usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- proof of the accident giving rise to the infection;
- proof that the accident involved a definite source of the HIV infection; and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

HIV infection resulting from any other means, including sexual activity and the use of intravenous drugs, is excluded.

Also, no payment will be made where a cure has become available prior to the accident causing the infection. 'Cure' means any treatment which renders the HIV inactive or non-infectious.

### **Paraplegia**

Total and permanent loss of the use of the lower limbs due to spinal cord injury or disease.

### **Parkinson's Disease**

Certain diagnosis of Parkinson's Disease. The condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25% impairment of whole body function.

### **Pneumonectomy**

The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.

### **Primary Pulmonary Hypertension**

Primary pulmonary hypertension associated with right ventricular failure. Pulmonary hypertension associated with chronic lung disease is specifically excluded.

### **Quadriplegia**

Total and permanent loss of the use of the upper and lower limbs due to spinal cord injury or disease.

### **Severe Burns**

Third degree burns to at least 20% of the person insured's body surface area.

### **Stroke**

The damage of brain tissue as a result of a cerebrovascular incident where:

- it is caused by haemorrhage, embolism or thrombosis; and
- it is associated with the sudden onset of objective neurological deficit; and
- the neurological deficit is likely to be permanent; and
- the haemorrhage, embolism, or thrombosis is demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

The following are excluded:

- transient ischaemic attacks;
- reversible ischaemic neurological deficits;
- cerebrovascular disorders of the eye or optic nerve;
- symptoms due to migraine or headache;
- brain tissue damage caused by head injury.

### **Surgery of the Aorta**

Surgery performed via a thoracotomy or laparotomy to replace or repair an abnormality of the aorta. Surgery performed using catheter techniques only is excluded.

### **Terminal Illness**

Any illness, which in our opinion, will result in the death of the person insured within 12 months, regardless of any treatment that might be undertaken. Our decision will be based on medical evidence provided to us by the person's insured doctor, and any other medical evidence that we may require.

# Important information applying to all Plans

## Business Protection

### Directors of Australian Casualty & Life Limited

R.M. Shermom (Chairperson)

C.J. Barnard

T.D. Lloyd

### Plan fee

A plan fee is charged for each plan you hold with us unless you have packaged your plans together. In this case, we will charge only one plan fee per package. See 'Packaging' below for more details.

The amount and the frequency of the plan fee depend on how frequently you pay the premium, as shown below:

Frequency	Plan fee
Yearly	\$75.00
Half Yearly	\$41.50
Monthly	\$7.50

The plan fee will be increased each year at renewal time by any percentage increase in the Consumer Price Index.

### Packaging

The Life Protection Plan, Life Protection Superannuation Plan, Recovery Protection Plan, or any plan from the Living Security Program can be bundled together as one package, either at the time this insurance is applied for or at a later date. You can do this, provided that either the person insured or the plan owner under all plans is the same, and there are not more than 5 different persons insured in the package. There must also be a common premium payment method (periodic debit or cheque), premium payment frequency and plan renewal date. In this case, we will charge only one plan fee, regardless of the number of plans in the package.

### Direct Debit Request Service Agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

#### Our responsibilities

- We will only deduct premiums from your chosen account. Your plan schedule shows the premium amount and how often we have agreed to deduct it.

- We assure you that we will not disclose your bank details to anyone else unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the weekend or public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

#### Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

#### Changing your payment details

- You may cancel or change direct debit deductions at any time by writing to us.

#### Can we help?

- If you have any queries about your direct debit agreement please contact our Customer Service Centre on 1300 366 066 or your adviser.
- We undertake to respond to queries concerning disputed transactions within five working days of notification.

#### How to apply

To apply for any of the products detailed in this Customer Information Brochure, please complete the Application included with this Customer Information Brochure.

A plan can only be effected after completion of an Application and acceptance of the Application by us. Your life insurance adviser will be happy to assist you.

In this Customer Information Brochure, 'you' refers to the plan owner and/or to the person insured under the plan, unless a Life Protection Superannuation Plan applies. In this case, 'you' refers to the person insured under the plan.

Sometimes the plan owner and the person insured are the same person. However, they may not always be.

## Issue date and expiry date of this brochure

This Customer Information Brochure was issued on 19 August 2002. It will remain current for the period ending 18 August 2003 and cannot be used after this date.

## Notification of change

If there are any material changes to the charges in this Customer Information Brochure, we will notify you at least 3 months prior to the change. Also, this Customer Information Brochure will be withdrawn if the information contained is considered to be misleading following changes after issue. In the case of all other changes we will notify you in your Annual Statement.

## How to deal with any concern you have

If you have an enquiry you should contact our customer service staff on the toll free number 1 300 366 066. Alternatively, you may wish to write to:

Australian Casualty & Life  
GPO Box 5339  
Sydney NSW 2001

We will acknowledge all written complaints in writing within 10 days of receipt. We will provide the same acknowledgment for complaints received over the telephone unless they can be resolved in a timely manner. Your complaint will be considered by us and a determination will be made within 45 days after receipt of the complaint.

If, after 45 days, you are not satisfied with the way your enquiry or complaint was handled or with our response, you can seek assistance from the Financial Industry Complaints Service (FICS). This service has been set up by the Investment and Financial Services Association (IFSA) as an independent party to hear unresolved complaints.

You can contact the complaints service on (03) 9629 7050 in the Melbourne metropolitan area or toll free on 1800 335 405. Alternatively, write to:

The Manager  
Financial Industry Complaints Service  
PO Box 579, Collins Street West  
Melbourne VIC 8007

If you hold a Life Protection Superannuation Plan and it is issued under a superannuation fund other than the Super Directions Fund, you should contact the trustee of the superannuation fund in the first

instance, rather than us. The fund should have formal procedures in place to deal with any enquiries and complaints.

If you are not satisfied with the handling of your complaint after 90 days, you can contact the Superannuation Complaints Tribunal. The Tribunal is an independent body established by the Federal Government to assist in the resolution of complaints about decisions of trustees of superannuation funds.

Superannuation Complaints Tribunal  
Locked Bag 3060  
GPO Melbourne VIC 3001  
Telephone: 1300 884 114

The Tribunal may be able to assist you to resolve your complaint, but only after you have made use of our own complaint handling process. Once the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation, which involves assisting the parties to come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the Tribunal for a determination, which is binding on all parties.

## Where we put your money

We will pay your premiums into a fund called Statutory Fund No. 1, unless you hold a Life Protection Superannuation Plan. In this case, we pay your premiums into a fund called Statutory Fund No. 6.

## Duty of Disclosure

When answering our questions, you must be honest and you have a duty under law to disclose to us anything known to you, and which a reasonable person in the circumstances could reasonably be expected to know which is relevant to our decision whether to accept the risk and, if so, on what terms. You have the same duty to disclose those matters to us between the time of this proposal and its acceptance and before you extend, vary, or restore a contract of insurance with us.

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

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

# Important information applying to all Plans

## Business Protection

### Non-Disclosure

If you fail to comply with your duty of disclosure and we would not have insured you on any terms if the failure had not occurred, we may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, we may avoid the contract of insurance at any time. If we are entitled to avoid the contract within 3 years of entering into it, we may 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 us.

### Privacy – Use and disclosure of personal information

The privacy of your personal information is important to you and also to Australian Casualty & Life. We will only collect information about you and your immediate family background, that is necessary for the purposes of assessing your application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle. If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your application for insurance and any subsequent claim, Australian Casualty & Life may need to disclose your personal information to other parties, such as re-insurers, medical and financial professionals, judicial or dispute resolution bodies, the trustee of your fund if you have a Life Protection Superannuation Plan and AXA Australia Group companies. The Group includes companies such as AXA Australia, AXA Australia Health Insurance, HBA and Mutual Community. You are entitled to request reasonable access to information we have about you. Australian Casualty & Life reserves the right to charge an administration fee for collating the information you request.

# Interim Accidental Death Cover Certificate

Business Protection

(For Life Protection, Life Protection Superannuation and Recovery Protection applicants only)

Person to be insured

Application dated

Australian Casualty & Life gives INTERIM INSURANCE COVER to the person applying for the Life Protection Plan, Life Protection Superannuation Plan or Recovery Protection Plan, as the case may be, for the accidental death of the person to be insured on the terms and conditions set out below. You do not have to pay any extra premium for this cover. All the relevant conditions of the Life Protection Plan, Life Protection Superannuation Plan or Recovery Protection Plan you applied for relating to payment of a claim apply to this cover, to the extent that they are relevant.

Please note, this cover does not apply if the plan you applied for is to replace an existing plan held with us.

## 1 What cover is provided?

- A The amount payable on accidental death is the amount of the benefit payable for death that you applied for, up to a maximum amount of \$500,000.
- B The cover is for death of the person to be insured as a result of bodily injury caused directly and solely by violent, accidental, external and visible means, independent of any other cause. Death must occur within 90 days of the injury occurring.

## 2 Commencement of Interim Cover

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount, are received at Australian Casualty & Life's Branch Office or Head Office.

## 3 Length of Interim Cover

This cover automatically ends as soon as one of the following happens:

- we notify you of our acceptance, rejection or acceptance with conditions of your Application;
- we advise you that this cover has been cancelled;
- you withdraw your Application; or
- 60 days pass from the date this cover commences.

No benefit will be payable under this cover for accidental death which occurs after cover ends.

## 4 Exclusions

No benefit is payable under this cover if accidental death is caused or contributed to by:

- suicide, whether sane or insane;
- intentional self-injury, including intentional contraction of bacteria or virus;
- an accident which occurred before the commencement date of this interim cover;
- war or invasion; or
- engaging in any sport, pastime or occupation which would not normally be covered by Australian Casualty & Life at standard rates.

## 5 We rely on what you tell us

You acknowledge that you have read the section on page 2 of the Application included with this Customer Information Brochure headed 'Important information for valued plan holders' and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

Signature of plan owner/person to be insured (if applying for superannuation)

Dated

Signature of intermediary

Dated

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# **Business Protection – Living Security Program**

## **Application form**

Life Protection Plan ■ Life Protection Superannuation Plan  
Recovery Protection Plan

AC&L

# Important information for valued Plan holders

Business Protection — Living Security Program

## Please read the following carefully before completing this Application

Before you sign this Application form, be aware that the life company or adviser is obliged to have provided you with a Customer Information Brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

In this Application form, 'you' refers to the proposed plan owner or the person to be insured under the plan, as indicated. 'We' refers to Australian Casualty & Life. This applies except where declarations are signed in this Application, in which case, 'I/We' refers to the proposed plan owner or the person to be insured, as indicated.

### We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

You must be completely honest in telling us what we need to know to decide:

- whether to give insurance;
- how to charge for it; and
- whether any special conditions should apply.

Consequently, you should answer all the questions on the Application form completely and accurately.

In addition, you should tell us about anything else that you know, or a reasonable person in the circumstances could be expected to know, would be relevant to our decision.

You are also required to tell us about all the above matters before you extend, vary or restore your plan, and for plans that we can cancel at each renewal date ('cancellable plans'), before you extend, vary, restore or renew your plan.

You do not need to tell us about a matter:

- that reduces the risk to be undertaken by us;
- that is common knowledge;
- that we know of or in the normal course of business, we ought to know of; or
- if we have waived the requirement for you to disclose the matter to us.

## What happens if you or the person to be insured does not follow these instructions?

If you or the person to be insured fail to follow these instructions, and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract at any time within 3 years of entering into it. If the failure was fraudulent, we may avoid the contract at any time.

However, if we are entitled to avoid the contract, we may, within three years of you entering into it, reduce the amount 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 to us all relevant matters.

### Where do you send your forms?

Please send your completed forms to our Customer Service Centre as follows:

Australian Casualty & Life  
GPO Box 5339  
Sydney NSW 2001



**OFFICE USE ONLY**

Application number

**This Application is effective from 19 August 2002 to 18 August 2003. Any Application form received after this date will be declined.**

Please tick type of cover applied for:  Life Protection  Recovery Protection  Continuation Option  Exercising Business Solutions Option

Other

New Business Application  Replace Existing Plan  Alteration/Addition to existing Plan  
 Exercising Business Solutions Option  Continuation Option

Existing plan number(s) to be altered/replaced

**NB:** If this Application is for an alteration to an existing plan, the Customer Information Brochure attached to this Application will NOT BE RELEVANT.

Packaging  Yes  No Intermediary's Authorised Person Code

**1 DETAILS OF PERSON TO BE INSURED**

Please tick the box

(a) Title/Name  Dr  Mr  Miss  Mrs  Ms

Please complete in block letters

  

1st name 2nd name Surname

   / /  years  years  months

Sex Marital status Place of birth Date of birth Age next birthday How long have you lived in Australia?

What is your occupation title and in which industry do you work?

Insurable income last 12 months \$

Insurable income is income earned by your own personal exertion (less expenses incurred in earning that income) before tax.

**Residential address**

   

Street number and name Suburb or Town State Postcode

 

Home phone no. Business phone no.

**Postal address for correspondence**  Tick if same as above

   

Street number and name Suburb or Town State Postcode

**2 DETAILS OF PLAN OWNER(S) FOR LIFE PROTECTION AND/OR RECOVERY PROTECTION**

Tick if same person as in section 1A.

Dr  Mr  Miss  Mrs  Ms

1.

1st name 2nd name Surname(s)/Company name

2.

1st name 2nd name Surname(s)/Company name

3.

Company or Trustee if Proposer is a Company or Trustee Company ABN

Relationship to person to be insured

   

Street number and name Suburb or Town State Postcode

If you are applying for an alteration or increase to an existing plan, please ensure all details reflect the plan details following the change. For example: if the sum insured is \$100,000 and is increasing to \$200,000, insert \$200,000 in the sum insured box.

**3 COVER REQUIRED** (Please tick appropriate boxes and complete sum insured details)

Please tick appropriate box for this Application:  Individual  Association

Association name

Association Membership Number

**A. Life Protection**

Life Protection ▶

Sum Insured \$

Non-superannuation  Superannuation ▶ Selected retirement age

Premium structure:  Level  Yearly stepped

**Life Protection Options**

Single Total & Permanent Disablement  Double Total & Permanent Disablement ▶

Sum Insured \$

Own occupation  Any occupation ▶  Occupation class

Premium Waiver Option (only for non-superannuation)

Future Care Option ▶

Sum Insured \$

Business Solutions Option

Sum Insured \$

**B. Recovery Protection**

Recovery Protection ▶

Sum Insured \$

**Recovery Protection Options**

Single Total & Permanent Disablement  Double Total & Permanent Disablement

Own occupation  Any occupation ▶  Occupation class

Accelerated Buyback Option

Hepatitis B and C Option

Business Solutions Option

Sum Insured \$

Children's Trauma Option (Please complete separate application) ▶

Sum Insured \$

**4 PREMIUM DETAILS**

**A. Payment Frequency**

Yearly  Half Yearly  Monthly

Please specify your preferred day for monthly deductions

5th day  15th day  25th day

**B. Method of Payment**

Direct  Direct debit/bank/credit union/building society/credit card

**PREMIUM AMOUNT SUBMITTED WITH APPLICATION**

\$

To be completed by the Person to be Insured if applying for Disablement benefits.

**Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.**

**Q1** Please give details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying, etc. If you have a second occupation please give details in question 8 below.

	From	To	Occupation	Employer	Tick which is applicable			
					Employed by own company	Self employed	Partnership	Employee
Current principal occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q2** How many hours per week do you spend at your **principal** occupation?  hours

**Q3** How many weeks per year do you spend at your **principal** occupation?  weeks per year

**Q4** In your principal occupation, what percentage of time do you spend performing the following types of duties:

	Describe specific duties day-to-day	
Sedentary/Administrative	<input type="text"/> %	<input type="text"/>
Supervising Manual Work	<input type="text"/> %	<input type="text"/>
Light Manual	<input type="text"/> %	<input type="text"/>
Heavy Manual	<input type="text"/> %	<input type="text"/>
Other (including hazardous duties e.g. handling dangerous substances, working at heights)	<input type="text"/> %	<input type="text"/>
Total duties	<input type="text" value="100"/> %	

**Q5** Please give details of your specific qualifications (e.g. degree, trade certificate).

**Q6** Do you work from home?  No  Yes  
If yes, provide details of actual work you perform at home, your work set up (e.g. separate office) and frequency and type of contact with clients

**Q7** Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?  No  Yes  
If yes, (a) when  / / (b) date of discharge  / /

**Q8** Do you have a second occupation?  No  Yes If yes, please provide details below including specific duties

Number of hours per week worked and annual income derived from second occupation  hours \$

**Q9** Do you intend to change your occupation?  No  Yes If yes, please provide details below:

To be completed by the Person to be Insured if applying for Disablement benefits.

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**Q10 Insurable Income**

Note: Insurable income is the income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will cease if you are unable to work. Insurable income does not include investment or interest income. In the event of a claim, AC&L may call for evidence of your income and business expenses. Please ensure the income figures you provide below accurately reflect your financial position for the periods indicated.

**If you are an employee, please complete Part A**

**If you are self-employed, or an employee of your own company, please complete Part B**

**PART A: EMPLOYEES ONLY – no ownership in employer’s business**

(a) Please give details of your remuneration package from all sources currently and for the last 2 financial years.

Please include any additional benefits eg. pre-tax superannuation contributions, regular bonuses and commissions, fringe benefits, etc.

Current remuneration	Last financial year	Previous financial year		
\$ <input style="width: 90%;" type="text"/>	30/6/	\$ <input style="width: 90%;" type="text"/>	30/6/	\$ <input style="width: 90%;" type="text"/>

(b) If you become disabled, would all or part of your income continue?  No  Yes

If yes, please advise income amount that would continue, for how long and the source (eg. sick pay, company profits, investments, rental, etc.)

**PART B: SELF-EMPLOYED ONLY – including sole trader, partner or employee of own company**

(a) How many people do you employ?

(b) What percentage of your work is on a contract basis?  %

Please provide contract details including duration of contract and hourly rates of pay

(c) What percentage of the business do you own?  %

(d) Please provide your company’s business income details in the table below for the last 2 financial years for which tax returns, assessment notices and accounts are available.

Year ending	Gross income for business	Less all expenses incurred in earning that income	Equals net income before tax	Your share of net income	*Wages/salary/super drawings/director’s fees paid to you	Total income
30/6/	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>
30/6/	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

\*For the purposes of this plan, we do not recognise as insurable income, any amounts paid to you as wages/salary/super/drawings/director’s fees which are paid from past profits, capital or loans.

(e) Has your business traded profitably over the last 2 financial years?  No  Yes

If no, please provide copies of your full company accounts for the last 2 financial years, including any associated entities.

(f) To the best of your knowledge, so far this financial year, is your business trading profitably?  No  Yes If no, please provide details:

(g) If you become disabled, would all or part of your income continue?  No  Yes

If yes, please advise income that would continue, for how long and the source (eg. sick pay, company profits, investments, rental, etc.)

To be completed by the Person to be Insured in all cases.

**Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.**

**CONTACT DETAILS**

We may need to contact you regarding the details of your application. Please provide contact number/s and suitable contact times (8am to 8pm):

**Contact phone numbers**

(    )	
Day time	Times
(    )	
After hours	Times

**RESIDENCE AND TRAVEL DETAILS**

**Q11** Are you a permanent resident of Australia or New Zealand?     No     Yes

If no, please provide details including type of visa

**Q12** Other than annual holidays, are you likely to live, travel or work overseas?     No     Yes

If yes, please provide details including where, when and for how long

**INSURANCE DETAILS**

**Q13** Do you have any form (either pending or in force) of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance with us or any other company?     No     Yes    If yes, please provide details

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
		\$	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Q14** Has any company refused or applied loadings or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance?     No     Yes

If yes, please provide details

**Q15** Have you ever made a claim, are you currently receiving benefits or are you entitled to receive benefits for any type of trauma, sickness, accident, unemployment, war service pension, worker's compensation, common law or third party benefit?     No     Yes

If yes, please provide details including dates, reasons and amounts

**SPORTS AND PASTIMES**

**Q16** Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
|  | <b>No</b>                | <b>Yes</b>               |  |
| (a) Aviation other than a fare paying passenger on a licensed public service | <input type="checkbox"/> | <input type="checkbox"/> | If you answered 'Yes' to any of these, complete the Pastimes questionnaire in Question 36. |
| (b) Motor racing (including car, bike and boat)                              | <input type="checkbox"/> | <input type="checkbox"/> |  |
| (c) Underwater diving  | <input type="checkbox"/> | <input type="checkbox"/> |  |

**Q17** Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
|  | <b>No</b>                | <b>Yes</b>               |  |
| (a) Football   | <input type="checkbox"/> | <input type="checkbox"/> | If you answered 'Yes' to any of these, give full details of each in the section below. |
| (b) Motor bike riding, including trail bike riding   | <input type="checkbox"/> | <input type="checkbox"/> |  |
| (c) Any other hazardous activity or pursuit (eg. parachuting, hang-gliding, other motor sports not previously disclosed, rockclimbing, ocean racing, martial arts) | <input type="checkbox"/> | <input type="checkbox"/> |  |

Activity	Location

Amateur     Professional    Events/hours per year

Other details including any remuneration received

**Q18** Do you wish to be covered for these activities? (subject to underwriting approval)     No     Yes

To be completed by the Person to be Insured in all cases.

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DOCTOR DETAILS

Q19 Provide below the details of your current General Practitioner/Medical Centre and details of last consultation.

[Empty text box for GP/Medical Centre name]

Name of GP/Medical Centre

[Empty text box for Street number and name]

Street number and name

[Empty text box for Town/Suburb]

Town/Suburb

[Empty text box for State]

State

[Empty text box for Postcode]

Postcode

[Empty text box for How long have you been his/her patient?]

How long have you been his/her patient?

[Empty text box for years]

years

[Empty text box for Phone number]

Phone number

[Empty text box for Facsimile]

Facsimile

Date of last consultation

Reason

Result

[Empty text box for Date of last consultation]

[Empty text box for Reason]

[Empty text box for Result]

[Empty text box for Reason]

[Empty text box for Result]

[Empty text box for Reason]

[Empty text box for Result]

Q20 Have you consulted any other doctors or medical centres in the last 2 years? [ ] No [ ] Yes

If yes, please provide names, addresses, dates, reasons and results.

[Empty text box for Q20 details]

[Empty text box for Q20 details]

[Empty text box for Q20 details]

[Empty text box for Q20 details]

Q21 Have you consulted any other health professionals in the last 2 years? (eg: Chiropractors, Physiotherapists, Naturopaths, Osteopaths, Podiatrists, Herbalists etc). [ ] No [ ] Yes

If yes, please provide names, addresses, dates, reasons and results of any consultations.

[Empty text box for Q21 details]

[Empty text box for Q21 details]

[Empty text box for Q21 details]

[Empty text box for Q21 details]

HABITS

Q22 Do you smoke or have you ever been a smoker?

No [ ] ► Go to Q23

Yes [ ] ► What do you or did you smoke?

[ ] Cigarettes [ ] Pipes [ ] Cigars [ ] Other Please specify

[Empty text box for Please specify]

If you have stopped, when? [ ] month [ ] year

On average, how many do you or did you smoke daily?

[Empty text box for On average, how many do you or did you smoke daily?]

Q23 How many standard drinks containing alcohol do you consume per week on average? [ ] standard glasses per week

[standard drink = 1 nip spirits, 100ml wine, 10oz/285ml beer]

Q24 Have you ever been advised to reduce your tobacco or alcohol consumption? [ ] No [ ] Yes

If yes, please advise previous amount, duration, reason for reduction or cessation

[Empty text box for Q24 details]

Q25 Do you or have you ever used recreational drugs or non-prescribed drugs? [ ] No [ ] Yes

If yes, please give details

[Empty text box for Q25 details]

**To be completed by the Person to be Insured in all cases.**

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**Q26** (a) What is your: Height  cm/ft Weight  kg/st

(b) Has your weight varied in the last 12 months?  Yes  No

If yes, please give details including amount of weight gain or loss and the reason

**Q27** At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following:

- |   |  |
|---|--|
| (a) Arthritis, bone fracture, joint injury e.g. <u>ankle</u> , <u>knee</u> , <u>elbow</u> , <u>wrist</u> , <u>shoulder</u> , or experienced symptoms of muscle or joint disorder, gout, tendinitis or tenosynovitis | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (b) Heart condition, rheumatic fever, chest pain, high blood pressure, vein or circulatory disorder   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (c) Cancer, tumour of any kind, cyst, growth or breast lump (even if you have not seen a doctor)  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (d) Anaemia, leukaemia, haemophilia or any other blood disorder   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (e) <u>Asthma</u> , bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (f) Disorder of the kidney, bladder or prostate, urinary complaint or kidney stone  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (g) <u>Back or neck disorder</u> , <u>spinal condition</u> , <u>sciatica</u> , <u>whiplash</u>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (h) <u>Mental illness</u> , <u>depression</u> , <u>anxiety</u> , <u>nervous condition</u> , <u>stress</u> or <u>post traumatic stress disorder</u>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (i) <u>Chronic fatigue</u> , fibromyalgia, fibrositis, myalgia, <u>chronic pain syndrome</u>  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (j) Diabetes  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (k) Indigestion, gastric or duodenal ulcer, hernia  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (l) Bowel disorder, irritable bowel syndrome  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (m) Gall bladder or liver disorder, Hepatitis (please advise type eg. A, B, C or other)   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (n) <u>Epilepsy</u> , stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (o) Disorder of the ears, eyes or speech  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (p) Psoriasis, eczema, dermatitis or other skin condition   | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (q) Sexually transmitted disease  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| (r) Any other illness, injury, operation or disability  | <input type="checkbox"/> No <input type="checkbox"/> Yes |

**Q28** Have you ever been admitted to hospital?  No  Yes

**Q29** Females only

(a) Are you currently pregnant? Expected date of delivery  /  /

(b) Have you ever had any complications with pregnancy or childbirth?  No  Yes

(c) Have you ever had an abnormal pap smear, breast ultrasound or mammogram?  No  Yes

**If you answered YES to any of the questions 27 to 29, please provide details below. For any condition underlined please also complete the relevant questionnaire in Question 35.**

Question No	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of Recovery %
<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"/> / <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"/>	<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"/> %

To be completed by the Person to be Insured in all cases.

**Warning: You have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.**

**Q30** During the last five years (other than for colds or flu):

- (a) Have you attended a doctor, medical centre or health professional for any symptoms, sickness, injury, operation, blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg. genetic test, x-ray, medical test?  No  Yes
- (b) Have you used any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition?  No  Yes
- (c) Has any sickness, symptom or injury prevented you from performing all the duties of your usual occupation for more than three consecutive days?  No  Yes

If you answered YES to any of question 30 above, please provide details below.

Question No	Date	Details of Medical Condition including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of Recovery %
<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"/> / <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"/> %

**Q31** (a) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection?  No  Yes  
For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.

(b) In the last 3 years: Are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?  No  Yes  
HIV risk situations include but are not limited to: sex with or as a prostitute, sex with an intravenous drug user, contact with someone else's blood (for example, through injection or scratch with a used needle), and male to male 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).

**Q32** Are you currently using any medication (other than for colds, flu or the contraceptive pill)?  No  Yes

If yes, please provide details

**Q33** Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future?  No  Yes

If yes, please provide details

**Q34** Has either one of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease?  Yes  No

If yes, please provide details

Direct family member (please state their relationship to you)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**COMPLETE ONLY IF REQUIRED**

**Q35 MULTI-PURPOSE HEALTH QUESTIONNAIRE  
(to be completed where applicable by the person to be insured)**

**JOINT DISORDERS AND PAIN (EG. KNEE, ELBOW, WRIST, SHOULDER, ANKLE)**

Please state specific condition/symptoms and diagnosis made

(a) When did you first suffer from this disorder?

(b) When did you last suffer from this disorder?

(c) Please state which knee, ankle, elbow, wrist or shoulder was affected.

(d) Please describe symptoms fully.

(e) What was the cause or nature of the disorder?

(f) What was the nature of the treatment? If surgery, please provide details eg. plates or screws inserted/removed, arthroscopy, etc.

(g) Have you had any recurrence of this disorder?  No  Yes

If yes, when and under what circumstances?

(h) Please provide names and addresses of all doctors and health professionals consulted in relation to your joint disorder or pain and the approximate dates of consultations.

(i) How long, if at all, have you been symptom free?

(j) How much time have you lost from your employment due to this disorder?

**ASTHMA**

(a) When was your asthma diagnosed?

(b) When did you first have symptoms?

(c) When did you last have symptoms?

(d) How many times per year do you get symptoms?

(approx)

(e) Do the attacks occur in a particular season or during exercise?

No  Yes If yes, please provide details

(f) How much time have you lost from work (or school) in the past due to asthma?

(g) Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (detail aerosol spray, tablets or injections, amounts and number of times per day).

(h) Please provide details of the doctor who you consult for your asthma.

(i) When did you last consult this doctor for asthma?

(j) Have you ever been treated for your asthma with steroids (eg. Prednisone)?  No  Yes If yes, please provide details including dates.

**Asthma questionnaire continued on next page.**

## COMPLETE ONLY IF REQUIRED

(k) Have you ever been hospitalised for asthma?  No  Yes

If yes, please provide details.

  
  
  

(l) In the last 3 years, have you had a chest X-Ray or respiratory function test?  No  Yes If yes, please provide details.

  

### BACK/NECK DISORDER (PLEASE TICK SPECIFIC CONDITION)

(a)  Back disorder  Neck disorder

If back, please clarify which part of the back is/was painful (e.g. upper, lower, middle).

(b) When did you first suffer from this disorder?

 /  / 

(c) When did you last have any symptoms?

 /  / 

Please describe symptoms fully including details of any radiation of pain down either the legs or arms.

  
  
  
  
  
  

(d) What was the cause (for example, accident)?

  

(e) What was the nature of the treatment? Please include details of any medication, physical therapy or surgery.

  
  
  

(f) Are you still receiving treatment?  No  Yes

If yes, please provide details.

  
  
  

(g) Have you had any investigations such as X-Ray, CT Scan or MRI?

No  Yes

If yes, what were the results?

  

(h) Have you had any recurrence of this disorder?  No  Yes

If yes, when and how often? (Include number of recurrences, the causes and how long they lasted).

  

(i) Please provide names and addresses of all doctors and health professionals consulted in relation to your back or neck disorder and approximate dates of consultations.

  
  
  
  

(j) How long, if at all, have you been symptom free?

(k) How much time have you lost from your employment due to this disorder?

### DEPRESSION/ANXIETY/NERVOUS CONDITION

(a) Have you suffered from, or had treatment for any of the following? Please tick.

- |  |  |
|--|--|
| <input type="checkbox"/> Stress                  | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Depression              | <input type="checkbox"/> Fears or phobias    |
| <input type="checkbox"/> Chronic Fatigue         | <input type="checkbox"/> Compulsive Disorder |
| <input type="checkbox"/> Prolonged Sleeplessness | <input type="checkbox"/> Chronic Pain        |
| <input type="checkbox"/> Other (Please specify)  |  |

  

(b) What was the date of the first symptoms?

 /  / 

(c) What was the date of the last symptoms?

 /  / 

(d) Please describe your symptoms fully.

  
  
  
  

(e) Please advise the cause of your illness.

  

Depression questionnaire continued on next page.

**COMPLETE ONLY IF REQUIRED**

(f) How long did you suffer from the illness?

(g) Have you had any recurrence?  No  Yes

If yes, please provide full details

(h) How long have you been free of any signs or symptoms?

(i) Please provide details and nature of treatment for this condition. For example, were you treated with tranquillisers or other drugs? Did you undergo counselling, therapy or surgery?

(j) When did treatment cease?  /  /

If ongoing treatment – please provide details (for example, dosage and type of medication, counselling, etc.)

(k) Please provide names and addresses of all doctors and health professionals consulted for this condition, including approximate dates of consultations.

(l) Name of doctor or health professional LAST consulted for this illness and the date of the last consultation.

(m) How much time have you lost from your employment due to this illness?

(n) Are you currently fit and well and able to do your work without stress or discomfort?  No  Yes

If no, please provide details.

**EPILEPSY**

(a) Please state type of epilepsy.

(b) What was the date of onset?  /  /

(c) Please detail the nature (including any loss of consciousness) and frequency of attacks.

(d) Date of last attack?  /  /

(e) Please provide details of any treatment you are currently taking (for example, Dilantin, Epilim) and daily dosage.

(f) If not on treatment, please advise the date treatment ceased and reason.

(g) Have you ever been hospitalised due to epilepsy?  No  Yes  
If yes, please provide details including dates and treatment.

**Epilepsy questionnaire continued on next page.**

## COMPLETE ONLY IF REQUIRED

(h) Please provide names and addresses of all doctors and health professionals consulted for epilepsy including approximate dates.


(i) How much time have you lost from your employment as a result of this disorder?


### Q36 MULTI-PURPOSE SPORTS AND PASTIMES QUESTIONNAIRE (to be completed where applicable by the person to be insured)

#### AVIATION

(a) Do you hold a Department of Transport licence?  No  Yes

If yes, state type and period held.


(b) Do you intend to change the scope of your present licence?

No  Yes If yes, please provide details.


(c) Have you ever had an accident or been charged with violating civil aviation regulations?  No  Yes

If yes, please provide details.


(d) Do you always use recognised Department of Transport airfields?

No  Yes If no, please provide details.


(e) Please provide details of the type of aviation you are involved in (for example, commercial, private, agricultural, aero club, helicopter, ultralight aircraft).


(f) Please provide details of the number of annual hours flown:

(i) in total as a pilot  hrs

(ii) in the last 12 months  hrs

(iii) expected each year in the future  hrs

(g) Do you intend to engage in any form of aviation other than the above categories? (eg. ballooning, paragliding, etc.)  No  Yes

If yes, please provide details


#### MOTOR RACING

(a) Vehicle type

Engine size  Maximum speed

(b) Times per annum

Professional/Amateur

(c) Category of racing (for example, touring cars).


(d) Events (for example, off-road or speedway).

--

#### UNDERWATER DIVING

(a) Type of diving

(b) Average depth  m

(c) Maximum depth  m

(d) Number of times per annum

(e) Do you participate in sink hole, wreck or other hazardous diving?

No  Yes If yes, please provide details.


(f) Do you dive at night?  No  Yes

(g) Have you ever had a diving accident or sickness?  No  Yes

If yes, please provide details.


(h) Professional/Amateur

**COMPLETE ONLY IF REQUIRED**

**Q37 FINANCIAL QUESTIONNAIRE**

(to be completed by the person insured when the sum insured exceeds \$1,500,000)

**SECTION ONE – COVER DETAILS**

(Please complete in all instances)

**1** Name of person to be insured

**2** Name of policy owner

**3 Proposed cover – all companies**

	Death	TPD	Recovery	Insurance company
Key Person Protection	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Partnership or Shareholder Protection	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Business Loan Protection	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**4 Existing cover in place – all companies**

Death	TPD	Recovery	Insurance company	Reason for cover	Being replaced?
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**5** Has the person to be insured or any business that he or she has been associated with ever been declared bankrupt or placed in receivership, involuntary liquidation or under administration?  Yes  No

If yes, please give details, including date of bankruptcy, amounts of money involved, if criminal proceedings were involved, and date of discharge.

**SECTION TWO – BUSINESS INSURANCE DETAILS**

(Please complete in all instances)

**6** What is the business name?

**7** What is the nature of the business?

**8** How long has the business been in operation?

**9** How many employees are there?

**10** Please provide a diagram of the business structure showing all business entities including service companies and trust funds.

11 Please advise the financial results of the business for each of the last three financial years:

	30/6/	30/6/	30/6/
Sales revenue/turnover	\$	\$	\$
Gross profit	\$	\$	\$
Net profit (before tax)	\$	\$	\$

Note that if cover being proposed is greater than \$2,500,000 we will require the detailed business financial accounts for all business entities. Please provide the audited Balance Sheets, Detailed Profit and Loss Accounts and any explanatory Notes to the accounts for the last 2 years.

12 If this is a **new** business, please enclose a copy of the business plan, including projections.

13 What is the purpose of the proposed Business Insurance?

- **Key Person (Go to Question 14)**
- **Partnership Protection / Shareholder Insurance (Go to Question 26)**
- **Loan Protection (Go to Question 32)**

#### Key Person Insurance

14 What is the position of the Key Person in the business?

15 How long has the Key Person been with the business?

16 What special knowledge, qualities and responsibilities does the Key Person have?

17 What is the Key Person's total remuneration package (including salary and fringe benefits, but not including share of profit or dividends)?

▪ this year

▪ last year

18 What is the total salary bill of the business?

19 Is the Key Person a shareholder, partner or equivalent in the business?  Yes  No

If yes, what percentage share of the business does the Key Person hold?

%

20 What proportion of the gross business profit is attributable to the Key Person's activities?

%

21 What formula has been used to calculate the sum insured?

(The sum insured should equate to the financial loss suffered by the business in the event of the Key Person's death or disability.)

22 Are there other Key Persons in the business?  Yes  No

If no, go to Question 42

If yes, go to Question 23

23 How many Key Persons are there in the business apart from the person to be insured?

24 Are policies being effected on the lives of the other Key Persons?  Yes  No

If yes, please provide details.

If you answered yes to Question 24, go to Question 42

25 If you answered no to Question 24, please advise why no other insurance is to be effected on the other Key Persons.

Go to Question 42

**Partnership Protection / Shareholder Insurance**

**26** (a) How many Partners or Shareholders are there in the business?

(b) What are their respective percentage shareholdings in all business entities?

Name	Percentage shareholding
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

(c) What has been the person to be insured's share of profits for the last 2 financial years?

30/6/  \$  30/6/  \$

**27** Is there currently, or is there intended to be, a Partnership Agreement and/or Buy Sell Agreement in respect of the Partners'/Shareholders' interests?  Yes  No If no, what is the purpose of the insurance?

**28** What is the anticipated financial liability (not including CGT) arising on the death or disablement of the partner/shareholder?

**29** What is the CGT liability?

**30** Are policies in place or being effected on the other partners/shareholders?  Yes  No If yes, please give details

**31** What is the current value of the business/partnership?

(a) Who performed this valuation

and

(b) what was the date and the basis of the valuation?

**Go to Question 42**

**Loan Protection Insurance**

**32** What is the amount of the loan?  \$

**33** What is the purpose of the loan?

**34** To whom is the loan being made?

**35** (a) Why is insurance specifically required on the person to be insured?

(b) What was the person to be insured's income for the past 3 financial years (before tax but after deduction of business expenses)?

	30/6/	30/6/	30/6/
Gross salary (if applicable)	<input type="text"/> \$	<input type="text"/> \$	<input type="text"/> \$
Business income (net of business expenses but before tax) e.g. partnership income, trust income	<input type="text"/> \$	<input type="text"/> \$	<input type="text"/> \$
Income from other sources e.g. investments, rental income	<input type="text"/> \$	<input type="text"/> \$	<input type="text"/> \$

**36** Who is providing the loan?

37 What is the term of the loan?

38 What is the method of loan repayment?

39 What is the interest rate on the loan per annum?  %

40 Have the funds been fully drawn down?  Yes  No If no, please provide details.

41 Is the loan conditional upon the issuing of this policy?  Yes  No

**(If cover is above \$2,500,000 a copy of the final loan agreement confirming approval must be provided with this questionnaire.)**

**SECTION THREE – DECLARATIONS**

**42 Declaration by Life to be Insured / Policy Owners (to be completed in all instances)**

I/We declare that the answers given in this questionnaire are complete and true and I/We understand that AC&L will rely on the complete accuracy of the answers when assessing my/our application for insurance, and that this questionnaire will form part of the Application Form.

/ /

Life to be Insured

Date

/ /

Policy Owner

Date

**43 Accountant's declaration**

**(To be completed in all instances where the total sum insured from all sources exceeds \$2,500,000)**

I confirm that to the best of my knowledge, the information given in this questionnaire is complete and true. I understand that AC&L will rely on the complete accuracy of the answers when assessing this application for insurance.

/ /

Accountant

Date

Qualifications

(  )

Name

Phone number

Street number and name

Town/Suburb

State

Postcode

**SECTION FOUR – ADVISER REPORT (Please complete in all instances)**

Dear Adviser,

The Adviser Report is required in order to give our Underwriters background information on the proposed insurance. As each Client's circumstances differ significantly, we have not provided a generic template for you to complete, rather, the Adviser report should be styled to fit the individual application. Please provide information such as:

- the background of the Person to be Insured;
- a description of the business of the Person to be Insured;
- a description of the corporate structure of this business if more than one entity is involved;
- comments on the financial position of the Person to be Insured and the business;
- details as to how the sum insured has been calculated; and
- any other information thought to be relevant to the assessment of the proposal.

Please provide adviser report in the following section. (Additional Adviser Notes section on pages 29 & 30)

/ /

Adviser signature

Date



**Please note: if the plan owner is to be N.M. Superannuation Pty Ltd, complete all sections below, except for section (6).**

**If the plan owner is to be a trustee other than N.M. Superannuation Pty Ltd, complete all sections below, except for section (1).**

**(1)** To N.M. Superannuation Pty Ltd (ABN 31 008 428 322) (as Trustee of the Super Directions Fund ('Super Directions') and plan owner of the Life Protection Superannuation Plan):

I,  hereby apply for membership of/inclusion of the proposed plan in Super Directions.

I agree to be bound by the provisions of the Trust Deed of Super Directions and certify that:

- a. i. I am eligible for membership as defined in the Trust Deed and I am eligible to become a member of the Fund.
- ii. I will notify the Trustee of Super Directions in writing immediately if I cease to be eligible to be a member of the Super Directions.
- iii. I am permanently residing in Australia and CURRENTLY have no intention of taking up permanent residence in another country.
- b. i. I understand that a plan issued for my benefit under Super Directions will be issued in terms of the Trust Deed and that I am not permitted to assign the plan or use it as collateral security.
- ii. I will provide Australian Casualty & Life with any information required which relates to my participation in Super Directions.
- iii. I agree to be bound by the conditions and rules of the Super Directions Trust Deed.

**(2)** My current annual salary is \$

**(3)** My total annual contribution to the Plan will be \$

of which \$  will be contributed by my employer (if applicable).

**(4)** I am aware and acknowledge that if I do not lodge a Category Selection Form or Binding Death Benefit Nomination Form with the Trustee, the Trustee has the discretion to select the person(s) from amongst my dependants to whom to pay the benefit in the event of my death. However, I desire that the Trustee consider the undermentioned dependant(s) when exercising its discretion.

**(5)** I am aware that if I make a Category Selection or Binding Death Benefit Nomination, the Trustee is required to pay my benefit in the manner I have selected.

**(6)** Do NOT complete this section if you intend to make a Category Selection or a Binding Death Benefit Nomination (if you wish to nominate more than three dependants, please note these on a separate sheet and attach to this application).

Name and address of dependant(s)	Date of birth	Relationship to member	Proportion of benefit
<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"/> %

**Note:** 'Dependant' means the wife, husband, widow, widower, de facto, child or children or any adopted children of a member or any person who in the opinion of the Trustee was financially dependent on the member at the time of his/her death.

A new nomination may be made at any time by writing to the Trustee.

/  /   
Signature of applicant or member (as applicable) Date

**(7) Declaration by the trustee of a superannuation fund other than Super Directions**

Where the plan owner is trustee(s) of a superannuation fund other than Super Directions Fund:

I/We  the trustee of the

superannuation fund hereby declare that the superannuation fund is a **complying superannuation fund** within the meaning of the Superannuation Industry (Supervision) ACT 1993. We agree to immediately notify AC&L should the fund cease to be a complying superannuation fund.

Dated  /  /

**Company Trustee**

The Common Seal of  was hereunto duly affixed in accordance with its articles of association in the presence of:

Director  Director/Secretary

**Individual Trustees**

Trustee  Trustee

Witness  Witness

For further information about this option, please refer to the Super Category and Binding Nomination Solutions form.

**1 MEMBER DETAILS**

Please tick a box

Title/Name  Dr  Mr  Miss  Mrs  Ms

Please complete in block letters

--	--

1st name

2nd name

--

Surname

Your Life Protection Superannuation Plan Application or Plan No.

--

**2 CATEGORY SELECTION**

You should consider the descriptions outlined and each of the beneficiary terms set out in the Super Category and Binding Nomination Solutions brochure before making your category selection. You can alter your selection at any time by completing a further Category Selection Form and by sending it to our Customer Service Centre at the address on page 2 of the Application Form section of this brochure.

To select or change a category, please choose from one of the following:

<b>How and to whom your death benefit would be paid</b>		
<b>Category</b> <small>(Only tick one)</small>	<b>Payment up to your Lump Sum Death Benefit to your:</b>	<b>Balance of your benefit as a pension to your:</b>
<input type="checkbox"/> 1	The Trustee decides who receives your benefit in the form in which it is paid. (Please complete section 6 on previous page)	
<input type="checkbox"/> 2	Spouse	Minor Children (equal share)
<input type="checkbox"/> 3	Spouse	Spouse
<input type="checkbox"/> 4	Spouse	50% to Spouse and remaining 50% in equal shares to Minor Children
<input type="checkbox"/> 5	Estate	Minor Children (equal share)
<input type="checkbox"/> 6	Estate	Spouse
<input type="checkbox"/> 7	Estate	50% to Spouse and remaining 50% in equal shares to Minor Children
<input type="checkbox"/> 8	Children (equal share)	Minor Children (equal share)

**3 DECLARATION AND ACKNOWLEDGEMENT**

- I am a member of, or have applied for membership of, the Super Directions Fund.
- I have read the information contained in this brochure and acknowledge that the Trustee will pay my death benefit in accordance with the category of membership I have selected above.
- I understand that the category I have chosen above will override, all previous selections.
- I understand that if I do not select a category, my death benefit will be paid to one or more of my dependants or my personal legal representative in proportions determined by the Trustee.
- I understand that I should review my selection every 3 years and as my circumstances change.
- I acknowledge that my category selection is not valid unless completed to the satisfaction of the Trustee and received at our Customer Service Centre at the address shown on page 2 of the Application Form.

--

Signature

/ /
-----

Date

*Business Protection – Living Security Program*  
**Binding Death Benefit nomination**

**For the member to complete and sign**

This form enables you to nominate the person(s) to receive your superannuation benefit in the event of your death. Before completing this form, please read the information on page 8 of the Customer Information Brochure. For further information about this option, please refer to the Super Category and Binding Nomination Solutions form.

**MEMBER DETAILS**

Mr  Miss  Mrs  Ms  Other (please specify)

Please complete in block letters

Surname (please print) Given name(s)

Street number and name Suburb or Town State Postcode

Home phone no. Business phone no. Date of birth Plan number (if known)

To confirm or revoke an existing binding nomination please tick the box provided & sign and date the form.

- I confirm my current nomination as detailed in the letter accompanying this form and understand that this extends the term of this nomination for a period of three years from the date that I sign this form, once received by the Trustee. (You are not required to have this form witnessed)
- I revoke my current binding nomination (You are required to have this form witnessed by 2 adults)

**To make a new binding nomination, please complete this section:**

Upon my death, I direct the Super Directions Trustee to pay my death benefit as follows:

**Nominee details**

	Full names, addresses and phone numbers	Date of birth	Sex		% of death benefit	The nominee's relationship to you	
			M	F			
1.	<input style="width: 350px;" type="text"/> <input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/> %	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> LPR*
						<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
2.	<input style="width: 350px;" type="text"/> <input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/> %	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> LPR*
						<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
3.	<input style="width: 350px;" type="text"/> <input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/> %	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> LPR*
						<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
4.	<input style="width: 350px;" type="text"/> <input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/> %	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> LPR*
						<input type="checkbox"/> Spouse	<input type="checkbox"/> Child
5.	<input style="width: 350px;" type="text"/> <input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/> / <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100px;" type="text"/> %	<input type="checkbox"/> Financial dependant	<input type="checkbox"/> LPR*
						<input type="checkbox"/> Spouse	<input type="checkbox"/> Child

\*LPR is your Legal Personal Representative for example, the executor of your will.

Please note: The death benefit allocations must total 100% (in whole numbers)

**DECLARATION**

**Do not sign this Declaration unless in the presence of both witnesses**

I have read the Information on page 8 of the Customer Information Brochure and understand that:

- in the event of my death, the Trustee will pay my death benefit in accordance with this nomination;
- unless I revoke or amend it before it expires, this nomination will cease to be valid in three years time;
- this nomination revokes any previous nomination which I may have made.

/  /   
Signature Date

**WITNESS DECLARATION**

I declare that:

- I am over 18 years of age and am not a person nominated above, and that this nomination was signed by the member in my presence.

/  /   
Witness 1 full name Signature Date

/  /   
Witness 2 full name Signature Date

*Business Protection – Living Security Program*  
**Nomination of beneficiary form – non-superannuation policies**

**Note: Please complete a separate form for each plan.**

For Life Protection Superannuation Plan, please refer to page 19 of this Application.

**A LIFE PROTECTION PLAN**

I/We,  (the plan owner/s) nominate the person(s) named below to receive any proceeds that may become payable under this plan, as a result of the death of the person insured.

Name	Address	% of death benefit	Relationship to plan owner	Sex		Date of birth
				M	F	
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
		<b>100%</b>				

**Notes**

- **There should not be more than 5 nominees.**
- Payment of benefits will be made on the basis of the latest nomination received in writing by Australian Casualty & Life.
- If there is no nomination, or the nomination has been revoked, benefits will be paid to the plan owner (or their estate).
- Nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received.
- If a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the plan owner (or their estate).
- The plan owner may vary the nomination at any time by completing a Nomination of Beneficiary Form and forwarding it to Australian Casualty & Life.

/ /  
 Signature of the Plan Owner (Life Protection Plan) Dated

**B RECOVERY PROTECTION PLAN**

I/We,  (the plan owner/s) nominate the person(s) named below to receive any proceeds that may become payable under this plan, **only** as a result of the death of the person insured.

Name	Address	% of death benefit	Relationship to plan owner	Sex		Date of birth
				M	F	
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
<input style="width: 150px; height: 25px;" type="text"/>	<input style="width: 250px; height: 25px;" type="text"/>	%	<input style="width: 50px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	/ /
		<b>100%</b>				

**Notes**

- **There should not be more than 5 nominees.**
- Payment of benefits will be made on the basis of the latest nomination received in writing by Australian Casualty & Life.
- If there is no nomination, or the nomination has been revoked, benefits will be paid to the plan owner (or their estate).
- Nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received.
- If a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the plan owner (or their estate).
- The plan owner may vary the nomination at any time by completing a Nomination of Beneficiary Form and forwarding it to Australian Casualty & Life.

/ /  
 Signature of the Plan Owner (Recovery Protection Plan) Dated

Plan number(s)

--	--

**This Application form is effective from 19 August 2002 to 18 August 2003. Any Application form received after this date will be declined.**

**Before you sign this Application form, be aware that the insurer or your Adviser is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.**

**DECLARATION AND CONSENT**

- **Business Protection Customer Information Brochure** – I/We have been provided with and have retained for my/our use the current Business Protection Customer Information Brochure.
- **Duty of Disclosure** – I/We acknowledge that I/We have read the Duty of Disclosure Notice in the Business Protection Customer Information Brochure on page 25. (Warning: You have a duty to disclose all information relevant to the insurer's decision to accept your Application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to an Adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Business Protection Customer Information Brochure, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and Financial Information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I/We understand that if I withhold consent Australian Casualty & Life may not be able to provide the products and services requested.

- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained on page 26 of the Business Protection Customer Information Brochure. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/We can opt out from the use of that information for the purpose of direct marketing by telephoning 1300 366 066.
- **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

**Information and Advice**

(If your Adviser is a Life Broker, do not complete the section below)

Please tick only the statements that apply to you:

- 1  I have provided relevant information on my circumstances to my adviser, and choose to purchase the plan recommended by that adviser.
- 2  I elected not to provide information on my circumstances to my adviser.
- 3  I elected to receive advice on only a limited range of products, or agreed that only certain objectives were to be considered by my adviser.
- 4  I chose to purchase a plan that was not recommended by my adviser.
- 5  I was not given any advice.
- 6  My adviser did not undertake an analysis of my circumstances.

I understand that if statement **2, 3, 4, 5 or 6** above represents my purchasing situation, I risk making a financial commitment to a life plan that may not be appropriate to my needs and objectives.

**SIGNATURES**

Please print full name of the **Person to be Insured**, sign and date (if different from plan owner)

--

Print name

--

Signature

/ /
-----

Date

Please print full name of **Plan Owner(s)** sign and date if 16 years or over

--

Print name

--

Signature

/ /
-----

Date

--

Print name

--

Signature

/ /
-----

Date

Please print full name of the parent or guardian, sign and date if the plan owner is aged under 16  parent  guardian

--

Print name

--

Signature

/ /
-----

Date

**SIGNATURES IF PLAN OWNER TO BE A COMPANY OR TRUSTEE**

A Company seal and two directors or director and secretary.

B Company seal and one signature noted as 'sole director and secretary' where the company has only one director.

C The signature of a person whose name is clearly written and with the words 'XXX for and on behalf of XYZ Pty Ltd'.

--

Company Seal

/ /
-----

Date

--

Signature 1

--

Signature 2

This page has been left blank intentionally



AC&L

Australian Casualty & Life Limited. ABN 92 000 333 844  
Level 9, 383 Kent Street, Sydney NSW 2000 Ph: 1300 366 066

AC&L

Australian Casualty & Life Limited. ABN 92 000 333 844  
Level 9, 383 Kent Street, Sydney NSW 2000 Ph: 1300 366 066

AC&L

Australian Casualty & Life Limited. ABN 92 000 333 844  
Level 9, 383 Kent Street, Sydney NSW 2000 Ph: 1300 366 066



**DIRECT DEBIT INFORMATION**

- Direct debiting is not available on the full range of accounts, or may not be offered by some financial institutions. Please contact your financial institution if you are not sure.
- The financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement (User ID No.1214 and/or User ID No.139 for Life Protection Superannuation Plan). I/We request that you, until further notice, debit my/our account detailed below, any amounts the Australian Casualty & Life Limited may debit or charge me through the direct debit system.

**Customer details**

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Title	Given names	Surname	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street number and name		Suburb or Town	State Postcode

**Financial institute and account details**

<input type="text"/>		<input type="text"/>	
Financial institute		Branch name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street number and name	Suburb or Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Account name	BSB number or financial institution number	Account number	
<input type="text"/>			<input type="text"/>
Signature of account holder(s)			Dated
<input type="text"/>			
Plan number(s)			

**Living Security Program  
Payment by credit card**

- If initial premium only to be paid by credit card please tick
- If all premiums are to be deducted from your credit card please tick

I hereby authorise Australian Casualty & Life to debit my

- Bankcard  MasterCard  Visa card

<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"/>	<input type="text"/>	<input type="text"/>
Card number																			

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Valid from				
for \$ <input type="text"/>				

(or adjusted amount as advised from time to time) on a monthly/half yearly/yearly (delete non-applicable) basis until this ongoing authority is cancelled, in writing, by either myself or Australian Casualty & Life.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Expiry date Plan number				
<input type="text"/>				
Name of account				
<input type="text"/>				<input type="text"/>
Signature of cardholder				Date
<input type="text"/>				
Address of cardholder				
<input type="text"/>				
<input type="text"/>				

**Living Security Program  
Conditional receipt**

**FOR ALL APPLICANTS** (Life, Recovery and Income Protection)

\$  has been received from  for this Application for insurance with Australian Casualty & Life. This Application and receipt are not valid if the cheque, draft, money order or credit card is dishonoured.

There will be no cover under the insurance you have applied for unless or until we accept your Application. Also, cover under the Plan is based on the fact that you followed the instructions on page 2 of the Application form headed 'Important information for valued plan holders'.

If this Application is not accepted by us, the amount of payment received will be refunded to you in full.

No intermediary is authorised to make any statement which changes the terms of this receipt and no such statement will bind Australian Casualty & Life.

<input type="text"/>	<input type="text"/>
Intermediary signature	Date
<input type="text"/>	
Code	

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Australian Casualty & Life Limited.  
ABN 92 000 333 844

**HEAD OFFICE:**

Level 9, 383 Kent Street, Sydney NSW 2000

**Postal Address:**

GPO Box 5339,  
Sydney NSW 2001  
Ph: 1300 366 066  
Fax: (02) 9299 7159

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