



Living Security Program

Customer Information Brochure

Life Protection Plan ■ Life Protection Superannuation Plan

Recovery Protection Plan ■ Income Protection Premier Plan

Income Protection Essential Indemnity Plan ■ Income Protection Seniorguard Plan

Business Expenses Protection Indemnity Benefit 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, trademark of The National Mutual Life Association of Australasia, is part of a worldwide financial services group, the Global AXA Group, with assets owned and under management in excess of \$1,582 billion.¹ With Australian Casualty & Life you can rest assured that your financial security is in the hands of experts.

¹ As at 31 December 2001.

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 The National Mutual Association of Australasia.

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 50.

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. Please refer to page 22 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 49 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.

Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Life Protection Plan, 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.

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 any 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.

Key Features Statement

Life Protection Plan

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 49 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 49.

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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

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 their 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 option 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.

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 53 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.

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 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.

* Please refer to page 49 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

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.

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

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

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.

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 Information Brochure. You can obtain a copy of this brochure from your financial adviser or by contacting our Customer Service Centre on 1300 366 366. A Category Selection Form is contained on page 17 of the Application Form contained in this brochure.

Option 3 – 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.

Key Features Statement

Life Protection Superannuation Plan

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.

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 this plan series of the Living Security Program Life Protection Superannuation Plan, 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 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 by the trustee 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 two 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 under the Life Protection Superannuation Plan for death or terminal illness. 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

Key Features Statement

Life Protection Superannuation Plan

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 carefully 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 (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 49 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 49.

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 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 an 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 staff 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 complaint was handled or with the resolution, you may wish to contact the Superannuation Complaints Tribunal. The telephone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

* The Commonwealth Government has proposed reducing the surcharge to 13.5% for 2002/03, 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, between 3 and 8 times their 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.

- The 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 as 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 6);
- 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 10 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 53 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 19 to 22 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.

The following medical conditions apply:

- Alzheimer's Disease and other Dementias
- Angioplasty (minimum sum insured \$100,000)

* Please refer to page 49 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.

- 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 Independence
- 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 once-off 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 made 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 Living Security Program Recovery Protection Plan, 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, 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 as follows 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.

Key Features Statement

Recovery Protection Plan

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.

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 this page, 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 19.
- **Cancer (Malignant Tumours)** – refer to the definition on page 19.
- **Major Transplant** – refer to the definition on page 21.
- **Subacute Sclerosing Panencephalitis** – refer to the definition on page 22.
- **Viral Encephalitis** – refer to the definition on page 22.

Events not subject to a 90 day waiting period:

- **Diplegia** – refer to the definition on page 20.
- **Hemiplegia** – refer to the definition on page 21.
- **Loss of Limbs** – refer to the definition on page 21.
- **Loss of Limbs and Sight** – refer to the definition on page 21.
- **Major Head Trauma** – refer to the definition on page 21.
- **Paraplegia** – refer to the definition on page 22.
- **Quadriplegia** – refer to the definition on page 22.
- **Severe Burns** – refer to the definition on page 22.

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 14 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.
- 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 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 49 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 49.

Key Features Statement

Recovery Protection Plan

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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their contact details are on page 50 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.

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 53 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

Additional information on your plan

Recovery Protection Plan

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.

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 of 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.

Additional information on your plan

Recovery Protection Plan

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 caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.

The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack;
- cerebral symptoms associated with reversible neurological deficit;
- cerebrovascular disorder of the eye or optic nerve;
- symptoms due to migraine or headache;
- brain tissue damage caused by head injury.

Subacute Sclerosing Panencephalitis

The certain diagnosis of subacute sclerosing panencephalitis.

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.

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.

Key Features Statement

Income Protection Premier Plan

Key Features Statement Income Protection Premier 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 time off work through sickness or injury.

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 Income Protection Premier Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 75% of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

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 cover, 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 and, if there are any increases in cover, at the date of the increase. When we calculate your premium rate after the start of the plan, your premium will be adjusted each year at the renewal date according to your age.

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

Premium increases

We will increase your premium if your amount of cover 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. We can review your occupation category. 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.

Benefits

The benefits available under the Income Protection Premier Plan and the exclusions which apply are listed on page 24. General information including the amount of cover, waiting periods and benefit periods available are outlined on page 32. The Premier Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB' and 'B' (see table below). Your financial adviser can assist you with your appropriate category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

* Please refer to page 49 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.

Key Features Statement

Income Protection Premier Plan

For details of these benefits, please refer to pages 26 to 30 of this Customer Information Brochure.

- Total Disability Benefit
- Attempted Return to Work
- Partial Disability Benefit
- Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit
(Available only to doctors, dentists and surgeons)
- Nursing Care Benefit
- Rehabilitation Program Benefit
- Rehabilitation Expenses Benefit
- Workplace Modification Benefit
- Early Cash for Specific Injuries
- Early Cash for Specific Medical Conditions
- Death Benefit
- Indexation of Cover
- Waiver of Premium
- Family Member's Accommodation Benefit
- Travel Costs Benefit
- Direct Family Member Benefit
- Income Replacement Bonus Benefit
- Special Care Benefit
- Elective or Cosmetic Surgery Benefit
- Recurring Disablement
- Unemployment Premium Waiver
- Unemployment Benefit
- Leave Without Pay Benefit
- Right to Automatically Upgrade this Plan
- Right to Take Out a Seniorguard Plan
(Available only to 'MP', 'AA', and 'A' occupations)
- 24 hour cover

Options available

Further protection is available through the extra cost options listed below. Pages 30 to 31 explain these options in detail.

- Claims Escalation Option (a choice of 5% or 7%)
- Lump Sum Accident Option
- Day 4 Accident Option
- Future Cover Option
- Child Care Benefit Option
- Premium Pause Option
- Indemnity Option
- Blue Ribbon Plus Option
(Only available to doctors, dentists and surgeons)

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.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

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

Other exclusions and limitations are set out in the section 'Additional information on your plan' on page 31.

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 49 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 49.

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 your plan. The amount varies depending on your state of residence. 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.
- We can review your occupation category.

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

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are assessable income.

However, the premium for the Lump Sum Accident Option, the Blue Ribbon Plus Option and the Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit are not tax deductible and any payments made under these benefits 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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

Additional information on your plan

Income Protection Premier Plan

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

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

For occupation groups classified as 'B', the following applies: after the first 2 years of a claim, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, and training or experience, and you are not working in any occupation (whether paid or unpaid), and are under medical care.

Cause of disablement

We will decide whether your total disablement is caused by an injury or sickness based on medical and other evidence. 'Injury' means accidental bodily injury. 'Sickness' means sickness or disease which first manifests after the plan began. However, if your total disablement does not start until 30 days or more after the date of an injury, we will classify the cause of your disablement as a sickness and the maximum period we will pay you for your disablement is your benefit period for sickness.

Benefit amount

When you make a claim for total disability, the benefit you are insured for, known as 'the monthly benefit', is what you will be paid, including any Consumer Price Index increases for inflation you are entitled to. You will be paid your full monthly benefit even if your income drops after you take out the plan, except if you have the indemnity option – unless the following applies:

- we may reduce your monthly benefit if any amounts are received from common law settlements, paid sick leave from your employer or any other disability income, sickness or accident plan that was not disclosed to us in your application for the injury or sickness you are claiming for under the plan;
- if you are classified by our underwriters as an 'A', 'BA', 'BB' or 'B' occupation, we may further reduce your benefit if any amounts are received from legislation (other than social security).

We will reduce any benefit we pay you for total disability or partial disability by the amounts which are paid from these sources.

No matter what your occupation, we won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against business expenses.

Benefit payment

If you are entitled to be paid because the person insured is totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance. In the event the person insured is partially disabled, we will pay you monthly in arrears.

Attempted return to work

The following applies if the waiting period you have is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Partial Disability Benefit

If you are totally disabled for at least 14 days, then return to work on reduced duties, and earn less than your pre-disability income due to your continuing disability, we will pay a Partial Disability Benefit

proportionate to your income loss. However, you will not be entitled to be paid before the end of the waiting period.

If you are classified by our underwriters as a 'B' occupation, the maximum total period we will pay you for a claim under the Partial Disability Benefit is 2 years.

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Benefit

(Only available to doctors, dentists and surgeons).

We will pay a lump sum amount if you become infected with HIV (Human Immunodeficiency Virus), 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 HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive;
 - 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.

The lump sum amount we pay will be the lesser of:

- 6 times your monthly benefit; or
- \$100,000.

We will only pay you once under this benefit. This benefit can be paid in addition to the Total Disability Benefit, and other benefits available under this plan.

Nursing Care Benefit

This benefit applies if you are totally disabled, under the full-time care of a registered nurse and confined to bed for more than 2 days in a row during the waiting period. We will pay 1/30th of the monthly benefit for each day after the first 2 days you are so confined during the waiting period. This benefit is only payable during the waiting period, for up to 180 days.

Rehabilitation Program Benefit

If you are totally disabled for at least the length of the waiting period and because of your total disability you take part in a rehabilitation program, we will pay an additional 50% of the monthly benefit after the waiting period for up to 12 months while you are participating in the program. We must approve the program first.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, we will pay up to 6 times your monthly benefit to cover the expenses of rehabilitating yourself. These expenses include buying goods – for example, equipment designed to assist you to re-enter the workforce and expenses of any rehabilitation program, including our WorkAssist program. The Rehabilitation Expenses Benefit is paid in addition to the monthly benefit. We must approve the expenses first.

Workplace Modification Benefit

This benefit provides assistance if, because of your total disability, a workplace modification is needed to allow you to return to gainful employment.

We will reimburse you a lump sum amount of up to the lesser of 2.5 times your monthly benefit or \$5,000 for the expenses incurred in modifying your workplace. We must approve the expenses first.

Early cash for specific injuries

Whether you are totally disabled or not, your plan provides benefits for 21 specific injuries. We will pay you the monthly benefit for the period of time set out in the table on page 28. However, we will not pay you for more than your benefit period for injury and we will only pay you for one specific injury per claim, even if you suffer more than one injury. This benefit is

Additional information on your plan

Income Protection Premier Plan

payable immediately – there is no waiting period. The injuries covered are listed in the following table.

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
Your arms and legs due to spinal cord injury or disease – quadriplegia	60 months
Your legs due to spinal cord injury or disease – paraplegia	60 months
Both hands or both feet	24 months
Entire sight in both eyes	24 months
One hand and one foot	24 months
One hand and the entire sight in one eye	24 months
One foot and the entire sight in one eye	24 months
One arm or one leg	18 months
One hand, one foot or entire sight in one eye	12 months
Thumb and index finger from same hand	6 months
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow and shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist, but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

If, after the defined payment period ends, you are totally or partially disabled because of the specific injury we are paying you for, we will pay you for the total disablement or partial disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Early cash for specific medical conditions

Whether you are totally disabled or not, and if your waiting period is 90 days or less, your plan provides benefits for a minimum defined period of up to 6 months if you suffer one of the following specific medical conditions: severe burns, cancer (malignant tumours), chronic kidney failure, coronary artery

surgery, heart attack, heart valve surgery, stroke or major organ transplant. The medical conditions are specifically defined in the Plan Document and the definition must be met before you will be entitled to be paid. There is no waiting period for this benefit.

If, after the defined payment period ends, you are totally or partially disabled because of the specific medical condition we are paying you for, we will continue to pay you for total disablement or partial disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Death Benefit

If you die while your plan is still current we will pay a lump sum to you or your estate equal to three times your monthly benefit.

Indexation of cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index, up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase in writing.

Waiver of premium

Once we are paying you a benefit under your plan, except for Nursing Care Benefit, Day 4 Accident Option or Travel Costs Benefit, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Family Member's Accommodation Benefit

This benefit pays an amount if a direct family member has to stay more than 100km away from home, or has to be with you when you are totally disabled more than 100km away from home and have to stay there. We will pay the family member's accommodation expenses, up to \$200 per day for up to 30 days. However, you are not entitled to be paid during the waiting period.

Who is a direct family member?

A direct family member is:

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

- your mother, father, mother-in-law or father-in-law; or
- your child.

Travel Costs Benefit

We will refund the cost of transportation home if you are totally disabled for more than 30 days, continue to be totally disabled, and wish to return home to your place of residence.

We will pay the lesser of:

- a single standard economy airfare to your nearest airport or if necessary, a medical facility in Australia by the most direct route; or
- 3 times your monthly benefit.

Transportation benefits are not payable on costs that you are insured for or entitled to seek reimbursement from elsewhere.

Direct Family Member Benefit

We will pay the Direct Family Member Benefit if you have been receiving Total Disability Benefits for more than 30 days and a direct family member ceases employment because of your total disability.

For each month the direct family member does not work (up to 6 months), we will pay the lesser of:

- the Total Disability Benefit;
- the amount the direct family member would have earned if you had not been totally disabled; or
- \$2,000.

A direct family member is defined in Family Member's Accommodation Benefit above (some conditions apply).

Income Replacement Bonus Benefit

If you are totally disabled before age 50, are receiving the benefit for total disability and are permanently unable to perform at least 2 of the 'activities of daily living', without assistance, we will increase your monthly benefit by up to 33 1/3%. Your monthly benefit, plus this increase, cannot be more than your average monthly pre-disability income in the 12 months immediately prior to the date you became totally disabled. We will pay you this increased monthly benefit for a maximum of 2 months.

The 'activities of daily living' are set out on page 3 under Section (d) 'Future Care'.

The increased monthly benefit is not payable whilst you are receiving a benefit under Early Cash for Specific Injuries, Early Cash for Specific Medical Conditions, Special Care Benefit or Direct Family Member Benefit.

Special Care Benefit

If you have been paid total disability benefits for more than 30 days and continue to be totally disabled, are confined to bed and totally dependent on the care of a registered nurse or a personal care attendant, as agreed by our doctor, we will pay you a benefit. The amount we pay is your monthly benefit or \$2,000, whichever is lower, for up to 6 months. This benefit cannot be paid if the Direct Family Member benefit is being paid or has been paid. This benefit is paid in addition to your Total Disability Benefit.

Elective or Cosmetic Surgery Benefit

After your plan has been in force or restored for 6 months, if you are totally disabled due to elective, cosmetic or donor transplant surgery, then your condition will be deemed a sickness and the monthly benefit will be payable after the waiting period.

Recurring Disablement

If you suffer a relapse and again become totally or partially disabled within 6 months of returning to work after the last period in which we paid you for total or partial disability, we will treat it as the same claim and you will go straight back on to benefits without having to go through the waiting period again. We will pay benefits up to the balance of the benefit period.

Unemployment Premium Waiver

If you are involuntarily unemployed and let us know in writing, we will pay your premium for up to three months. For this to apply, the plan must have been in force for a continuous six month period and you must register with an approved Government employment agency within thirty days of becoming unemployed.

Unemployment Benefit

If you are involuntarily unemployed, are registered with a Government approved agency and are actively seeking employment, we will allow you to continue the plan for up to 15 months. You must continue paying the premiums whilst you are unemployed except when the Unemployment Premium Waiver applies.

Leave Without Pay Benefit

If you take leave without pay we will continue to cover you for up to 12 months. You must continue paying the premiums whilst you are on leave.

Additional information on your plan

Income Protection Premier Plan

Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Premier Plan, we add to, improve or alter the benefits of the plan you hold in 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. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

Right to take out a Seniorguard Plan

If you are classified as a 'MP', 'AA' or 'A' occupation and we end your plan because the plan has reached the first renewal date after you turn 65, you have the right to apply for an Australian Casualty & Life Seniorguard Plan, provided that plan is available at the time you apply. When applying, you don't have to give us any medical evidence, or evidence about your pursuits, pastimes or place of residence. Under the Seniorguard Plan, you can be covered for income protection until the first renewal date after you turn 75.

The level of cover available under the Seniorguard Plan may be more limited than that available under this plan. Also, the level of cover cannot be more than 2/3 of the amount you are insured for under this plan.

To be accepted for cover under the Seniorguard Plan, you must be gainfully employed full-time, you must have had no claims under this plan in the two years prior to the date this plan ended, and we must have received your application within 60 days after this plan ends.

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.

Options available

For an extra premium, various options are available under the Income Protection Premier Plan.

Claims Escalation Option

If we are paying you for total disability for more than 3 months, the Claims Escalation Option will automatically increase your monthly benefit after 3 months. We will do this every 3 months after that, provided you continue to be totally or partially disabled.

The amount of the increase will be the lower of one quarter of the annual percentage increase in the Consumer Price Index and one quarter of either 5% or 7% (depending on which you choose).

Lump Sum Accident Option

This option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the table below.

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
Both hands or both feet	100%
Entire sight in both eyes	100%
One hand and one foot	100%
One hand and entire sight in one eye	100%
One foot and entire sight in one eye	100%
One arm or one leg	75%
One hand, one foot or entire sight in one eye	50%
Thumb and index finger from same hand (at the same time)	25%
Thumb or index finger	15%
Two or more fingers	15%
One finger	5%

Under this option we will pay you up to a maximum of 100% of the lump sum, even if you suffer more than one injury as a result of the same or different accidents.

Day 4 Accident Option

(Only available if your plan has a 14 or 30 day waiting period).

If you are totally disabled due to an injury for more than 3 days in a row during the waiting period, this option will pay 1/30th of the monthly benefit for each day of total disability during the waiting period from the 4th day of total disability. It is not payable if benefits are being paid for Nursing Care, a Specific Medical Condition or a Specific Injury.

Future Cover Option

If you choose this option, you can increase your monthly benefit by up to 20% on every 3rd renewal date after this option began, without having to give us any new medical evidence. You must tell us in writing that you want to make the increase within 30 days after the relevant renewal date.

You can't make the increase if:

- you are over age 55;

- you have made a claim in the last 6 months; or
- after the increase, the benefit will be more than 75% of your monthly income at that date.

If you choose this option and you become totally disabled, we will increase your monthly benefit by 33 1/3% for the first 30 days.

Child Care Benefit Option

If you are totally disabled and were paying for child care for a continuous period of at least 3 months immediately prior to your total disability, we will pay you an additional amount, after the waiting period. We will do this for each day you continue to be paid for total disability, and you continue to pay for child care. You must first provide us with satisfactory evidence of the child care payments and that the child carer is registered with the relevant Federal authority.

We will pay you the lesser of 75% of the daily amount you pay for child care or \$30 per day, and we will continue to pay this for up to 6 months for any one claim. The maximum you will be entitled to for all claims under this benefit is \$4,000.

Premium Pause Option

You may elect to take this option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan – except for Nursing Care Benefit, Day 4 Accident Option or Travel Costs Benefit - you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

Indemnity Option

If you make a claim under your plan and you have the Indemnity Option, the monthly benefit we pay is the lesser of the monthly benefit insured for and 75% of your average monthly income over the 2 years we have not been paying you a benefit under the plan.

Where you choose this option you will pay a reduced premium.

Blue Ribbon Plus Option

(Only available to doctors, dentists and surgeons).

We will pay a lump sum amount if you become infected with HIV (Human Immunodeficiency Virus), 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 HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive;
 - 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, up to a maximum of \$400,000. We will only pay you once under this option.

Exclusions

We won't pay the lump sum under the Blue Ribbon Plus Option if:

- you become positive to Hepatitis B surface antigen within 180 days from the start of this plan or the date this 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 HIV, Hepatitis B or Hepatitis C; or
- you are first diagnosed to be infected with HIV, Hepatitis B or Hepatitis C after you die.

Additional information on your plan

Income Protection Premier Plan

In addition, the general exclusions for the plan, outlined on page 24, also apply.

General information

Amount of cover

You can insure up to 75% of your gross income less any business expenses incurred but before tax.

If you are an employee you can insure up to 75% of your total salary package. Income does not include investment or interest income.

The maximum monthly benefit available will be subject to the limit applicable at the time you applied for the plan.

Waiting periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60, 90, 180, 365 days and 2 years. Occupation groups classified as 'BA' or 'BB' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled. Not all waiting period and benefit period combinations are available to all occupation categories.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, to age 60 or to age 65. If we classify your occupation as 'B' you can choose 2 years or 5 years. However, not all benefit periods are available with all waiting periods.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

More than one benefit at a time

We won't pay the following benefits at the same time:

- total disability and specific injury;
- partial disability and specific injury;
- nursing care and specific injury;
- total disability and specific medical condition;
- partial disability and specific medical condition;
- nursing care and specific medical condition;
- direct family member benefit and special care benefit;
- nursing care and day 4 accident;
- specific injury and day 4 accident;
- specific medical condition and day 4 accident; or
- specific medical condition and specific injury.

Entry ages

- Minimum entry age is 18 next birthday.
- Maximum entry age is 60 next birthday.

However, if you select the benefit period to age 60 the maximum entry age is 55 next birthday.

Guarantee

Provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons mentioned below. 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 23);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a sickness and injury benefit period to age 60, in which case your plan will end on the first renewal date after you reach age 60);
- you make a fraudulent claim;
- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government employment agency;
- you are voluntarily unemployed for more than 30 days; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 52 of this Customer Information Brochure.

Key Features Statement

Income Protection Essential Indemnity Plan

Key Features Statement Income Protection Essential Indemnity 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 time off work through sickness or injury.

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 Income Protection Essential Indemnity Benefit Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 75% of your pre-disability income (net of business expenses but before tax) subject to the maximum monthly benefit limit applicable at the time you applied for the plan. Pre-disability income is defined as your average monthly income over the 2 years we have not been paying you a benefit under the plan.

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 cover, 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 amount of cover 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. We can review your occupation category. 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.

Benefits

The benefits available under the Income Protection Essential Indemnity Benefit Plan and the exclusions which apply are listed on pages 34 and 35. The Income Protection Essential Indemnity Benefit Plan is available to 'white collar' and 'blue collar' occupation groups which we classify as 'MP', 'AA', 'A', 'BA', 'BB', 'B' and 'SRD' (see table on page 34). Your financial adviser can assist you with your appropriate category.

For details of these benefits, please refer to pages 36 to 37 of this Customer Information Brochure.

- Total Disability Benefit
- Attempted Return to Work
- Partial Disability Benefit
- Rehabilitation Expense Benefit
- Indexation of Cover
- Waiver of Premium
- Recurring Disablement
- Unemployment Benefit
- Leave Without Pay Benefit
- Right to Automatically Upgrade this Plan
- 24 hour cover

* Please refer to page 49 of this Customer Information Brochure for full details on the Direct Debit Request Service Agreement.

Key Features Statement

Income Protection Essential Indemnity Plan

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.
Occupation Group SRD	Individuals in volatile, hazardous or particularly unusual occupations such as bartenders, roofing workers, tugboat crew (not deep sea).

Options available

Further protection is available through the extra cost options listed below. Page 38 explains these options in detail.

- Claims Escalation Option (5%)
- Lump Sum Accident Option
- Day 4 Accident Option
(not available to occupations we classify as 'SRD')
- Premium Pause 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.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

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

Other exclusions and limitations are set out in the section 'Additional information on your plan' on page 36.

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 49 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 49.

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 your plan. The amount varies depending on your state of residence. 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.
- We can review your occupation category.

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

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are assessable income.

However the premium for the Lump Sum Accident Option is not tax deductible and any payments made under this benefit are not assessable as 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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you

may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

Additional information on your plan

Income Protection Essential Indemnity Plan

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

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, for the first 2 years of a claim you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

After the first 2 years of a claim you are only totally disabled if, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and not working in any occupation (whether paid or unpaid), and under medical care.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical Care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of 2 years benefits for any and all claims arising from any of the following conditions:

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

For example, if you receive benefits for a recognised mental disorder for 18 months and at a later date suffer from chronic fatigue syndrome for 12 months, you will only be entitled to receive benefits for 6 months in respect of your claim for chronic fatigue syndrome.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality,

emotional or behavioural disorders, or treatment and complications arising from a mental disorder.

Cause of disablement

We will decide whether your total disablement is caused by an injury or sickness. 'Injury' means accidental bodily injury. 'Sickness' means sickness or disease which first manifests after the plan began. However, if your total disablement does not start until 30 days or more after the date of an injury, we will classify the cause of your disablement as a sickness and the maximum period we will pay you for your disablement is your benefit period for sickness.

Attempted return to work

The following applies if the waiting period you have is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Benefit amount

When you make a claim for total disability, the benefit you are insured for, 'the monthly benefit' including any Consumer Price Index increases for inflation you are entitled to, is what you will be paid, subject to a maximum of 75% of your pre-disability income.

We may reduce your monthly benefit if any amounts are received from legislation (other than social security), common law settlements, paid sick leave from your employer or any other disability income, sickness or accident plan for the injury or sickness you are claiming for under the plan. We will reduce any benefit we pay you for total disability or partial disability by the amounts which are paid from these sources.

No matter what your occupation, we won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against business expenses.

Benefit payment

If you are entitled to be paid because the person insured is totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance. In the event the person insured is partially disabled, we will pay you monthly in arrears.

Partial Disability Benefit

If you are totally disabled for at least 14 days, then return to work on reduced duties, and earn less than 75% of your pre-disability income due to your continuing disability, we will pay a Partial Disability Benefit. However, you will not be entitled to be paid before the end of the waiting period. The amount we pay is the lesser of:

A – B or C – B

where:

A is 75% of your pre-disability income;

B is your income during the month in which you are partially disabled;

C is your monthly benefit.

The maximum amount we will pay you for a claim under the Partial Disability Benefit is 2 years.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, we will pay up to 6 times your monthly benefit to cover the expenses of rehabilitating yourself. These expenses include buying goods – for example, equipment designed to assist you to re-enter the workforce and expenses of any rehabilitation program, including our WorkAssist program. The Rehabilitation Expenses Benefit is paid in addition to the monthly benefit. We must approve the expenses first.

Indexation of cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index, up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase.

Waiver of premium

Once we are paying you a benefit under your plan, except for Day 4 Accident Option, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we

pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Recurring disablement

If you suffer a relapse and again become totally or partially disabled within 6 months of returning to work after the last period in which we paid you for total or partial disability, we will treat it as the same claim and you will go straight back on to benefits without having to go through the waiting period again. We will pay benefits up to the balance of the benefit period.

Unemployment Benefit

If you are involuntarily unemployed, are registered with a Government approved agency and are actively seeking employment, we will allow you to continue the plan for up to 15 months. Additionally, you must notify us within 3 months of the date the unemployment begins and you must continue paying the premiums whilst you are involuntarily unemployed.

Leave Without Pay Benefit

If you take leave without pay we will allow you to continue the plan for up to 12 months. You must continue paying the premiums whilst you are on leave.

Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Essential Indemnity Benefit Plan, we add to, improve or alter the benefits of the plan you hold in 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. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

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.

Additional information on your plan

Income Protection Essential Indemnity Plan

Options available

For an extra premium, various options are available under the Income Protection Essential Indemnity Benefit Plan.

Claims Escalation Option

If we are paying you for total disability for more than 3 months, the Claims Escalation Option will automatically increase your monthly benefit after 3 months. We will do this every 3 months after that, provided you continue to be totally or partially disabled.

The amount of the increase will be the lower of one quarter of the annual percentage increase in the Consumer Price Index and one quarter of 5%.

Lump Sum Accident Option

This option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the table below.

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
Both hands or both feet	100%
Entire sight in both eyes	100%
One hand and one foot	100%
One hand and entire sight in one eye	100%
One foot and entire sight in one eye	100%
One arm or one leg	75%
One hand, one foot or entire sight in one eye	50%
Thumb and index finger from same hand (at the same time)	25%
Thumb or index finger	15%
Two or more fingers	15%
One finger	5%

Under this option we will pay you up to a maximum of 100% of the lump sum, even if you suffer more than one injury as a result of the same or different accidents.

Day 4 Accident Option

(Only available if your plan has a 14 or 30 day waiting period, not available to occupations we classify as 'SRD' or to plans with a 5 year Injury Only benefit period).

If you are totally disabled due to an injury for more than 3 days in a row during the waiting period, this option will pay 1/30th of the monthly benefit for each day of total disability during the waiting period from the 4th day of total disability.

Premium Pause Option

You may elect to take this option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan - except for Day 4 Accident Option - you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

General information

Amount of cover

You can insure up to 75% of your gross income (less any business expenses incurred but before tax).

If you are an employee you can insure up to 75% of your salary package. Income does not include investment or interest income.

However, it is important to note that when making a claim, your benefit will be subject to the lesser of the sum insured or the average monthly income over the two years we have not been paying a benefit under the plan.

Waiting periods

Your entitlement to be paid for total or partial disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60 and 90 days. Occupation groups we classify as 'BA', 'BB' and 'SRD' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled. Not all waiting period and benefit combinations are available to all occupation categories.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year, 2 years, 5 years, 5 years (injury only) to age 60 or to age 65. If we classify your occupation as 'B' you can choose 2 years or 5 years. However, not all benefit periods are available to all occupations.

Also not all benefit periods are available with all waiting periods.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Entry ages

- Minimum entry age is 18 next birthday.
- Maximum entry age is 60 next birthday.

However, if you select the benefit period to age 60 the maximum entry age is 55 next birthday.

Renewability of Plan

If your occupation group is classified as 'AA', 'MP', 'A', 'BA', 'BB' or 'B', provided you pay your premium (and charges) and comply with the plan, we guarantee to renew your plan each year, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons mentioned below. There are no other guarantees except the benefits stated in the plan.

However, if we classify your occupation as 'SRD', the plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal on existing or varied terms, or we may decline to offer renewal.

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 33);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65, (unless you have a benefit period to age 60, in which case your plan will end on the first renewal date after you reach age 60);
- if we give you notice on any renewal date that your plan is to end (for 'SRD' occupations only);
- you make a fraudulent claim;
- you are involuntarily unemployed for more than 15 months;
- you are on leave without pay for more than 12 months;
- you are involuntarily unemployed for longer than 30 days, are not actively seeking employment and are not registered with an approved Government employment agency;
- you are voluntarily unemployed for more than 30 days; or
- you die.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefit besides total disability caused by an injury. Conditions apply. For details see page 52 of this Customer Information Brochure.

Key Features Statement

Income Protection Seniorguard Plan

Key Features Statement Income Protection Seniorguard 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 of you being unable to work due to sickness or injury.

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 Income Protection Seniorguard Plan provides a monthly benefit if you are unable to work due to sickness or injury. This monthly benefit is up to 50% of your pre-disability income (net of business expenses but before tax) at the time of making a claim, up to a maximum of \$6,000. Pre-disability income is defined as your average monthly income over the two years we have not been paying you a benefit under the plan.

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

The premium structure for this plan is 'yearly stepped'. This means that we calculate the premium rate every year on the renewal date of the plan. When we calculate your premium rate, your premium will be adjusted each year at the renewal date according to your age.

In addition, your premium can increase in the ways mentioned in the following section.

Premium increases

We will increase your premium if your amount of cover increases. And we can increase the premium for your plan if we increase premiums for all plans like yours. We can review your occupation category. 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 are available on request.

Benefits

The benefits available under the Income Protection Seniorguard Plan are:

- Total Disability;
- Early Cash for Specific Injuries;
- Right to Automatically Upgrade this Plan; and
- Waiver of Premium

For details on these benefits, please refer to pages 42 and 43 of this Customer Information Brochure. The plan is available to white collar occupation groups which we classify as 'MP', 'AA', and 'A' (see table below). Your financial adviser can assist you with your appropriate category.

Eligible Occupation Groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.

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.

Certain exclusions or limitations may apply to the benefits you receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it. Also, your plan does not cover injury or sickness caused by:

* Please refer to page 49 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.

- pregnancy, miscarriage or childbirth – if they are uncomplicated;
- you on purpose; or
- war or war-like activities.

Other limitations are set out in the section 'Additional information on your plan' on page 42.

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 49 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 49.

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 your plan. The amount varies depending on your state of residence. 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.
- We can review your occupation category.

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

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are 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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

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

Additional information on your plan

Income Protection Seniorguard Plan

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum Benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum of 2 years benefits over the life of the plan for any and all claims arising from any of the following conditions:

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatment and complications arising from a mental disorder.

Benefit amount

When you make a claim for total disability, the benefit you are insured for, 'the monthly benefit', is what you will be paid, subject to a maximum of 50% of your pre-disability income – unless the following applies.

We may reduce your monthly benefit if any amounts are received from legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan for the injury or sickness you are claiming for under the plan. We will reduce any benefit we pay you for total disability by the amounts which are paid from these sources.

We won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against any business expenses.

Benefit payment

We pay half the monthly benefit at the middle of the month and the other half at the end of each month for which you are entitled to be paid.

Early cash for specific injuries

Whether you are totally disabled or not, your plan provides benefits for 13 specific injuries. We will pay you for the period of time set out in the table following. We will only pay you for one specific injury per claim, even if you suffer more than one injury. There is no waiting period for this benefit. The injuries covered are listed in the table following.

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
One or more toes	2 months
One or more fingers	1.5 months
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
Thigh shaft	3 months
Pelvis, except coccyx	3 months
Skull, except bones of face or nose	2 months
Upper arm, including elbow and shoulder	2 months
Shoulder blade	2 months
Lower leg, including ankle, but excluding knee cap and foot	2 months
Knee cap	2 months
Collar bone	1.5 months
Lower arm, including wrist, but excluding elbow and hand	1.5 months
Hand, except fingers	1.5 months
Foot, except toes	1.5 months

If, after the defined payment period ends, you are totally disabled because of the specific injury we are paying you for, we will pay you for total disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Income Protection Seniorguard Plan, we add to, improve or alter the benefits of the plan you hold in 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. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

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.

Waiver of Premium

Once we are paying you a benefit under your plan you are not required to pay anymore premiums for the period while you are on claim. Also, if we receive your completed form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Option available

For an extra premium, the following option is available under the Income Protection Seniorguard Plan.

Premium Pause Option

You may elect to take this option if you have packaged a Life Protection Plan and/or Recovery Protection Plan with this plan, provided the plan owner and the premium structure are the same under all plans, and we are only charging one plan fee for all plans.

While we are paying a benefit under this plan you do not have to pay the premium for any Life Protection Plan and/or Recovery Protection Plan you hold, for the period of claim.

General information

Amount of cover

You can insure up to the lesser of 50% of your average monthly gross income (less any business expenses incurred but before tax) or \$6,000.

If you are an employee you can insure up to the lesser of 50% of your average monthly total salary package or \$6,000. Income does not include investment or interest income.

However, it is important to note that when making a claim, your benefit will be subject to the lesser of the sum insured or the average monthly income over the two years we have not been paying a benefit under the plan.

Waiting periods

Your entitlement to be paid for total disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30 and 60 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year or 2 years.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Entry ages

- Minimum entry age is 60 next birthday.
- Maximum entry age is 69 next birthday.

Renewability of Plan

There are no guarantees except the benefits stated in the plan. Also, this plan is not guaranteed renewable. We have the option to renew, modify or end your plan on each renewal date of your 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 40);
- you permanently retire from the workforce;
- if we give you notice on any renewal date that your plan is to end;
- on the first renewal date after you reach age 75;
- you make a fraudulent claim; or
- you die.

Interim insurance cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by an injury. Conditions apply. For details see page 52 of this Customer Information Brochure.

Key Features Statement

Business Expense Protection – Indemnity Benefit Plan

Key Features Statement Business Expense Protection – Indemnity Benefit 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 time off work through sickness or injury.

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

This plan protects your business in times when you are unable to work due to sickness or injury, by covering the monthly expenses of the business. This plan is only available to 'MP', 'AA', 'A' occupations and selected 'BA', 'BB' and 'B' self-employed individuals.

Eligible Occupation Groups

Occupation Group MP	Selected Medical Professionals.
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.
Occupation Group BA	Blue or White collar workers whose duties involve a moderate level of manual work with slight accident/health risk.
Occupation Group BB	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk.
Occupation Group B	Manual workers performing heavy labour or operating machinery, but without exposure to unusual hazards.

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 cover, 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 amount of cover increases. And, regardless of the premium structure you select, we can increase the premiums for your plan if we increase premiums for all plans like yours. We can review your occupation category. 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.

Benefits

This plan protects your business in times when you are totally disabled – unable to work due to sickness or injury, by covering the monthly expenses of your business.

Total Disability Benefit

We pay you a monthly benefit if you are totally disabled. You are totally disabled if due to injury or sickness you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and

* Please refer to page 49 of this Customer Information Brochure for full details of the Direct Debit Request Service Agreement.

under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which involve 20% or more of a person insured's tasks and which are essential to producing your income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Maximum benefit period for certain conditions

Subject to complying with the terms of this plan, we will pay you a maximum total of 2 years benefits over the life of the plan for any and all claims arising from any of the following conditions:

- chronic fatigue syndrome;
- regional pain conditions including fibromyalgia;
- alcohol, drug or chemical abuse or dependency; and
- a recognised mental disorder.

A recognised mental disorder includes, but is not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurosis, psychosis, personality, emotional or behavioural disorders, or treatments and complications arising from a mental disorder.

Attempted return to work

The following applies if the waiting period you have applied for is 14 or 30 days. If, during the waiting period, you return to full-time work for less than 6 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 6 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

The following applies if the waiting period you have applied for is 60 days or more. If, during the waiting period, you return to full-time work for less than 10 days, then those days you worked will be added to the unexpired waiting period. However, if, during the waiting period, you return to work for 10 days or more, a new waiting period will commence from the date you are next totally disabled, before you are entitled to any benefit.

Benefit amount

You can insure for up to 100% of your business expenses. The amount you insure for is called the monthly benefit. In the event of a claim we will pay up to the monthly benefit to reimburse actual monthly business expenses incurred. The expenses covered and not covered are listed below.

Benefit payment

If you are entitled to be paid because the person insured is totally disabled, we will pay you once per month. This represents payment of half the benefit in arrears and half the benefit in advance.

Expenses covered

The following expenses are covered:

- property rates and taxes on business premises;
- rent or the regular interest instalment payment of any loan or mortgage which solely relates to the conduct of the business;
- business expenses such as electricity, gas and water rates, general insurance premiums, cleaning, laundry, heating and telephone accounts, leasing of equipment or motor vehicles, dues to professional bodies;
- salaries of employees who do not contribute directly to your earnings or your business' earnings and costs directly related to those salaries (for example, superannuation); and
- other fixed expenses which are normal and customary in the conduct and operation of your business.

If you are a co-owner of the business, the expenses will be your fair and reasonable share of expenses having regard to the ordinary manner in which profits and any losses of the business are allocated between the co-owners.

Expenses not covered

The following expenses are not covered:

- goods, wares or merchandise or stock in trade;
- depreciation of real estate;
- depreciation of equipment;
- remuneration, however paid, to you or to any other person who directly contributes to your earnings or those of the business;
- remuneration, however paid, to members of your family;
- any expenses which are not regularly paid or payable; and

Key Features Statement

Business Expense Protection – Indemnity Benefit Plan

- taxes levied in respect of the expenses or outgoings of your business (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of benefits payable under this plan.

The amount we pay may be reduced by your earnings

If you earn any money from the business during a period for which we are paying a claim, the amount you earn in any month may be deducted from the business expenses we pay. Before deducting that amount, we will reduce it by any 'special costs', i.e. any amounts paid by the business in any way to a replacement, or to any other employee at the business who generated those earnings. However, we will only deduct net earnings i.e. earnings less 'special costs', if net earnings are more than or equal to the difference between your monthly business expenses and your insured monthly benefit.

Recurring disablement

If you suffer a relapse and again become totally disabled within 6 months of returning to work after the last period in which we paid you for total disability, we will treat it as the same claim and you will go straight back on to benefits without having to go through the waiting period again.

Death benefit

If you die while your plan is still current, we will pay a lump sum to you or your estate equal to three times your monthly benefit.

Waiver of premium

Once we are paying you a benefit under your plan, you are not required to pay any more premiums for the period while you are on claim. Also, if we receive your completed claim form at our Head Office within 30 days from the start of your total disablement and we pay you the monthly benefit, we will refund you the portion of the premium you have paid for the waiting period for that claim.

Indexation of cover

Every year we will increase your monthly benefit by the greater of 3% or the increase in the Consumer Price Index, up to a maximum of 10%, without the need for medical evidence. However, we will not do this while you are receiving benefits or not required to pay premiums or if you decline the increase.

Right to automatically upgrade this Plan

If, in a later enhancement of this plan series of the Living Security Program Business Expense Protection - Indemnity Benefit Plan, 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. However, if you are on claim at the time we advise you of the upgrade, the conditions of the 'upgraded' version of the plan will not apply until 6 months from the date your claim has ended.

Options available

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

- Lump Sum Accident Option (see page 38).
- Premium Pause Option (see page 38).

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.

Certain exclusions or limitations may apply to the benefits you can receive under the plan. For example, this plan does not cover you if your injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

- you on purpose;
- pregnancy, miscarriage or childbirth if they are uncomplicated; or
- war or war-like activities.

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

General information

Waiting periods

Your entitlement to be paid for total disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30, 60 and 90 days. Occupations classified as 'BA' or 'BB' can also choose 14 days. The waiting period begins when a doctor first certifies that you are totally disabled. Not all waiting period and benefit period combinations are available to all occupation categories.

Benefit period

The maximum time we will pay you for any one claim is 12 months after benefit payments started. However, this period can be extended if the total

amount we have paid you is less than 12 times your insured monthly benefit and you continue to be totally disabled. In this case, we will continue to pay you for up to a further 12 months, or until the total amount we have paid you equals 12 times your insured monthly benefit, whichever is the shorter. Not all waiting period and benefit period combinations are available to all occupation categories.

Entry ages

Minimum entry age is 18 next birthday.

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, regardless of any changes in your health, occupation (unless you become unemployed), pastimes or pursuits. We will do this until your plan ends, for the reasons mentioned below. 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 44);
- you permanently retire from the workforce;
- on the first renewal date after you reach age 65;
- you make a fraudulent claim; or
- you die.

Interim insurance cover

To give you some protection while we are assessing your Application, we give interim insurance cover to you for total disability caused by injury. This cover does not apply where your waiting period is 90 days, nor does it cover you for any benefits besides total disability caused by an injury. Conditions apply. For details see page 52 of this Customer Information Brochure.

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 49 for more information about this.

The amount and the frequency of the plan fee depends on how frequently you pay the premium, as shown on page 49.

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 your plan. The amount varies depending on your state of residence. 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.
- We can review your occupation category.

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

Business Expense Protection – Indemnity Benefit Plan

Taxation

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are assessable income.

However, the premium for the Lump Sum Accident Option is not tax deductible and any payments made under this benefit 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 staff in the first instance on the toll free number 1300 366 066. If, after 45 days, you are not satisfied with the way your complaint was handled or with the resolution, you may wish to contact the Financial Industry Complaints Service. Their phone number and address, as well as detailed information on how to deal with your concerns, are on page 50 of this Customer Information Brochure.

Important information applying to all Plans

Living Security Program

Directors of the Insurer

Arthur Leslie Owen
Andrew Richard Penn
Richard Marc Shermon

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 5 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.

Important information applying to all Plans

Living Security Program

Issue date and expiry date of this brochure

This Customer Information Brochure was issued on 15 October 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 (SCT). 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 844 114

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. 4.

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.

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 Insurance Cover Certificate

Living Security Program

(For Income Protection and Business Expense applicants only)

Person to be insured

Application dated

The insurer gives INTERIM INSURANCE COVER to the person applying for the Income Protection Plan or Business Expense Plan, as the case may be, for the total disability of the person to be insured, caused by an injury. You do not have to pay any extra premium for this cover.

It should be noted that this cover does not apply where your waiting period is 90 days or more or where the plan applied for is to replace an existing plan held with us. Nor does it cover the person insured for any benefit besides total disability caused by an injury.

All the conditions of the Australian Casualty & Life plan you have applied for relevant to the payment of a benefit for total disability, apply to this cover, as modified by the following conditions:

1 What monthly cover is provided?

- A The amount of cover provided is the lowest of:
- the amount of the monthly benefit you applied for; and
 - the maximum amount of cover we would allow under our underwriting rules; and
 - \$5,000.
- B The cover is limited to the total disability of the person to be insured which lasts at least for the length of the waiting period you applied for. The total disability must be caused by an injury which occurs after the date this cover starts. The person to be insured is not covered for any other benefit – for example, you will not be entitled to a benefit for Nursing Care, a Specific Injury or a Specific Medical Condition and the person to be insured is not covered under any option you have applied for.
- C The benefit period under this cover will be 12 months if you have applied for an Income Protection Plan, and 6 months if you have applied for a Business Expense Protection Plan.
- D We will stop paying under this cover as soon as one of the following happens:
- the person insured stops being totally disabled;
 - the person insured dies;
 - the benefit period under this cover ends;

- we have been paying you the benefit for 12 months for Income Protection Plan, or 6 months for Business Expense Protection Plan;
- the total amount we have paid you under this cover equals \$30,000.

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 the 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 total disability caused by an injury which occurs after cover ends.

4 Exclusions

In addition to reasons listed in this Customer Information Brochure under the heading 'Exclusions and Limitations', no benefit is payable under this cover if total disability is caused or contributed to by:

- AIDS, AIDS related conditions or HIV infection;
- football injuries (all codes); or
- a sickness.

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

Dated

Signature of intermediary

Dated

Interim Accidental Death Cover Certificate

Living Security Program

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

Person to be insured

Application dated

The insurer 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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Living Security Program

Application form

Life Protection Plan ■ Life Protection Superannuation Plan
Recovery Protection Plan ■ Income Protection Premier Plan
Income Protection Essential Indemnity Plan ■ Income Protection Seniorsguard Plan
Business Expenses Protection Indemnity Benefit Plan

AC&L

Important information for valued Plan holders

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 the underwriter, The National Mutual Life Association, trading as 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 18 August 2003 to 10 March 2004. Any Application form received after this date will be declined.

Please tick type of cover applied for: Life Protection Recovery Protection Income Protection Business Expense Protection

Other

New Business Application Replace Existing Plan Alteration/Addition to existing Plan 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?

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

In which industry do you work? Occupation Title

Insurable income last 12 months \$ (Please refer to question 10 for definition of insurable income.)

Company/Partnership/Family Trust name

2 DETAILS OF THIRD PARTY OWNERSHIP IF REQUIRED FOR INCOME PROTECTION OR BUSINESS EXPENSE PROTECTION PLANS

% of shares held if company owned by person to be insured

Street number and name Suburb or Town State Postcode

3 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.

4 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 ▶
 Non-superannuation Superannuation
Premium structure: Level Yearly stepped

Sum Insured \$

Life Protection Options

- Single Total & Permanent Disablement Double Total & Permanent Disablement ▶
 Own occupation Any occupation ▶ Occupation class
 Premium Waiver Option (only for non-superannuation)

Sum Insured \$

- Future Care Option ▶

Sum Insured \$

B. Recovery Protection

- Recovery Protection ▶
Premium structure: Level Yearly stepped

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

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

Sum Insured \$

C. Income Protection

- Occupation Category: MP AA A BA BB B SRD
Product name: Premier Plan Essential Indemnity Benefit Plan Seniorguard Plan
Premium structure: Level Yearly Stepped

Benefit period (years or age)

Waiting period (show split if required)

Monthly benefit (show split if required)

(injury) (sickness) (days) (days) \$ \$

Income Protection Options

- Claims Escalation Option ▶ 5% 7% (Premier Plan only)
 Future Cover Option (Premier Plan only)
 Day 4 Accident Option (Premier and Essential Plan only)

- Lump Sum Accident Option (not available under Seniorguard Plan) ▶
 Premium Pause Option (if packaged with Life/Recovery and plan owner is the same)
 Childcare Benefit Option (Premier Plan only)
 Indemnity Option (Premier Plan only)

Sum Insured \$

- Blue Ribbon Plus Option (Premier Plan only) ▶

Sum Insured \$

D. Business Expense Protection

- Business Expense Protection – Indemnity Benefit Plan
Premium structure: Level Yearly Stepped

Benefit period (years or age)

Waiting period (show split if required)

Monthly benefit (show split if required)

(injury) (sickness) (days) (days) \$ \$

Business Expense Protection Options

- Premium Pause Option (if packaged with Life/Recovery, plan owner, premium structure and premium frequency are the same)

- Lump Sum Accident Option ▶

Sum Insured \$

5 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: Income Protection, Business Expenses Protection or any other 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 style="width: 50px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Supervising Manual Work	<input style="width: 50px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Light Manual	<input style="width: 50px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Heavy Manual	<input style="width: 50px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Other (including hazardous duties eg. handling dangerous substances, working at heights)	<input style="width: 50px;" type="text"/>	<input style="width: 90%; height: 20px;" type="text"/>
Total duties	<input style="width: 50px;" type="text" value="100"/>	

Q5 Please give details of your specific qualifications (for example, 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 (eg 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: Income Protection, Business Expenses Protection or any other 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.

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 we 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 Parts A and C

If you are self-employed or an employee of your own company, please complete Parts B and C

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: 10%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	30/6/ <input style="width: 10%;" type="text"/> \$ <input style="width: 80%;" 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: 30px;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
30/6/ <input style="width: 30px;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" 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.)

(h) Has your income reduced since the end of the last financial year detailed in (d) above? No Yes

If yes, please provide details and reasons

PART C: WILL YOU BE PROVIDING FINANCIAL EVIDENCE? No Yes

To be completed by the Person to be Insured if applying for: Business Expenses Protection

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.

Q11 Business structure

Company Partnership Trust Sole Proprietor

Q12 Date the business was purchased/started

Q13 Business details

Business name

Street number and name

Town/Suburb

State

Postcode

Q14 (a) Number of income producing employees

(b) Number of non-income producing employees

Full time

Part time

Full time

Part time

Q15 If a partnership/company, number of partners/directors:

Q16 Percentage of business income derived from your personal exertion

 %

Q17 If you were to become totally disabled, what would be the reduction in business income?

 %

Q18 Please provide a brief explanation of what would happen to the business if you were to become disabled.

Q19 List the average **monthly expenses of the business over the last 12 months:**

(a) Rent or mortgage interest payments

(b) Electricity, gas, water, heating

(c) General insurance premiums

(d) Cleaning

(e) Telephone

(f) Leasing of equipment or motor vehicles

(g) Property rates & taxes

(h) Dues to professional bodies

(i) Accountant's fees

(j) Salaries & associated costs
(eg. superannuation contributions)
for employees who do not generate revenue

(k) Other fixed expenses

Details

(l) Total **monthly** expenses

(m) Percentage of **monthly** expenses in (l) above that
you are responsible for

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

Q20 Are you a permanent resident of Australia or New Zealand? No Yes

If no, please provide details including type of visa

Q21 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

Q22 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

Q23 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

Q24 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

Q25 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- | | | | |
|--|--------------------------|--------------------------|--|
| | No | Yes | |
| (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 45. |
| (b) Motor racing (including car, bike and boat) | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) Underwater diving | <input type="checkbox"/> | <input type="checkbox"/> | |

Q26 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- | | | | |
|--|--------------------------|--------------------------|--|
| | No | Yes | |
| (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

Q27 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.

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.

DOCTOR DETAILS

Q28 Provide below the details of your current General Practitioner/Medical Centre and details of last consultation.

[Empty text box for Q28 details]

Name of GP/Medical Centre

[Empty text box for Name of GP/Medical Centre]

Street number and name

[Empty text boxes for Street number and name]

Town/Suburb

State

Postcode

How long have you been his/her patient?

[] years

[()]

[()]

Phone number

Facsimile

Date of last consultation

Reason

Result

[/ /]

[]

[]

[]

[]

[]

[]

Q29 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 result.

[Empty text box for Q29 details]

[Empty text box for Q29 details]

[Empty text box for Q29 details]

[Empty text box for Q29 details]

Q30 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 Q30 details]

[Empty text box for Q30 details]

[Empty text box for Q30 details]

HABITS

Q31 Do you smoke or have you ever been a smoker?

No ► Go to Q32

Yes ► What do you or did you smoke?

Cigarettes Pipes Cigars Other Please specify

[Empty text box for Q31 details]

If you have stopped, when?

[] month [] year

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

[]

Q32 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]

Q33 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 Q33 details]

Q34 Do you or have you ever used recreational drugs or non-prescribed drugs? No Yes

If yes, please give details

[Empty text box for Q34 details]

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.

Q35 (a) What is your: Height cm/ft Weight kg/st

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

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

Q36 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. ankle, knee, elbow, wrist, shoulder, or experienced symptoms of muscle or joint disorder, gout, tendinitis or tenosynovitis No Yes
- (b) Heart condition, rheumatic fever, chest pain, high blood pressure, vein or circulatory disorder No Yes
- (c) Cancer, tumour of any kind, cyst, growth or breast lump (even if you have not seen a doctor) No Yes
- (d) Anaemia, leukaemia, haemophilia or any other blood disorder No Yes
- (e) Asthma, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea No Yes
- (f) Disorder of the kidney, bladder or prostate, urinary complaint or kidney stone No Yes
- (g) Back or neck disorder, spinal condition, sciatica, whiplash No Yes
- (h) Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder No Yes
- (i) Chronic fatigue, fibromyalgia, fibrositis, myalgia, chronic pain syndrome No Yes
- (j) Diabetes No Yes
- (k) Indigestion, gastric or duodenal ulcer, hernia No Yes
- (l) Bowel disorder, irritable bowel syndrome No Yes
- (m) Gall bladder or liver disorder, Hepatitis (please advise type eg. A, B, C or other) No Yes
- (n) Epilepsy, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting No Yes
- (o) Disorder of the ears, eyes or speech No Yes
- (p) Psoriasis, eczema, dermatitis or other skin condition No Yes
- (q) Sexually transmitted disease No Yes
- (r) Any other illness, injury, operation or disability No Yes

Q37 Have you ever been admitted to hospital? No Yes

Q38 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 36 to 38, please provide details below. For any condition underlined please also complete the relevant questionnaire in Question 44.

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.

Q39 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 39 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"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
		<input type="text"/>	<input type="text"/>		

Q40 (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 3 years).

Q41 Are you currently using any medication (other than for colds, flu or the contraceptive pill)? No Yes

If yes, please provide details

Q42 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future? No Yes

If yes, please provide details

Q43 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? No Yes

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

**Q44 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.

COMPLETE ONLY IF REQUIRED

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

If yes, please provide details

Four empty text boxes for providing details of hospitalisation for asthma.

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

Two empty text boxes for providing details of chest X-Ray or respiratory function test.

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

(a) Back disorder Neck disorder

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

Empty text box for clarifying which part of the back is/was painful.

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

Empty date input box with slashes for day, month, and year.

(c) When did you last have any symptoms?

Empty date input box with slashes for day, month, and year.

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

Seven empty text boxes for describing symptoms and radiation of pain.

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

Two empty text boxes for describing the cause of the disorder.

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

Five empty text boxes for describing the nature of the treatment.

(f) Are you still receiving treatment? No Yes

If yes, please provide details

Five empty text boxes for providing details of ongoing treatment.

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

No Yes

If yes, what were the results?

Two empty text boxes for providing results of investigations.

(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)

Two empty text boxes for providing details of recurrence.

(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.

Five empty text boxes for providing names and addresses of consulted professionals.

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

Empty text box for providing duration of symptom-free period.

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

Empty text box for providing time lost from employment.

DEPRESSION/ANXIETY/NERVOUS CONDITION

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

- Stress
- Depression
- Chronic Fatigue
- Prolonged Sleeplessness
- Other (Please specify)
- Anxiety
- Fears or phobias
- Compulsive Disorder
- Chronic Pain

Two empty text boxes for providing details of depression, anxiety, or nervous condition.

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

Empty date input box with slashes for day, month, and year.

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

Empty date input box with slashes for day, month, and year.

(d) Please describe your symptoms fully.

Five empty text boxes for describing symptoms of depression, anxiety, or nervous condition.

(e) Please advise the cause of your illness.

Two empty text boxes for providing the cause of the 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 (eg. 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 and date of doctor or health professional LAST consulted for this illness

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

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

(o) 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 (eg. Dilantin, Epilim) and the 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?

Q45 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 (eg. 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

(i) 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, offroad, 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

**FOR COMPLETION BY
SUPERANNUATION APPLICANTS ONLY**

Living Security Program
Application for membership

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 set out in the category 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, defacto, 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

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 7 of this Customer Information Brochure. For further information, please refer to the 'Super Category and Binding Nomination Solutions' brochure.

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.

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

How and to whom your death benefit would be paid

Category <small>(Only tick one)</small>	Payment up to your Lump Sum Death Benefit to your:	Balance of your benefit as a pension to your:
<input type="checkbox"/> 1	The Trustee decides who receives your benefit and 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

Life Protection Superannuation Plan
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 7 of the Customer Information Brochure. For further information, please refer to the 'Super Category and Binding Nomination Solutions' brochure.

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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" 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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" 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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" 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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" 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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 50px;" 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 7 of this 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

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 16 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 type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		100%				

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 advisor 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 type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		100%				

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 advisor 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 18 August 2003 to 10 March 2004. 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

- **Living Security Program Customer Information Brochure** – I/We have been provided with and have retained for my/our use the current Living Security Program Customer Information Brochure.
- **Duty of Disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure Notice in the Living Security Program Customer Information Brochure on pages 50 and 51. (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 Living Security Program 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 51 of the Living Security Program 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

To be completed by intermediary

Please complete this page in all cases

INTERMEDIARY REPORT/FIELD UNDERWRITING

- A Are there any other circumstances or facts not fully covered by answers provided herein which you feel may assist our assessment of this Application? No Yes
If 'Yes' please provide details on page 25.
- B Have you given the applicant your "disclosure of capacity" document? No Yes
- C Has the person to be insured read the Duty of Disclosure and do they understand the possible implications on the contract of any non-disclosure? No Yes
- D Is an HIV (AIDS)/MBA/Hepatitis B and C test required due to the amount of cover proposed? No Yes
 - i) If 'Yes', have you advised the client to have this test performed? No Yes
 - ii) Are you and the client utilising a paramedical facility for the required blood tests? No Yes

Name of doctor or pathology laboratory who will arrange for the test? (If not a paramedical facility)

- E Even though this Application form is in respect of a risk plan, is this a 'same day' sale, as defined in paragraph 11 Code of Practice? No Yes
 - F If paying on a monthly basis please ensure the client has **fully completed** the PDC information.
 - G Any additional comments, eg. client's background and understanding of proposed plan, or other circumstances applicable to this Application.
 - Standard commission – initial commission upfront, renewal commission dripped
 - Level commission option 1 – 1st year level-upfront, second and subsequent years level-dripped
 - Level commission option 2 – dripped for the life of the plan
- Note:** Payment calculation and release basis is restricted for some intermediary types. Please refer to your agency/broker agreement. Selection will be overwritten with the correct selection in these instances.

Servicing intermediary	Intermediary name	Authorised person code	New Business split %	Renewal split %	State	Business Development Manager
<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"/>
Total			<input type="text"/> %	<input type="text"/> %		

Note: Where commission is split the servicing intermediary should be listed first.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)
Signature of intermediary	Date	Phone number	Fax number

Intermediary's name

Intermediary classification

- Multi Agent
- Broker/Dealer

FINANCIAL AUTHORITY

I hereby authorise my accountant/financial adviser to release to the Insurer and its group of companies or its representatives all information which the Insurer requests for the purpose of assessing my application for insurance. A facsimile (or similar copy) of this authority will be valid as the original.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of person to be insured	Dated

Please provide your accountant's name and address. We may need to contact this person to assist with the financial assessment of your Application.

<input type="text"/>	<input type="text"/>	<input type="text"/> (<input type="text"/>)
Accountant's name	Address	Phone

DOCTOR'S AUTHORISATION

To Doctor

I hereby authorise my regular medical attendant or any other doctor or health professional to release details of my personal medical history to the Insurer and its group of companies, or its medical officer. A photocopy (or similar copy) of this authorisation shall be as valid as the original. I agree to provide such further originals as reasonably requested.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of person to be insured	Dated

DOCTOR'S AUTHORISATION

To Doctor

I hereby authorise my regular medical attendant or any other doctor or health professional to release details of my personal medical history to the Insurer and its group of companies, or its medical officer. A photocopy (or similar copy) of this authorisation shall be as valid as the original. I agree to provide such further originals as reasonably requested.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of person to be insured	Dated

AC&L

trademark of The National Mutual Life Association of Australasia Limited ABN 72 004 020 437
Level 9, 383 Kent Street, Sydney NSW 2000 Ph: 1300 366 066

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Level 9, 383 Kent Street, Sydney NSW 2000 Ph: 1300 366 066

Living Security Program
**Request for debiting amounts from
 accounts by direct debit system**

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 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"/>
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"/>
Card number									

/ / for \$

Valid from

(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"/>
Expiry date	Plan number
<input type="text"/>	
Name of account	
<input type="text"/>	<input type="text"/>
Signature of cardholder	Date
<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 The National Mutual Life Association of Australasia Limited. 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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trademark of The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437

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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Living Security Program
Tax File Number notification form

Super Directions Fund

Fund name (Please print)

Plan number(s)

Surname

Given name(s)

/ / ()

Date of birth

Telephone number

I have read the information (below) over the page and agree to provide my Tax File Number (tick one only) Yes No

Tax File Number

Signature

Date

Your Tax File Number is confidential. Before you complete this form we are required to tell you the following things:

- 1 Tax File Numbers are collected under the Superannuation Industry (Supervision) Act 1993, Retirement Savings Accounts Act 1997, the Privacy Act 1988 and taxation acts (including the income tax and superannuation surcharge tax acts).
- 2 The Fund Trustee and Fund Administrator will only use your Tax File Number for legal purposes, including:
 - Finding or joining together your superannuation benefits.
 - Calculating the correct tax on eligible termination payments.
 - Passing it to the trustee of another superannuation fund or provider of a retirement savings account when transferring any of your benefits. You may give us written instruction not to pass it on before any transfer.
 - Passing it to the Australian Taxation Office:
 - if we have paid you a benefit,
 - to determine if any surcharge tax is payable, or
 - if you have unclaimed superannuation money after reaching the aged pension age.These purposes may change in the future as a result of changes in the law.
- 3 You do not have to provide your Tax File Number but if you choose not to:
 - The Fund Administrator may be required to deduct tax at the highest marginal rate and deduct any superannuation surcharge tax (which may not become payable if you had advised your Tax File Number).
 - It may be more difficult for you to find any unclaimed benefits or join together or find any other benefits.The consequences of not providing your Tax File Number may change in the future if the relevant laws change.

If you require further information, please contact the ATO Superannuation Helpline on 131 020 or your adviser.

Fund Trustee: Super Directions Fund, N.M. Superannuation Proprietary Limited ABN 31 008 428 322

Fund Administrator: The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

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