



Priority Protection

Product Disclosure Statement – Version 6.1, Issued 1 July 2008



Protect the things that really matter.™

Who issues Priority Protection?

This Product Disclosure Statement describes the main features of five separate financial plans;

- Term Life Plan,
- Crisis Recovery Stand Alone Plan,
- Disability Income Plan,
- Business Expenses Insurance Plan, and
- The Superannuation Term Life Plan (when acquired by a trustee of a self managed superannuation fund),

which are all issued by American International Assurance Company (Australia) Ltd trading as AIG Life, ABN 79 004 837 861, AFS Licence No. 230043 (**'AIG Life'**). AIG Life is located at 549 St Kilda Road Melbourne Australia 3004; Phone: 1800 333 613.

The Superannuation Term Life Plan (when issued through the AIA Superannuation Fund, RSE Fund Registration No. R1067682 (**'the Fund'**)), is owned by CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, RSE Licence No. L0000758 (**'Trustee'**) as the trustee of the Fund (see page 34). The Trustee is the issuer of a risk-only superannuation product with benefits referable solely to the Superannuation Term Life Plan. The Trustee is located at Level 16, 114 William Street, Melbourne Australia 3000, Phone (03) 9616 8600.

This document should be read before making a decision to acquire any of the above financial plans. It is intended to help you decide whether the plans will meet your needs and to compare them with other products you may be considering.

This Product Disclosure Statement ('PDS') covers both the insurance products issued by AIG Life and, where the Superannuation Term Life Plan is issued through the AIA Superannuation Fund, the risk-only superannuation product issued by the Trustee. AIG Life and the Trustee each take full responsibility for the entirety of this Product Disclosure Statement.

This PDS, including any changes to the Superannuation Term Life Plan, may be updated or replaced at any time, and you can obtain a copy of the current version on request, free of charge, by calling AIG Life on 1800 333 613. Changes that are not materially adverse will be updated and made available to you at www.aiglife.com.au. You will be advised of material changes or significant events as required by law.

Priority Protection is only available to persons receiving the offer and making an application in Australia. It is not an offer, invitation or recommendation by AIG Life or the Trustee to invest in Priority Protection in any other jurisdiction. Applications from outside Australia will not be accepted. AIG Life is also not bound to accept any application.

This PDS has been prepared with the intention of providing you with important information about the Priority Protection products. Any financial product advice contained in this PDS is of a general nature only and has been prepared without taking into account your objectives, financial situation or needs. Therefore, before making any decision you should consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. If you are deciding whether to acquire one or more of these plans you should read this PDS before making your decision.

When deciding whether this product is appropriate for you, we recommend that you have particular regard to your cooling off rights details on pages 49 and 44 (for the non-superannuation products and the Superannuation Term Life Plan respectively) and the external dispute resolution schemes to deal with any complaints you may have in relation to this product on pages 50 and 44 (for the non-superannuation products and the Superannuation Term Life Plan respectively).

In this PDS (which includes the attached Application Form) any reference to:

- 'we', 'us', 'our' or 'the insurer' means American International Assurance Company (Australia) Limited trading as AIG Life, 'except where reference is specifically made to the Trustee as issuer of the risk-only superannuation product';
- 'you' means any potential customer likely to become the person insured unless otherwise specified;
- 'Priority Protection' means all of the insurance plans referred to in the PDS unless otherwise specified.

Why choose AIG?

90 years in business
65 million policy holders
1 policy sold every 10 seconds

For more than 90 years, American International Group, Inc. (AIG) has been helping people when they need it most. AIG is the world's sixth largest public company* employing over 90,000 people in more than 130 jurisdictions. The strength of the brand is evidenced by its global asset base which exceeds A\$1.1 trillion.

In Australia, AIG Life combines its extensive international experience with local expertise. Many life insurance companies adopt a 'one size fits all' approach to life protection. At AIG Life, our approach is a little more flexible. By focusing on the individual, we provide scope for you to tailor our plans to meet your needs, providing you with the very best level of protection.

That's the AIG Life difference.



Our business is about paying legitimate claims

We're here to help everyday Australians when they need us most. We understand that a serious injury, illness or the loss of a loved one can be an extremely traumatic time for you and your family. To help reduce the emotional burden during these difficult times, our team of experienced professionals will support you through the claims process. Our claims team is committed to maintaining open communication with clients at all times. We make every effort to pay claims promptly and make sure that every claim that should be paid is paid.

You can relax in the knowledge that we're backed by a Standard & Poor's AA+ rating, the highest rating afforded to any life insurance company in Australia.*

*Source: Forbes Global 2000 (based on Sales, Profits, Assets and Market Value) – 28 February 2007

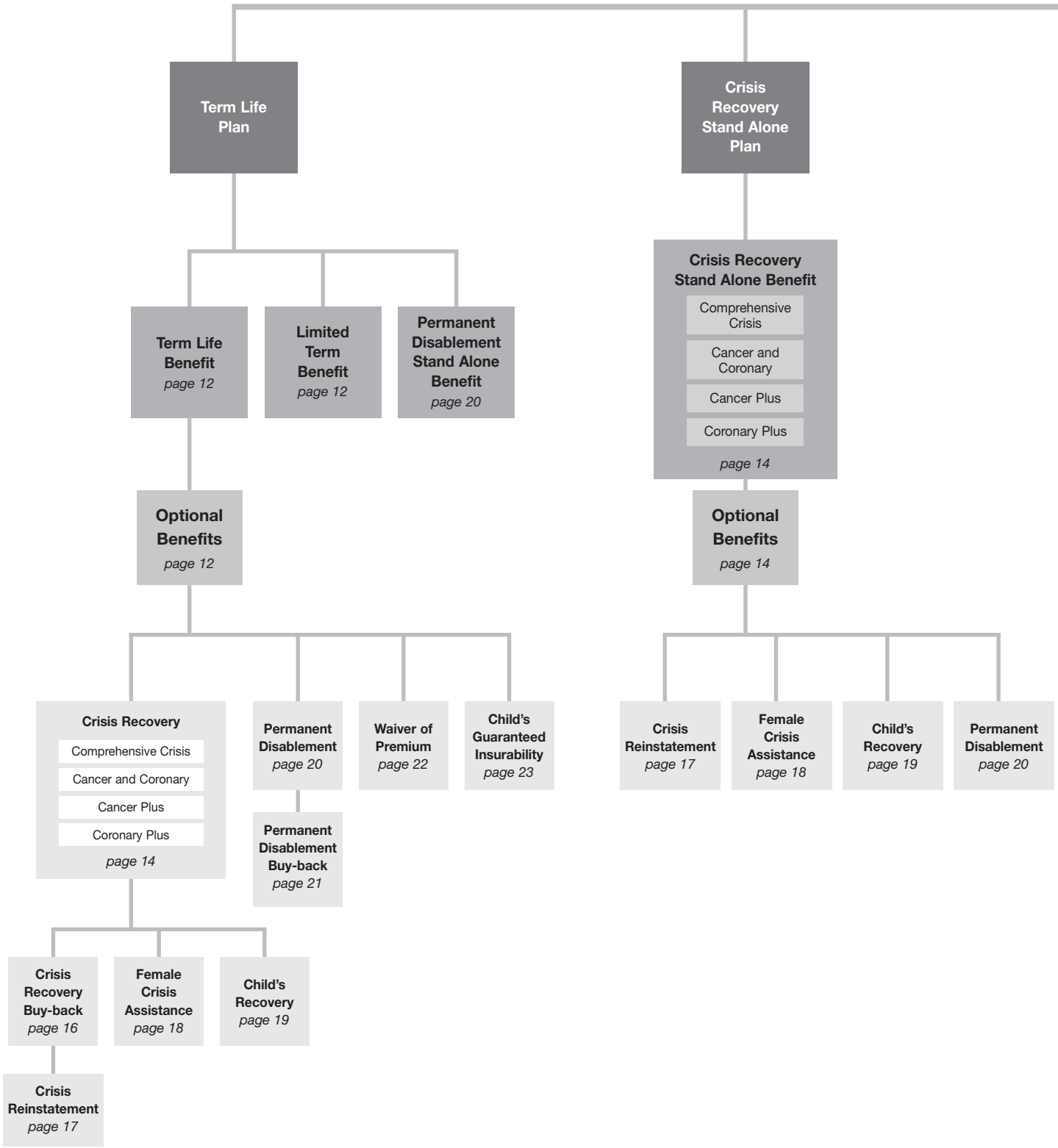
We're committed to high performance

As a company that enjoys a proud history of excellence and achievement, it's no coincidence that AIG is principal sponsor of Manchester United. It's a good fit. Our organisations share a number of key qualities including teamwork, confidence and success. Our support of the global game also reflects our worldwide strength and presence. And while our goals may be a little different, our commitment to performance is equally strong.



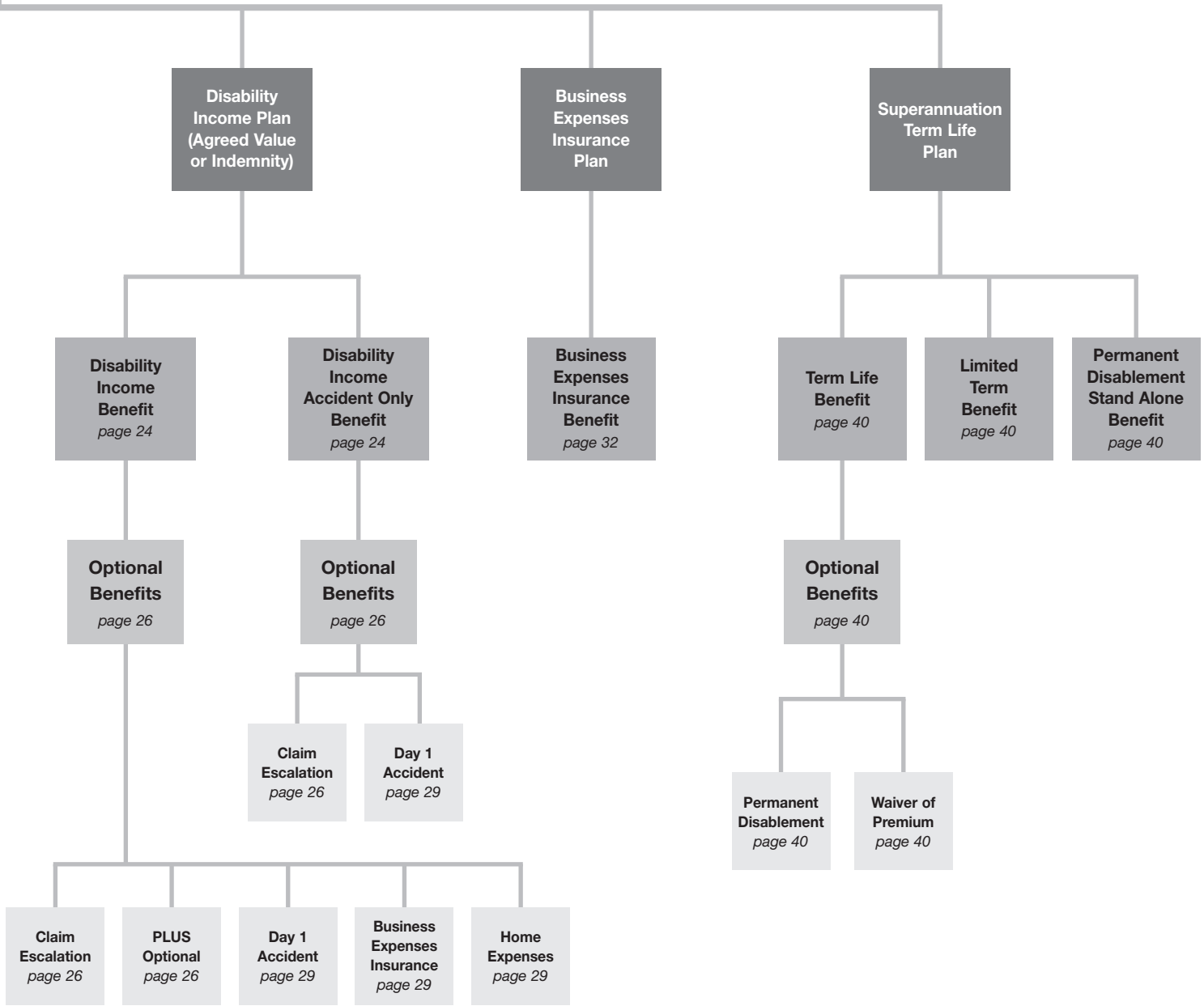
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Priority Protection Structure (continued)

Protection



Priority Protection Summary

Term Life Plan

Term Life Benefit	Optional Benefits ¹									Limited Term Benefit	Permanent Stand Alone Benefit	
	Crisis Recovery	² Crisis Recovery Buy-back	³ Crisis Reinstatement	² Female Crisis Assistance	² Child's Recovery	Permanent Disablement	⁴ Permanent Disablement Buy-back	Waiver of Premium	Child's Guaranteed Insurability			
Benefits	<ul style="list-style-type: none"> • Death • Terminal Illness • Lump sum payment • Funeral Cash Advance • Financial Planning Reimbursement 	<ul style="list-style-type: none"> • Choice of four Crisis modules • Up to 39 crisis events • Lump sum payment • Financial Planning Reimbursement • Conversion to Loss of Independence at age 70 	<ul style="list-style-type: none"> • Option to repurchase Term Life benefit after Crisis Recovery claim 	<ul style="list-style-type: none"> • Option to reinstate Crisis Recovery benefit after Crisis Recovery claim 	<ul style="list-style-type: none"> • 5 events • Multiple payments but only one payment per event covered • Lump sum payment • Female life insured only 	<ul style="list-style-type: none"> • Death • Terminal Illness • 20 crisis events • Lump sum payment 	<ul style="list-style-type: none"> • Total and Permanent Disablement • Lump sum payment • Financial Planning Reimbursement • Conversion to Loss of Independence at age 65 (not available for occupation category E) 	<ul style="list-style-type: none"> • Option to repurchase Term Life benefit after Permanent Disablement claim 	<ul style="list-style-type: none"> • Premiums waived to age 65 upon Total and Permanent Disablement 	<ul style="list-style-type: none"> • Option for each nominated child to purchase life insurance up to \$300,000 on own life without evidence of health 	<ul style="list-style-type: none"> • Death • Terminal Illness • Lump sum payment • Funeral Cash Advance • Financial Planning Reimbursement • 5 year or 10 year term 	<ul style="list-style-type: none"> • Total and Permanent Disablement • Lump sum payment • Financial Planning Reimbursement • Conversion to Loss of Independence at age 65 (not available for occupation category E)
Entry Age Next Birthday (years) between	11 and 75	16 and 64	16 and 60	16 and 60	16 and 60	16 and 60 (life insured) 2 and 15 (child)	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C, D and 'home duties' definition); 16 and 50 (occupation category E)	16 and 60 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C, D and 'home duties' definition); 16 and 50 (occupation category E)	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C, D and 'home duties' definition); 16 and 50 (occupation category E)	16 and 49 (life insured) 4 weeks and 10 years (child)	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D and 'home duties' definition); 16 and 50 (occupation category E).
Expiry Age – policy anniversary prior to age (years)	100	70, and 100 for Loss of Independence	65	65	70	21 (child) or 70 (life insured), if earlier	65 (occupation category AAA, AA, A, B, C, D and 'home duties'; 55 (occupation category E); 100 for Loss of Independence	65 (occupation category AAA, AA, A, B, C, D and 'home duties'); 55 (occupation category E)	65 (occupation category AAA, AA, A, B, C, D and 'home duties'); 55 (occupation category E)	25 (child) or 65 (life insured), if earlier	End of chosen benefit term (5 or 10 years)	65 (occupation category AAA, AA, A, B, C, D and 'home duties'; 55 (occupation category E); 100 for Loss of Independence
Maximum Sum Insured	None ⁸	\$2,000,000 ^{9,10} (age 16-55 next birthday) \$1,500,000 ^{9,10} (age 56-64 next birthday) \$1,000,000 ^{9,11} for Loss of Independence	Crisis Recovery Sum Insured	Crisis Recovery Sum Insured	\$25,000 ¹² Minimum sum insured is \$10,000	\$200,000 ¹³ (cannot exceed the Crisis Recovery Sum Insured)	\$3,000,000 ^{9,14} for occupation category AAA, AA & A); \$2,000,000 ^{9,14} for occupation category B, C & D; \$1,000,000 ^{9,14} for occupation category E; \$500,000 ^{9,14} for 'home duties' definition); \$1,000,000 ^{9,11} for Loss of Independence (not available for occupation category E)	Permanent Disablement Sum Insured	N/A	One option of up to \$300,000 for each nominated child	None ⁹	\$3,000,000 ¹⁴ for occupation category AAA, AA & A); \$2,000,000 ¹⁴ for occupation category B, C & D; \$1,000,000 ¹⁴ for occupation category E; \$500,000 ¹⁴ for 'home duties' definition); \$1,000,000 ¹¹ for Loss of Independence (not available for occupation category E)
Minimum Premium	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷
Benefit Indexation Increases	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	N/A	N/A	Yes	Yes

1. Term Life benefit must be purchased
2. Crisis Recovery benefit must be purchased
3. Crisis Recovery Buy-back benefit must be purchased
4. Permanent Disablement benefit must be purchased
5. Crisis Recovery Stand Alone benefit must be purchased
6. Disability Income benefit or Disability Income Accident Only benefit must be purchased
7. Disability Income benefit must be purchased
8. Subject to financial underwriting
9. Cannot exceed Term Life sum insured

Priority Protection Summary (continued)

Crisis Recovery Stand Alone Plan

	Crisis Recovery Stand Alone Benefit	Optional Benefits ⁵				
		Permanent Disablement	Crisis Reinstatement	Female Crisis Assistance	Child's Recovery	
Benefits	<ul style="list-style-type: none"> Choice of four Crisis modules Up to 39 crisis events Death Lump sum payment Financial Planning Reimbursement 	<ul style="list-style-type: none"> Total and Permanent Disablement Lump sum payment Financial Planning Reimbursement 	<ul style="list-style-type: none"> Option to reinstate Crisis Recovery Stand Alone benefit after Crisis Recovery Stand Alone claim 	<ul style="list-style-type: none"> 5 events Multiple payments but only one payment per event covered Lump sum payment Female life insured only 	<ul style="list-style-type: none"> Death Terminal Illness 20 crisis events Lump sum payment 	Benefits
Entry Age Next Birthday (years) between	16 and 64	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C, D and 'home duties' definition); 16 and 50 (occupation category E)	16 and 60	16 and 60	16 and 60 (life insured) 2 and 15 (child)	Entry Age Next Birthday (years) between
Expiry Age – policy anniversary prior to age (years)	70	65 (occupation category AAA, AA, A, B, C, D and 'home duties' definition); 55 (occupation category E)	65	70	21 (child) or 70 (life insured), if earlier	Expiry Age – policy anniversary prior to age (years)
Maximum Sum Insured	\$2,000,000 ¹⁰ (age 16-55 next birthday) \$1,500,000 ¹⁰ (age 56-64 next birthday)	\$2,000,000 ¹⁵ (age 16-55 next birthday) for occupation category AAA, AA, A, B, C & D; \$1,500,000 ¹⁵ (age 56-64 next birthday) for occupation category AAA, AA, A & B; \$1,000,000 ¹⁵ for occupation category E; \$500,000 ¹⁵ for 'home duties' definition)	Crisis Recovery Stand Alone Sum Insured	\$25,000 ¹² Minimum sum insured is \$10,000	\$200,000 ¹³ (cannot exceed the Crisis Recovery Stand Alone Sum Insured)	Maximum Sum Insured
Minimum Premium	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	Minimum Premium
Benefit Indexation Increases	Yes	Yes	Yes	Yes	No	Benefit Indexation Increases

10. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 11. Applies to the total sums insured for Loss of Independence and other similar benefits with us and other insurers.
 12. Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
 13. Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
 14. Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
 15. Cannot exceed Crisis Recovery Stand Alone sum insured
 16. The insured monthly benefit of the Disability Income (Agreed Value or Indemnity) benefit must be \$8,000 or greater.
 17. Minimum premium is \$300 per year per policy. This includes the premium for all benefits chosen, the policy fee, any premium frequency charge and any stamp duty.
 18. Either the Disability Income or Disability Income Accident Only benefit can be selected (not both)

Priority Protection Summary (continued)

Disability Income Plan

	Disability ¹⁸ Income Benefit (Agreed Value or Indemnity)	Disability ¹⁸ Income Accident Only Benefit (Agreed Value or Indemnity)	Optional Benefits ⁶					2 Year Benefit Period To Age 70 (Indemnity only)
			Claim Escalation	PLUS ⁷ Optional	Day 1 Accident	Business ⁷ Expenses Insurance	Home ⁷ Expenses	
Benefits	<ul style="list-style-type: none"> • Total Disablement • Partial Disablement • Monthly Income • Cover to 75% of income • Waiver of Premium • Rehabilitation Expenses • Recurrent Disablement • Death • AIDS Cover • 2-year benefit to age 70 (age 61-65 next birthday) 	<ul style="list-style-type: none"> • Total Disablement • Partial Disablement • Monthly Income • Cover to 75% of income • Waiver of Premium • Rehabilitation Expenses • Recurrent Disablement • Death 	<ul style="list-style-type: none"> • Increase in benefit after 12 consecutive months of claim payment • Benefit automatically increases each year by 5.0% or the CPI increase, whichever is the greater 	<ul style="list-style-type: none"> • Specified Injury • Crisis Recovery • Bed Confinement • Cosmetic or elective surgery • Accommodation • Family Care • Home Care • No-claim bonus • Relocation • Rehabilitation Incentive • Guaranteed Future Insurability 	<ul style="list-style-type: none"> • An extra one-off payment equal to the insured monthly benefit 	<ul style="list-style-type: none"> • Monthly benefit up to 12 months • Total Disablement • Partial Disablement • Cover up to 100% of eligible business expenses • AIDS Cover 	<ul style="list-style-type: none"> • Monthly income up to 24 months • Total Disablement of the insured spouse 	<ul style="list-style-type: none"> • Total Disablement • Partial Disablement • Monthly Income • Cover to 75% of income • Rehabilitation Expenses • Recurrent Disablement • Death • AIDS Cover • Indemnity only • Stepped Premiums only
Entry Age Next Birthday (years) between	16 and 60 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C for agreed value and C & D for indemnity); 16 and 50 (occupation category E for indemnity)	16 and 60 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C for agreed value and C & D for indemnity); 16 and 50 (occupation category E for indemnity)	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	16 and 60 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D)	16 and 60 (life insured's occupation category AAA, AA, A & B); 16 and 55 (life insured's occupation category C & D); 16 and 55 (insured spouse)	61 and 65
Expiry Age – policy anniversary prior to age (years)	65 (occupation category AAA, AA, A, B, C & D); 55 (occupation category E)	65 (occupation category AAA, AA, A, B, C & D); 55 (occupation category E)	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	Same as Disability Income benefit	Same as Disability Income benefit or Disability Income Accident Only benefit chosen	65	65 (life insured) or 65 (insured spouse), if earlier	70 (occupation category AAA & AA); Not available to occupation categories A, B, C, D & E
Maximum Sum Insured	Refer to Maximum Insured Monthly Benefit table on page 24	Refer to Maximum Insured Monthly Benefit table on page 24	Disability Income benefit or Disability Income Accident Only benefit	Disability Income benefit	Disability Income benefit or Disability Income Accident Only benefit	Refer to Maximum Insured Monthly Benefit table on page 32	\$1,000, \$1,500, or \$2,000 ¹⁶ per month	\$10,000
Minimum Premium	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷
Benefit Indexation Increases	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

1. Term Life benefit must be purchased
2. Crisis Recovery benefit must be purchased
3. Crisis Recovery Buy-back benefit must be purchased
4. Permanent Disablement benefit must be purchased
5. Crisis Recovery Stand Alone benefit must be purchased
6. Disability Income benefit or Disability Income Accident Only benefit must be purchased
7. Disability Income benefit must be purchased
8. Subject to financial underwriting
9. Cannot exceed Term Life sum insured

Priority Protection Summary (continued)

Business Expenses Insurance Plan		Superannuation Term Life Plan						
Business Expenses Insurance Benefit		Term Life Benefit	Optional Benefits ¹		Limited Term Benefit	Permanent Disablement Stand Alone Benefit		
			Permanent Disablement	Waiver of Premium				
Benefits	<ul style="list-style-type: none"> Monthly benefit up to 12 months Total Disablement Partial Disablement Cover up to 100% of eligible business expenses AIDS Cover 	<ul style="list-style-type: none"> Death Lump sum payment 	<ul style="list-style-type: none"> Total and Permanent Disablement Lump sum payment 	<ul style="list-style-type: none"> Premiums waived to age 65 upon Total and Permanent Disablement 	<ul style="list-style-type: none"> Death Lump sum payment 5 year or 10 year term 	<ul style="list-style-type: none"> Total and Permanent Disablement Lump sum payment 	Benefits	
Entry Age Next Birthday (years) between	16 and 60 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D)	11 and 74	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D); 16 and 50 (occupation category E)	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D); 16 and 50 (occupation category E)	11 and 60 (5 year term); 11 and 55 (10 year term)	16 and 64 (occupation category AAA, AA, A & B); 16 and 55 (occupation category C & D); 16 and 50 (occupation category E)	Entry Age Next Birthday (years) between	
Expiry Age – policy anniversary prior to age (years)	65	75	65 (occupation category AAA, AA, A, B, C & D); 55 (occupation category E)	65 (occupation category AAA, AA, A, B, C & D); 55 (occupation category E)	End of chosen benefit term (5 or 10 years)	65 (occupation category AAA, AA, A, B, C & D); 55 (occupation category E)	Expiry Age – policy anniversary prior to age (years)	
Maximum Sum Insured	Refer to Maximum Insured Monthly Benefit table on page 32	None ⁸	\$3,000,000 ^{9,14} for occupation category AAA, AA & A; \$2,000,000 ^{9,14} for occupation category B, C & D; \$1,000,000 ^{9,14} for occupation category E	N/A	None ⁸	\$3,000,000 ¹⁴ for occupation category AAA, AA & A; \$2,000,000 ¹⁴ for occupation category B, C & D; \$1,000,000 ¹⁴ for occupation category E	Maximum Sum Insured	
Minimum Premium	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	\$300 ¹⁷	Minimum Premium	
Benefit Indexation Increases	Yes	Yes	Yes	N/A	Yes	Yes	Benefit Indexation Increases	

10. Applies to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
11. Applies to the total sums insured for Loss of Independence and other similar benefits with us and other insurers.
12. Applies to the total sums insured for Female Crisis Assistance and other similar benefits with us and other insurers.
13. Applies to the total sums insured for Child's Recovery benefit under Crisis Recovery and Crisis Recovery Stand Alone and other similar benefits with us and other insurers.
14. Applies to the total sums insured for Permanent Disablement and Permanent Disablement Stand Alone and other similar benefits with us and other insurers.
15. Cannot exceed Crisis Recovery Stand Alone sum insured
16. The insured monthly benefit of the Disability Income (Agreed Value or Indemnity) benefit must be \$8,000 or greater.
17. Minimum premium is \$300 per year per policy. This includes the premium for all benefits chosen, the policy fee, any premium frequency charge and any stamp duty.
18. Either the Disability Income or Disability Income Accident Only benefit can be selected (not both)

The Priority Protection product provides you with a selection of plans to cater for your life insurance needs. There are four plans available under the policy:

- Term Life Plan;
- Crisis Recovery Stand Alone Plan;
- Disability Income Plan (Agreed Value or Indemnity); and
- Business Expenses Insurance Plan.

In addition there is a Superannuation Term Life Plan, which is a separate policy that can only be acquired as part of a superannuation arrangement. It can be issued to the trustee of your self-managed superannuation fund or by your becoming a member of the AIA Superannuation Fund.

Each of the plans offers one or more stand-alone benefits, which can be selected individually or in combination. In addition, some of the stand-alone benefits allow you to select from a range of optional benefits. The table summarises the stand-alone benefits and optional benefits available under each Plan. These are then described in more detail throughout this PDS.

It is also important to read the Definitions to understand what is or is not covered and the Exclusions that may apply.

Categories of Risk

Risk needs can be categorised into three broad areas:

- The need for life cover,
- The need to protect your ability to earn an income, and
- The need to make provision for lifestyle adjustments due to illness, injury or impairment.

What are some of the uses for Term Life Cover?

- It can be used to settle debt, outstanding loans, estate duty and other financial costs in the event of death.
- It can pay out a lump sum that can be used to provide financial security for loved ones when the Life Insured no longer can.
- It allows business partners to continue running the business without added capital strain.

Preparing for the inevitable is preparing for life!

What are some of the uses for Crisis Recovery Cover?

- Crisis Events such as heart attacks, strokes and cancer happen without discrimination.
- Physical impairments, such as the loss of use of arms, legs or eyes, will change a client's lifestyle completely.
- When an unpredictable event happens, there is an immediate need for financial help.

Making sure that when lifestyle adjustments are made, there is cover.

What are some of the uses for Income Protection Cover?

- To provide an income when you cannot earn one because you have become disabled or severely ill.
- To ensure that business continuity is catered for even when you, the owner, can no longer run the business.

Get paid an income – even when you cannot earn one!

Benefit Exclusions

Exclusions	Lump Sum Benefits							
	Term Life	Limited Term	Permanent Disablement Stand Alone/Rider	Waiver of Premium	Loss of Independence	Female Crisis Assistance	Child's Recovery	Crisis Recovery Stand Alone/Rider
Death from suicide in the first 13 months from commencement or reinstatement of the benefit (not applicable where the benefit is replacing death cover from a previous insurer and the full suicide exclusion period under the cover to be replaced has elapsed).	X	X					X	
A crisis event, directly or indirectly, wholly or partially, caused by intentional self-inflicted injury or any such attempt by the Life Insured.								X
An event directly or indirectly caused by intentional self-inflicted injury or any such attempt by the Life Insured.						X		
Complications of pregnancy as a result of abortion.						X		
An event directly or indirectly caused by intentional self-inflicted injury or any attempt by the Insured Child.							X	
An event caused by a congenital condition until the 10th birthday of the Insured Child.							X	
Any event intentionally caused by the Insured Child's parent, guardian or relative or someone who lives with or supervises the Insured Child.							X	
Any disablement directly or indirectly, wholly or partly, caused by intentional self-inflicted injury or any such attempt by the Life Insured.			X	X	X			

Exclusions	Income Benefits						
	Disability Income Benefit	Disability Income Accident Only Benefit	Claim Escalation Benefit	PLUS Optional Benefit	Day 1 Accident Benefit	Business Expenses Insurance Benefit	Home Expenses Benefit
Death from suicide in the first 13 months from commencement of the benefit.	X	X					
Disablement due to intentional self-inflicted injury or any such attempt by the Life Insured or Insured Spouse.	X	X	X	X	X	X	X
Disablement due to the Life Insured or Insured Spouse engaging in or taking part in service in the armed forces of any country.	X	X	X	X	X	X	X
Normal pregnancy, uncomplicated childbirth or miscarriage.	X	X	X	X	X	X	
Disablement due to mental illness including depression and post-natal depression.							X
Disablement due to the direct and indirect effects of alcoholism and/or drug abuse of the Insured Spouse.							X
Normal pregnancy, uncomplicated childbirth or miscarriage of the Insured Spouse or abortion of the Insured Spouse's unborn child/foetus.							X

Term Life Benefit and Limited Term Benefit

Benefit

In the event of the death of the life insured, the Term Life Benefit and the Limited Term Benefit will pay a lump sum amount should the death occur before the expiry date of the benefit.

Parameters:

- **Policy Type:**
Stand-Alone only
- **Premium Type:**
Level or Stepped premiums (see page 46)
- **Entry Ages:**
Between ages 11 and 75 next birthday (Term Life)
Between ages 11 and 60 next birthday (Limited Term 5-year)
Between ages 11 and 55 next birthday (Limited Term 10-year)
- **Expiry Date:**
 - Latest Policy anniversary prior to age 100 for the Term Life benefit
 - The end of the chosen benefit term (5 or 10 years) for the Limited Term benefit
- **Minimum Sum Insured:**
None, subject to the minimum premium being met
- **Maximum Sum Insured:**
None, subject to financial underwriting
- **Minimum Premium:**
\$300 per year
- **Premium Discounts:**
Premiums will be discounted for:
 - Non-Smokers
 - Professional Occupations (AAA and AA)
 - Life Cover of \$500,000 or greater
- **Premium Freeze facility:**
 - Allowed for Term Life after age 35 next birthday – see page 58 for details
 - Not allowed for Limited Term
- **Benefit Indexation:**
Sums insured can be automatically indexed yearly by the higher of CPI and 5%. See page 48 for details.
- **Complimentary Interim Accidental Death Cover:**
See page 63 for details.
- **Optional Benefits:**
The following optional benefits may be added to the Term Life benefit:
 - Crisis Recovery
 - Crisis Recovery Buy-back
 - Crisis Reinstatement
 - Female Crisis Assistance
 - Child's Recovery
 - Permanent Disablement
 - Permanent Disablement Buy-Back
 - Waiver of Premium
 - Child's Guaranteed Insurability

Additional Benefits

- **Terminal Illness Benefit:**
Should the life insured be diagnosed with a terminal illness, we will pay a lump sum equal to 100% of the sum insured, subject to a maximum of \$3,000,000.

The sum insured will be reduced by any amount payable in respect of a terminal illness.
- **Funeral Cash Advance Benefit:**
On the death of the life insured we will pay to the policy owner or nominated beneficiary at the time of death an amount equal to 10% of the sum insured with a maximum of \$10,000 to assist with immediate final expenses of the life insured.

Documentation required to pay this benefit will be the death certificate together with proof of ownership, either as owner or beneficiary to the death benefit.

Any payment made under the Funeral Cash Advance benefit will be deducted from the Term Life/Limited Term benefit and will not be an additional payment to the sum insured that was selected.
- **Financial Planning Reimbursement Benefit:**
On the payment of a claim such as death or terminal illness, we will reimburse the policy owner or the nominated beneficiary/ies the cost of obtaining advice from one or more financial planners as to how the claim proceeds are to be managed or invested subject to the conditions outlined below. This benefit will be paid **in addition** to the claim amount otherwise due to the policy owner under the death benefit of the policy.

Each financial adviser providing and charging for financial planning advice must be properly authorised.

The financial planning costs must be incurred and paid within the first 6 months following the claim payment.

Maximum total amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.

The benefit could be payable more than once under the Policy up to the maximum total amount of \$3,000; and

The maximum total amount we will pay out on any one Life Insured under all policies with us will be \$3,000.
- **Guaranteed Future Insurability**
The Guaranteed Future Insurability benefit allows you to apply for increases in the Term Life and any Permanent Disablement sum insured on the occurrence of certain 'personal events' and 'business events' before age 55 without supplying further evidence of health or insurability. A maximum number of increases applies. Please see the policy document for terms and conditions applicable to all such increases.

Personal Events covered are:
 - Marriage;
 - Divorce;
 - Birth or adoption of a child; and

Term Life Benefit and Limited Term Benefit (continued)

- Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purpose of building or renovation works on the home. (The mortgage must be on the life insured's principal place of residence with a mortgage provider.)

For 'marriage', 'divorce' and 'birth or adoption of a child' events, the Term Life sum insured may be increased under this option by the lesser of:

- 25% of the original Term Life sum insured; and
- \$200,000.

For the 'effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage' event, the Term Life sum insured may be increased under this option by the lesser of:

- 50% of the original Term Life sum insured;
- amount of the first mortgage;
- amount of the increase of the first mortgage; and
- \$200,000.

Business Events covered are:

- Where the life insured is a key person in a business (e.g. working partner or director, significant shareholder) and the value of their financial interest, including loan guarantees in the business, averaged over the last three years, increases;
- Where the life insured is a key person in a business, and the life insured's value to the business, averaged over the last three years, increases;
- Where the policy forms part of a written buy/sell, share purchase or business succession agreement and the life insured is a partner, shareholder or unit holder in the business, and the value of the life insured's financial interest in the business, averaged over the last three years, increases;
- Where the policy forms part of a loan guarantee from the life insured.

For a business event, the Term Life/ Permanent Disablement sum insured may be increased under this option by the lesser of:

- 25% of the original Term Life/Permanent Disablement sum insured;
- the increase in the value of the life insured's financial interest in the business or of the life insured's value to the business, whichever is appropriate, averaged over the last three years; and
- \$500,000.

A Term Life or Term Life/Permanent Disablement sum insured increase under this option will be approved upon satisfactory proof being received by us of the occurrence and the date of the 'personal event' or the 'business event' respectively.

During the first 6 months after an increase in the Term Life sum insured the cover for the increase will be death by accident only.

A suicide exclusion will apply to the increase in the Term Life sum insured in the first 13 months following the increase.

The maximum increase from all circumstances over a 5-year period will be the lesser of:

- twice the original sum insured, and
- \$1,000,000.

Can My Sum Insured Be Reduced?

Yes, the **Term Life** sum insured will be reduced by any amount payable in respect of a terminal illness under the Term Life benefit or payable under the Permanent Disablement, Crisis Recovery or Loss of Independence benefits and by the amount of any Funeral Cash Advance benefit paid.

Yes, the **Limited Term** sum insured will be reduced by any amount payable in respect of a terminal illness under the Limited Term benefit, and by the amount of any Funeral Cash Advance benefit paid.

Termination

The Term Life benefit and Limited Term benefit will cease on the earliest of the following to occur:

- Payment of the full sum insured under the benefit;
- Death of the life insured;
- Expiry date of the benefit;
- Date the benefit is cancelled.

Crisis Recovery Benefit and Crisis Recovery Stand Alone Benefit

Benefit

Pays a lump sum should the life insured be diagnosed, and confirmed by us, with one of 39 crisis events as defined under the crisis groups of Cancer, Coronary and Other Serious Crisis Events.

Parameters

- **Policy Type:**
Stand-Alone or as an optional benefit under the Term Life Benefit.
- **Premium Type:**
Level or Stepped premiums (see page 46)
- **Entry Ages:**
Between ages 16 and 64 next birthday.
- **Expiry Date:**
 - Latest policy anniversary prior to age 70 years
 - Latest policy anniversary prior to age 100 years if converted to Loss of Independence at age 70 (Crisis Recovery only)
- **Minimum Sum Insured:**
None, subject to the minimum premium being met.
- **Maximum Sum Insured:**
 - 2,000,000 for ages 16 to 55 years next birthday.
 - \$1,500,000 for ages 56 to 64 years next birthday.
 - \$1,000,000 for Loss of Independence (Crisis Recovery only).

If the Crisis Recovery benefit is selected, it must be less than or equal to the Term Life sum insured.

The limits set out above also apply to the total sums insured for Crisis Recovery and Crisis Recovery Stand Alone benefits with us and other insurers.
- **Minimum Premium:**
\$300 per year
- **Premium Discounts:**
Premiums will be discounted for:
 - Non-Smokers
 - Sum insured of \$300,000 or greater dependent on age of life insured (Crisis Recovery Stand Alone only)
- **Premium Freeze facility:**
Allowed after age 35 years next birthday – see page 58 for details.
- **Benefit Indexation:**
Sums insured can be automatically increased by the higher of CPI and 5% pa – see page 48 for details.
- **Optional Benefits:**
The following optional benefits can be added to the Crisis Recovery benefit:
 - Crisis Recovery Buy-back
 - Crisis Reinstatement
 - Female Crisis Assistance
 - Child's Recovery

The following optional benefits can be added to the Crisis Recovery Stand Alone benefit:

- Crisis Reinstatement
- Female Crisis Assistance
- Child's Recovery
- Permanent Disablement

- **Death Cover:**

A lump sum of the lower of \$5,000 and the Crisis Recovery Stand Alone sum insured if the life insured dies and no benefit is payable in respect of a crisis event. This applies to the stand-alone benefit only.

- **Survival Period:**

For the Crisis Recovery Stand Alone benefit to be paid the life insured must survive for 14 days after being diagnosed with the crisis event.

Crisis Recovery Modules

The Crisis Recovery benefit is available in one of the following four modules: (Please refer to page 53 for full definitions)

Comprehensive Crisis:

- Cancer
- Coronary
- Other Serious Crisis Events

Cancer and Coronary:

- Cancer
- Coronary

Cancer Plus:

- Cancer
- Other Serious Crisis Events

Coronary Plus:

- Coronary
- Other Serious Crisis Events.

The crisis events for each group of crisis events are listed as follows:

Cancer group:

- Cancer*

Coronary group:

- Cardiomyopathy
- Heart Attack*
- Heart Valve Surgery*
- Stroke*
- Surgery to the Aorta*
- Coronary Artery Angioplasty*
- Coronary Artery By-Pass Surgery*
- Pulmonary Artery Hypertension (Primary)*
- Other Serious Coronary Artery Disease*

Other Serious Crisis Events group:

- Accidental HIV Infection*
- Alzheimer's Disease
- Aplastic Anaemia
- Bacterial Meningitis
- Benign Brain Tumour*
- Blindness
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Dementia
- Diplegia
- Hemiplegia
- Kidney Failure
- Loss of Hearing
- Loss of Independence
- Loss of Limbs and Sight of One Eye
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant*
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Quadriplegia
- Rheumatoid Arthritis
- Viral Encephalitis

* Qualifying Period:

The Crisis Recovery and Crisis Recovery Stand Alone benefits will not be paid if the life insured sustains one of the crisis events listed above* within three months after the benefit commencement date or the date of any increase or reinstatement of the benefit.

This three-month qualifying period will be waived provided this is a replacement policy from a previous insurer and the full qualifying period under the 'in force' policy to be replaced has lapsed.

Pre-existing Medical Condition:

If the life insured has consulted a medical practitioner or undergone an investigation in relation to a crisis event (please refer to page 53 for full definitions) before the benefit commencement date and has not disclosed full details to us, the Crisis Recovery benefit under this plan will not be paid in respect of that crisis event or any associated crisis events.

Additional Benefits

• Chronic Diagnosis Advancement Benefit:

The Chronic Diagnosis Advancement benefit is an advanced payment of the Crisis Recovery or Crisis Recovery Stand Alone benefit. This benefit is payable upon our confirmation of the diagnosis of certain crisis events (see below).

The Chronic Diagnosis Advancement benefit will be paid if an appropriate specialist medical practitioner acceptable to us confirms that the life insured:

- (a) has suffered or been medically diagnosed with one of the following crisis events:
 - Motor Neurone Disease;
 - Multiple Sclerosis;
 - Muscular Dystrophy; or
 - Parkinson's Disease,
 but has not yet met the definition of that crisis event (please refer to page 53 for full definitions); or
- (b) has been placed on a waiting list to receive a major organ transplant of the kind described for the Major Organ Transplant crisis event (please refer to page 53 for full definitions) and that the procedure is unrelated to any previous procedure or surgery undergone by the life insured.

The payment is 25% of the Crisis Recovery or Crisis Recovery Stand Alone sum insured, subject to a maximum of \$25,000 under all policies issued by us covering the life insured.

If the Chronic Diagnosis Advancement benefit is paid under the Crisis Recovery benefit, the sums insured under the Crisis Recovery, Term Life and any Permanent Disablement benefit under the Term Life benefit will be reduced by the amount paid.

If the Chronic Diagnosis Advancement benefit is paid under the Crisis Recovery Stand Alone benefit, the sum insured under the Crisis Recovery Stand Alone and any Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit will be reduced by the amount paid.

If the life insured subsequently qualifies for the payment of a benefit for a crisis event, the reduced Crisis Recovery or Crisis Recovery Stand Alone sum insured will be paid.

Only one Chronic Diagnosis Advancement benefit payment will be made in respect of the life insured under the policy.

• Conversion to Loss of Independence at age 70

(This benefit applies to the Crisis Recovery benefit only. It does not apply to the Crisis Recovery Stand Alone benefit.)

If the life insured is covered for the Crisis Recovery benefit and there has not been a claim under the policy, then the Crisis Recovery benefit will continue as a Loss of Independence benefit from the expiry date of the Crisis Recovery benefit until the expiry date of the policy.

We will pay a lump sum equal to the Loss of Independence sum insured if the life insured meets the Loss of Independence definition (please refer to page 53 for full definitions). We will pay the Loss of Independence benefit once only under the policy.

The sum insured for the Loss of Independence benefit issued on conversion from the Crisis Recovery benefit will be the lesser of:

- Crisis Recovery sum insured at the time the Crisis Recovery benefit ceases; and
- \$1,000,000.

- **Financial Planning Reimbursement Benefit:**

On the payment of a claim, we will reimburse the policy owner or the nominated beneficiary/ies the cost of obtaining advice from one or more financial planners as to how the claim proceeds are to be managed or invested subject to the conditions outlined below. This benefit will be paid in addition to the claim amount otherwise due to the policy owner under the benefit of the policy.

Each financial adviser providing and charging for financial planning advice must be properly authorised.

The financial planning costs must be incurred and paid within the first 6 months following the claim payment.

Maximum amount reimbursed will be the lower of \$3,000 and the actual financial planning costs incurred as evidenced by tax invoices etc.

The benefit could be payable more than once under the Policy up to the maximum total amount of \$3,000; and

The maximum total amount we will pay out on any one Life Insured under all policies with us will be \$3,000.

Can My Sum Insured Be Reduced?

The **Crisis Recovery** sum insured will be reduced by any payments (partial or full) made for the following

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit under this benefit;
- Terminal illness under the Term Life benefit; and
- Total and Permanent Disablement under the Permanent Disablement or Loss of Independence benefit under the Term Life benefit.

Once total payments under the Crisis Recovery benefit reach the Crisis Recovery sum insured, the Crisis Recovery benefit will cease.

The **Crisis Recovery Stand Alone** sum insured will be reduced by any payments (partial or full) made for the following:

- Cancer or Coronary Artery Angioplasty under this benefit;
- Chronic Diagnosis Advancement benefit;
- Total and Permanent Disablement under the Permanent Disablement optional benefit under the Crisis Recovery Stand Alone benefit.

Once total payments under the Crisis Recovery Stand Alone benefit reach the Crisis Recovery Stand Alone sum insured, the Crisis Recovery Stand Alone benefit will cease.

Termination of Cover:

Cover will stop on the earliest to occur of the:

- death of the life insured;
- payment of the full sum insured under the benefit;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

CRISIS RECOVERY BUY-BACK BENEFIT

(The Crisis Recovery Buy-back benefit can only be purchased with the Crisis Recovery benefit. It is not available under the Crisis Recovery Stand Alone benefit.)

After a claim has been paid for the full sum insured under the Crisis Recovery benefit, the Crisis Recovery Buy-back benefit allows the decrease in the Term Life sum insured to be re-purchased within 30 days after the first anniversary of the date of the payment of the Crisis Recovery benefit. Please see the policy document for the conditions applicable to this benefit.

Parameters

- **Policy Type:**
Optional benefit under the Crisis Recovery benefit only. It is not available under the Crisis Recovery Stand Alone benefit.
- **Premium Type:**
Level or Stepped premiums but takes on same premium type as the Crisis Recovery benefit (see page 46).
- **Entry Ages:**
Between the ages 16 and 60 years next birthday.
- **Expiry Date:**
Latest policy anniversary prior to age 65 years
- **Minimum Sum Insured:**
Equal to the Crisis Recovery sum insured
- **Maximum Sum Insured:**
Equal to the Crisis Recovery sum insured
- **Premium Freeze facility:**
Allowed after age 35 years next birthday – see page 58 for details
- **Benefit Indexation:**
The sum insured can be increased automatically by the higher of CPI and 5% pa – see page 48 for details.

CRISIS REINSTATEMENT BENEFIT

Benefit

After a Crisis Recovery and/or Crisis Recovery Stand Alone benefit has been paid for the full sum insured, the policy owner will have the option of reinstating the Crisis Recovery and/or Crisis Recovery Stand Alone sum insured on the first anniversary of the date of payment of the Crisis Recovery and/or Crisis Recovery Stand Alone benefit. To exercise the reinstatement option you must notify us in writing within the period starting on the first anniversary of the date of payment of the Crisis Recovery and/or Crisis Recovery Stand Alone benefit and ceasing 30 days later.

Where the Crisis Reinstatement benefit has been selected as an optional benefit under the Crisis Recovery benefit, the Crisis Recovery Buy-back option will also have to be exercised at the same time as the Crisis Reinstatement option. The Crisis Recovery sum insured at all times may not exceed the Term Life sum insured.

Parameters

- **Policy Type:**
Optional benefit under Crisis Recovery benefit or the Crisis Recovery Stand Alone benefit
- **Premium Type:**
Level or Stepped premiums but takes on same premium type as the Crisis Recovery benefit (see page 46)
- **Entry Ages:**
Between ages 16 and 60 years next birthday
- **Expiry Date:**
Latest policy anniversary prior to age 65 years
- **Minimum Sum Insured:**
Equal to the Crisis Recovery or Crisis Recovery Stand Alone sum insured
- **Maximum Sum Insured:**
Equal to the Crisis Recovery or Crisis Recovery Stand Alone sum insured
- **Premium Discounts:**
Premiums will be discounted for non-smokers.
- **Benefit Indexation:**
Benefits can be automatically increased by the greater or higher of CPI and 5% pa – see page 48 for details.
- **Premium Freeze:**
Allowed after age 35 years next birthday – see page 58 for details.

After a Crisis Recovery or Crisis Recovery Stand Alone benefit has been reinstated, the number of crisis events for which the life insured will be covered will be in accordance with the following rules:

Module Chosen	Crisis Events Group Claimed From	Module or Group Reinstated
Comprehensive Crisis	Cancer	Coronary Plus Module*
Comprehensive Crisis	Coronary	Cancer Plus Module*
Comprehensive Crisis	Other Serious Crisis Events	Comprehensive Crisis Module#
Cancer and Coronary	Cancer	Coronary Group
Cancer and Coronary	Coronary	Cancer Group
Cancer Plus	Cancer	Other Serious Crisis Events Group *
Cancer Plus	Other Serious Crisis Events	Cancer Plus Module#
Coronary Plus	Coronary	Other Serious Crisis Events Group *
Coronary Plus	Other Serious Crisis Events	Coronary Plus Module#

*Where a Crisis Recovery benefit or Crisis Recovery Stand Alone benefit has been paid in respect of a crisis event in either the Cancer or Coronary group and the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit has been reinstated, going forward the life insured will be covered for all crisis events within the reinstated groups other than the Loss of Independence crisis event.

Where a Crisis Recovery benefit or Crisis Recovery Stand Alone benefit has been paid for a crisis event in the Other Serious Crisis Events group and the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit has been reinstated, going forward the life insured will be covered for all crisis events within the Other Serious Crisis Events group other than the crisis event for which a crisis benefit has already been paid and the Loss of Independence crisis event.

After the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit has been reinstated, the premium for the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit will be based on the Crisis Recovery or Crisis Recovery Stand Alone module in force prior to the payment of the claim in respect to a crisis event. The Crisis Recovery or Crisis Recovery Stand Alone benefit can be reinstated only once under the Crisis Reinstatement benefit.

Termination of Cover:

Cover will stop on the earliest to occur of the:

- death of the life insured;
- 30 days after the expiration of 12 months from the date of payment of the full sum insured under the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

FEMALE CRISIS ASSISTANCE BENEFIT

Benefit

This benefit provides a payment in the event of the life insured being diagnosed as sustaining one of the events listed below. The Female Crisis Assistance benefit may be purchased on a female life insured under either the Crisis Recovery benefit or Crisis Recovery Stand Alone benefit. There can be a maximum of five payments under the Female Crisis Assistance benefit but only one payment per event will be covered. The amount of each payment will be the sum insured under the Female Crisis Assistance benefit. Conditions apply to this benefit, including age limitations. Please see the policy document.

Parameters

- **Policy Type:**
Optional benefit under the Crisis Recovery or Crisis Recovery Stand Alone benefit
- **Premium Type:**
Stepped premiums only (see page 46).
- **Entry Ages:**
Between ages 16 and 60 years next birthday
- **Expiry Date:**
Latest policy anniversary prior to age 70 years
- **Minimum Sum Insured:**
\$10,000
- **Maximum Sum Insured:**
\$25,000
- **Benefit Indexation:**
Benefits can be automatically increased by the higher of CPI and 5% pa – see page 48
- **Premium Freeze:**
Not available.

Events Covered

The events covered are:

- Cancer Basic
- Complications of Pregnancy
- Congenital Abnormalities of Child
- Reconstructive Cosmetic Surgery
- Other Illnesses.

Payment of this benefit does not reduce the sum insured for any of the other benefits under this policy.

The medical conditions covered under each of the events are:

- **Cancer Basic**
 - Carcinoma-in-situ of female reproductive organs (breast, cervix, uterus, ovary, vagina, or vulva)
- **Complications of Pregnancy**
 - Pre-eclampsia of Pregnancy
 - Disseminated Intravascular Coagulation
 - Ectopic Pregnancy
 - Hydatidiform Mole
 - Still Birth
- **Congenital Abnormalities of Child**
 - Down's Syndrome
 - Spina Bifida Myelomeningocele
 - Tetralogy of Fallot
 - Transposition of Great Vessels
 - Congenital Blindness
 - Congenital Deafness
- **Reconstructive Cosmetic Surgery**
 - Reconstructive Cosmetic Surgery or Skin Grafting due to Accident – (100% of sum insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to an accident).
 - Reconstructive Cosmetic Surgery or Skin Grafting due to Crisis Event Covered – (50% of sum insured under the Female Crisis Assistance benefit for medically necessary reconstructive cosmetic surgery or skin grafting due to crisis event covered)
- **Other Illnesses**
 - Osteoporosis
 - Rheumatoid Arthritis
 - Systemic Lupus Erythematosus

Can my sum insured be reduced?

No, the **Female Crisis Assistance** sum insured will not be reduced by any benefit amount payable under another benefit under this policy. Also, a payment under the Female Crisis Assistance benefit in respect of a crisis event will not reduce the Female Crisis Assistance sum insured but the coverage of the Female Crisis Assistance benefit will cease in respect of that crisis event.

Termination of Cover

Cover will stop on the earliest to occur of the:

- death of the life insured;
- payment of this benefit for each event covered under this benefit;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

CHILD'S RECOVERY BENEFIT

Benefit

The benefit is designed to pay a lump sum to the policy owner in the event of a crisis event being sustained by the child insured during the term of the benefit. The child must be the natural child, the stepchild or the adopted child of the policy owner or of the life insured.

The list of crisis events covered under the Child's Recovery benefit is listed below and the crisis events are defined in the definition section from page 53.

- Coma
- Kidney Failure
- Loss of Hearing
- Loss of limbs or sight of one eye
- Loss of speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant*
- Paralysis
 - ~ Diplegia
 - ~ Hemiplegia
 - ~ Paraplegia
 - ~ Quadriplegia
- Stroke*
- Viral Encephalitis

Parameters

- **Policy Type:**
Optional benefit under the Crisis Recovery or Crisis Recovery Stand Alone benefit
- **Premium Type:**
Level or Stepped premiums (see page 46)
- **Entry Ages:**
Life Insured (Parent)
 - Between ages 16 and 60 years next birthday.
 Child Insured
 - Between ages 2 and 15 years next birthday.
- **Expiry Age:**
Life Insured (Parent)
 - Age 70 years next birthday; or
 Child Insured
 - Age 21 years next birthday (if earlier)
- **Maximum Sum Insured:**
Lower of:
 - \$200,000; and
 - Crisis Recovery or Crisis Recovery Stand Alone sum insured.
 Where more than one child is covered under the benefit, the sum insured must be the same for each child.
- **Maximum Number of Children per Policy:**
Ten
- **Benefit Indexation:**
Not available
- **Premium Freeze:**
Allowed after age 35 years next birthday of the life insured (parent) – see page 58 for details.

Crisis Events Covered

- Death
- Terminal Illness
- Crisis Events:
 - Accidental HIV Infection*
 - Aplastic Anaemia
 - Bacterial Meningitis
 - Blindness
 - Cancer*
 - Cardiomyopathy

*We will not pay a benefit for 'carcinoma in situ of the breast' under the Child's Recovery benefit.

Upon the payment of the full sum insured under the Child's Recovery benefit in respect of a crisis event, the Child's Recovery benefit will cease and no further Child's Recovery benefit will be paid for any subsequent crisis event.

* Qualifying Period:

The Child's Recovery Benefit will not be paid if the Insured child sustains one of the Crisis Events listed above* within three months after the benefit commencement date or the date of any increase or reinstatement of the benefit.

Pre-existing Medical Condition

If the child insured has consulted a doctor or undergone an investigation in relation to an event(s) before the benefit commencement date and this has not been disclosed to us by the proposer, the Child's Recovery benefit will not be paid in respect of that event(s) and any associated event(s).

Conversion Option to Crisis Recovery Benefit

This benefit guarantees each child insured the right to purchase a Crisis Recovery Stand Alone benefit under a separate insurance policy providing cover on their own life up to the sum insured under the Child's Recovery benefit under which the child is covered, on standard terms and conditions without evidence of health.

The insured child may exercise this option on the expiry date of the Child's Recovery benefit under which the child is covered. (See above for the Expiry Date of the Child's Recovery benefit.)

Can My Sum Insured Be Reduced?

No, the **Child's Recovery** sum insured will not be reduced by any amount payable under another benefit under this policy.

Termination of Cover

Cover for an insured child will stop on the earliest to occur of the:

- death of the insured child or life insured;
- payment of the full sum insured under the benefit;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

Permanent Disablement Benefit and Permanent Disablement Stand Alone Benefit

Benefit

This benefit provides a lump sum payment on the total and permanent disablement of the life insured.

Parameters

- **Policy Type:**
As a stand-alone benefit under the Term life Plan or as an optional benefit under the Term Life benefit or the Crisis Recovery Stand Alone benefit.
- **Premium Type:**
Level or Stepped premiums (see page 46)
- **Entry Ages:**
Occupation categories AAA, AA, A and B:
 - Between ages 16 and 64 years next birthdayOccupation categories C, D and Home Duties:
 - Between ages 16 and 55 years next birthdayOccupation category E:
 - Between ages 16 and 50 years next birthday
- **Expiry Dates:**
Occupation categories AAA, AA, A, B, C, D and Home Duties:
 - Age 65 years next birthdayOccupation Category E:
 - Age 55 years next birthdayLatest policy anniversary prior to age 100 years if converted to Loss of Independence at age 65 years. (Not available to occupation category E.)
- **Maximum Sum Insured:**
 - \$3,000,000 (Occupation categories AAA, AA and A)
 - \$2,000,000 (Occupation categories B, C, and D)
 - \$1,000,000 (Occupation category E)
 - \$500,000 (Home Duties Definition)
 - \$1,000,000 (Loss of Independence)
- **Benefit Indexation:**
Sums insured can be increased annually by the higher of CPI and 5% pa – see page 48 for details.
- **Premium Freeze:**
Available after age 35 years next birthday – see page 58 for details.
- **Discounted Premiums:**
Premiums will be discounted for:
 - Non-smokers
 - Professional Occupation Categories AAA and AA.

This benefit is not available for certain occupations or where the life insured is not working full-time in an occupation acceptable to us.

The definition of 'full-time' for this benefit is working a minimum 20 hours per week and 48 weeks per year, excluding public holidays.

The standard definition of total and permanent disablement applying to most occupations (categories AAA, AA, A, B, C and D) except heavy blue collar occupations (category E) relates to the life insured's inability to perform 'any occupation'. You can elect for a life insured in either a professional or 'white collar' occupation (category AAA, AA, A and B) (see page 52) to be covered by a definition that relates to his or her inability to perform his or her 'own occupation'. Only the 'all duties' definition can be selected for a person working in a heavy blue collar occupation (category E) (see page 52). Only the 'home duties' definition can be selected for a person carrying out domestic duties in their own residence on a full-time basis. The premium that will be charged for the benefit depends on the definition of total and permanent disablement you select (see definitions section page 53) and on the occupation category of the life insured.

Reductions in Other Benefits due to Payment of a Claim

In the event of the payment of a claim for total and permanent disablement there may be a reduction in the sums insured of other benefits. See below.

Permanent Disablement (under Term Life benefit)

- The Term Life sum insured and any Crisis Recovery sum insured will be reduced by the amount paid under this benefit

Permanent Disablement Stand Alone (under Term Life Plan)

- No reduction in the sum insured of any other benefit

Permanent Disablement (under Crisis Recovery Stand Alone benefit)

- The Crisis Recovery Stand Alone sum insured will be reduced by the amount paid under this benefit

Conversion to Loss of Independence at Age 65

(This benefit applies to the Permanent Disablement benefit under the Term Life benefit or to the Permanent Disablement Stand Alone benefit under the Term Life Plan only. It does not apply to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.)

If the life insured is covered for the Permanent Disablement benefit under the Term Life benefit or for the Permanent Disablement Stand Alone benefit under the Term Life Plan and there has not been a claim under the policy, then the permanent disablement cover will continue as a Loss of Independence benefit from the expiry date of the Permanent Disablement or Permanent Disablement Stand Alone benefit until the expiry date of the policy. This conversion option will not be available to occupation category E.

Permanent Disablement Benefit and Permanent Disablement Stand Alone Benefit (continued)

We will pay a lump sum equal to the Loss of Independence sum insured if the life insured meets the Loss of Independence definition (see definitions section page 53). We will pay the Loss of Independence benefit once only.

The sum insured for the Loss of Independence benefit issued on conversion from the Permanent Disablement benefit or the Permanent Disablement Stand Alone benefit will be the lesser of:

- Permanent Disablement or Permanent Disablement Stand Alone sum insured at the time the Permanent Disablement or Permanent Disablement Stand Alone benefit ceases; and
- \$1,000,000.

Permanent Disablement Buy-back Benefit

(This benefit is an optional benefit under the Permanent Disablement benefit under the Term Life benefit only. It does not apply to the Permanent Disablement Stand Alone benefit or to the Permanent Disablement benefit under the Crisis Recovery Stand Alone benefit.)

After a claim has been paid for the sum insured on the Permanent Disablement benefit, the Permanent Disablement Buy-back benefit allows the decrease in the Term Life sum insured to be re-purchased on the first anniversary of the date of the payment of the Permanent Disablement benefit.

Can My Sum Insured Be Reduced?

Yes, the **Permanent Disablement** sum insured will be reduced by any amount payable under the Term Life benefit in respect of a terminal illness or payable under the Crisis Recovery benefit.

Yes, the **Loss of Independence** sum insured, issued on conversion from the Permanent Disablement benefit, will be reduced by any amount payable under the Term Life benefit in respect of a terminal illness or payable under the Crisis Recovery benefit.

No, the **Permanent Disablement Stand Alone** sum insured will not be reduced by any amount payable under another benefit under this policy. The benefit will cease on the death of the life insured.

Waiver of Premium

(Available in superannuation Term Life Plan subject to conditions, see page 40.)

Benefit:

This benefit will waive the premiums due for specified benefits to age 65 years upon Total and Permanent Disablement of the life insured.

Parameters:

- **Benefit Type:**
An optional benefit under the Term Life benefit.
- **Entry Ages:**
 - Between ages 16 and 64 years for occupation categories AAA, AA, A and B.
 - Between ages 16 and 55 years for occupation categories C, D and 'Home Duties' occupation.
 - Between ages 16 and 50 years for occupation category E.
- **Expiry Dates:**
 - Age 65 years next birthday for occupation categories AAA, AA, A, B, C, D and 'Home Duties'.
 - Age 55 years next birthday for occupation category E.
- **Benefit Indexation:**
Not applicable.

This benefit is not available for certain occupations or where the life insured is not working full-time in an occupation acceptable to us.

The definition of 'full-time' for this benefit is working a minimum of 20 hours per week and 48 weeks per year, excluding public holidays.

The standard definition of total and permanent disablement applying to most occupations (categories AAA, AA, A, B, C and D) except heavy blue collar occupations (category E) relates to the life insured's inability to perform 'any occupation'. You can elect for a life insured in a professional occupation or 'white collar' occupation (category AAA, AA, A and B) to be covered by a definition that relates to his or her inability to perform his or her 'own occupation'. Only the 'all duties' definition can be selected for a person working in a heavy blue collar occupation (category E) (see page 52). Only the 'home duties' definition can be selected for a person carrying out domestic duties in their own residence on a full-time basis.

The premium that will be charged for the benefit depends on the definition of total and permanent disablement you select and on the occupation category of the life insured. (See definitions section page 53.)

The definition of total and permanent disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for any Permanent Disablement and/or Permanent Disablement Stand Alone benefit included under the Term Life Plan.

If the life insured becomes totally and permanently disabled we will waive the premiums under the:

- Term Life benefit;
- Other optional benefits under the Term Life benefit;
- Limited Term benefit;
- Crisis Recovery Stand Alone benefit; and
- Optional benefits under the Crisis Recovery Stand Alone benefit

up to the latest policy anniversary prior to the life insured's 65th birthday. Direct premium payments by the policy owner will then resume. The waiver applies also to any benefit indexation increases but not to certain voluntary increases. Please refer to the terms and conditions in the policy document.

Each definition of the Total and Permanent Disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months) during which the life insured must be 'absent from employment solely as a result of Injury or Sickness' in order to be eligible to claim under the benefit. You must pay premiums during the qualifying period relating to your chosen definition of Total and Permanent Disablement and they will not be refunded if and when we accept the Waiver of Premium claim.

Can My Sum Insured Be Reduced?

Yes, the **Waiver of Premium** sum insured will vary according to the total premium payable for the benefits covered under the Waiver of Premium benefit.

Termination

Cover will stop on the earliest to occur of:

- the death of the life insured;
- the expiry date of the benefit;
- the date the benefit is cancelled; or
- the date the policy lapses or is cancelled.

Child's Guaranteed Insurability Benefit

Benefit

This benefit guarantees each nominated child the right to purchase a separate insurance policy providing life cover on their own life on standard terms and conditions without evidence of health.

Parameters

- **Policy Type:**
An optional benefit under the Term Life benefit only.
- **Premium Type:**
Takes on the same premium Type as the Term Life benefit.
- **Entry Ages:**
Life Insured:
 - Between ages 16 and 49 years next birthday.Child Insured:
 - Between 4 weeks and age 10 years next birthday.
- **Expiry Dates:**
 - Age 25 years next birthday for the child insured.
 - Age 65 years next birthday for the life insured.
- **Maximum Sum Insured:**
One option of up to \$300,000 for each nominated child.
- **Benefit Indexation:**
Not applicable.
- **Nominated Children:**

A maximum of 10 (ten) children may be nominated under this benefit, for which a premium will apply per child.

The nominated child may exercise this option on the latest policy anniversary prior to their 18th, 21st or 25th birthday or when they marry, buy a home or have a child of their own. This option can be exercised only once by the nominated child. To exercise the option the nominated child must advise us within 90 days before the option date.

This benefit ceases on the latest policy anniversary prior to the 25th birthday of the nominated child or prior to the 65th birthday of the life insured, if earlier.

Disability Income Plan (Agreed Value or Indemnity)

This benefit will provide an income stream in the event of the Total or Partial Disablement of the life insured due to Injury or Sickness.

Benefits

Each Disability Income benefit and each Disability Income Accident Only benefit provides:

- Monthly income upon the total disablement of the life insured; From the end of the waiting period selected until you cease to be disabled or to the end of the benefit period elected, whichever is earlier.
- Proportion of the monthly income upon the partial disablement of the life insured;
- The coverage may be either on an Agreed Value or Indemnity basis.
- Initial cover (insured monthly benefit) up to 75% of the life insured's income at time of application;
- AIDS coverage;
- A choice of 3 benefit periods – 2 years, 5 years and 'To Age 65' for most occupations;
- 2-year benefit period 'To Age 70' for professional persons aged 61-65 next birthday;
- A choice of 6 waiting periods – 14, 30, 60, 90 days, 1 year and 2 years for most occupations;
- Premium discounts for an insured monthly benefit of \$3,000 or greater.

Parameters

- **Policy Type:**
Stand Alone benefit only.
- **Premium Type:**
Level or Stepped premiums (see page 46)
- **Entry Ages:**
 - Between ages 16 and 60 years next birthday for occupation categories AAA, AA, A and B.
 - Between ages 16 and 55 years next birthday for occupation category C (Agreed Value).
 - Between ages 16 and 55 years next birthday for occupation categories C and D (Indemnity).
 - Between ages 16 and 50 years next birthday for occupation category E (Indemnity).
- **Expiry Dates:**
 - Age 65 years next birthday for occupation categories AAA, AA, A, B C and D.
 - Age 55 years next birthday for occupation category E.
 - Age 70 years next birthday for the 2 Year Benefit to age 70.
- **Maximum Insured Monthly Benefit:**
The maximum insured monthly benefit you can purchase is one twelfth of your maximum yearly benefit. This is based on the yearly income of the life insured at the time of application and is:
 - 75% of the first \$250,000 of yearly income, plus
 - 50% of the next \$150,000 of yearly income, plus
 - 25% of the balance of yearly income over \$400,000.

Consequently, the maximum insured monthly benefit can be expressed as:

- 75% of the first \$20,833 of monthly income, plus
- 50% of the next \$12,500 of monthly income, plus
- 25% of balance of monthly income over \$33,333 with a maximum of:
 - ~ \$30,000 for occupation categories AAA and AA.
 - ~ \$22,500 for occupation categories A, B and C.
 - ~ \$15,000 for occupation category D.
 - ~ \$10,000 for occupation category E.

- **Minimum Insured Monthly Benefit:**
 - Home Expenses: \$1,000 per month
 - All other benefits: None
- **Minimum Premium:**
\$300 per year per policy.
- **Benefit Indexation:**
Insured monthly benefits can be increased annually by the higher of CPI and 5% pa. Not available for Home Expenses benefit. See page 48 for details.
- **Premium Freeze:**
Not available.
- **Discounted Premiums:**
Premiums will be discounted for:
 - Non-smokers
 - Professional Occupation Category AAA
 - Insured monthly benefit of \$3,000 or greater.

Disability Income Benefit

Provides income protection on disablement due to Injury or Sickness on either of the following bases:

- Agreed Value
- Indemnity.

Disability Income Accident Only Benefit

Provides income protection on disablement due to Accidental Injury only on either of the following bases:

- Agreed Value
- Indemnity.

(See definitions section page 53.)

Waiting Period:

You have a choice of 14, 30, 60, 90 days, 1 year and 2 years.

Eligibility:

The 14-day waiting period is **only available** for occupation categories AAA, AA, A, B and C.

Benefit Period:

You have a choice of 2 or 5 years or the 'To Age 65' benefit period.

If you choose the 'To Age 65' benefit period, the end of the benefit period is the latest policy anniversary prior to the life insured's 65th birthday.

Disability Income Plan (Agreed Value or Indemnity) (continued)

Eligibility:

The 5-year benefit period is **only available** for occupation categories AAA, AA, A, B, C and D.

The 'To Age 65' benefit period is **only available** for occupation categories AAA, AA, A, B and C.

2-Year Benefit Period (to Age 70)

- The maximum insured monthly benefit is \$10,000;
- Available for a life insured aged 61 to 65 years next birthday at entry;
- Expiry date is the latest policy anniversary prior to the life insured's 70th birthday. Any claim under this benefit in course of payment at the benefit expiry date will cease at that date;
- Waiting Periods: 14, 30, 60 & 90 days and 1 & 2 years;
- Benefit Period: 2 years
- Stepped premiums only – not available on a level premium basis.
- Any payment by a government of an age pension will not be offset against any benefit amounts otherwise payable under this benefit.
- Benefit Indexation will apply.
- Premium Freeze will not apply.

Eligibility:

The 2-year Benefit Period (to Age 70) is available on a Disability Income (Indemnity) basis only.

It is not available for:

- Disability Income (Agreed Value) and
- Disability Income Accident Only (Agreed Value or Indemnity).

Only occupation categories AAA and AA are eligible to select this option.

Built-in Benefits:

The built-in benefits under the Disability Income benefits and the Disability Income Accident Only benefits are:

- Total Disablement
- Partial Disablement
- Waiver of Premium
- Rehabilitation Expenses
- Recurrent Disablement
- Death
- Indexation of Benefit
- Worldwide Protection
- Complimentary Interim Accidental Death Cover
- Complimentary Interim Accidental Disability Income Cover for waiting periods of 14, 30 and 60 days.

Benefits in Detail:

• Total Disablement Benefit

If the life insured is totally disabled for longer than the waiting period you select, the monthly benefit will be payable from the end of the waiting period and will continue throughout the benefit period you select as long as the life insured continues to be totally disabled. The benefit will be calculated on a daily basis and paid monthly in arrears. The amount of the total disablement benefit may be subject to claim offsets for other sources of income, which differ according to your occupation category (see page 29).

• Partial Disablement Benefit

If the life insured is partially disabled beyond the end of the waiting period you select, after having been totally disabled for at least 7 consecutive days from the start of the waiting period, a partial disablement benefit will be payable.

This benefit will be a proportion of the insured monthly benefit and will be payable from the first day the life insured is partially disabled after the end of the waiting period. The benefit will continue throughout the benefit period you select as long as the life insured continues to be partially disabled. The benefit will be calculated on a daily basis and will be paid monthly in arrears.

If the life insured is earning 25% or less of his or her pre-disablement income during any of the first 3 months of partial disablement immediately after the end of the waiting period, the total disablement benefit amount will be paid for that month.

Claim offsets for other sources of income may apply to any benefit payable (see page 29).

• Waiver of Premium

If the life insured is totally disabled for longer than the waiting period, we will waive premiums as and when they fall due from the end of the waiting period until the end of the benefit period or until total disablement ceases, whichever occurs first. Premium payments will then recommence.

• Rehabilitation Expenses Benefit

If a total disablement benefit has been paid for at least 3 months, we will reimburse the cost of a rehabilitation program for the life insured that is approved by us. These expenses must be necessary to assist in rehabilitating the life insured back to work.

The benefit does not cover additional expenses such as wheelchairs, artificial limbs, home and car modifications and travelling and education expenses. The maximum benefit is 12 times the insured monthly benefit and is payable in addition to any other benefit received.

• Recurrent Disablement Benefit

If the life insured has returned to work on a full-time basis after the payment of a disablement benefit and there is a recurrence of the life insured's disablement from the same or related causes within 12 months of returning to work, we will waive the waiting period.

The claim will be treated as a continuation of the most recent claim and will be payable for up to the balance of the benefit period.

• Death Benefit

If the life insured dies, we will pay you 6 times the insured monthly benefit up to a maximum death benefit of \$60,000.

• Worldwide Protection

If you travel overseas, full cover is provided 24 hours a day, 7 days a week, anywhere in the world.

Disability Income Plan (Agreed Value or Indemnity) (continued)

- **Complimentary Interim Accidental Death Cover**

Each Disability Income Plan will provide Complimentary Interim Accidental Death Cover (see pages 63 and 64).

- **Complimentary Interim Accidental Disability Income Cover**

Each Disability Income Plan will provide Complimentary Interim Accidental Disability Income Cover (see pages 65 and 66).

Disability Income (Agreed Value or Indemnity) Optional Benefits

The optional benefits available are:

- Claim Escalation (see below)
- PLUS Optional benefit. This includes the following:
 - Specified Injury (see below)
 - Crisis Recovery
 - Bed Confinement
 - Cosmetic or Elective Surgery
 - Accommodation
 - Family Care
 - Home Care
 - No Claim Bonus
 - Relocation
 - Rehabilitation Incentive
 - Guaranteed Future Insurability
- Day 1 Accident
- Business Expenses Insurance
- Home Expenses

The optional benefits are available on a life insured in occupation categories AAA, AA, A, B and C under the Disability Income (Agreed Value) benefit or in occupation categories AAA, AA, A, B, C, and D under the Disability Income (Indemnity) benefit.

The only optional benefits available on a life insured in occupation category E under the Disability Income (Indemnity) benefit are:

- Claim Escalation (see below), and
- Day 1 Accident.

The insured spouse under the Home Expenses benefit must be not working or working less than 25 hours per week (i.e. not eligible for income protection cover).

Disability Income Accident Only (Agreed Value or Indemnity) Optional Benefits

The optional benefits available are:

- Claim Escalation
- Day 1 Accident

The optional benefits are available on a life insured in occupation categories AAA, AA, A, B and C under the Disability Income Accident Only (Agreed Value) benefit or in occupation categories AAA, AA, A, B, C, D and E under the Disability Income Accident Only (Indemnity) benefit.

Claim Escalation Benefit

When you receive a benefit for more than 12 consecutive months the benefit will automatically increase each year by 5% or the Consumer Price Index (CPI) increase (whichever is the greater) until the end of the benefit period.

PLUS Optional Benefit

This optional benefit is a package of benefits. See above for the list of benefits provided. Each benefit is described below.

Specified Injury Benefit

When the life insured suffers a listed event (see below) as the result of an Injury, the insured monthly benefit payable will be paid for the payment period shown, even if he or she is working.

Payments will begin from the date of the Injury, regardless of the waiting period. The Specified Injury benefit will be paid instead of any Total or Partial Disablement benefit, Bed Confinement benefit or Day 1 Accident benefit under the plan. If the life insured is still disabled at the end of the payment period, any other disablement payments will be determined in accordance with the terms of the plan.

If the life insured suffers another listed event during the payment period, we will continue to pay for the balance of the original payment period or the new payment period, whichever is the longer.

If you are eligible to claim a Crisis Recovery benefit (see below) at the same time as a Specified Injury benefit, you will be paid only for the benefit with the longest payment period.

Listed Event	Payment Period (in months)
Paralysis	60*
Loss of:	
• both feet or both hands or sight in both eyes	24*
• any two of a foot, a hand and sight in one eye	24*
• one leg or one arm	18
• one foot or one hand	12
• sight in one eye	12
• the thumb and index finger of one hand	6
Fracture of the:	
• thigh	3
• pelvis	3
• leg (below the knee and above the ankle)	2
• knee cap	2
• upper arm	2
• shoulder bone	2
• jaw	2
• forearm (above the wrist and below the elbow)	1.5
• collarbone	1.5
• heel	1
	or the balance of the benefit period if less

**If a 2 year benefit period has been selected, the payments will cease at the end of the benefit period.*

'Loss' means the total and permanent loss of:

- use of the hand from the wrist or the foot from the ankle joint or
- use of the arm from the elbow or the leg from the knee joint; or
- use of the thumb and index finger from the first phalange joint; or
- sight (to the extent of 6/60 or less) in the eye.

'Fracture' means any bone fracture requiring the application of a plaster cast or an immobilising device.

Disability Income Plan (Agreed Value or Indemnity) (continued)

The Specified Injury benefit starts from the date the life insured suffers the event as the result of an injury; is paid monthly in advance, and will stop when the payment period expires, the benefit period expires, the plan expires or the life insured dies, whichever occurs first.

Crisis Recovery Benefit

If the life insured is diagnosed with any one of 39 crisis events by a medical practitioner, we will pay a lump sum equal to six times the insured monthly benefit. Alternatively, you can choose to receive the payment in monthly instalments.

The lump sum payment is in effect the payment of the first six monthly benefit payments under the Disability Income PLUS Optional benefit which otherwise may have become payable as a result of the life insured's disablement.

The crisis events covered under this plan are listed below and are defined in the definitions section on page 53:

- Accidental HIV Infection
- Aplastic Anaemia
- Alzheimer's Disease
- Bacterial Meningitis
- Benign Brain Tumour
- Blindness
- Cancer*
- Cardiomyopathy
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Coronary Artery By-pass Surgery
- Dementia
- Diplegia
- Heart Attack
- Heart Valve Surgery
- Hemiplegia
- Kidney Failure
- Loss of Hearing
- Loss of Independence
- Loss of Limbs and Sight of One Eye#
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Other Serious Coronary Artery Disease
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Pulmonary Arterial Hypertension (primary)
- Quadriplegia
- Stroke
- Surgery to Aorta
- Rheumatoid Arthritis
- Viral Encephalitis

*We will not pay a benefit for 'carcinoma in situ of the breast' under the Crisis Recovery benefit.

#We will not pay a benefit for the total and permanent loss of use of:

- One foot,
- One hand, or
- Sight in one eye.

If you are eligible to claim a Specified Injury benefit (see above) at the same time as a Crisis Recovery benefit, you will be paid only for the benefit equivalent to the longest payment period.

The Crisis Recovery benefit will be paid instead of the Total or Partial Disablement benefit or the Bed Confinement benefit under the plan.

The Crisis Recovery benefit is payable once only during the term of the PLUS Optional benefit.

Payment of the remainder of the total or partial disablement benefit will commence six months after the end of the Waiting Period under the policy provided the life insured is then totally or partially disabled.

A claim made pursuant to this benefit will not be payable unless the crisis event and the date thereof is confirmed in writing by medical practitioners and/or legally qualified pathologists, and who shall base their diagnosis solely on the definition contained herein of the particular crisis event after a study of the histological material and clinical presentation based on the medical history, physical examination, radiological studies, and results of any other diagnostic procedures performed on the life insured. Any such diagnosis must be confirmed by us.

Survival Period

For the Crisis Recovery benefit under this plan to be paid the life insured must survive for 14 days after sustaining the crisis event.

Qualifying Period

The Crisis Recovery benefit under this plan will not be paid if the life insured sustains one of the following crisis events within 3 months after the plan commencement date or any increases or reinstatement. These crisis events are:

- Accidental HIV Infection
- Benign Brain Tumour
- Cancer
- Coronary Artery By-pass Surgery
- Heart Attack
- Heart Valve Surgery
- Major Organ Transplant
- Occupationally Acquired Hepatitis B or Hepatitis C Infection
- Other Serious Coronary Artery Disease
- Pulmonary Arterial Hypertension (primary)
- Stroke
- Surgery to the Aorta

On any increase in the sum insured under this Crisis Recovery benefit, the same provision applies to the amount of the increase.

The three months qualifying period will be waived provided this is a replacement policy from the previous insurer and the full qualifying period has been served in the previous policy.

Pre-existing Medical Condition

If the life insured has consulted a medical practitioner or undergone an investigation in relation to a crisis event before the commencement date of the benefit and has not disclosed full details to us, the Crisis Recovery benefit under this plan will not be paid in respect of that crisis event and any associated crisis events.

Disability Income Plan (Agreed Value or Indemnity) (continued)

Bed Confinement Benefit

If during the waiting period the life insured is totally disabled, and is confined to bed and a medical practitioner certifies in writing that the life insured requires the continuous full-time care of a registered nurse for more than three days, we will pay 1/30 of the insured monthly benefit for each complete day he or she is confined to bed and is under the continuous full-time care of a registered nurse up to a maximum of 90 days or until the end of the waiting period, whichever occurs first.

The medical practitioner and the nurse cannot be the life insured or the policy owner, or a family member, business partner, employee or employer of either the life insured or the policy owner. The Bed Confinement benefit will not be paid if a benefit is being received under the Specified Injury benefit or the Crisis Recovery benefit.

Cosmetic or Elective Surgery Benefit

In the situation where total disablement arises as a result of cosmetic or other elective surgery or as a result of surgery to transplant an organ from the life insured into the body of another person, then the Total Disablement benefit is payable, provided that such surgery took place more than 6 months after the commencement date of the benefit or date of any increase or reinstatement.

Accommodation Benefit

The Accommodation benefit will be payable if the life insured becomes totally disabled and is more than 100 kilometres from home, or on the advice of his or her medical practitioner the life insured travels to a place more than 100 kilometres from home. The Accommodation benefit will assist an immediate family member to be accommodated near the life insured, provided the life insured is confined to bed. We will pay \$250 a day, for up to 30 days in any 12 month period, for each day the immediate family member has to stay away from home.

Family Care Benefit

This benefit is payable if, as a result of total disablement, the life insured is totally dependent on an immediate family member for his or her essential everyday needs and consequently the family member's income is reduced. We will pay the amount of the reduction in their pre-tax monthly income, or up to 50% of the insured monthly benefit (whichever is the lesser) for up to 3 months, starting from the end of the waiting period you select.

Home Care Benefit

The Home Care benefit will be payable if, after the waiting period, the life insured is totally disabled, confined to or near a bed, other than in a hospital or a similar institution that provides nursing care, and is totally dependent upon a paid professional home carer. We will reimburse the lesser of \$150 a day or 100% of the insured monthly benefit for up to six months to help cover the cost, provided the life insured remains totally dependent upon the professional home carer and you are not already receiving the Family Care benefit or Accommodation benefit.

No-Claim Bonus

Periods without a claim against your plan will be rewarded, at no additional cost to you, with a special 'no-claim bonus' that will increase your insured monthly benefit by the percentage shown below if you do subsequently claim.

Claim Free Years	Bonus
3	5%
4	10%
5	15%

The increased benefit will be paid for up to 12 months while claim payments are being made. This benefit can be payable once only during the life of the policy.

Relocation Benefit

If, while the life insured is travelling or residing outside of Australia, the life insured suffers Total Disablement for a period in excess of three months, we will reimburse you the cost of the single standard economy airfare to Australia upon the most direct available route or three times the insured monthly benefit whichever is the lesser. The amount of this benefit will be reduced by any other reimbursements which the life insured is entitled to receive in respect of the transportation (such as benefits provided by private medical and health insurance and travel insurance).

Rehabilitation Incentive Benefit

If the life insured returns to full-time paid employment after attending a rehabilitation program that is approved by us, and remains in full-time paid employment for six consecutive months, we will pay a Rehabilitation Incentive benefit equal to 3 times the insured monthly benefit. We will pay this benefit just once only.

Guaranteed Future Insurability Benefit

This benefit provides you with an option to increase the insured monthly benefit under the Disability Income benefit, without medical underwriting, whenever the life insured's salary package increases.

The following conditions apply to this benefit:

- You must apply for the increase in the insured monthly benefit within the first 30 days after the increase in the life insured's salary package;
- The life insured must be aged 50 years or younger at commencement of the Disability Income benefit;
- The policy must have been issued without any medical or pastimes loading;
- The maximum increase in the insured monthly benefit is the lesser of:
 - 10% of the insured monthly benefit, after the addition of any benefit indexation increases since commencement of the Disability Income benefit; and
 - \$1,000;
- The total insured monthly benefit, after any increase, cannot exceed 75% of the first \$20,833 of the life insured's monthly income at the time of the increase, plus 50% of the next \$12,500 of the life insured's monthly income, plus 25% of the balance of the life insured's monthly income at the time of the increase over \$33,333;
- Total of all increases in the insured monthly benefit cannot exceed the initial insured monthly benefit;

Disability Income Plan (Agreed Value or Indemnity) (continued)

- The benefit can be exercised only if the:
 - life insured is not on claim, or eligible to make a claim, at the time of the request to exercise the option;
 - life insured is less than age 55 years at the time of the request to exercise the option, and
 - total insured monthly benefit under all income protection benefits with us and other insurers on the life insured is less than the maximum insured monthly benefit allowed under the policy for the life insured;
- The option can be exercised once only within a 12-month period;
- Benefit is restricted to employees only (not available to self employed persons) at time of request to exercise the option; and
- We will require proof of the event e.g. in the form of a letter from the employer confirming the new salary package.

Day 1 Accident Benefit

If the life insured is totally disabled for at least 30 consecutive days due to an Accidental Injury (Day 1 Accident) see below, we will pay one lump sum per claim equal to the insured monthly benefit less any payments made under the Bed Confinement benefit, Specified Injury benefit or Crisis Recovery benefit under this plan.

This benefit is not available where the Disability Income benefit or Disability Income Accident Only benefit has a waiting period of 14 days.

'Accidental Injury (Day 1 Accident)' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury (Day 1 Accident)'.

Total disablement, which is caused, or contributed to, by an Injury suffered as a result of the life insured's participation in any occupation, sport or pastime which we would not normally cover on standard terms, is excluded under the Day 1 Accident benefit.

Business Expenses Insurance Benefit

This benefit is specifically designed for the self-employed person who needs to ensure that the fixed expenses of the business or practice will still be paid even if he or she cannot work due to Injury or Sickness.

The life insured under the Business Expenses Insurance benefit must be in an occupation acceptable to us (i.e. category AAA, AA, A, B, C or D) as a self-employed practitioner, whether alone or in partnership with others, or a working director.

You can purchase Business Expenses Insurance as an optional benefit under the Disability Income (agreed value or indemnity) benefit or as the basic and only benefit under the Business Expenses Insurance Plan.

Business Expenses Insurance cannot be purchased as an optional benefit under the Disability Income Accident Only (agreed value or indemnity) benefit.

For an explanation of Business Expenses Insurance benefit see page 32.

Home Expenses Benefit

This benefit is specifically designed for the life insured who needs to ensure that the family is well looked after even if it is/her spouse is totally disabled due to either Sickness or Injury (see definitions section on page 53).

The life insured under this benefit is the life insured's spouse. The benefit will provide a monthly income for up to 24 months to enable the insured spouse to pay someone else to perform the tasks he/she is unable to perform themselves prior to the onset of total disablement.

The Home Expenses benefit provides a:

- monthly benefit upon Total Disablement of the insured spouse if he/she is totally disabled (see definition section on page 53);
- choice of three insured monthly benefit amounts
- Recurrent Disablement benefit;
- 24-month benefit period;
- 30-day waiting period; and
- choice of stepped or level premiums (see page 46).

You can choose from 3 insured monthly benefit amounts:

- \$1,000,
- \$1,500, or
- \$2,000.

You can select the \$2,000 insured monthly benefit only if the insured monthly benefit of the Disability Income (Agreed Value or Indemnity) benefit to which it is an optional benefit is \$8,000 or greater.

Claim Offsets

Occupation Categories AAA and AA (see page 52)

In the event of a claim for a Total Disablement or Partial Disablement benefit we may reduce the amount of the benefit otherwise payable by amounts received from other sources for loss of income in respect of the life insured's Injury or Sickness.

Amounts that can be offset include regular payments made from another insurance policy or from a superannuation/pension plan, but only if that policy/plan was not disclosed to us when you applied for this policy or when you applied for an increase in cover under this policy.

If any of these regular payments are paid other than monthly or in the form of a lump sum or are exchanged for a lump sum, we will convert them to an equivalent monthly payment. A lump sum payment will be deemed to be the monthly equivalent of 1/60 of the lump sum payment. Any lump sum total and permanent disablement benefit received will not be offset against your total disablement or partial disablement benefit.

We will reduce the amount of a total disablement benefit or partial disablement benefit only to the extent that:

- the aggregate of the total disablement benefit and any other payments made (see above) cannot exceed 75% of the first \$20,833 of the life insured's monthly pre-disablement income, plus 50% of the next \$12,500 of the life insured's monthly pre-disablement income, plus 25% of the balance of the life insured's monthly pre-disablement income over \$33,333;
- the aggregate of the partial disablement benefit, the life insured's monthly income and any other payments made (see above) cannot exceed 100% of the life insured's monthly pre-disablement income.

Disability Income Plan (Agreed Value or Indemnity) (continued)

Occupation Categories A, B, C, D and E (see page 52)

In the event of a claim for a Total Disablement or Partial Disablement benefit we may reduce the amount of the benefit otherwise payable by amounts received from other sources for loss of income in respect of the life insured's Injury or Sickness.

Amounts that can be offset include:

- (i) regular payments made under a workers' compensation or motor accident claim or any claim made under any similar state or federal legislation; and
- (ii) regular payments made from another insurance policy or from a superannuation/pension plan, but only if that policy/plan was not disclosed to us when you applied for this policy or when you applied for an increase in cover under the policy.

If any of these regular payments are paid other than monthly or in the form of a lump sum or are exchanged for a lump sum, we will convert them to an equivalent monthly payment. A lump sum payment will be deemed to be the monthly equivalent of 1/60 of the lump sum payment. Any lump sum total and permanent disablement benefit received will not be offset against your total disablement or partial disablement benefit.

We will reduce the amount of a total disablement benefit or partial disablement benefit only to the extent that:

- the aggregate of the total disablement benefit and any other payments made (see (i) and (ii) above) cannot exceed 75% of the first \$20,833 of the life insured's monthly pre-disablement income, plus 50% of the next \$12,500 of the life insured's monthly pre-disablement income, plus 25% of the balance of the life insured's monthly pre-disablement income over \$33,333;
- the aggregate of the partial disablement benefit, the life insured's monthly income and any other payments made (see (i) and (ii) above) cannot exceed 100% of the life insured's monthly pre-disablement income.

Home Expenses Claim Offsets

In the event of a claim we will pay no amount under the Home Expenses benefit if there is any amount of benefit received or receivable by the insured spouse from any other income protection or business expenses insurance benefit with us or other insurer due to the Sickness or Injury of the insured spouse.

Insured Spouse and Life Insured on claim at the same time

Where the life insured and insured spouse are both on claim, the Home Expenses benefit will be limited such that the total of the Disability Income benefit (life insured) and the Home Expenses benefit (insured spouse) do not exceed 85% of the life insured's pre-disablement income for the first 6 months of the Home Expenses claim and does not exceed 75% of the life insured's pre-disablement income thereafter.

Termination of Benefits and Cover

Disability Income (Agreed Value or Indemnity), Disability Income Accident Only (Agreed Value or Indemnity), Claim Escalation, PLUS Optional and Day 1 Accident

Benefits in the course of payment will stop on the earliest to occur of the:

- death of the life insured;
- life insured's ceasing to be disabled;
- end of the benefit period; and
- expiry date of the benefit.

Cover will stop on the earliest to occur of the:

- death of the life insured;
- life insured's permanent retirement from the workforce, except when directly due to disablement;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

Business Expenses Insurance

Please see the section entitled, 'Termination of Benefits and Cover' on page 33.

Home Expenses

Benefits in the course of the payment will stop on the earliest to occur of the:

- death of the insured spouse or life insured;
- insured spouse ceasing to be totally disabled;
- End of the Benefit Period;
- date on which no further payment of monthly benefit can be made (see Home Expenses Benefit on page 29);
- expiry date of the benefit;
- Date the policy lapses or is cancelled;
- insured spouse, who is originally insured, ceasing to meet the definition of 'spouse'. (The Home Expenses benefit is not transferable to a replacement 'spouse', and must cease if the life insured under the original policy changes partners); and
- cessation of the Disability Income (Agreed Value or Indemnity) benefit.

Cover under the Home Expenses benefit will stop on the earliest to occur of the:

- death of the insured spouse or life insured;
- insured spouse ceasing to be eligible for the Home Expenses benefit (e.g. starts working 25 hours per week);
- cancellation of the benefit;
- lapse of the policy;
- date on which no further payment of monthly benefit can be made (see Home Expenses Benefit on page 29);
- expiry date of the benefit;
- insured spouse, who is originally insured, ceasing to meet the definition of 'spouse'. (The Home Expenses benefit is not transferable to a replacement 'spouse', and must cease if the life insured under the original policy changes partners); and
- cessation of the Disability Income (Agreed Value or Indemnity) benefit.

What about Tax?

Disability Income (Agreed Value or Indemnity), Disability Income Accident Only (Agreed Value or Indemnity), Claim Escalation, PLUS Optional and Day 1 Accident

The monthly benefit payable in the event of a claim is assessable for income tax purposes, but the part of the premium you pay to provide an income for yourself is generally tax deductible.

Usually tax is not payable upon death on any lump sum payment that may be made under this policy, as long as the ownership of the policy does not change. Conversely, premiums for a policy that provides lump sum benefits are not usually tax deductible.

Different rules may apply in some circumstances. A tax professional will be able to clarify your particular position.

This information is based on the continuance of present laws affecting taxation and our interpretation of them.

Home Expenses Benefit

Generally premiums paid for the Home Expenses benefit will not be tax deductible to the payor and any benefit received will not be assessable for income tax in the hands of the insured spouse.

Benefit Payable if The Life Insured Dies Before The Application Is Accepted

If the life insured dies as a result of an accident Complimentary Interim Accidental Death Cover may apply, see page 63.

Benefit Payable if The Life Insured Becomes Totally Disabled Before The Application Is Accepted

If the life insured is totally disabled as a result of an accident Complimentary Interim Accidental Disability Income Cover may apply, see page 65.

Business Expenses Insurance Benefit

Benefit

The Business Expenses Insurance benefit is specifically designed for the self-employed person who needs to ensure that the fixed expenses of the business or practice will still be paid even if he or she cannot work due to Injury or Sickness. This benefit helps you to keep your business or practice going while the life insured is disabled.

The benefit covers the eligible business expenses actually incurred less any amounts reimbursed from elsewhere, up to the Business Expenses Insurance insured monthly benefit under the policy, and as such is indemnity in nature. You cannot purchase an agreed value version of the Business Expenses Insurance benefit under the Priority Protection product.

The life insured under the Business Expenses Insurance benefit must be in an occupation acceptable to us (occupation category AAA, AA, A, B, C or D – see page 52) as a self-employed practitioner, whether alone or in partnership with others, or a working director.

You can purchase Business Expenses Insurance benefit on its own as the Business Expenses Insurance Plan, or as an optional benefit under the Disability Income (Agreed Value or Indemnity) benefit.

No Business Expenses Insurance benefit, in any form, can be purchased in combination with the Disability Income Accident Only (Agreed Value or Indemnity) benefit.

Parameters

- **Policy Type:**
 - Optional benefit under the Disability Income benefit;
 - Stand Alone Business Expenses Insurance benefit under the Business Expenses Insurance Plan
- **Premium Type:**
Level or Stepped premiums (see page 46 for details)
- **Entry Ages:**
 - Between ages 16 and 60 next birthday for occupation categories AAA, AA, A and B.
 - Between ages 16 and 55 next birthday for occupation categories C and D.
- **Expiry Date:**
Age 65 next birthday
- **Maximum Sum Insured:**
See page 32 for details.
- **Benefit Period:**
The benefit period is 12 months and is the period during which the monthly benefit is payable. The benefit period may be extended in some circumstances (see Extension of Benefit Period below).
- **Waiting Period:**
You have a choice of 2 waiting periods:
 - 14 days, and
 - 30 days.(The 14-day waiting period is not available for occupation category D.)

Total Disablement Benefit:

The monthly benefit will be payable if the life insured is Totally Disabled (Business Expenses) for longer than the waiting period you select, the monthly benefit will be payable from the end of the waiting period and will continue throughout the benefit period as long as the life insured continues to be Totally Disabled (Business Expenses). Claim offsets may apply (see page 33).

Extension of Benefit Period:

If at the end of the benefit period the life insured remains Totally Disabled (Business Expenses) and the total benefit paid is less than 12 times the insured monthly benefit, payments will continue until the earliest to occur of the:

- payment of 12 times the insured monthly benefit;
- expiry of a further 12 months;
- cessation of the Total Disablement (Business Expenses); or
- expiry date of the benefit.

Partial Disablement Benefit:

If the life insured is partially disabled (see page 53) beyond the end of the waiting period you select, after having been Totally Disabled (Business Expenses) for at least 7 consecutive days since the start of waiting period, a Partial Disablement benefit will be payable. No Partial Disablement benefit is payable during the waiting period. Claim offsets may apply (see page 33).

Waiver of Premium:

If the life insured becomes Totally Disabled (Business Expenses) for longer than the waiting period, we will waive premiums from the end of the waiting period until the end of the benefit period or until Total Disablement (Business Expenses) ceases, whichever occurs first. Premium payments will then recommence.

Eligible Occupation Categories:

The life insured is eligible for this benefit if he or she is working 'full-time' in occupation category AAA, AA, A, B, C or D. See page 52 for a description of each occupation category.

The definition of 'full-time' is working a minimum of 25 hours per week and 48 weeks per year, excluding public holidays.

Maximum Insured Monthly Benefit:

The insured monthly benefit you can purchase is 100% of eligible business expenses subject to the maximum amounts listed below for each occupation category.

Category AAA, AA, A and B:	\$25,000
Category C and D:	\$15,000

The maximum combined insured monthly benefit for Disability Income and Business Expenses Insurance benefit for each occupation category is listed below:

Category AAA and AA	\$50,000
Category A and B:	\$40,000
Category C and D:	\$25,000

Business Expenses Insurance Benefit (continued)

In determining the maximum insured monthly benefit acceptable to us we will have regard to the benefits payable under any other disability income or business expenses policy in force or proposed for in respect of the life insured. If any such benefits are not disclosed to us at the time of your application to us we may reduce the amount of the monthly benefit otherwise payable if a claim occurs.

Business Expenses Covered:

These are the regular normal operating expenses of the life insured's business or practice.

They include, but are not limited to, the following:

- Accounting and audit fees.
- Regular advertising costs, postage, printing and stationery.
- Electricity, gas, heating, water, telephone and cleaning costs.
- Security costs.
- Rent, property rates and taxes.
- Membership fees, publications and subscriptions to professional bodies.
- Leasing costs of plant and equipment.
- Bank charges, interest on business loans.
- Business related insurance premiums but not including premiums for this policy.
- Salaries and other related costs (e.g.: payroll tax, superannuation contributions, FBT) for non-income generating employees of your business.
- Net costs associated with employing a locum.

See policy terms and conditions for further details.

Business Expenses Not Covered:

Business Expenses not covered under this policy include, but are not limited to, the following:

- Salaries and other related costs (e.g.: payroll, tax, superannuation, FBT) for the life insured and income generating employees of the business other than a locum.
- Salaries and other related costs for any relatives of the life insured or the policy owner unless that person was employed for at least 60 consecutive days prior to the life insured's disablement.
- Commissions or bonuses payable to the life insured.
- Repayments of principal of any loan or other finance agreement.
- Any costs of a capital nature including the cost of any books, equipment, fittings, fixtures, furniture goods, implements, merchandise or stock.
- Depreciation on real estate.
- Losses on investments.
- Taxes, other than in respect of related costs for non income generating employees as above.
- Any payment which we determine on a fair and reasonable basis not to be a regular operating expense.

Claim Offsets:

The Business Expenses Insurance benefit payable for a period will be reduced by the sum of:

- the life insured's portion of the net income of the business derived from trading during that period;
- the net income generated by an employee hired after the life insured became totally disabled, to perform the work normally performed by the life insured;
- any amount received from any other insurance policy for reimbursement of business expenses that was not disclosed to us when the level of cover was applied for. The amount will only be reduced to the extent that the combined Business Expenses Insurance payments from the policy and other insurance would otherwise exceed 100% of the Business Expenses Insurance monthly benefit, and
- business turnover (applies to Partial Disablement benefit only).

Termination of Benefits and Cover

Benefits in the course of the payment under the Business Expenses Insurance plan will stop on the earliest to occur of the:

- death of the life insured;
- life insured ceasing to be disabled;
- end of the benefit period; and
- expiry date of the benefit.

Cover under the Business Expenses Insurance plan will stop on the earliest to occur of the:

- death of the life insured;
- life insured's permanent retirement from the workforce, except when directly due to disablement;
- expiry date of the benefit;
- cancellation of the benefit; and
- lapse of the policy.

Tax

The monthly benefit payable in the event of a claim is assessable for income tax purposes, but the part of the premium you pay to provide an income for yourself is generally tax deductible.

Different rules may apply in some circumstances. A tax professional will be able to clarify your particular position.

This information is based on the continuance of present laws affecting taxation and our interpretation of them.

Introduction

If you wish, you can include this plan as part of your superannuation arrangements. This plan can be acquired by the trustee of your private/self-managed superannuation fund (**SMSF**) on your behalf, or if you do not have a SMSF, by becoming a member of the AIA Superannuation Fund, RSE Fund Registration No. R1067682 (the **Fund**) (see pages 35 to 39 for information relating to the Fund). Any benefits are paid to the trustee of the superannuation fund which then deals with the benefit in accordance with the terms of the trust deed of that fund. (See below for details).

Under this plan you will have no direct relationship with AIG Life, as the owner of the plan will be either the trustee of your SMSF or the Trustee of the Fund. The terms and conditions relating to the Superannuation Term Life Plan do not vary depending on the superannuation fund of which you are a member. However, the terms of the trust deeds may differ.

Note: All cross references in this part to other parts of the PDS must be read subject to the terms and conditions applicable to the benefits under the Superannuation Term Life Plan set out below.

The Superannuation Term Life Plan offers a:

- Term Life benefit,
- Limited Term benefit (5 or 10 years), and
- Permanent Disablement Stand Alone benefit.

You can choose any of the three benefits or any combination of the three benefits (see page 40 for further information on these benefits).

Also, you can choose to add one or both of the optional benefits that are available under the Term Life benefit. They are:

- Permanent Disablement benefit, and
- Waiver of Premium benefit.

(See page 40 for further information on these benefits.)

There are no optional benefits available under the Limited Term and the Permanent Disablement Stand Alone benefits.

Private/Self-Managed Superannuation Fund

If you want to be covered under a Superannuation Term Life Plan and you are a member of a SMSF, the trustee of your SMSF can purchase the plan from us on your behalf. When you are a member of a SMSF any payment to you or your dependants due under the policy will be controlled by that fund's trust deed and must be paid in accordance with superannuation law.

Who is the issuer of this plan?

AIG Life is the issuer of the Superannuation Term Life Plan when it is acquired by the trustee of your SMSF. The Superannuation Term Life Plan is acquired by the trustee of your SMSF by AIG Life accepting an application from the trustee of your SMSF for a Superannuation Term Life Plan. The trustee of your SMSF is the policy owner for the purposes of providing benefits in the Superannuation Term Life Plan.

AIG Life will issue the Superannuation Term Life Plan to the trustee of your SMSF. However, AIG Life is not in a position to describe the governing rules specific to each SMSF to which the Superannuation Term Life Plan has been issued.

Please refer all of your queries on the governing rules of your SMSF to the trustee of your SMSF, as this PDS does not cover your SMSF.

What are the benefits under the plan?

The insurance benefits you can select are the:

- Term Life benefit,
- Limited Term benefit (5 or 10 years), and
- Permanent Disablement Stand Alone benefit.

You can choose any of the three benefits or any combination of the three benefits (see page 40 for further information on these benefits).

Also, you can choose to add one or both of the optional benefits that are available under the Term Life benefit. They are:

- Permanent Disablement benefit, and
- Waiver of Premium benefit.

(See page 40 for further information on these benefits.)

Each benefit, other than the Waiver of Premium benefit, pays its sum insured in a lump sum on the death (Term Life and Limited Term benefits) or on the Total and Permanent Disablement (Permanent Disablement Stand Alone and Permanent Disablement benefits) of the life insured.

Nominating a Beneficiary

The trust deed of your SMSF may permit you to:

- direct the trustee to pay the death benefit directly to your nominated dependants, a person who is in an interdependency relationship with you or your legal personal representative with a binding nomination of beneficiary; or
- provide a non-binding nomination of beneficiary to the trustee, which will be taken into account when the trustee determines to whom to pay your death benefit.

Different terms and conditions may apply in relation to who can be nominated and the process the trustee requires to be followed concerning these nominations. The trustee of your SMSF will be able to advise you on the type of nomination of beneficiary you are able to make under your fund's governing rules and how you can change your nomination.

How to Apply

Starting your Superannuation Term Life Plan is easy! For information on how to apply, see the 'How to Apply' section on page 49.

If you are a member of a SMSF the trustee of that fund must complete and sign Section W (Private/Self-Managed Superannuation Fund) of the Application Form. You must also complete the relevant sections of the Application Form as the Life Insured and sign Section Y.

Insurance cover will not commence until AIG Life accepts the risk.

REMEMBER – Do not forget to keep your Complimentary Interim Accidental Death Cover Certificate (see page 63) in a safe place.

AIA Superannuation Fund

NOTE: This part applies if you do not have a SMSF and want to obtain the Superannuation Term Life Plan as a member of the Fund.

Important: The Superannuation Term Life Plan acquired through membership in the Fund is not an investment product. It is a risk product providing protection against death and/or disablement.

Who is the issuer of this plan?

CCSL Limited (Trustee) (ABN 51 104 967 964, AFS Licence No. 287084, RSE Licence No. L0000758) is the trustee of the Fund and the issuer of a risk-only superannuation product with benefits provided under the Superannuation Term Life Plan. The Superannuation Term Life Plan is acquired by your being accepted as a risk-only member of the Fund and the Trustee acquiring the plan from AIG Life. The Trustee is the policy owner for the purposes of providing benefits in the Superannuation Term Life Plan.

The Trustee has been granted a Registrable Superannuation Entity (RSE) Licence by the Australian Prudential Regulation Authority (APRA).

The Fund complies with the requirements of the *Superannuation Industry (Supervision) Act 1993* (Cth) ('**SIS Act**') and the relevant provisions of the *Corporations Act* (Cth) 2001. Further information relating to the Fund can be obtained by requesting a copy of the Trust Deed between AIG Life and the Trustee (Trust Deed) or the Trustee's latest annual report. The Trustee's annual report will be provided to members free of charge by contacting the Administrator at KPMG on 02 9335 7380 (see below for further information on KPMG).

Who is the administrator?

KPMG Superannuation Services Pty Limited (KPMG) (ABN 90 904 584 755; AFS Licence No. 241366) is the administrator of the Fund.

Application for Membership in the fund

If you want to be covered under a Superannuation Term Life Plan and you are not a member of a SMSF, you must first apply for and be accepted for membership of the Fund as a risk-only member.

The application for membership of the Fund can be found in Section X of the Application Form.

As a risk-only member of the Fund, your only benefit in the Fund will be the insurance benefits payable under the Superannuation Term Life Plan. Any contributions paid by you or on your behalf to the Trustee of the Fund will be used solely for the purpose of payment of the premiums for your insurance benefits under that plan. Consequently contributions will not be invested on your behalf and will not accrue investment returns.

IMPORTANT – The Fund will not accept contributions and a risk-only insurance interest under the Fund will not be issued if an applicant has not supplied his or her Tax File Number to the Trustee of the Fund.

Special Conditions

Some of the special conditions that apply when you become a member of the Fund are:

- As a member of the Fund you must continue to meet the requirements under the Trust Deed and SIS Act as to who can be a member of the Fund; and
- AIG Life may ask for medical and other information about the person to be insured. This evidence is required for AIG Life to assess your application. AIG Life will keep this information confidential. In assessing your application AIG Life may also ask for financial and other information in addition to further medical evidence. (See Health and Other Information Required on page 49.)

What are the benefits under the plan?

Only you, the member, can be insured under the Superannuation Term Life Plan.

The insurance benefits you can select are the:

- Term Life benefit,
- Limited Term benefit (5 or 10 years), and
- Permanent Disablement Stand Alone benefit.

You can choose any of the three benefits or a combination of the three benefits (see page 40 for further information on these benefits).

Also, you can choose to add one or both of the optional benefits available under the Term Life benefit. They are:

- Permanent Disablement benefit, and
- Waiver of Premium benefit.

(See page 40 for further information on these benefits.)

Each benefit, other than the Waiver of Premium benefit, pays its sum insured in a lump sum on the death (Term Life and Limited Term benefits) or on the Total and Permanent Disablement (Permanent Disablement Stand Alone and Permanent Disablement benefits) of the life insured.

In the event of a claim under the Superannuation Term Life Plan being accepted, AIG Life will pay the benefit to the Trustee. The Trustee may then pay the member, or in the case of a death claim, the member's dependants, any person who was in an interdependent relationship with the member (see page 38) or the member's legal personal representative.

A Permanent Disablement or a Permanent Disablement Stand Alone benefit that becomes payable under the policy must be preserved in the Fund under the Trust Deed until the SIS Act permits it to be released. Before the Trustee can pay you, the SIS Act requires that, in addition to satisfying the claim conditions in the Superannuation Term Life Plan policy document and the Trust Deed, you must demonstrate to the Trustee that you are unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience because of ill health.

If you cannot satisfy the Trustee that you meet the above requirements, then the claim amount will, unless rolled over to another complying superannuation fund, be retained in the Fund until:

- the Trustee is satisfied that you have met these requirements; or
- you are in severe financial hardship (when you may be able to access some or all of your benefits); or
- you reach age 65 years; or
- subject to certain conditions and Australian Prudential Regulation Authority ('APRA') approval, you may be able to access some or all of your benefits on compassionate grounds; or
- you reach your preservation age as shown in the table below and retire:

Date of Birth	Preservation Age
Before 1 July 1960	55
From 1 July 1960 to 30 June 1961	56
From 1 July 1961 to 30 June 1962	57
From 1 July 1962 to 30 June 1963	58
From 1 July 1963 to 30 June 1964	59
After 30 June 1964	60

Where a Term Life, Limited Term, Permanent Disablement or a Permanent Disablement Stand Alone benefit has been paid by AIG Life to the Trustee of the Fund, and the benefit remains in the Fund for more than 90 days pending release to the member, the deceased member's dependants or the deceased member's legal personal representative (as the case may be), interest will be added to the benefit up to the date the benefit is eventually released. The amount of interest will be determined by the Trustee, and will be based on the interest earned by the Trustee on the benefit whilst the benefit is held within the Fund.

Note: as a result of separate Government reforms designed to counteract money laundering and terrorism, you may be required to provide proof of identity or meet other requirements as determined by the Trustee from time to time prior to being able to access your benefits in cash (called 'customer identification' requirements). You will be notified of any requirements when applicable.

When can I contribute to a superannuation fund?

See page 42 for details of the contribution rules applying to superannuation funds.

As indicated above the Fund is not an investment vehicle. Any contributions paid by you or on your behalf must be preserved and are applied towards payment of the premiums for the insurance benefit(s) under the Superannuation Term Life Plan.

Generally contributions to a superannuation fund can be made if you are:

- under age 65 years; or
- age 65 years or older but younger than age 75 years, and have been gainfully employed at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions were made.

If you wish the Term Life cover under your Superannuation Term Life Plan to continue after the latest policy anniversary prior to age 75 or after you retire, you may transfer to a non-superannuation plan then on offer by AIG Life.

Superannuation Term Life Plan (continued)

Can my employer pay the contributions on my behalf?

Yes, if your employer agrees, they can pay contributions to the Fund towards your Superannuation Term Life Plan. They can do that from the start of the plan, or they can start paying later. If they do this, you must tell the Trustee when your employer takes over paying contributions or when they stop paying.

Employer contributions can be mandatory (Superannuation Guarantee, Award) or voluntary.

The circumstances under which the Fund can accept employer contributions vary with your age as follows:

	Under 65 years	65 years to under 70 years	70 years to under 75 years	75 years or over
Mandatory (Superannuation Guarantee)	Yes	Yes	No	No
Mandatory (Award)	Yes	Yes	Yes	Yes
Voluntary	Yes	Yes*	Yes*	No

^ Non-mandated employer contributions will be able to be made to a superannuation fund between ages 65 to 74 years (inclusive) provided you have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the financial year in which the contributions are made.

Can I transfer money from other superannuation funds into the AIA Superannuation Fund?

As the Fund is not an investment vehicle, the Trustee will only accept rollover amounts from other complying superannuation funds if the rollover amount is equal to the yearly premium in respect to your insurance benefits under the Fund.

A standard form and standard proof of identity requirements will apply when transferring benefits between superannuation funds. Upon receipt of all necessary information, superannuation funds will have a maximum of 30 days to transfer benefits except in the case of illiquid investments.

Transfers to an Eligible Rollover Fund

The Trustee may unilaterally transfer the preserved monies into an Eligible Rollover Fund (ERF) in certain circumstances, for example if the Superannuation Term Life policy is cancelled and the Trustee is holding contributions that have not yet been applied towards payment of premiums.

An ERF is a fund approved by APRA which can receive benefits payable to members of superannuation funds who cannot be located or who do not respond to letters regarding payment of their benefits.

The Trustee will transfer your benefit to an ERF if, after giving you prior written notice of our intention to do so, you do not notify us of an alternative superannuation arrangement to which you require your benefit or preserved monies to be transferred within the time frame set out in that notice.

The Trustee has selected Super Money Eligible Rollover Fund (SMERF) as the fund to which your benefits will be transferred if you cannot satisfy the SIS Act requirements for payment of a disablement benefit or it holds other preserved monies for you.

Trust Company Superannuation Services Limited
ABN 49 006 421 637 AFS Licence No 235153 is the trustee of the SMERF, and the SMERF is administered by:

Pillar Administration
Locked Bag 8840
WOOLLONGONG NSW 2500
Phone: 1800 114 380
Fax: 1800 118 307

Should your benefit or preserved monies be transferred all subsequent inquiries should be directed to the administrator of SMERF, whose contact details are shown above. The Trustee may review and alter this arrangement in future.

If you are transferred to the SMERF, your benefit may be impacted for the following reasons:

- You will cease to have an interest in the Fund and become a member of SMERF, meaning you will be subject to its governing rules, including a different fee structure.
- Your benefits will be member protected meaning that generally, administration charges cannot exceed investment earnings on your account in a reporting period. However, Government charges, such as taxes, may be deducted.
- The SMERF is unable to accept any ongoing contributions from you or your employer, however rollovers from other superannuation funds may be permitted.
- The SMERF does not offer insurance benefits. Any insurance cover you had as part of the Fund will lapse on transfer to an ERF.

Nominating a Beneficiary

Under the terms of the Trust Deed governing the Fund, you may nominate a dependant, a person who is in an interdependent relationship with you (see below) or your legal personal representative to receive the benefit payable from the Fund on your death.

You can make a nomination by completing the Nomination of Beneficiary section of the 'AIA Superannuation Fund – Membership Application' (Section X of the Application Form) and lodging it with the Trustee.

The nomination you make may be either a:

- Binding nomination, or a
- Non-binding nomination.

Both are permitted under the Trust Deed.

If you do not give a nomination to the Trustee, your benefit will be paid to your legal personal representative or dependants or relatives according to the Trustee's discretion.

Binding Nomination

If you provide a valid binding nomination to the Trustee, the Trustee must pay the death benefit in accordance with your nomination as long as the person that you nominate to receive the benefit, or a share of the benefit, is a dependant or your legal personal representative and the nomination is valid and current.

Some conditions apply to binding nominations. They are:

- The person or persons that you nominate to receive the benefit must be a dependant or a person in an interdependency relationship with you under the superannuation laws at the time of your death. For a person to be a dependant that person

must be your spouse, de facto spouse or child or other person who is financially dependent on you at the date of your death. If anyone you nominate is not a dependant or not in an interdependent relationship with you at the date of your death, they will not be entitled to receive a share of your benefit. In that case the Trustee, if it thinks that it is appropriate, will divide the share of that person between the other persons you have nominated in the percentages or shares in which they are entitled to your benefit;

- You may also nominate that your benefit be paid to your legal personal representative so that it is distributed under your Will as part of your estate, or if there is no valid Will according to the laws of intestacy;
- To be a valid binding nomination it must be signed by you in the presence of two witnesses who must each sign and date the declaration where indicated and set out their full name and date of birth. **Each witness must be over 18 years of age and must not be one of your nominated beneficiaries;**
- A nomination is effective only when it is received by the Trustee;
- A binding nomination is valid for three years from the day after it was first signed by you, or last confirmed or amended by you;
- A valid binding nomination will become a non-binding nomination after three years unless you complete and sign a new binding nomination;
- The Trustee may notify you in writing before the end of the three-year period that the binding nomination is about to lapse and may provide you with the opportunity to lodge a replacement binding nomination;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from binding to non-binding at any time;
- An invalid binding nomination will be treated as a non-binding nomination by the Trustee and will not revoke or replace an existing, valid binding nomination; and
- The Trustee will contact you if your nomination is clearly invalid (completed incorrectly) and will give you the opportunity to re-submit a valid nomination.

What is an 'interdependent relationship'?

An interdependent relationship will exist if the deceased member and person claiming the death benefit:

- had a close personal relationship (i.e. is one of continuing mutual commitment to financial and emotional support between two people);
- were living together at the date of death; and
- one or both of them provides the other with financial support, domestic support and personal care.

They may include same-sex couples, live-in adult carers of elderly parents and siblings with common finances. In addition, where there is a close personal relationship and either or both persons suffer from a physical, intellectual or psychiatric disability the requirement for co-habitation or financial and domestic support does not apply. In assessing interdependency cases, the Trustee may request information or evidence before making a benefit payment.

Non-binding Nomination

If you provide a non-binding nomination to the Trustee, the Trustee will take your wishes into account, along with all other available information, but has complete discretion in deciding who will receive the benefit payable from the Fund on your death and the amount that they will receive. The Trustee may pay the benefit to one or more of your dependants or a person who is in an interdependency relationship with you in whatever shares the Trustee thinks fit or may pay it to your legal personal representative to be distributed under your Will as part of your estate, or if there is no valid Will according to the laws of intestacy.

Some conditions apply to non-binding nominations. They are:

- You can nominate a dependant who includes your spouse, de facto spouse or child or a person who is in an interdependency relationship with you at the date of your death or your legal personal representative. If anyone you nominate is not a dependant, interdependent or your legal personal representative at the date of your death, they will not be entitled to receive a share of your benefit;
- A non-binding nomination does not need to be witnessed to be a valid nomination;
- A nomination is effective only when it is received by the Trustee;
- A non-binding nomination is valid for the whole time that you are a member of the Fund, unless you lodge another valid nomination with the Trustee;
- You may revoke or change your nomination at any time by completing a fresh, valid Nomination of Beneficiary form and lodging it with the Trustee. You may also change your nomination from non-binding to binding at any time.

What fees and charges are payable?

There are currently no fees charged by the Trustee. The main charge is the premiums payable for the Superannuation Term Life Plan. There is a minimum premium of \$300 per year. The premiums include a policy fee (currently \$60), any premium frequency charge and any stamp duty applicable (see pages 47 and 48).

Please see 'How Much Does the Policy Cost?' (page 46) and 'What Are The Fees and Charges?' (pages 47 to 48) for a full description of the charges for your policy. AIG Life and the Trustee agree not to apply any other charges (other than Government taxes and charges) without your consent.

Tax on Contributions

Although contributions to superannuation funds can be taxed at up to 15%, the Trustee pays a tax-deductible premium for insurance benefits under the Superannuation Term Life Plan with all contributions received, including rollover amounts, there is generally no tax payable by the Fund on your contributions.

Privacy

See page 51 for AIG Life's Privacy Statement, and www.aiglif.com.au for AIG Life's privacy policies and procedures.

In accordance with the Trustee's commitment to safeguard your privacy and the confidentiality of your personal information it has adopted a privacy policy.

The Trustee's Privacy Policy is set out below:

In order to provide your superannuation benefits, and to properly manage the Fund, it is necessary for the Trustee to hold personal information about you.

This information identifies you as a Fund member and typically includes your name, address, date of birth, gender, occupation, tax file number and any other information required.

The Trustee generally collects this information from you or your employer. Your personal information may be disclosed to the Fund's administrator and professional advisers, insurers, government bodies, your employer and other parties as required and permitted by law, including the Trustee of any other Fund you may transfer to.

By becoming a member of the Fund, it is assumed that you consent to this handling of your personal information. If you do not provide the Trustee with your personal information, the Trustee may not be able to provide all of your superannuation benefits.

A member can access his or her own personal information by contacting the Trustee's Privacy Officer. Certain information must be made available to beneficiaries on request in accordance with the SIS Act and there will be no charge for access to this information, however the Privacy Officer will inform you of any charges before providing the requested information. If the information held by the Trustee is inaccurate, incomplete or not up to date a member may request the Trustee to correct the information. There are some circumstances in which the Trustee is entitled to deny a member access to information. These include circumstances where such information is used in confidential Trustee decisions or in a commercially sensitive decision-making process, where the privacy of others may be breached if the information was accessed or where the law requires or authorises such access to be denied. The Trustee's Privacy Officer will advise if any of these circumstances apply.

The Trustee abides by the National Privacy Principles under the Privacy Act 1988 (Cth) and has adopted a Privacy Policy which sets out in detail the way it handles members' personal information.

If you would like a copy of the Trustee's Privacy Policy please contact the Trustee's Privacy Officer by writing to:

The Privacy Officer
CCSL Limited
GPO Box 3001
Melbourne VIC 3001

Trustee Indemnity Insurance

The Trustee has trustee indemnity insurance which provides sufficient cover to protect members' interests.

How to Apply

Starting your Superannuation Term Life Plan is easy! For information on how to apply, see the 'How to Apply' section on page 49.

If you are not a member of a SMSF, you must complete and sign Section X (AIA Superannuation Fund – Membership Application) of the Application Form, in addition to completing the relevant sections of the Application Form as the Life Insured and signing Section Y.

At the time of application for your superannuation policy through the Fund, your initial premium or instalment premium will be held in a trust account administered by the Trustee until the policy is issued to the Trustee. Under the Corporations Act, the Trustee is entitled to retain any interest earned during the period the funds are held in trust.

Insurance cover will not commence until the risk is accepted by AIG Life and the policy is issued.

REMEMBER – Do not forget to keep your Complimentary Interim Accidental Death Cover Certificate (see page 63) in a safe place.

Other Essential Information

What are the insurance benefits under the Superannuation Term Life Plan?

The insurance benefits available under the Superannuation Term Life Plan are the:

- Term Life benefit,
 - Permanent Disablement benefit, and
 - Waiver of Premium benefit
- Limited Term benefit, and
- Permanent Disablement Stand Alone benefit.

These benefits are explained in further detail below.

Important: please note that the benefits described below are specific to the Superannuation Term Life Plan and have different terms and conditions from those described under the non-superannuation Term Life Plan (pages 12 to 23).

Term Life Benefit and Limited Term Benefit

Under the Superannuation Term Life Plan, the Term Life benefit and the Limited Term benefit provide:

- lump sum payment on the death of the life insured prior to the expiry date of the benefit i.e. the latest policy anniversary prior to the life insured's 75th birthday (Term Life benefit) or the 5th or 10th policy anniversary (Limited Term benefit);
- lump sum payment up to a maximum of \$3,000,000 upon the life insured being diagnosed with a terminal illness. The Term Life and/or Limited Term sum insured will be reduced by any amount payable in respect of a terminal illness.
- premium reductions for a sum insured of \$500,000 or greater;
- choice of stepped or level premiums (see page 46);
- discounted premium rates for non-smokers;
- discounted premium rates for professional occupations (categories AAA and AA, see page 52);
- Guaranteed Future Insurability for Term Life benefit (see page 12); and
- complimentary interim accidental death cover up to \$1,000,000 (see page 63).

Please note that the following optional benefits, which are available under the non-superannuation Term Life benefit, are not available under the Term Life benefit under the Superannuation Term Life Plan:

- Crisis Recovery,
- Crisis Recovery Buy-back,
- Crisis Reinstatement,
- Female Crisis Assistance,
- Child's Recovery,
- Permanent Disablement Buy-back, and
- Child's Guaranteed Insurability.

What benefit is payable if the life insured dies?

On the death of the life insured AIG Life will pay a lump sum equal to the sum insured under the Term Life benefit and/or the Limited Term benefit to the trustee of your SMSF or the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Superannuation Term Life Plan – Optional Benefits

For an additional premium, you can add one or more optional benefits to the Term Life benefit under your Superannuation Term Life Plan. You will gain the added security of cover for:

- Permanent Disablement (see below); and
- Waiver of Premium (see below).

Both benefits are payable in the event of the life insured becoming Totally and Permanently Disabled before the latest policy anniversary prior to the life insured's 65th birthday (55th birthday for occupation category E).

You must have purchased a Term Life benefit before you can add any Term Life optional benefit.

Permanent Disablement and Permanent Disablement Stand Alone Benefits

If selected, each of these benefits provides:

- lump sum payment on the total and permanent disablement of the life insured prior to the expiry date of the benefit i.e. the latest policy anniversary prior to the life insured's 65th birthday (55th birthday for occupation category E);
- discounted premium rates for non-smokers;
- discounted premium rates for professional occupations (categories AAA and AA, see page 52); and
- a choice of three different definitions of 'Total and Permanent Disablement'. The definitions you can choose from depend on the occupation category of the life insured (see page 41).

You can purchase a Permanent Disablement Stand Alone benefit on its own or in addition to the optional Permanent Disablement benefit under the Term Life benefit.

If purchased under the Term Life benefit as an optional benefit, the amount of any lump sum payment for total and permanent disablement will be deducted from the sum insured under the Term Life benefit.

Please note that the following benefits, which are available under the non-superannuation Permanent Disablement benefit and/or Permanent Disablement Stand Alone benefit, are **not** available under the Superannuation Term Life Plan:

- Permanent Disablement Buy-back,
- Option to convert to the Loss of Independence benefit under the Permanent Disablement benefit, and
- 'Home duties' definition of total and permanent disablement.

What benefit is payable if the life insured becomes totally and permanently disabled?

On the total and permanent disablement of the life insured AIG Life will pay a lump sum equal to the sum insured under the Permanent Disablement and/or the Permanent Disablement Stand Alone benefit to the trustee of your SMSF or the Fund, who will deal with the benefit in accordance with the rules of the superannuation fund.

Waiver of Premium Benefit

If selected, the definition of Total and Permanent Disablement chosen for the Waiver of Premium benefit must be the same as the definition chosen for any Permanent Disablement and/or Permanent Disablement Stand Alone benefit included under the Superannuation Term Life Plan.

Superannuation Term Life Plan (continued)

If the life insured becomes totally and permanently disabled prior to the latest policy anniversary prior to the life insured's 65th birthday (55th birthday for occupation category E), we will waive the premiums under the:

- Term Life benefit; and
- Limited Term benefit

up to the latest policy anniversary prior to the life insured's 65th birthday.

Any premium payments by you for the Term Life benefit will then resume.

Each definition of the total and permanent disablement that you can choose for the Waiver of Premium benefit contains a qualifying period (either three or six months) during which the life insured must be 'absent from employment solely as a result of Injury or Sickness' in order to be eligible to claim under the benefit. You must pay premiums during the qualifying period relating to your chosen definition of total and permanent disablement and they will not be refunded if and when we accept the Waiver of Premium claim.

Who receives the benefit if the life insured dies or becomes totally and permanently disabled?

The trustee of your SMSF or the Fund, of which the life insured is a member, is the legal owner of the Superannuation Term Life Plan and receives the proceeds of any claim we admit under the policy.

The trustee of your SMSF or the Fund will then pay the death benefit to your dependant(s) or legal personal representative as permitted under superannuation law and the terms of the relevant trust deed. For the Permanent Disablement benefit and/or the Permanent Disablement Stand Alone benefit, the trustee must satisfy itself that you have met the necessary requirements of the trust deed and superannuation law before making any payment to you.

Premiums

Please see pages 46 to 48 for information on premiums including:

- Regular Premiums
- Guaranteed Renewable
- Stepped or Level Premiums
- Guarantee of Continuation for Level Premium (Term Life only)
- Premium Freeze (see page 42)
- Premium Discounts
- Minimum Premium
- Payment of Premiums
- Payments Made Easy, and
- Premium Rates Guaranteed.

What Happens If Premiums Are Not Paid?

If you do not pay premiums in full within 30 days from the premium due date your policy will lapse and cover will cease. It is your responsibility to ensure that you contribute sufficient money to the Fund to enable the Trustee to pay the premiums on the policy.

The Trustee has an arrangement for you to pay premiums via AIG Life by completing the credit card authority on page 23 of the Application Form. If you elect this payment method, your premium

payments will still be treated as superannuation contributions, for the purposes of superannuation and tax law, upon transfer of the premiums by AIG Life to the account of the Fund.

Additional Benefit Information

The conditions below apply to the Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits. Conditions are:

- Benefits are not available for certain occupations or where the life insured is not working full-time in an occupation acceptable to us.
- The definition of 'full-time' for these benefits is working a minimum of 20 hours per week and 48 weeks per year, excluding public holidays.
- The standard definition of total and permanent disablement applying to most occupations (categories AAA, AA, A, B, C and D) except heavy blue collar occupations (category E) relates to the life insured's inability to perform 'any occupation'. See definition of categories AAA, AA, A, B, C, D and E on page 52. You can elect for a life insured in a professional occupation or white collar occupation (category AAA, AA, A and B) to be covered by a definition that relates to his or her inability to perform his or her 'own occupation'. Only the 'all duties' definition can be selected for a person working in a heavy blue collar occupation (category E) (see page 52).
- The premium that will be charged for each benefit depends on the definition of total and permanent disablement you select. (See pages 59 to 60 for the definitions of total and permanent disablement.)

Can My Sum Insured Be Reduced?

Yes, the **Term Life** sum insured will be reduced by any amount payable under the Term Life benefit in respect of a terminal illness or payable under the Permanent Disablement benefit.

Yes, the **Limited Term** sum insured will be reduced by any amount payable under the Limited Term benefit in respect of a terminal illness.

Yes, the **Permanent Disablement** sum insured will be reduced by any amount payable under the Term Life benefit in respect of a terminal illness.

No, the **Permanent Disablement Stand Alone** sum insured will not be reduced by any amount payable under another benefit under this policy.

What Happens If I Decrease My Sum Insured?

You can decrease the sum insured of an eligible benefit at any premium due date provided that the reduced sum insured or premium is not below the minimum premium in force at the time of the decrease. You may be able to rollover any excess premium paid into an ERF. (See page 47 for further information on minimum premiums and premium due dates.)

Can I Freeze My Premium?

Yes, for the Term Life, Permanent Disablement and Permanent Disablement Stand Alone benefits provided the life insured is aged 35 years or older at the start of the policy year. This is not available for the Limited Term benefit. If you freeze your premiums, the sum increased will decrease on each policy anniversary date. In addition, you will be unable to exercise any of the guaranteed future insurability options (see Guaranteed Future Insurability on page 12).

If you wish to unfreeze your premium, you will need to obtain approval from to AIG Life.

Exclusions – Events for Which the Life Insured Is Not Covered

The Term Life benefit and Limited Term benefit have a suicide exclusion. The Permanent Disablement benefit, Permanent Disablement Stand Alone benefit and Waiver of Premium benefit have an exclusion for self-inflicted injury (see page 11).

When Does My Cover Stop?

Term Life, Limited Term, Permanent Disablement, Waiver of Premium and Permanent Disablement Stand Alone benefits

Cover under the benefit will stop on the earliest to occur of the:

- death of the life insured;
- payment of the full sum insured under the benefit;
- expiry date of the benefit;
- cancellation of the benefit;
- life insured ceasing to be qualified to contribute to a superannuation fund under the SIS Act;
- lapse or cancellation of the policy; and
- life insured ceasing to be a member of the Fund or the SMSF that holds the policy.

Please note that cover will also cease if premiums are not paid within 30 days of the due date. If you are a member of the Fund, unless an insurance benefit is payable your risk-only membership of the Fund will cease when cover stops, in which case any contributions that have not been applied towards premium payments may be transferred to an ERF.

If The Life Insured Dies Before The Application Is Accepted, Is Any Benefit Payable?

Yes, if the life insured dies as a result of an accident Complimentary Interim Accidental Death Cover may apply, see pages 63 and 64.

How Do I Make a Claim?

If you wish to claim an insurance benefit under the Superannuation Term Life Plan written notice with full particulars of the circumstances must be given to AIG Life as soon as possible. Claim forms can be obtained from the Claims Department at AIG Life and, if you are a member of the Fund, submitted via the Trustee. You will need to provide evidence to support your claim. AIG Life may also require you to be medically examined in connection with the claim.

What About Tax?

Because taxation rules are complex and affect individuals differently (depending on their personal circumstances), we recommend you seek appropriately qualified advice about how they impact you. Further information is available from <http://simplersuper.treasury.gov.au/> or by contacting the Tax Office's Superannuation Hotline on 13 10 20 between 9.00am and 6.00pm, Monday to Friday. The Trustee will do whatever is necessary to ensure compliance with relevant taxation and superannuation law (including refunding or adjusting contributions or benefits as required or appropriate).

Taxation on benefits

The taxation laws are subject to change from time to time. How they may affect you will depend on your individual circumstances. The taxation information provided below is based on tax laws effective from 1 July 2007.

Is tax payable on a death benefit?

All lump sum payments made to a dependant of the deceased will be tax-free.

Lump sum payments to non-dependants (irrespective of their age) will be taxed at up to 15% plus Medicare levy (if paid from a taxed source) and up to 30% plus Medicare levy (if paid from an untaxed source). A non-dependant for this purpose includes a deceased member's adult child aged 18 years or older. Where a death benefit is received by the legal personal representative of a deceased estate, tax is determined according to who is intended to benefit from the estate. Where the benefit is paid to the estate of the deceased, it may be tax-exempt if the Commissioner of Taxation considers that the final distribution is payable to dependants who could have received a direct distribution tax-free. Otherwise it will be taxed as a benefit paid to non-dependants.

Is tax payable on a permanent disablement claim?

Lump sum disablement benefits may be divided into two components – a tax-free component and a taxable component. The tax-free component is always tax free. The taxable component is taxed at concessional rates, depending on the person's age. From age 60 years the taxable component may also be tax-free.

Can I or my employer receive a tax deduction on the contributions?

Yes, it may be possible, in limited circumstances, for you to claim a tax deduction or rebate on all or part of the contributions that you pay (see below). All employer contributions will be tax deductible (up to age 75 years). Each year, the trustee of your SMSF or the Trustee of the Fund will send you a letter confirming the total amount of contributions paid by either you or your employer.

Are there any contribution limits?

Under the current tax rules (recently introduced), contributions will be classified as 'concessional' or 'non-concessional'. Concessional contributions include deductible employer and self-employed contributions. Non-concessional contributions include member (after tax) contributions.

Concessional Contributions

The concessional tax rate of 15% will generally apply to concessional contributions up to \$50,000 per person per year for the 2007/2008 financial year (subject to indexation in future years). Transitional arrangements will apply, from 2007 to 2012, for those aged 50 or over at any time during this period allowing concessional contributions of up to \$100,000 per person per year. (This tax may be reduced by any tax deduction the Trustee is able to claim for a payment of insurance premiums).

Concessional contributions in excess of these limits will incur additional tax of 31.5% payable directly by the individual member (this amount may be released from a superannuation fund upon presentation of a release authority issued by the Tax Office). Any excess concessional contributions will also count towards the amount of a member's non-concessional contributions (see below).

Non-Concessional Contributions

Non-concessional contributions will be limited to \$150,000 per person per year (for the 2007/2008 financial year). People under age 65 can bring forward 2 years of future entitlements averaged over a three-year period, giving them a cap of \$450,000 over a three-year period. Once a person turns age 65 they will be able to make non-concessional contributions of up to \$150,000 in each financial year provided they satisfy the work test in each relevant year. The \$150,000 cap will be indexed in future years so it is always three times the cap on concessional contributions. Non-concessional contributions in excess of these limits will incur tax at the top marginal tax rate (plus Medicare levy) payable directly by the individual (this amount must be released for a superannuation fund upon presentation of a release authority issued by the Tax Office).

Can a self-employed person receive a tax deduction on the contributions?

Yes, personal after tax contributions by an eligible self-employed person are tax deductible (up to age 75) provided that the criteria for deductibility is met. To be eligible, less than 10% of the person's total income (assessable income plus reportable fringe benefits) must be derived from employment as an employee. Any contribution by an eligible self-employed person is a concessional contribution. Please see 'Concessional Contributions' above for contribution limits and the taxation implications applicable if you exceed those limits.

A notice of a self-employed person's intention to claim a tax deduction (now called a section 290-170 notice) must be submitted to the Fund by the earlier of:

- the time of lodgement of the person's tax return, or
- the end of the financial year following the year the contribution was made (Deduction Notice)

and the fund must acknowledge a Deduction Notice in certain circumstances.

You should seek professional advice regarding your own personal situation.

Collection of Tax File Numbers (TFN)

The trustee of either the SMSF or the Fund is authorised under the SIS Act to collect your Tax File Number (TFN) for superannuation purposes. You do not have to provide your TFN to the trustee but you should be aware of the following information before deciding whether or not to provide it:

- The trustee can only use the TFN lawfully, to help identify your superannuation benefits, to help calculate any tax on those benefits, and to report it to the Australian Taxation Office for calculation of any excess contributions tax.
- If you transfer benefits to another eligible superannuation fund or Retirement Savings Account, the trustee can disclose your TFN to the trustee of that fund, unless you tell it in writing not to. The trustee cannot disclose it to anyone else except the Australian Taxation Office. The trustee is obliged to treat your TFN confidentially.
- You do not have to give the trustee of your SMSF your TFN. However, if you do not, or you give it an incorrect TFN, then
 - the trustee may have to deduct more tax from your benefits than it would otherwise would (this may be reclaimed through the income tax assessment process);
 - The trustee may not be able to locate all your benefits;
 - The trustee may be slower to pay you as it may be harder for it to match up all your benefits;
 - You may have to pay extra tax (which may not have been payable had you provided your TFN to the trustee) on your contributions or benefits unnecessarily. In some circumstances, you may be able to reclaim the extra tax through the Australian Taxation Office.
- The way in which the trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

As a result of significant government reforms, there are additional rules relating to TFNs that apply from 1 July 2007. The new legal framework includes:

- If a fund does not hold your tax file number:
 - by the end of the year in which contributions are received, your concessional contributions (called no-TFN contributions) will be taxed at the highest marginal tax rate (plus Medicare levy); and
 - the fund will not be able to accept non-concessional contributions from you.
- A fund may (but is not obliged to) recover any additional tax paid by it in respect of your no-TFN contributions if the fund is subsequently provided with your TFN (within 3 years). The Trustee will make reasonable endeavours to recover such tax but may not do so if a member has left the Fund prior to receiving the member's TFN.

Important: The Fund will not accept contributions and a risk-only interest under the Fund will not be issued if an applicant has not supplied his or her Tax File Number to the Trustee of the Fund.

How to Apply

Starting your Superannuation Term Life Plan is easy! For information on how to apply, see the 'How to Apply' section on page 49.

In addition, if you are not a member of a SMSF, you must complete and sign Section X (AIA Superannuation Fund – Membership Application) of the Application Form, in addition to completing the relevant sections of the Application Form as the Life Insured and signing Section Y.

If you are a member of a SMSF, the trustee of that fund must complete and sign Section W (Private/Self-Managed Superannuation Fund) of the Application Form, and you must also complete the relevant sections of the Application Form as the Life Insured and sign Section Y.

Irrespective of which superannuation fund the life insured is a member, insurance cover will not commence until the risk is accepted by AIG Life.

REMEMBER – Do not forget to keep your Complimentary Interim Accidental Death Cover Certificate in a safe place.

Policy Documents and Schedules

Where the policy is to be owned by the trustee of a SMSF, the policy document and policy schedule will be sent to the trustee of the SMSF.

Where the policy is to be owned by the Trustee of the Fund, the policy document and policy schedule will be sent to the life insured/member of the Fund.

What Is a Cooling-off Period?

A cooling-off period is a time period during which you can elect to cancel your application for the insurance benefits under the Superannuation Term Life Plan and, if the plan is to be acquired by the Trustee of the Fund, a risk-only superannuation interest in the Fund.

After AIG Life has assessed and approved your application for cover, you will receive the policy document and policy schedule. You will then have 28 days to check that the policy and benefits meet your needs. This is known as the cooling-off period. It starts from the day when you receive the policy document or (if earlier) the 5th day after the policy document was issued.

Within this period you may cancel the policy and receive a refund of the premium paid with your application by forwarding a notice in writing by letter, fax or email or in any other manner permitted by law, together with your policy document, to:

- the Trustee, if you acquired the Superannuation Term Life Plan as a member of the Fund (see inside front cover for contact details of the Trustee); or
- AIG Life if you acquired the Superannuation Term Life Plan in relation to your SMSF (see inside front cover for contact details of AIG Life).

If you are a member of the Fund, the premium you paid is a superannuation contribution and must be preserved. It cannot be refunded to you directly. If you cancel the policy (and your risk-only superannuation interest) within the cooling-off period, you must therefore provide details of another complying superannuation fund so that the Trustee can transfer the preserved money into that fund. Otherwise the Trustee will transfer the preserved money to an ERF. (Please see page 37 for details of the ERF.)

Please note that you will lose the right to cancel your policy if you exercise any rights or powers under the policy or the trust deed during the cooling-off period.

What Happens If I Cancel My Policy after the Cooling-off Period?

If you cancel your policy after the Cooling-off Period, excess premium paid (if any) as a superannuation contribution may be rolled over to an ERF (see page 37).

Any Questions or Concerns

If you should have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613 and we will promptly investigate your enquiry, referring it if necessary to our Internal Dispute Resolution Committee.

If you are a member of the Fund and have any questions about the Fund, please contact the Administrator on (02) 9335 7380. If you have a complaint, please ask to speak to the Fund Complaints Officer who will investigate your complaint and, if necessary, refer it to the Trustee.

We will try to respond to any questions or complaints as soon as possible. In any event, complaints will be considered and processed within 90 days as required by legislation. In special circumstances we may take longer.

Should you not be satisfied with our response to your concerns then you may take the matter up with the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 780 808, for the cost of a local call. SCT is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

SCT may be able to assist you to resolve your complaint but only after you have made use of our own complaint handling process. Once SCT 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 SCT for a determination, which is binding on all parties. SCT's address is:

Superannuation Complaints Tribunal,
Locked Bag 3060,
GPO MELBOURNE, VIC 8009
Telephone: 1300 780 808

Significant Risks

There are some significant risks associated with life insurance:

Insurer Fails

Your insurer may become insolvent and therefore may not pay your claims. Life insurers are supervised by the Australian Prudential Regulation Authority and are regulated under the Life Insurance Act 1995. As at the date of this PDS, the reserves in our Statutory Fund No. 1, which back this product, are in excess of the solvency and capital adequacy requirements that apply to life insurers.

Selection of Wrong Product

You may choose an insurance product that does not meet your needs. You should read the PDS and policy document for an insurance product carefully to prevent this. You may wish to consult an adviser for assistance.

Inadequate Amount of Insurance

You may select the correct insurance product for your needs, but you might not choose enough cover. This might cause you to suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, an adviser may be able to help you.

Inability to Obtain an Increase in Cover

You may not be able to obtain an increase in cover because of your particular health or circumstances, now or in the future. You should therefore ensure you do not allow your existing cover to lapse or to be cancelled until new insurance cover is firmly in place.

Premium Rates

Notwithstanding the premium rates guarantee, your premiums may be varied from time to time. (See page 47 for more information about premiums and the premium rates guarantee.)

Late Payment of Premiums

If you do not pay your premiums within 30 days of the premium due date, your policy will lapse. Although you can apply for reinstatement of the policy upon payment of the unpaid premium with compound interest, AIG Life may require evidence of continued good health and eligibility before reinstating the policy and you will not be covered for any symptoms that were apparent before the reinstatement.

Electing to Freeze Premiums

If you elect to freeze premiums, your sum insured will reduce on each policy anniversary date. This may not suit your insurance needs and you should consider consulting an adviser before making this choice.

Your Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, which is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate this contract of insurance.

Your duty of disclosure also extends to the Trustee under the terms of the Superannuation Term Life Plan based on your membership in the Fund. This ensures that the Trustee is able to meet its disclosure obligations.

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may elect to avoid the contract at any time from its inception. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

The consequences outlined above also apply if you elect the Superannuation Term Life Plan.

How Much Does The Policy Cost?

Regular Premiums

All plans under Priority Protection are available on a regular premium basis. The premiums you pay, excluding the premium for the Child's Recovery benefit and the Home Expenses benefit depend on the life insured's age, sex, smoking status, occupation category and state of health. The premium you pay for the Child's Recovery benefit will depend on the insured child's age and sex. The premium you pay for the Home Expenses benefit depends on the insured spouse's age, sex, smoking status and state of health.

Premiums are generally payable on a stepped or level basis. All plans under a policy must be on the same premium basis unless a benefit is solely stepped or level. Female Crisis Assistance benefit must be on a stepped premium basis.

There is a minimum yearly premium of \$300. For more details about premiums, a copy of our premium rates or an indicative personalised quote, please contact your adviser or us.

Guaranteed Renewable

Provided you pay the appropriate premium in full when due, each benefit under Priority Protection is guaranteed renewable each year to the expiry date of the benefit regardless of changes in the life insured's health, occupation or pastimes and in the case of the Disability Income Plan and the Business Expenses Insurance Plan, whether a claim has been made.

Policy Reinstatement

Reinstatement can occur within 6 months from the latest premium due date for the first unpaid premium. Underwriting will be required in some circumstances.

What are Stepped or Level Premiums?

Stepped premium rates generally increase as the life insured's age increases, whereas level premium rates remain constant until the latest policy anniversary date prior to the life insured's 65th birthday.

In addition, stepped or level premiums will change if:

- you request a change in your sum insured;
- you choose to have your sum insured automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium Rates Guaranteed on page 47).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

Guarantee of Continuation for Level Premium

Term Life Plan and Crisis Recovery Stand Alone Plan

This guarantee applies only to benefits continuing beyond the life insured's 65th birthday. Where the policy has remained in force to the policy anniversary prior to the life insured's 65th birthday, these benefits will continue on a stepped premium basis until the expiry date of the benefit. The stepped premium will reflect the life insured's age at each policy anniversary, sex and smoking status and original terms of acceptance of the benefits.

Premium Discounts

Term Life and Limited Term Benefits

If you purchase a Term Life benefit or a Limited Term benefit or both, you may be entitled to a premium rate discount based on the sum insured for each benefit and the age of the life insured at the commencement date of the benefit. Please refer to the table below for the discount that may be applicable.

Term Life or Limited Term Sum Insured	Discount to Premium Rate per \$1,000 Sum Insured		
	Age next birthday at entry		
	44 or lower	45 – 54	55 or greater
\$500,000 to \$999,999	\$0.07	\$0.15	\$0.50
\$1,000,000 to \$1,999,999	\$0.15	\$0.30	\$0.75
\$2,000,000 or greater	\$0.17	\$0.40	\$1.00

These discounts apply to the Term Life and Limited Term benefits only.

Also a 5% discount applies to Term Life and Limited Term premium rates for lives rated as occupation category AAA and AA. If applicable, this 5% discount applies prior to the above discounts.

Please consult your adviser for details of all discounts that may apply.

Crisis Recovery Stand Alone Benefit

If your Crisis Recovery Stand Alone sum insured is \$300,000 or greater and the life insured's next birthday is 30 years or greater at the commencement date of the benefit you are entitled to a premium discount. Please refer to the table below for the discount that is applicable.

Crisis Recovery Stand Alone Sum Insured	Discount to Premium Rate per \$1,000 Sum Insured		
	Age next birthday at entry		
	30 – 35	36 – 44	45 or greater
\$300,000 to \$499,999	\$0.10	\$0.15	\$0.50
\$500,000 to \$999,999	\$0.10	\$0.20	\$0.55
\$1,000,000 or greater	\$0.15	\$0.25	\$0.60

Disability Income Plan and Business Expenses Insurance Plan

If you purchase a Disability Income benefit, a Disability Income Accident Only benefit or a Business Expenses Insurance benefit, you may be entitled to a premium rate discount based on the insured monthly benefit for each benefit at the commencement date of the benefit. The discount will apply to the yearly premium rate for the Disability Income (Agreed Value or Indemnity) benefit, the Disability Income Accident Only (Agreed Value or Indemnity) benefit and the Business Expenses Insurance benefit.

Insured Monthly Benefit	Premium Rate Discount
Up to \$2,999	Nil
\$3,000 to \$4,999	5%
\$5,000 to \$9,999	10%
\$10,000 or greater	15%

Additional Information (continued)

If a Claim Escalation benefit, PLUS Optional benefit or Day 1 Accident benefit is included in your Disability Income Plan, then the premium rate discount applying to the Disability Income benefit or the Disability Income Accident Only benefit will apply to these optional benefits.

The premium rate discount applying to an optional Business Expenses Insurance benefit will be separately determined.

Multi-Plan Discounts

Your policy will enjoy a premium discount (either 5% or 10%) if your policy contains two or more qualifying plans. A plan is a qualifying plan if its contracted annualised premium, excluding the policy fee (see page 48), any stamp duty (see page 48) payable and any multi-plan discount applicable, is \$500 or greater. The contracted annualised premium for a plan will include the premium for all benefits under that plan and any premium frequency charge applicable.

If your policy includes two qualifying plans a 5% premium discount will apply; if your policy includes three or more qualifying plans a 10% premium discount will apply.

If your policy qualifies for a multi-plan discount, the discount will apply to all plans under the policy even if one or more of the plans is not a qualifying plan. The discount will apply to the contracted annualised premium, excluding the policy fee and any stamp duty payable.

The minimum yearly premium of \$500 will apply to both stepped and level premium cases for qualification purposes.

A plan may change from being a non-qualifying plan to a qualifying plan as a result of the premium increasing due to a CPI increase (stepped or level premium basis), an increase in the age of the life insured (stepped premium basis), the addition of a new benefit or the voluntary increase in a benefit. Conversely, the deletion of a benefit from a qualifying plan or the voluntary decrease in a benefit under a qualifying plan may result in the plan being re-classified as a non-qualifying plan.

Where the addition or deletion of a benefit or the voluntary increase or decrease in a benefit occurs during a policy year and results in a change to the plan's qualifying status, then the Multiplan discount will change from the effective date of the change in benefit (e.g. the voluntary increase in a benefit or the addition of a new benefit).

We can vary at any time the rules for this premium discount, including the discount percentages, for both new policies and policies in-force at the time of variation.

Minimum Premium

The minimum premium is \$300 per year per policy. This includes the premium for all benefits chosen, the policy fee and any stamp duty.

Payment of Premiums

Premiums must be paid monthly, half-yearly or yearly. Premium payments made more frequently than yearly are subject to a premium frequency charge (see page 48).

The deposit premium must be paid in advance and submitted together with the application form.

Payments Made Easy

Acceptable methods of payment that can be used are:

- Deposit Premium Only
 - Cheque
 - Direct Debit (credit card¹)
 - Direct Debit (financial institution²)
- All Future Premiums
 - Direct Debit (credit card¹)
 - Direct Debit (financial institution)
 - BPAY (half-yearly and yearly only)
 - POSTbillpay (half-yearly and yearly only)

Notes 1: Acceptable Credit Cards are MasterCard, Visa Card, Diners Card and American Express.

2: Direct Debit (financial institution) will cover both the deposit premium and all future premiums.

Premium Rates Guaranteed

The premium rates under the policy are guaranteed for at least one year. We guarantee that any increase or reduction in a table of stepped or level premium rates will not take effect in respect of a benefit until the first anniversary of the policy commencement date or the next policy anniversary following of the latest increase or reduction in the table of premium rates for that benefit, if later.

Notwithstanding the 1-year premium rates guarantee, your premiums may be varied from time to time. A table of premium rates is available on request. Different premium rates apply to males and females, to smokers and non-smokers and to different occupations. The premium rates for Priority Protection allow for the cost of insurance and our expenses, including commission payable to an adviser.

Premium rates may not be altered individually but only for all policies in a group. Your policy cannot be singled out for an increase. You or the life insured will be notified in writing of any change in the premium rates prior to the change taking effect.

What Happens If I Stop Paying Premiums?

If you do not pay premiums in full within 30 days from the premium due date your policy will lapse and cover will cease.

What Are The Fees and Charges?

All the fees and charges of your Term Life Plan, Crisis Recovery Stand Alone Plan, Disability Income Plan (Agreed Value or Indemnity) and Business Expenses Insurance Plan are fully described in this section. We undertake not to apply any other charges without your specific consent.

We will charge a policy fee and any appropriate government stamp duty (see page 48).

At the time of application for your policy or your Superannuation Term Life Plan through your SMSF, your initial premium or instalment of premium will be held in a trust account administered by us until the policy is issued to you or the trustee of your SMSF. Under the Corporations Act AIG Life is entitled to retain any interest earned during the period the funds are held in trust.

Additional Information (continued)

At the time of application for your Superannuation Term Life Plan through the Fund, your initial premium or instalment premium will be held in a trust account administered by the Trustee until the policy is issued to the Trustee. Under the Corporations Act, the Trustee is entitled to retain any interest earned during the period the funds are held in trust.

Policy Fee

A policy fee is charged per policy in addition to the premiums applicable per benefit and any stamp duty. The policy fee is currently \$60 per annum regardless of the number of plans or benefits purchased under the one policy. Two policy fees may apply – one for the Superannuation Term Life plan and another for the non-superannuation plans.

The policy fee may be changed at our discretion. However, the policy fee at any date cannot exceed \$60 increased by the percentage increase in the CPI since 1 October 2001 up to that date. You will be notified of any change in the amount of the policy fee prior to the change taking effect.

There may also be other charges, such as a lost or destroyed policy replacement charge (see opposite).

Commissions

We may pay commissions to your adviser in respect of your policy. These commissions are paid from our premium income and are not an additional cost to you. Your adviser will provide you with details of the commissions received.

Premium Frequency Charge

There is no premium frequency charge on yearly premiums. Premiums payable half-yearly or monthly are subject to a charge to cover increased costs. This charge is expressed as a percentage of the yearly premium in the following table.

Premium Payment Frequency	Charge as a percentage of Yearly Premium
Half-yearly	5%
Monthly	8%

You will be notified of any change in the amount of the charges prior to the change taking effect.

Taxation

Please refer to each plan's 'What About Tax?' section for information relating to that plan.

• Tax Changes

Any material change to the taxation position of the policy will be notified to you in the first Renewal Statement following the change.

• Tax or Other Government Imposts

Where we are, or believe we will become, liable for any tax or other imposts levied by any Commonwealth or State government, authority or body in connection with the policy, we may reduce, vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the policy in the manner and to the extent we determine to be appropriate to take account of the tax or impost.

• GST

The premium applicable to this policy is input taxed for the purposes of the Goods & Services Tax (GST). No GST is payable by you in respect of the purchase of this policy.

• Stamp Duty

Stamp duty may be payable on this policy by us in accordance with the stamp duty rates applicable in the State or Territory in which the life insured is ordinarily resident. These rates currently vary between 0% and 11% depending on the State or Territory.

For some optional benefits the amount of stamp duty payable is included in the premium and is not an additional charge to you. For others, it is not included in the premium and is an additional charge to you. Your adviser can provide you with a personalised premium quotation showing the amount of any stamp duty payable as an additional charge to you.

Nomination of Beneficiary

You are entitled to nominate a beneficiary to receive all death claim proceeds arising from the non-superannuation plans under this policy.

Where you select the Superannuation Term Life Plan, you can nominate beneficiaries direct to the trustee of your superannuation fund (see pages 35 and 37).

Statutory Fund

Your Priority Protection policy will be written in the AIA Statutory Fund No. 1.

How to Change My Sum Insured

Increase in Sum Insured and/or Insured Monthly Benefit

You can increase your sum insured and/or insured monthly benefit each policy year in line with the increase in the Consumer Price Index (CPI) for that year. You can also select a voluntary increase in your sum insured and/or insured monthly benefit. Any voluntary increase will be subject to underwriting and/or maximum sum insured and insured monthly benefit rules.

Benefit Indexation Increases

If you so choose in the application, we will offer you each policy year the opportunity to increase the sum insured and/or the insured monthly benefit for each eligible benefit under the policy by that policy year's percentage increase in the Consumer Price Index (CPI) or by 5% whichever is the greater (see Summary on pages 6 to 9). Any sum insured and insured monthly benefit increase for a policy year will be effective from the policy anniversary at the start of the policy year. However, benefit indexation will not be offered while the life insured is on claim.

Your premium will be adjusted to allow for the higher sum insured and/or the higher insured monthly benefit and the age of the life insured at that time. Where level premiums are being paid, the age of the life insured at the time of the increase is used to calculate the premium payable on the increase.

Additional Information (continued)

Automatic indexation increases in the sum insured and/or the insured monthly benefit will cease at the latest policy anniversary prior to the life insured's 70th birthday or at the expiry date of the benefit, if earlier.

This option will not be exercisable where a Premium Freeze is in force.

Unless you advise us otherwise, we will assume that you want the benefit indexation to apply to your benefits under the policy.

Voluntary Increases

The sum insured and/or the insured monthly benefit of an eligible benefit may be increased at any time subject to underwriting and maximum sum insured and insured monthly benefit rules.

This option is not available under the Home Expenses benefit.

Decrease in Sum Insured and/or Insured Monthly Benefit

You can decrease the sum insured and/or the insured monthly benefit of an eligible benefit at any premium due date providing the reduced sum insured and/or insured monthly benefit or premium is not below the minimums in force at the time of the decrease.

This option is not available under the Home Expenses benefit.

Indexation of Benefit

Where the sum insured and/or the insured monthly benefit is increased or decreased any indexation of benefit will continue based on the increased or reduced sum insured.

How to Apply

Priority Protection is sold only through advisers who are qualified to provide advice on AIG Life products.

The adviser will provide you with a quotation detailing the benefits you wish to purchase, and assist you with the application process. An application to purchase a Priority Protection policy can proceed only on the Application Form accompanying this PDS.

The Application Form and quotation will then be forwarded to us for processing. At that stage, we may require additional information, such as medical and financial information, to assist with the processing of your application.

REMEMBER – Do not forget to keep your Complimentary Interim Accidental Death Cover Certificate and/or Complimentary Interim Accidental Disability Income Cover Certificate.

Health and Other Information Required

We will ask for medical and other information about the person to be insured such as health, income, occupation, residency, travel details, lifestyle and pastimes. This information will assist us to assess:

- your eligibility for the type of cover you have selected,
- if any exclusions or special conditions should apply to your policy,
- the correct premium of your policy.

In some instance it may be necessary for you to complete additional forms or we may ask for financial and other information in addition to further medical evidence depending on your personal situation or the amount of cover you are applying for.

We will ask for medical and other information about the person to be insured. This evidence is required for us to assess your application. We will keep this information confidential. In assessing your application we may also ask for financial and other information in addition to further medical evidence.

Information on Your Policy

After your application has been assessed and approved for cover by us, we will mail or deliver to you a:

- policy document, containing policy terms and conditions; and
- policy schedule which sets out the regular premium payable and the benefits purchased under your policy.

Our contract with you comprises the PDS, the policy document and the policy schedule. You should read these documents carefully and contact your adviser or us directly if you have any concerns.

Where the policy is to be owned by the trustee of a SMSF, the policy document and policy schedule will be sent to the trustee of the SMSF.

Where the policy is to be owned by the Trustee of the AIA Superannuation Fund, the policy document and policy schedule will be sent to the life insured/member of the Fund.

What Is the Cooling-off Period?

(For members of the AIA Superannuation Fund – see page 44.)

After we have assessed and approved your application for cover, you will receive the policy document and policy schedule from us. You will then have 28 days to check that the policy and benefits meet your needs. This is known as the cooling-off period. Within this period you may cancel the policy and receive a full refund of all premiums paid.

The cooling-off period starts from when you received the policy document from us or from the end of the 5th day after the day on which we sent the policy document to you, whichever is the earlier to occur.

To return your policy in the cooling-off period, please send us:

- your request to cancel the policy either by letter, fax or email or in any other manner permitted by law, and
- the policy document.

Note: You will lose the right to return your policy within the cooling-off period when you first exercise any right or power, other than this right to return your policy, which you have under the terms of your policy.

Policy Terms and Conditions

Please note that this PDS provides only a basic outline of the coverage. For precise terms and conditions, you should refer to the policy document. This should be done within the cooling-off period, to satisfy yourself that the policy meets your expectations and needs, as discussed with the person who recommended it to you (see above for detailed information on your cooling-off rights).

Transfer of Ownership (Assignment)

At any time, you may request a transfer of ownership of the policy to another person or a company or in the case of the Superannuation Term Life Plan from the trustee of the AIA Superannuation Fund to the trustee of a SMSF. This is achieved by assigning the policy to the person, the company or the trustee of the SMSF. You should be aware that an assignment will revoke any previous nomination of beneficiary. You should be aware that by assigning the policy, you relinquish all rights to benefits payable under the policy and it may give rise to tax implications.

Please contact AIG Life on 1800 333 613 if you wish to assign the policy. We will provide you with all of the relevant information required to do so.

Lost or Destroyed Policy Documentation

If your policy document is lost or destroyed we will replace it but may charge to recover the costs involved. This charge is currently not greater than \$100 and covers the cost of reissuing the lost document, including advertising the loss – a statutory requirement in some circumstances. We may vary this charge from time to time. We may also require you to sign a statutory declaration to the effect the policy document has been lost or destroyed.

Making a Claim

Written notice with full details of any claim should be given to us as soon as possible.

Payment of claims is subject to us confirming the diagnosis.

Once we receive written notice of a claim, we will send you the appropriate form(s) to enable proof of positive diagnosis to be filed with us. This may require you to be medically examined by our medical practitioner.

Any Questions or Concerns

(For members of the AIA Superannuation Fund – see page 44.)

If you should have any questions or concerns about your policy please contact your adviser in the first instance or us direct on 1800 333 613 and we will promptly investigate your enquiry, referring it if necessary to our Internal Dispute Resolution Committee.

Internal complaints are normally resolved within 45 days. In special circumstances we may take longer. If this is the case we will advise you.

Should you not be satisfied with our response to your concerns after they have been ruled upon by the Committee, then you may take the matter up with the independent Financial Ombudsman Service (FOS) (formerly known as the Financial Industry Complaints Service Ltd). Details as follows:

Financial Ombudsman Service (FOS)
GPO Box 3
MELBOURNE VIC 3001
Telephone: 1300 78 08 08
Facsimile: (03) 9613 6399
Email: info@fos.org.au

Policy Upgrade

Over time we will review the benefits provided under the policy.

When we improve the benefits under the policy and such improvements result in no increase in premium rates, we will upgrade your policy with the improved benefits. The upgrade will be done automatically and no action is required by you.

These benefit improvements will be effective from the first date on which a Priority Protection policy containing the benefit improvements could have been purchased from us.

We will replace your current policy document with a new policy document incorporating the upgrade.

Your rights and obligations will be determined by the new policy document. Should a situation arise where you are disadvantaged in any way as a result of the upgrade, the previous policy wording will apply.

In terms of any upgrade under your policy, these will apply to future claims only and not past or current claims or any claims resulting from health conditions or events which began or took place before the effective date of the upgrade.

Privacy Statement

American International Assurance Company (Australia) Limited trading as AIG Life (ABN 79 004 837 861) follows the National Privacy Principles developed under the Privacy Amendment (Private Sector) Act 2000. We provide you with the following information regarding our privacy procedures and your rights.

Our privacy policies and procedures may be found at www.aiglife.com.au. If you are purchasing the Superannuation Term Life Plan by becoming a member of the AIA Superannuation Fund, a copy of the Trustee's policies and procedures may be obtained from the Trustee's privacy officer. For further details on the Trustee's privacy policies, see page 39.

Purpose of Collection

We collect personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims;
- c) facilitate our business operations; and
- d) market promotional material about services that we believe you may be interested in. (The Privacy Declaration contained in your Application allows you to elect whether you wish to receive direct marketing material from us.)

If you do not wish to provide us with all or part of the personal information we request from you, we may not be able to provide you with insurance cover.

Access to Your Information

You are entitled at any time to request access to your personal information held by us. All requests should be made in writing to:

Policy Services Manager
AIG Life
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

You can ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

In some circumstances, we may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorised by law.

In these cases, we will provide you with written reasons for denial of access or a refusal to correct personal information.

Disclosure of Information

We may disclose your personal information to:

- a) another member of the AIG group of companies (whether in Australia or overseas);
- b) your adviser;
- c) our contractors and third party service providers, e.g. medical practitioners and reinsurers;
- d) your employer (for employee superannuation products);
- e) financial institutions you nominate;
- f) mail houses and archive companies; and
- g) the Trustee and all parties relevant to administer the Superannuation Term Life Plan.

We will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances we are entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies or government authorities to protect our interests or to report illegal activities.

Any Questions or Concerns on Privacy

(For members of the AIA Superannuation Fund – see page 39.)

If you have any questions or concerns about your personal information, please write to:

Compliance Manager
AIG Life
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008

We have established an internal dispute resolution process for handling customer complaints about our compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge.

If you have a privacy complaint, you should submit it in writing to the Compliance Manager. You will receive a letter from us within 5 working days which documents our complaints handling process. Your complaint will be referred to our Internal Disputes Resolution Committee which will try to resolve your complaint within 45 days of receipt.

Should your complaint not be resolved to your satisfaction by our internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are:

Office of the Federal Privacy Commissioner
GPO Box 5218
Sydney, NSW 2001
or call the Privacy Hotline on 1300 363 992.

Occupation Categories

Occupation Category	Characteristics of Occupation Category
AAA	<ul style="list-style-type: none"> Professional white collar workers, other than those in medical and allied occupations, who must have tertiary qualifications, and other successful high income white collar workers, who have long-standing experience in their field of business.
AA	<ul style="list-style-type: none"> Professionals, who must have tertiary qualifications in the medical and allied occupations. e.g. doctors, dentists, optometrists, physiotherapists.
A	<ul style="list-style-type: none"> Other white collar occupations, that involve clerical and administrative work only. These workers are generally office bound. The working environment must present minimal injury or sickness risk.
B	<ul style="list-style-type: none"> Occupations not classified as white collar, involving some light manual work, including supervisors of manual workers and persons in a totally administrative job within an industrial environment. The working environment may present slight injury or sickness risk.
C	<ul style="list-style-type: none"> Fully qualified skilled tradespersons of various occupations, who perform light to medium manual work. e.g. qualified electricians, chefs and mechanics. The working environment may present a moderate injury or sickness risk.
D	<ul style="list-style-type: none"> Unqualified tradespersons, who perform light to medium manual work. e.g. cleaners, drivers, fencing contractors. The working environment may present a significant injury or sickness risk.
E	<ul style="list-style-type: none"> Unqualified tradespersons, who perform heavy manual work. e.g. concreters, earth-moving workers, carpet layers. The working environment may present a significant injury or sickness risk.

'ACCIDENTAL HIV INFECTION' means infection with the human immunodeficiency virus (HIV) acquired by accident or violence during the course of the life insured's normal occupation or through the medium of a blood transfusion, transfusion of blood products, organ transplant, assisted reproduction technique or other medical procedure or operation performed by a doctor or at a recognised medical facility. Sero-conversion evidence of the HIV infection must occur within six months of the accident. HIV infection transmitted by any other means, including but not limited to sexual activity or non-medical intravenous drug use, is not Accidental HIV Infection under the policy.

Any accident giving rise to a potential claim must be reported to us within 30 days and be supported by a negative HIV antibody test taken within seven days after the accident. We must be given access to test independently all blood samples used, if we require. We retain the right to take further independent blood tests or other medically accepted HIV tests.

'ACCIDENTAL INJURY' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.

AGREED VALUE

- The insured monthly benefit is agreed with you at the time of application and is based on the life insured's income at that time.
- The insured monthly benefit is guaranteed subject to receipt by us of financial evidence in relation to your application. That evidence must be satisfactory to us. If financial evidence in relation to your application is not provided to us at time of application, that evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply; and
- Cover on an agreed value basis is available only to occupation categories AAA, AA, A, B and C.

'ALZHEIMER'S DISEASE'

Means the diagnosis of Alzheimer's disease as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment.

Significant cognitive impairment means deterioration in the life insured's mini-mental state examination, or equivalent thereof, scores to 20 or less.

'APLASTIC ANAEMIA' means permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring treatment by at least one of the following:

- blood product transfusion
- marrow stimulating agents
- immunosuppressive agents
- bone marrow transplantation.

'BACTERIAL MENINGITIS' means the diagnosis of the life insured with bacterial meningitis. The meningitis must produce neurological deficit causing permanent and significant functional impairment. 'Significant' shall mean at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Diagnosis must be confirmed by a consultant neurologist. Bacterial meningitis in the presence of HIV is excluded. All other forms of meningitis including viral, are excluded.

'BENEFIT PERIOD' is the maximum period during which the monthly income benefit is payable.

'BENIGN BRAIN TUMOUR' means a non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory or motor skills impairment as confirmed by a consultant neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association, or
- (b) the life insured being totally and permanently unable to perform any one of the following 'Activities of Daily Living':
 - (i) bathing,
 - (ii) dressing,
 - (iii) eating,
 - (iv) toileting,
 - (v) transferring.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

'BLINDNESS' means that as a result of disease or accident and certified by an ophthalmologist, the:

- (a) visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the
- (b) field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
- (c) combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

'CANCER' means the presence of one or more malignant tumours including Hodgkin's disease, leukaemia and other malignant bone marrow disorders, and characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- tumours which are histologically described as pre-malignant or showing the changes of 'carcinoma in situ';
 - 'carcinoma in situ of the breast' is not excluded if the entire breast is removed specifically to arrest the spread of malignancy, and this procedure is the appropriate and necessary treatment as confirmed by an appropriate

specialist acceptable to us. (For carcinoma in situ of the breast, the benefit payable will be limited to 25% of the sum insured, subject to a maximum payment of \$25,000 under all policies we have issued covering the life insured.)

- melanomas of less than 1.5mm thickness, without ulceration as determined by histological examination;
- all hyperkeratoses or basal cell carcinomas of the skin;
- squamous cell carcinomas of T2N0M0 and below grade tumours, where the tumour is less than 5 cm in greatest diameter.
- T1N0M0 papillary carcinoma of the thyroid less than 1 cm in diameter;
- Polycythemia Rubra Vera requiring treatment by venesection alone, and
- tumours treated by endoscopic procedures alone.

Skin cancer – where diagnosed by an appropriate specialist acceptable to us, we will pay:

- 100% of the sum insured for melanomas where the tumour is with ulceration or is diagnosed as 1.5 mm or greater in Breslow's depth of invasion; and
- 10% of the sum insured for cutaneous squamous cell carcinomas where the tumour is diagnosed stage T3N0M0 under the TNM Classification system; and
- 100% of the sum insured for cutaneous squamous cell carcinomas where the tumour is diagnosed at greater than T3N0M0 or any T N1, 2 or 3 or metastases are present.

After any payment for cancer the sum insured will be reduced by the payment made.

'CARCINOMA IN SITU OF FEMALE REPRODUCTIVE ORGANS' means a histologically proven, localised pre invasive lesion where cancer cells do not penetrate the basement membrane nor invade the surrounding tissues or stroma. 'Invade' means to infiltrate and/or actively destroy tissue or surrounding tissue. The disease of Carcinoma in Situ covered by this policy must be confirmed by a biopsy and is limited only to the following sites:

- Breast where the tumour is classified as TNM stage TIS.
- Cervix, Uterus at or above CIN III Grading.
- Ovary, where the tumour must be classified as TIS according to the TNM Staging method or FIGO* Stage 0.
- Vagina or Vulva, where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0.
- FIGO refers to the staging method of the Federation Internationale de Gynecologie et d'Obstetrique.

'CARDIOMYOPATHY' means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

'CHRONIC LIVER DISEASE' means end stage liver failure, together with two of the following conditions:

- Permanent jaundice,
- Ascites, or
- Hepatic encephalopathy.

Such disease directly related to alcohol or drug abuse is excluded.

'CHRONIC LUNG DISEASE' means end stage respiratory failure requiring permanent oxygen therapy with FEV 1 test results consistently showing less than one litre.

'COMA' means total failure of cerebral function characterised by total unarousable, unresponsiveness to external stimuli, persisting continually with the use of a life support system for a period of at least 96 hours. It must result in significant permanent loss of cerebral function as determined by a recognised consultant neurologist acceptable to us.

For the purposes of this definition, 'significant' shall mean at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association.

Excluded from this definition is coma induced medically or resulting from alcohol or drug abuse.

'COMMON LAW MARRIAGE' means a marriage recognised at common law as valid even though performed contrary to the law of the place where the marriage is celebrated. Regardless of its form, such a marriage must be based on the expressed agreement of the parties to take one another as husband and wife and be celebrated in circumstances where compliance with the forms of the local law is impossible or excused.

'COMPLICATIONS OF PREGNANCY' means one of the following:

1. Disseminated Intravascular Coagulation
Disseminated Intravascular Coagulation (DIC) where the following conditions are met:
 - There is a pregnancy related cause of the DIC; and
 - Excessive fibrin formation and fibrinolysis has caused the depletion of coagulation proteins and platelets; and
 - There is life-threatening haemorrhage from multiple sites.
2. Ectopic Pregnancy
Pregnancy in which implantation of a fertilised ovum occurs outside the uterine cavity. The ectopic pregnancy must be terminated by laparotomy or laparoscopic surgery. The diagnosis of ectopic pregnancy must be confirmed by a medical specialist.
3. Hydatidiform Mole
The development of fluid-filled cysts in the uterus after the degeneration of the chorion during pregnancy which results in the death of the embryo. The diagnosis of Hydatidiform mole must be confirmed by a medical specialist.
4. Pre-eclampsia of Pregnancy
Pre-eclampsia is defined as:
 - Maternal hypertension with diastolic blood pressure greater than 100mmHg consistently for a 24-hour period;
 - Proteinuria equal to or greater than 3g (or 3000mg) per 24 hours urine collection and

- Requires admission of the life insured to hospital. Diagnosis must be confirmed by a consultant obstetrician/gynaecologist.

5. Stillbirth

Foetal death in utero after 28 weeks of pregnancy. Elective termination of pregnancy and abortion are specifically excluded.

'CONGENITAL ABNORMALITIES OF CHILD' means one of the following:

1. Down's Syndrome

A specific genetic abnormality caused by an extra chromosome 21 that causes mental retardation and physical abnormalities.

2. Spina Bifida Myelomeningocele

Defective closure of the spinal column due to a neural tube deficit with a resultant meningocele or meningocele and associated neurological deficit. The diagnosis must be confirmed by a medical specialist.

3. Tetralogy of Fallot

An anatomical abnormality with severe or total right ventricular outflow tract obstruction and a ventricular septal defect allowing right ventricular deoxygenated blood to bypass the pulmonary artery and enter the aorta directly. The diagnosis must be confirmed by a medical specialist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

4. Transposition of Great Vessels

A congenital heart defect where the aorta arises from the right ventricle and the pulmonary artery from the left ventricle. The diagnosis must be confirmed by a cardiologist and supported by an echocardiogram, and invasive surgery must be performed to correct the condition.

5. Congenital Blindness

Complete absence of the sense of sight from birth. The diagnosis must be confirmed by a medical specialist.

6. Congenital Deafness

Complete absence of the sense of hearing from birth. The diagnosis must be confirmed by a medical specialist.

'CONSUMER PRICE INDEX' (CPI increase) means the percentage increase in the average CPI for the 6 state capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available at the date of the policy fee, Sum Insured or Insured Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the CPI as defined above, such other index as we shall consider appropriate shall be adopted for the purposes of the Policy.

'CORONARY ARTERY ANGIOPLASTY' means the actual undergoing for the first time of either:

- balloon angioplasty;
- insertion of a stent;
- atherectomy; or
- laser therapy

to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence,

indicating obstruction of three or more coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat coronary artery disease.

The benefit payable for angioplasty of one or two coronary arteries is limited to 25% of the sum insured subject to a maximum payment of \$25,000 under all policies we have issued covering the life insured. 100% of the sum insured will be payable for three or more coronary arteries. After any payment for coronary artery angioplasty the sum insured will be reduced by the payment made.

'CORONARY ARTERY BY-PASS SURGERY' means the actual undergoing of by-pass surgery (including saphenous vein or internal mammary graft(s) for the treatment of coronary artery disease. The operation must be for the treatment of one or more coronary arteries and angioplasty contra-indicated and must be considered necessary by a consultant cardiologist.

'DE FACTO RELATIONSHIP' means a relationship between two adult persons not of the same sex who live together as a couple and are not legally married or related by family.

'DEMENTIA' means the diagnosis of dementia as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the life insured's mini-mental state examination or equivalent thereof, scores to 20 or less.

Dementia as a result of alcohol or drug abuse is excluded.

'DIPLEGIA' means the total and permanent loss of function of both sides of the body due to spinal cord injury or disease, or brain injury or disease.

FULL-TIME EMPLOYMENT means, for the Permanent Disablement and Permanent Disablement Stand Alone benefits and the Waiver of Premium benefit under the Term Life benefit, working a minimum of 20 hours per week, 48 weeks per year excluding public holidays.

For the Disability Income and Business Expenses Insurance Plans, 'full-time employment' means working a minimum of 25 hours per week, 48 weeks per year excluding public holidays.

'HEART ATTACK' (Myocardial Infarction) means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this must be evidenced by:

- new and permanent ECG changes consistent with Myocardial Infarction; and
- elevation of biochemical markers (such as troponin or cardiac enzymes) consistent with Myocardial Infarction.

We will not pay for other causes of severe non-cardiac chest pain, heart failure or angina.

If the above tests are inconclusive, we will consider other appropriate and medically recognised tests in support of a diagnosis.

'HEART VALVE SURGERY' means the actual undergoing of open-heart surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities occurring after the commencement date or last reinstatement date of the policy. Valvotomy is specifically excluded.

'HEMIPLEGIA' means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.

'INCOME' in the case of an employed person is the pre-tax remuneration paid by an employer, including salary, fees and fringe benefits, for the last 12 months. This will include any statutory superannuation contributions and any other superannuation contributions made by an employer including those that are part of a salary sacrifice arrangement between the employed person and the employer. Where commissions and bonuses form over 40% of the pre-tax remuneration for the last 12 months, we will take them into account. Where the employed person is a professional person employed by a professional practice company, income will include all commissions and bonuses paid, in addition to salary, fees, fringe benefits and superannuation contributions made by an employer, for the last 12 months.

'INCOME' in the case of a self-employed person, a working director or partner in a partnership, is the income generated by the business or practice due to his or her personal exertion or activities, less his or her share of necessarily incurred business expenses, for the last 12 months. Income does not include:

- income that the life insured will continue to receive from the business, even if the life insured is unable to work, including any ongoing profit generated by other employees of the business, and
- other unearned income such as dividends, interest, rental income, or proceeds from the sale of assets, or ongoing commission or royalties.

INDEMNITY

- The monthly benefit payable in the event of total disablement is the lower of the insured monthly benefit under the income protection benefit and 75% of the first \$20,833 of the life insured's monthly pre-disablement income (indemnity) at the start of the total disablement plus 50% of the next \$12,500 of the life insured's monthly pre-disablement income (indemnity), plus 25% of the balance of the life insured's monthly pre-disablement income (indemnity) over \$33,333. See page 58 for the definition of pre-disablement income (indemnity);
- The insured monthly benefit is not guaranteed;
- Financial evidence must be provided before the payment of any claim and must be satisfactory to us. Claim offsets for other sources of income may apply (see pages 29 to 30); and
- Cover on an indemnity basis is available to occupation categories AAA, AA, A, B, C, D and E.

'INJURY' means a physical injury which occurs whilst the policy is in force and which results solely and directly and independently of a pre-existing condition or any other cause, in Total or Partial Disablement within one year of the date of its occurrence. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Injury'.

'KIDNEY FAILURE' means end stage renal failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

'LEVEL OR STEPPED PREMIUMS'

Level premium rates remain constant until the latest policy anniversary prior to the life insured's 65th birthday or the expiry date of the benefit, if earlier, whereas stepped premium rates generally increase as the life insured's age increases.

In addition, stepped or level premiums will change if:

- you request a change in your sum insured;
- you choose to have your sum insured or insured monthly benefit automatically increased to keep pace with inflation; or
- premium rates are reviewed (see Premium Rates Guaranteed on page 47).

You can switch between stepped and level premiums at any time unless otherwise specified by the policy/benefit.

'LOSS OF HEARING' means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of injury or sickness, as certified by an appropriate medical specialist.

'LOSS OF INDEPENDENCE' means:

- (a) A condition as a result of injury or sickness, where the life insured is totally and irreversibly unable to perform at least two of the following five 'Activities of Daily Living'. The condition should be confirmed by a consultant physician.

Bathing

Means the ability of the life insured to wash himself or herself either in the bath or shower or by sponge bath without the standby assistance of another person. The life insured will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.

Dressing

Means the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person. The life insured will be considered able to dress himself or herself even if the above tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

Eating

Means the ability to get nourishment into the body by any means once it has been prepared and made available to the life insured without the standby assistance of another person.

Toileting

Means the ability to get to and from and on and off the toilet, to maintain a reasonable level of personal hygiene, and to care for clothing without the standby assistance of another person. The life insured will be considered able to toilet himself or herself even if he or she has an ostomy and is able to empty it himself or herself, or if the life insured uses a commode, bedpan or urinal, and is able to empty and clean it without the standby assistance of another person.

Transferring

Means the ability to move in and out of a chair or bed without the standby assistance of another person. The life insured will be considered able to transfer himself or herself even if equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorised devices is used;

or

- (b) Cognitive impairment, meaning a deterioration or loss in the life insured's intellectual capacity which requires another person's assistance or verbal cueing to protect himself or herself as measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:
- short or long term memory
 - orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
 - deductive or abstract reasoning.

The life insured would be required to be under continuous care and supervision by another adult person for at least six consecutive months. At the end of that six-month period, the life insured must, in our opinion on the basis of medical evidence, require ongoing continuous care and supervision by another adult person.

'LOSS OF LIMBS AND SIGHT OF ONE EYE' means the total and irrecoverable loss by the life insured of any of the:

- use of both hands
- use of both feet
- use of one hand and one foot
- use of one hand and the sight of one eye
- use of one foot and the sight of one eye.

We will pay a one-time partial benefit in the event of the total and permanent loss of use of:

- one hand
- one foot or
- sight in one eye (to the extent of 6/60 or less)

The amount payable will be the greater of \$10,000 and 25% of the sum insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit. The amount of the payment cannot exceed the sum insured.

The sum insured of the Crisis Recovery or Crisis Recovery Stand Alone benefit will be reduced by the payment of this benefit and premiums will be adjusted accordingly.

'LOSS OF SPEECH' means the complete and irrecoverable loss of the ability to speak as a result of injury or sickness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate medical specialist.

'MAJOR BURNS' means the life insured has suffered third degree burns to:

- at least 20% of the body surface;
- whole of both hands, requiring surgical debridement and/or grafting; or
- whole of the head requiring surgical debridement and/or grafting.

'MAJOR HEAD TRAUMA' means an accidental head injury resulting in neurological deficit, as certified by a consultant neurologist acceptable to us, causing at least a permanent 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association.

'MAJOR ORGAN TRANSPLANT' means having received, from a human donor, a medically necessary transplant involving one or more of the following organs: kidney, heart, liver, lung, bone marrow and pancreas.

'MANIFESTS' means that symptoms exist which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a medical practitioner.

'MARRIAGE' means the union of a man and a woman to the exclusion of all others, voluntarily entered into for life. (s.5 Marriage Act (Cth) 1961)

'MEDICAL PRACTITIONER' means a legally qualified and registered medical practitioner other than the policy owner or the life insured, or a family member, business partner, employee or employer of either the policy owner or the life insured.

'MOTOR NEURONE DISEASE' means the unequivocal diagnosis of Motor Neurone Disease confirmed by a consultant neurologist.

'MULTIPLE SCLEROSIS' means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist, evidenced by:

- (a) More than one episode of well defined neurological deficit, and
- (b) Residual neurological impairment persisting for a continuous period of at least 6 months.

'MUSCULAR DYSTROPHY' means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

'OCCUPATIONALLY ACQUIRED HEPATITIS B OR HEPATITIS C INFECTION' means the life insured is infected with Hepatitis B or Hepatitis C as a result of an occupational accident. An occupational accident means an accident that happens whilst the life insured is performing the usual duties of his or her normal occupation and involves contact with a body substance which puts the life insured at risk of transmission of the infections.

This benefit will only be paid if all the following conditions for payment are satisfied. We require that:

- the life insured reports the accident to us within 48 hours after it happens;
- the life insured is tested for infections within 48 hours after the accident and the results are negative;
- a medical practitioner diagnoses the life insured to be:
 - positive to Hepatitis C within 180 days after the accident; or
 - positive to Hepatitis B within 180 days after the accident and still be positive within 180 days after the first diagnosis;

- the life insured complies with all infection control precautions that apply;
- the life insured is vaccinated or immunised for the infections as required by us; and
- all tests be carried out according to the procedures we specify.

'OSTEOPOROSIS' means, where the following conditions are met:

- bone mineral density measured in at least two sites by dual-energy x-ray densitometry (DEXA) or quantitative CT scanning consistent with severe osteoporosis with:
 - (a) at least two vertebral body fractures occurring before the age of sixty-five (65); or
 - (b) fracture of the neck of the femur.

'OTHER SERIOUS CORONARY ARTERY DISEASE' means the narrowing of the lumen of at least three coronary arteries by a minimum of 60%, as proven for the first time by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed.

'PARAPLEGIA' means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

'PARKINSON'S DISEASE' means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist and requiring treatment. All other types of Parkinsonism are excluded.

'PARTIAL DISABLEMENT' means that, **due to injury or sickness**, the life insured is:

- unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation;
- earning a monthly income which is less than his or her pre-disablement income; and
- following the advice of a medical practitioner.

Where the life insured is capable of working in a reduced capacity in any occupation but is not working, we may deem the life insured to be entitled to the Partial Disablement benefit.

'PARTIAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)' means that, **due to Accidental Injury**, the life insured is:

- unable to work in his or her own occupation at full capacity but working in a reduced capacity in any occupation; and
- earning a monthly income which is less than his or her pre-disablement income; and
- following the advice of a medical practitioner.

Where the life insured is capable of working in a reduced capacity in any occupation but is not working, we may deem the life insured to be entitled to the Partial Disablement benefit.

'PNEUMONECTOMY' means undergoing a surgical procedure in which an entire lung is removed due to underlying lung disease or disorder.

'PRE-DISABLEMENT INCOME (AGREED VALUE)' is the life insured's highest average monthly income for any financial year since the date two years before the commencement date of the Disability Income benefit up until the commencement of disablement.

During disablement the Pre-Disablement Income (Agreed Value) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) Increase (whichever is the greater).

'PRE-DISABLEMENT INCOME (INDEMNITY)' is the life insured's average monthly income for the latest financial year preceding the commencement of disablement.

During disablement the Pre-Disablement Income (Indemnity) amount will be increased every 12 months, following the date of disablement, by 5% or the Consumer Price Index (CPI) increase (whichever is the greater).

PREMIUM FREEZE

Provided the life insured is 35 years of age or older at the anniversary of the policy, you may select to pay in a policy year and in all subsequent policy years, the same premium as you paid for the previous policy year. Any such advice to us must be in writing.

The sum insured for each benefit will decrease on the policy anniversary. This process will be repeated each year on the policy anniversary.

When the Premium Freeze option has been exercised, any indexation of benefit will cease and you will be unable to exercise any of the Guaranteed Future Insurability options. If you wish to unfreeze your premium, you will need to write to us for our approval.

'PULMONARY ARTERIAL HYPERTENSION (PRIMARY)'

means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

'QUADRIPLEGIA' means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

'RECONSTRUCTIVE COSMETIC SURGERY' means one of the following:

1. Reconstructive Cosmetic Surgery or Skin Grafting Due to Accident.
The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of an accident requiring inpatient hospital treatment of the life insured.
2. Reconstructive Cosmetic Surgery or Skin Grafting Due to Crisis Event Covered
The actual undergoing of plastic or reconstructive surgery which is deemed medically necessary for the treatment of disfigurement as a direct result of a crisis event covered under the Crisis Recovery benefit under the Term Life benefit, the PLUS Optional benefit under the Disability Income Plan and the Crisis Recovery Stand Alone benefit.

'RHEUMATOID ARTHRITIS' means widespread joint destruction with major deformity of three or more of the following joint areas:

Hands, wrists, elbows, cervical spine, knees, ankles, metatarsophalangeal joints in the feet. The condition must result in the permanent inability to perform any three of the following Activities of Daily Living:

- Bathing
- Dressing
- Eating
- Toileting
- Transferring

'SICKNESS' means illness or disease which Manifests itself after the policy is in force and which results in Total or Partial Disablement.

'SPOUSE' means the opposite sex partner of the life insured in a traditional 'marriage', 'common law marriage' or in a 'de facto relationship'.

'STROKE' means an acute neurological event caused by a cerebral or subarachnoid haemorrhage, cerebral embolism or cerebral thrombosis, where the following conditions are met:

- There is an acute onset of objective and ongoing neurological signs that last more than 24 hours, and
- Findings on magnetic resonance imaging, computerised tomography, or other reliable imaging techniques, demonstrate a lesion consistent with the acute haemorrhage, embolism or thrombosis.

Brain damage due to an accident, infection, reversible ischaemic neurological deficit, transient Ischaemic attack, vasculitis or an inflammatory disease is excluded.

'SURGERY TO THE AORTA' means surgical repair to the aorta to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

'SYSTEMIC LUPUS ERYTHEMATOSUS' Diagnosis must be confirmed by a consultant immunologist or rheumatologist and such diagnosis must be based on the current diagnostic criteria established by the American Rheumatism Association. Pathological evidence of such diagnosis must be provided.

There must also be evidence-based involvement of one of the following systems:

- (a) Cardiac
- (b) Pulmonary
- (c) Nervous system, or
- (d) Renal involvement

All evidence must be satisfactory to us.

'TERMINAL ILLNESS' means the diagnosis of the life insured with an illness which in our opinion, will result in the death of the life insured within 12 months of the diagnosis regardless of any treatment that may be undertaken.

'TOTAL AND PERMANENT DISABLEMENT (ALL DUTIES)' means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, immediately prior to the injury or sickness causing disablement:
 - has been absent from employment solely as a result of injury or sickness for an uninterrupted period of at least six consecutive months; and
 - is attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
 - at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unable to perform all of the tasks of his/or her occupation or any other occupation.

The life insured is 'Totally and Permanently Disabled (All Duties)' if the life insured satisfies the definition of Total and Permanent Disablement (All Duties).

‘TOTAL AND PERMANENT DISABLEMENT (ANY OCCUPATION)’ means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the injury or sickness causing disablement:
 - has been absent from employment solely as a result of injury or sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render the life insured unlikely ever to engage in any business, profession or occupation for which the life insured is reasonably suited by education, training or experience.or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay in the six months immediately prior to the time of the injury or sickness causing disablement then the Total and Permanent Disablement (Any Occupation) definition will continue to apply.

The life insured is ‘Totally and Permanently Disabled (Any Occupation)’ if the life insured satisfies the definition of Total and Permanent Disablement (Any Occupation).

‘TOTAL AND PERMANENT DISABLEMENT (HOME DUTIES)’ means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;or
- (b) the life insured, where wholly engaged in full-time unpaid domestic duties in his or her own residence:
 - has been unable to perform normal domestic duties, leave home unaided and engage in any employment for an uninterrupted period of at least six consecutive months solely as a result of injury or sickness; and
 - is attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and

- at the end of the period of six months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her likely to require indefinite ongoing medical care and unable ever to perform normal domestic duties, leave home unaided and engage in any form of employment.

or

- (c) the life insured has suffered Loss of Independence

The life insured is ‘Totally and Permanently Disabled (Home Duties)’ if the life insured satisfies the definition of Total and Permanent Disablement (Home Duties).

‘TOTAL AND PERMANENT DISABLEMENT (OWN OCCUPATION)’ means that:

- (a) the life insured has suffered the total and irrecoverable loss of the:
 - sight of both eyes;
 - use of two limbs; or
 - sight of one eye and use of one limb;or
- (b) the life insured, where engaged in any business, profession or occupation, whether as an employee or otherwise, or where unemployed or on leave without pay for less than six months immediately prior to the injury or sickness causing disablement:
 - has been absent from employment solely as a result of injury or sickness for an uninterrupted period of at least three consecutive months; and
 - is attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
 - at the end of the period of three months, after consideration of all the medical evidence and such other evidence as we may require, has become in our opinion incapacitated to such an extent as to render him or her unlikely ever to engage in his or her own occupation.or
- (c) the life insured has suffered Loss of Independence.

If the life insured was not engaged in any business, profession or occupation or was on leave without pay in the three months immediately prior to the time of the injury or sickness causing disablement, then the Total and Permanent Disablement (Any Occupation) definition will apply.

The life insured is ‘Totally and Permanently Disabled (Own Occupation)’ if the life insured satisfies the definition of Total and Permanent Disablement (Own Occupation).

‘TOTAL DISABLEMENT (BUSINESS EXPENSES)’ means that, **due to injury or sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income;
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

The life insured is ‘Totally Disabled (Business Expenses)’ if the life insured satisfies the definition of Total Disablement (Business Expenses).

‘TOTAL DISABLEMENT (DISABILITY INCOME)’ means that, **due to injury or sickness**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income) means that, **due to injury or sickness**, the life insured:

- is unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- is following the advice of a medical practitioner; and
- is not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is ‘Totally Disabled (Disability Income)’ if the life insured satisfies the definition of Total Disablement (Disability Income).

‘TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY)’ means that, **due to accidental injury**, the life insured is:

- unable to perform one or more duties of his or her occupation, that is important or essential in producing income; and
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only) means that, **due to accidental injury**, the life insured is:

- unable to perform any occupation for which the life insured is reasonably suited by education, training or experience; and
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

If the life insured is on sabbatical leave it will not be considered as unemployment. Sabbatical leave must be for the purpose of research and cannot exceed 12 months or the sabbatical period specified in the Award covering the life insured, whichever is the shorter period.

The life insured is ‘Totally Disabled (Disability Income Accident Only)’ if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only).

‘TOTAL DISABLEMENT (HOME EXPENSES)’ means that, **due to injury or sickness**, the insured spouse under the benefit where wholly engaged in full-time unpaid domestic duties in his or her own residence is:

- unable to perform normal domestic duties, leave the home unaided by another person and engage in any employment solely as a result of injury or sickness;
- attending a medical practitioner and has undergone all reasonable and usual treatment including rehabilitation **for the injury or sickness**;
- not earning an income; and
- not working (whether paid or unpaid).

‘TOTAL DISABLEMENT (DISABILITY INCOME ACCIDENT ONLY – OCCUPATION E)’ means that, **due to accidental injury**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income Accident Only – Occupation E) means that, **due to accidental injury**, the life insured is:

- unable to perform any occupation;
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

The life insured is ‘Totally Disabled (Disability Income Accident Only – Occupation E)’ if the life insured satisfies the definition of Total Disablement (Disability Income Accident Only – Occupation E).

‘TOTAL DISABLEMENT (DISABILITY INCOME – OCCUPATION E)’ means that, **due to injury or sickness**, the life insured is:

- unable to perform all of the duties of his or her occupation and any other occupation;
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

However, if the life insured has been unemployed or on maternity or paternity leave for 12 months or longer immediately preceding the occurrence of an event giving rise to a claim, then Total Disablement (Disability Income – Occupation E) means that, **due to injury or sickness**, the life insured is:

- unable to perform any occupation;
- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

The Life Insured is ‘Totally Disabled (Disability Income – Occupation E)’ if the Life Insured satisfies the definition of Total Disablement (Disability Income – Occupation E).

'VIRAL ENCEPHALITIS' means the diagnosis of the life insured with encephalitis due to direct viral infection of the central nervous system. The encephalitis must produce neurological deficit causing permanent and significant functional impairment certified by a consultant neurologist. 'Significant' shall mean at least a 25% impairment of whole person function as defined in *Guides to the Evaluation of Permanent Impairment 5th edition*, American Medical Association. Encephalitis in the presence of HIV infection is excluded.

'WAITING PERIOD' is stated on the policy schedule and means the number of days at the beginning of a period of Total Disablement, in respect of which no Total or Partial Disablement benefit is payable.

The Waiting Period begins on the earlier to occur of the date:

- the life insured first consults a medical practitioner about the condition that is causing the disablement; and
- the life insured first ceases work due to the condition that is causing the disablement as long as it is not more than seven days before the life insured first consults a medical practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period the life insured returns to work, as defined in our definition of 'full-time' employment, or

- 5 consecutive days or a shorter period for Waiting Period of 14 or 30 days, or
- 10 consecutive days or a shorter period for Waiting Period of 60, 90 days, 1 year or 2 years, then the Waiting Period will not recommence but will be extended by the number of days worked.

If the life insured returns to work for a longer period, the Waiting Period will restart from the day after the last day worked, provided a medical practitioner confirms that the life insured is totally disabled.

'WAITING PERIOD (HOME EXPENSES)' is stated on the policy schedule (30 days) and means the number of days at the beginning of a period of Total Disablement, in respect of which no Total Disablement benefit is payable.

The Waiting Period (Home Expenses) begins on the earlier to occur of the date:

- the insured spouse first consults a medical practitioner about the condition that is causing the disablement; and
- the insured spouse first becomes unable to perform normal domestic duties due to the condition that is causing the disablement as long as it is not more than seven days before the insured spouse first consults a medical practitioner about the condition and provides reasonable medical evidence about when the disablement began.

If during the Waiting Period (Home Expenses) the insured spouse returns to normal domestic duties for five consecutive days or a shorter period, then the Waiting Period (Home Expenses) will not recommence but will be extended by the number of days of normal domestic duties performed.

If the insured spouse returns to normal domestic duties for a longer period, the Waiting Period (Home Expenses) will restart from the day after the last day on which the insured spouse performed normal domestic duties, provided a medical practitioner confirms that the insured spouse is totally disabled.

Complimentary Interim Accidental Death Cover

American International Assurance Company (Australia) Limited
trading as AIG Life ABN 79 004 837 861 AFSL 230043

will provide

.....
(name of proposer)

with Interim Accidental Death Cover
in the event of the life to be insured's accidental death.*
(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or
until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature


.....
Managing Director's Signature



*Refer to back of certificate for definition

Complimentary Interim Accidental Death Cover

American International Assurance Company (Australia) Limited trading as AIG Life grants COMPLIMENTARY INTERIM ACCIDENTAL DEATH COVER on the life to be insured without any extra premium being charged.

This cover is provided from the EFFECTIVE DATE until an

assessment decision is made or until 90 days after the date the application is signed or until the policy is issued or the application is withdrawn by the proposer, whichever is the earliest to occur. A deposit equal to the first yearly premium or instalment of premium must have been paid or be payable on issue of the policy.

This interim cover certificate is issued to you after completion of the application.

Complimentary Interim Accidental Death Cover

1. The lump sum amount payable on accidental death under this cover is:

(a) **Term Life Plan**

The lesser of:

- The total of the sums insured proposed under the Term Life and Limited Term benefits; and
- \$1,000,000.

(b) **Crisis Recovery Stand Alone Plan**

The lesser of:

- The Crisis Recovery Stand Alone sum insured proposed; and
- \$5,000

(c) **Disability Income Plan (Agreed Value or Indemnity)**

Three times the insured monthly benefit proposed under the Disability Income benefit up to a maximum payment of \$30,000.

The maximum payment under the Complimentary Interim Accidental Death Cover is \$1,000,000.

2. Accidental death means death which is caused solely and directly by violent, accidental, external and visible means and results solely and directly and independently of any other cause.

3. The following risks are NOT covered.

Death directly or indirectly caused by:

- (a) war (whether declared or not), invasion or civil war; and
- (b) intentional self-inflicted injury or suicide.

Effective Date

Complimentary Interim Accidental Death Cover is effective from the issue date of the interim certificate if the application is received at our head office within five working days of the issue date with payment of the first instalment of premium. Otherwise cover commences once the application and payment are actually received at our head office.

Optional Benefits

Complimentary Interim Accidental Death Cover applies in respect of any optional benefit which provides death or accidental death cover but not in respect of any other optional benefit.

Claims Procedure

All the usual proofs in relation to a claim will be required (e.g.: death certificate, etc).

Complimentary Interim Accidental Disability Income Cover

American International Assurance Company (Australia) Limited
trading as AIG Life ABN 79 004 837 861 AFSL 230043

will provide

.....
(name of proposer)

with Interim Accidental Disability Income Cover
in the event of the total disablement of the life to be insured due to an accidental injury.*

(The amount payable is explained overleaf.)

This certificate is valid for 90 days from

.....
(date of application)

or

until the policy is issued or the application is declined or withdrawn,
whichever is the earliest to occur.

.....
Adviser's Signature


.....
Managing Director's Signature



*Refer to back of certificate for definition

Complimentary Interim Accidental Disability Income Cover

American International Assurance Company (Australia) Limited trading as AIG Life grants COMPLIMENTARY INTERIM ACCIDENTAL DISABILITY INCOME COVER on the life to be insured under the Disability Income Plan without any extra premium being charged.

This cover is provided from the EFFECTIVE DATE until an assessment decision is made or until 90 days after the date the application is signed or until the policy is issued or the application is withdrawn by the proposer, whichever is the earliest to occur. A deposit equal to the first yearly premium or instalment of premium must have been paid or be payable on issue of the policy.

This interim cover certificate is issued to you after completion of the application.

Complimentary Interim Accidental Disability Income Cover

1. The monthly amount payable on the Total Disablement of the life insured under this cover due to an accidental injury is the lowest of:
 - the Disability Income insured monthly benefit proposed as shown in the application;
 - \$5,000; and
 - the amount that would normally be acceptable under our underwriting rules (medical and financial).

The maximum payment under the Complimentary Interim Accidental Disability Income Cover is \$30,000.

2. The benefit is payable subject to the following conditions:
 - proposed waiting period for the Disability Income or Disability Income Accident Only benefit must be 14, 30 or 60 days;
 - life insured must be Totally Disabled for longer than the proposed waiting period;
 - accidental injury must occur after the policy application date but prior to the acceptance or rejection of the application by us;
 - monthly benefit will commence from the end of the proposed waiting period for the remainder of the period of Total Disablement or for 6 months, whichever is the lesser. The benefit will be calculated on a daily basis and will be paid monthly in arrears.

All the conditions of the Disability Income benefit proposed relevant to the payment of a benefit for Total Disablement apply to this interim cover unless modified by the conditions of this interim cover certificate.

3. If during the application process we decide to offer a modified policy, the Interim Accidental Disability Income Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to the life insured's medical history or pastimes, the level of the life insured's Interim Accidental Disability Income Cover will be recalculated (and hence reduced) based on your proposed premium. If you are eligible to make a claim under the terms of the Interim Accidental Disability Income Cover, when we underwrite the application for insurance, we will take into account any change in the state of health of the life insured as a result of the event entitling you to claim under the Interim Accidental Disability Income Cover.
4. 'TOTAL DISABLEMENT' means that, due to Accidental Injury, the life insured is:
 - unable to perform one of the important duties of his or her occupation that he or she must be able to perform to earn income;

- following the advice of a medical practitioner; and
- not working (whether paid or unpaid).

An important duty is one which involves 20% or more of the life insured's overall occupational tasks essential to producing the life insured's income.

5. 'ACCIDENTAL INJURY' means a physical injury which is caused solely and directly by violent, accidental, external and visible means, which occurs while the benefit is in force and which results solely and directly and independently of a pre-existing condition or any other cause in total disablement. Sickness directly resulting from medical or surgical treatment rendered necessary by the physical injury will not constitute an 'Accidental Injury'.
6. This cover does not apply:
 - to any benefit other than Total Disablement;
 - where the waiting period proposed is 90 days or longer;
 - to Total Disablement which has been caused by an accidental injury that occurs after this cover ends;
 - To any illness or disease.
 - if an application for a similar type of policy on the life insured, with any insurer, has been declined, cancelled or withdrawn; and
 - if the application is one that we would not normally accept under our standard underwriting guidelines and practices.

7. The following risks are NOT covered.

Total Disablement caused by or contributed to by:

- a) an intentional self-inflicted injury or any such attempt by the life insured or the proposer;
- b) participation by the life insured in any occupation, sport or pastime that we would not normally cover on standard terms;
- c) an injury or sickness that the life insured had before this cover began that the proposer or life insured didn't tell us about;
- d) football injuries (all codes);
- e) normal pregnancy, uncomplicated childbirth or miscarriage;
- f) the taking of drugs other than prescribed by a medical practitioner;
- g) the taking of alcohol;
- h) war (whether declared or not) invasion or civil war;
- i) disease or illness;
- j) AIDS, AIDS related conditions or HIV.

Effective Date

Complimentary Interim Accidental Disability Income Cover is effective from the issue date of the interim certificate if the application is received at our head office within five working days of the issue date with payment of the first instalment of premium. Otherwise cover commences once the application and payment are actually received at our head office.

Optional Benefits

Complimentary Interim Accidental Disability Income Cover does not apply in respect of any optional benefit added to the Disability Income benefit.

Claims Procedure

All the usual proofs in relation to a claim will be required (e.g.: medical certificates, etc).

Direct Debit Request Service Agreement



The following two pages are relevant where you request premium payments to be debited from an account held at your financial institution. Please see application form at the back of this brochure.

Definitions

'Account' means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

'Agreement' means this Direct Debit Request Service Agreement between you and us.

'Business day' means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

'Debit day' means the day that payment by you to us is due.

'Debit payment' means a particular transaction where a debit is made.

'Direct debit request' means the Direct Debit Request between us and you.

'Us or we' means American International Assurance Company (Australia) Limited trading as AIG Life ABN 79 004 837 861 (User ID 142).

'You' means the customer who signed the direct debit request.

'Your financial institution' is the financial institution where you hold the account that you have authorised us to arrange to debit.

1. Debiting your account

- 1.1 By signing a direct debit request, you have authorised us to arrange for funds to be debited from your account. You should refer to the direct debit request and this agreement for the terms of the arrangement between us and you.
- 1.2 We will only arrange for funds to be debited from your account as authorised in the direct debit request.
- 1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the following business day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

2. Changes by us

- 2.1 We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, you may change the arrangements under a direct debit request by contacting our Policy Services Department on (03) 9009 4000.
- 3.2 If you wish to stop or defer a debit payment you must notify us in writing at least fourteen (14) days before the next debit day. This notice should be given to us in the first instance.
- 3.3 You may also cancel your authority for us to debit your account at any time by giving us fourteen (14) days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. Your obligations

- 4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the direct debit request.
- 4.2 If there are insufficient clear funds in your account to meet a debit payment:
 - (a) you may be charged a fee and/or interest by your financial institution;
 - (b) you may also incur fees or charges imposed or incurred by us; and
 - (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
- 4.3 You should check your account statement to verify that the amounts debited from your account are correct.
- 4.4 If we are liable to pay goods and services tax ('GST') on a supply made in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute

- 5.1 If you believe that there has been an error in debiting your account, you should notify our Policy Services Department directly on (03) 9009 4000 and confirm this in writing to us as soon as possible so that we can resolve your query more quickly.
- 5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
- 5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.
- 5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

6. Accounts

You should check:

- (a) with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement; and
- (c) with your financial institution before completing the direct debit request if you have any queries about how to complete the direct debit request.

7. Confidentiality

- 7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
- 7.2 We will only disclose information that we have about you:
 - (a) to the extent specifically required by law; or
 - (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice

- 8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

Policy Services Department
AIG Life
PO Box 6111
ST KILDA ROAD CENTRAL, VIC 8008.

- 8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.
- 8.3 Any notice will be deemed to have been received two business days after it is posted.

B. Proposer(s)/Policy Owner(s) (To be completed by the policy owner/s.)

This Priority Protection policy is to be owned by (please tick appropriate box):

The life insured. No further details are required.

OR

An individual/s other than the life insured. Please complete the following.
If there are two or more policy owners, they will own the policy as joint owners.

Policy owner 1

Name	Title	Family Name	Given Name	Sex			
Mailing Address							
	Suburb		State	Postcode			
Contact Details	Phone (home)		Phone (work)	Mobile			
	Fax		E-mail				
Relationship to Life Insured				Date of Birth (dd/mm/yy)			
Are you currently an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)? Yes <input type="checkbox"/> No <input type="checkbox"/>							
How long have you permanently lived in Australia? <input type="text"/> years <input type="text"/> months or <input type="checkbox"/> All my life.							

Policy owner 2

Name	Title	Family Name	Given Name	Sex			
Mailing Address							
	Suburb		State	Postcode			
Contact Details	Phone (home)		Phone (work)	Mobile			
	Fax		E-mail				
Relationship to Life Insured				Date of Birth (dd/mm/yy)			
Are you currently an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)? Yes <input type="checkbox"/> No <input type="checkbox"/>							
How long have you permanently lived in Australia? <input type="text"/> years <input type="text"/> months or <input type="checkbox"/> All my life.							

OR

Company. Please complete the following:

Company Name/s		ABN/ACN		
Nominated contact person				
Contact				
Mailing Address				
	Suburb		State	Postcode
Contact Details	Phone		Fax	
	E-mail			

OR

The trustee of the Private/Self-Managed Superannuation Fund.

OR

The trustee of the AIA Superannuation Fund.

C. Policy Details

1. Are annual CPI increases required? Yes No *Please note CPI increases will be automatically provided if you do not select an option. (Not available for Home Expenses or Child's Recovery)*
2. (a) Reasons for cover: Personal Cover Keyman Cover Partnership Loan Protection Buy/Sell, Share Purchase
- (b) Is a concurrent application for a Business Partner or Spouse being submitted? If 'Yes' please provide details.

D. Payment Options

Please select your premium frequency. Monthly Half-yearly Yearly

Deposit Premium

An initial deposit premium is required.
Please select one option:

- A cheque for the first premium payment is attached to this application.
NOTE: Please make cheque payable to: AIG Life.
- Please debit my Financial Institution Account for the first premium payment and all future premium payments.
Please complete the Direct Debit Request.
- Please debit my credit card for the first premium payment.
Please complete the Credit Card Authority.

Future Premiums

For half-yearly or yearly, we will send you a premium renewal notice prior to each premium due date.
Please select one option:

Direct Debit (monthly, half-yearly or yearly)

- Financial Institution Account.
Please complete the Direct Debit Request.
- Credit Card. *Please complete the Credit Card Authority.*

Direct Billing (half-yearly or yearly only)

- Please send me a premium renewal notice prior to each premium due date.

E. Nomination of Beneficiaries (Not applicable for the Superannuation Term Life Plan.)

Proposer to complete if required. Please list your nominated beneficiary(ies) and the proportion of death benefit you would like each to receive.

Nominated Beneficiaries (full name)	Address	State	Post Code	Date of Birth	Relationship to Life Insured	Percentage of Benefit
				/ /		%
				/ /		%
				/ /		%
				/ /		%
If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser.						100 %

F. Child's Guaranteed Insurability (Proposer to complete if purchasing this benefit.)

Family Name of Child	Given Name	Date of Birth	Sex M/F	Age Next Birthday	Place of Birth

1. Are the children in good health and free from mental or physical impairment? (If 'No', please give full details below.) Yes No
2. Have the children received medical attention for any illness or serious injury? (If 'Yes', please give full details below.) Yes No

H. Doctor's Details (Life insured to complete this section in full.)

1. (a) Details of your personal doctor.
IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.

Name:		
Address:		Postcode
Phone ()	Fax ()	Email (if known)

(b) What was the date of your last consultation?

(c) What was the reason for the consultation?

(d) What was the result?

(e) How long have you been attending this surgery or practice?

(f) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name:		
Address:		Postcode
Phone ()	Fax ()	Email (if known)

Please note: A medical report is not always obtained.

Medical reports are obtained, however, on a random basis to check the validity of medical information provided.

K. Further Occupational Information (Life insured to complete.)

If you are applying for Disability Income Plan or Business Expenses Insurance Plan, please also complete the additional questions below.

1. What is your business/employer name and address?

2. Do you work at home? Yes No If 'Yes', please state percentage of time. %

3. Do you perform any manual work? Yes No

(a) If 'Yes' – please state percentage of time %

(b) Is the manual work an important duty in your occupation? Yes No

If you are self-employed, in a partnership or employee of own company, please complete the remaining questions.

4. Do you operate as a sole trader partnership company, or trust?

5. (a) What percentage of your work is: Freelance? % Contract? %

(b) Is your work seasonal? Yes No If 'Yes', please provide details

(c) Please state what percentage of interest/shareholding you have in the business/practice? %

6. When was the business purchased/started? / /

7. What percentage of Monthly Business Turnover is derived from your personal exertion? %

8. How many people do you employ?

9. Please provide employee details (excluding yourself) in the table below.

Occupation of all Partners/Employees	Family Member Y/N	Daily Duties	Full-time Part-time or Contractor?	Monthly Remuneration	% Interest in Business

L. Income Details

(Life insured to complete if Disability Income Plan is being purchased.)
 (If Business Expenses Insurance is being purchased complete only Question 7 below.)

1. What is your income from your current occupation? (Personal income is income earned by your personal exertion. Do not include investments.)

Employee

Your income is the total remuneration paid by your employer including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

Last financial year 30/6/	<input type="text"/>	Previous financial year 30/6/	<input type="text"/>
Remuneration package	\$ <input type="text"/>	Remuneration package	\$ <input type="text"/>

Self Employed (sole trader, partner, employee of own company)

	Last financial year 30/6/ <input type="text"/>	Previous financial year 30/6/ <input type="text"/>
Gross business income/revenue	\$ <input type="text"/>	\$ <input type="text"/>
Total business expenses	- \$ <input type="text"/>	- \$ <input type="text"/>
Net business income/revenue (before tax)	= \$ <input type="text"/>	= \$ <input type="text"/>
% Share of net business income	<input type="text"/> %	<input type="text"/> %
Add backs (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting, share of depreciation)	+ \$ <input type="text"/>	+ \$ <input type="text"/>
Total net earned income (before tax)	= \$ <input type="text"/>	= \$ <input type="text"/>

2. Is your current income different than that stated above for the last financial year? Yes No

If 'Yes', reasons for change. Current income \$

3. If you have a second occupation, please provide the following details.

Nature of occupation

Hours worked per week	<input type="text"/>	Number of weeks worked per year	<input type="text"/>
Last financial year 30/6/	<input type="text"/>	Previous financial year 30/6/	<input type="text"/>
Net income (before tax)	\$ <input type="text"/>	Net income (before tax)	\$ <input type="text"/>

4. Do you earn commission or bonuses? Yes No

If 'Yes', please state percentage of total income. %

5. Will any of your income (from any source) continue if you become disabled? Yes No

If 'Yes', state source (eg sick leave, directors' fees, salary, renewal or trail commission, salary continuance insurance, profit share from the business etc)

For how long will it continue? Amount of income (per month). \$

6. Do you receive any unearned income from investments (eg rental property, dividends etc.)? Yes No

If 'Yes', please state the amount per month (net of costs and expenses). \$ (Do not include negatively geared investments)
 Please state the source.

7. (a) For self employed, employed by own company or partnership.

Has your company had a net operating loss in the last 2 years? Yes No

If 'Yes', please provide details of your company's profit and loss statements for all entities.

(b) Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No

If 'Yes', when? Date of discharge / /

M. Business Expenses Insurance

(Life insured to complete this section in full only if Business Expenses Insurance is being purchased.)

1. Please state the value of all monthly business expenses. (**Do not include** personal remuneration, mortgage principal, depreciation on real estate, cost of goods, wares and merchandise, equipment, fixtures and fittings, salaries of revenue producing employees.)

Alternatively, the supply of copies of taxation returns and profit and loss statements for all entities associated with your business will be accepted in place of completing the details below.

Eligible Expenses

Monthly Expenses

(a) Rent, property rates and taxes*	\$
(b) Insurance of premises (eg fire etc)*	\$
(c) Security costs*	\$
(d) Electricity, gas, water, heating, telephone and cleaning*	\$
(e) Mobile phone	\$
(f) Bank fees/charges, interest on business loans	\$
(g) Hire and lease of plant and equipment	\$
(h) Business insurance premiums (eg liability, professional indemnity)	\$
(i) Membership fees, publications and subscriptions to professional bodies	\$
(j) Accountant's and auditor's fees	\$
(k) Regular advertising expenses, postage, printing and stationery	\$
(l) Salaries and costs of employees who do not generate revenue (e.g.: superannuation contributions, payroll tax, workers' compensation for employees who do not generate revenue)	\$
(m) Net cost of locum, ie. cost to employ less revenue generated by locum	\$
(n) Other fixed business expenses – please specify	\$
.....	\$
.....	\$
.....	\$
(o) Total Monthly Business Expenses	\$

*Not insurable if working from home

2. What percentage of Monthly Business Expenses are you responsible for/liable to pay?

%

N. Home Expenses Benefit Only (Spouse to complete this section in full.)

1. SPOUSE DETAILS

(a) Spouse's Family Name Spouse's Given Name Sex

(b) Date of Birth / / Age next birthday Country of birth

2. Are you a permanent resident of Australia? Yes No

3. Please provide details of any income protection or salary continuance insurance held by you.

Policy Number	Commencing Date	Insurer	Type of Cover	Amount of Cover	Terms of Acceptance (eg loading, exclusion)	Existing Income Protection: Waiting Period/Benefit Period	To Be Replaced 'Y' or 'N'

4. Have you smoked tobacco or any other substance during the last 12 months? Yes No

5. (a) What is your height? Height cm (b) What is your weight? Weight kg

6. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If 'Yes', please complete Section P Activities/Pursuits Questionnaire)..... Yes No

7. (a) Have you ever been treated for any of the following:
- High blood pressure, chest pains or high cholesterol? Yes No
 - Heart condition or stroke? Yes No
 - Cancer, lump or growth of any kind? Yes No
 - Back, neck or joint pain or other musculoskeletal disorder or arthritis? Yes No
 - Blood disorder, haemophilia, haemochromatosis, chronic fatigue, RSI or myalgia? Yes No
 - Diabetes, hepatitis, epilepsy? Yes No
 - Alcohol or drug abuse? Yes No
 - Any disorder of the kidney, bladder, liver, bowel or stomach? Yes No
 - Asthma or other respiratory disease? Yes No
 - Depression, anxiety, stress or other mental illness? Yes No
- (b) Other than for any condition listed above, have you in the past 3 years, sought medical advice or treatment from a doctor or other health professional, or been prescribed medication (excluding antibiotics or contraceptives) for any condition?..... Yes No
- (c) Are you currently considering or have you been advised to undergo any treatment, therapy, special tests, or operation? Yes No

If you have answered 'Yes' to question 7 above, please provide full details below. If insufficient space continue on page 21.

Question	Name of condition/test	Date started	Degree of recovery %	Details of treatment/result	Date of last symptoms	Full name, address, phone number of doctor(s) or hospital

8. Occupation (including details of manual duties) Industry

9. AIDS STATEMENT

- (a) Have you suffered from Acquired Immune Deficiency Syndrome (AIDS) or been infected with the HIV virus or are you carrying antibodies to the HIV virus? Yes No
- (b) Since 1980, have you used intravenous drugs, engaged in male to male anal sexual activity or worked as a prostitute? Yes No
- (c) Have you had sexual intercourse with someone you know or suspect to be HIV positive? Yes No
- (If 'Yes' to question 9 above, a 'Confidential Lifestyle' Questionnaire is required.)

Child 1 (Personal Details)

1. Family name
 Given name

2. Sex 3. Country of birth

4. Date of birth / / 5. Age next birthday

6. (a) Is the child a permanent resident of Australia? Yes No
 (b) How long has the child lived in Australia?
 years months or All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for? Yes No
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms? Yes No
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment? Yes No
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury? Yes No
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister or grandparent suffered from diabetes, cancer, epilepsy, high blood pressure, heart disease, stroke, mental disorder or depression, haemophilia, Huntington's disease, polycystic kidney or any other hereditary disease? Yes No
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Child 2 (Personal Details)

1. Family name
 Given name

2. Sex 3. Country of birth

4. Date of birth / / 5. Age next birthday

6. (a) Is the child a permanent resident of Australia? Yes No
 (b) How long has the child lived in Australia?
 years months or All their life

7. State your relation to the child.

8. Is there any insurance cover currently in force on the child's life, and/or is there any other cover on the child's life being applied for? Yes No
 If 'Yes', please give details.

9. Has an application of insurance cover on the child's life ever been declined or accepted with an increased premium or on non-standard terms? Yes No
 If 'Yes', please give details.

10. Is the child in good health and free from mental or physical impairment? Yes No
 If 'No', please give full details.

11. Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication or has the child ever had more than 2 weeks off school as a result of illness or injury? Yes No
 If 'Yes', please give details below.

Illness or injury:		Date started: / /	
Details of treatment:			
Length of treatment:		Time off school:	
Date of last symptom: / /		Degree of recovery: %	
Name and address of doctor/hospital:			

12. Name and address of the child's family doctor.

13. Has the child's biological mother or father or any brother or sister or grandparent suffered from diabetes, cancer, epilepsy, high blood pressure, heart disease, stroke, mental disorder or depression, haemophilia, Huntington's disease, polycystic kidney or any other hereditary disease? Yes No
 If 'Yes', please give details below.

Family Member (relationship to child)	Condition/Illness (for cancer/heart disease – specify type)	Age at onset	Age at death
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Please photocopy this page if more than two children are to be covered under the Child's Recovery Benefit.

P. Activities/Pursuits Questionnaire

1. Please describe the activity or pursuit.
2. Please advise the number of times you engage in the activity per year.
3. How many actual events/hours/trips/flights/dives/climbs/jumps did you participate in over the last twelve months approximately?
4. What qualifications, certificates, licences, associations and club memberships do you hold?
5. How long have you been involved in this activity?
6. Where do you engage in this activity and in what locations?
7. Do you ever engage in this activity alone, or are you always with a group?
8. Do you compete in this activity? Yes No
If 'Yes', please advise the level of competition and names of events.
9. Do you receive any payments for your involvement in this activity? Yes No
If 'Yes', please advise details.
10. Please advise the maximum heights, speeds, depths the activity includes.
11. Are any of the above likely to change over the next 2 years? Yes No
If 'Yes', please provide full details.
12. Are you involved in any record attempts? Yes No
If 'Yes', please provide details.
13. Are all recognised/standard safety measures and precautions followed? Please provide any additional details.
14. Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.
15. Have you ever been involved in any accident/mishap whilst participating in this activity? Yes No
If 'Yes', please provide details.

Q. Asthma Questionnaire

1. Date asthma first diagnosed. / /
2. How often do you experience symptoms?
eg. wheezing, breathlessness, chest tightness.
 Daily Weekly Monthly Other
3. When was your most recent episode of asthma? / /
4. Are you aware of any causes that trigger your symptoms?
eg. allergy, exercise.
5. Have you ever been off work due to asthma? Yes No
If 'Yes', please advise when, and for how long.
6. Name of medication(s).
(a) Dosage
(b) Frequency
(c) What treatment do you use to control an attack?

(d) Do you take any form of medication between attacks? Yes No
If 'Yes', please state nature and dosage.

(e) When was the last time you received medication?
7. Have you ever required steroid therapy (by tablet or syrup)? Yes No
If 'Yes', please provide details.
8. Have you ever been in hospital or received emergency treatment for asthma? Yes No
If 'Yes', please state when, for how long and where?
9. Have you ever undergone a lung function test? Yes No
If 'Yes', please advise dates and highest and lowest readings, if known.
10. Have you ever consulted a specialist for this condition? Yes No
If 'Yes', please advise name and address of doctor of last consultation.
11. Please provide details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

R. Spinal/Joints Disorder Questionnaire

1. Area of spine (eg. neck, upper or lower back) and/or joints affected (eg. left knee, right hip, shoulders, elbows etc).
2. Please state the precise diagnosis.
3. When did symptoms first occur?
4. (a) What was the cause?
- (b) Please describe your symptoms.
- (c) Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs? Yes No
- (d) State frequency and severity of attacks/symptoms prior to treatment.
5. Are you still experiencing symptoms? Yes No
 - (a) If 'No', date of last experienced symptoms. / /
 - (b) If 'Yes', how frequently have symptoms occurred since commencing treatment?
6. (a) What is the nature of the treatment (eg. medication, physiotherapy, exercise, etc)?
- (b) Are you still receiving treatment? Yes No
 - (i) If 'No', when did you cease treatment? / /
 - (ii) If 'Yes', how often do you attend for follow-up and date of last consultation?
- (c) Name and address of doctor or therapist consulted.
7. Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition? Yes No
 If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor.
8. Have you had an operation for this condition or is an operation being considered? Yes No
 If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.
9. (a) Have you ever been off work due to your symptoms? If 'Yes', when and for how long? Yes No
- (b) Are your occupational duties restricted in any way? Yes No
 If 'Yes', please provide details.
- (c) Is it necessary to avoid lifting or to restrict your daily activities in any way? Yes No
 If 'Yes', please provide details.

S. High Blood Pressure/High Cholesterol Questionnaire

1. When was high blood pressure/ high cholesterol first diagnosed?
2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?
3. Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage
4. Are you still on treatment? Yes No
 If 'No', when was treatment discontinued and why?
5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results
6. Regarding the monitoring of your condition:
 - (a) Name of medical attendant:
 - (b) How often do you attend for follow-up?
 - (c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time, if known.
 - (d) Have you suffered from any of the following conditions:
 - (i) Eye disorder (other than short/long sightedness)? Yes No
 - (ii) Symptoms or disorder relating to heart or circulatory system? Yes No
 - (iii) Kidney disorder or protein in urine? Yes No
 - (iv) Dizziness, fainting episodes or stroke? Yes No
 If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results
- (e) How long has your blood pressure/cholesterol been well controlled?
 < 6 months 6 months to 12 months > 12 months
7. Please provide any additional information on your condition which you feel will be helpful in processing your application.
8. Please attach copies of any reports or results (eg. xray, pathology, ultrasound, etc) you may have.

T. Mental Health Questionnaire

1. Please indicate the condition(s) you have had or received treatment for.

- Anxiety including generalised anxiety, panic or phobic disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression or mild depression
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenic or any other psychotic disorder
- Stress, sleeplessness, chronic tiredness
- Other (please specify)

2. Describe your symptoms including the date started and how long they lasted.

Symptoms	Date from	Date to

3. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?

(b) Have you ever had suicidal thoughts or attempted suicide?

4. (a) Date symptoms commenced. / /

(b) Have you had any recurrences of this condition? Yes No

If 'Yes', how many times? When? / /

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased

(b) Are you currently receiving treatment? Yes No

(c) If 'Yes', please provide details.

6. Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition? Yes No

If 'Yes', when and how long?

8. Have you any ongoing effects or restriction to your activities of any kind due to your condition? Yes No

If 'Yes', please provide details.

U. Check-up Questionnaire

1. Please state the reason/s for your regular check-up/blood test.

2. Please state the dates of your last two check-ups and results.

3. Were any test/s or further investigation/s performed? Yes No
If 'Yes', please provide details or attach copies of reports.

Date	Type of tests/investigations	Results

4. Was any treatment prescribed? Yes No
If 'Yes', please provide details.

Date	Type of treatment (eg. medications & dosage, physiotherapy, procedures, etc)

5. Were/Are you required to return for a follow up? Yes No
If 'Yes', please state when and reason.

V. Multi-Purpose Questionnaire
(may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?
 (b) Please state which side. Left Right Not applicable
3. The cause.
4. (a) Date symptoms commenced / /
 (b) How long have you been free of symptoms?
 (c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? Yes No
 If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities? Yes No
 If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition? Yes No
 If 'Yes', advise names of medication(s), dosage(s) and frequency.

 Are you still taking this medication? Yes No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)? Yes No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)? Yes No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition? Yes No
11. Have you seen a doctor or other therapist for anything related to this condition. Yes No
 If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8 –11 please advise details including date, type of treatment and tests.

12. Has further treatment been recommended for this condition? Yes No
 If 'Yes', please provide details.
13. Does your usual doctor have details of this condition? Yes No
 If 'No', provide name and address of doctor who has full details.

V. Multi-Purpose Questionnaire
(may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).
2. (a) What part of the body was affected?
 (b) Please state which side. Left Right Not applicable
3. The cause.
4. (a) Date symptoms commenced / /
 (b) How long have you been free of symptoms?
 (c) How often do/did you have symptoms?
5. Have you ever been off work or your normal daily activities restricted in any way related to this condition? Yes No
 If 'Yes', please state when, duration and reason/restriction.
6. Have you any residual, on-going effects or restriction in your daily activities? Yes No
 If 'Yes', please give details.
7. Have you taken regular or occasional medication for this condition? Yes No
 If 'Yes', advise names of medication(s), dosage(s) and frequency.

 Are you still taking this medication? Yes No
8. Have you had any other treatment for this condition (eg. physiotherapy, operation, alternative remedies)? Yes No
9. Have you had any diagnostic investigations (eg. scope, scan, x-rays, EEG, ECG etc)? Yes No
10. Have you ever been in hospital or received emergency treatment for anything related to this condition? Yes No
11. Have you seen a doctor or other therapist for anything related to this condition. Yes No
 If 'Yes' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8 –11 please advise details including date, type of treatment and tests.

12. Has further treatment been recommended for this condition? Yes No
 If 'Yes', please provide details.
13. Does your usual doctor have details of this condition? Yes No
 If 'No', provide name and address of doctor who has full details.

W. Private/Self-Managed Superannuation Fund

The following is to be completed where benefit is to be owned by the Trustee of a Private/Self-Managed Superannuation Fund.
Please note: the Trustee is also required to complete the Declaration in Section Y.

When selecting benefits please ensure that the benefits can be paid from a superannuation fund in accordance with the Superannuation Industry (Supervision) Act 1993 (SIS Act). Please note there may be situations where even though a benefit, such as a TPD benefit, is paid to the trustee of the superannuation fund, superannuation legislation or the rules of the superannuation fund may prevent the release of the benefit until the preservation rules are satisfied.

Declaration

To be signed by two directors, or one director and the company secretary in the case of a company trustee.

I/We, the trustee/s of the superannuation fund named below, request AIG Life to issue the insurance policy/ies described on this form. The policy document/s will be held subject to the trusts of the superannuation fund.

I/We agree to be bound by the terms and conditions of the policy document and the trust deed governing the superannuation fund.

I/We confirm that the superannuation fund of which I am/we are trustee is a complying superannuation fund within the meaning of the SIS Act and Income Tax Assessment Act (Tax Act).

I/We undertake to advise AIG Life immediately if the superannuation fund at any time ceases to be a complying fund as defined in the SIS Act and/or the Tax Act.

I/We confirm that I/we have the power under the trust deed governing the superannuation fund to effect the policy/ies described on this form.

Details of policy owner/s

To be completed by the trustee/s of the superannuation fund which will own the policy/ies.

Full name of the superannuation fund ABN/ACN

Trustee's address for communications State Postcode

Phone (home) Phone (work)

Trustee details

Company Trustee name ABN/ACN

If applicable, the common seal of: (*name of corporate Trustee*)

Was hereto affixed in accordance with the Constitution of the company in the presence of:

Director Signature Director/Company Secretary Signature Date (dd/mm/yyyy)

And/or

Individual Trustee names (if more than four individuals, please attach further names).

First Individual Trustee

Title

Family Name

Given Name/s

Signature

Date (dd/mm/yyyy)

Second Individual Trustee

Title

Family Name

Given Name/s

Signature

Date (dd/mm/yyyy)

Third Individual Trustee

Title

Family Name

Given Name/s

Signature

Date (dd/mm/yyyy)

Fourth Individual Trustee

Title

Family Name

Given Name/s

Signature

Date (dd/mm/yyyy)

X. AIA Superannuation Fund – Membership Application

Membership Application to the AIA Superannuation Fund (the Fund) is issued by: CCSL Limited, ABN 51 104 967 964, AFS Licence No. 287084, RSE Licence No. L0000758, Level 16, 114 William Street, Melbourne Australia 3000.

PERSONAL SUPERANNUATION

The following is to be completed by the Life Insured where the Superannuation Term Life Plan is to be owned by CCSL Limited (Trustee) ABN 51 104 967 964; AFS Licence No. 287084; RSE Licence No. L0000758, as Trustee of the AIA Superannuation Fund, RSE Fund Registration No. R1067682 (the Fund) – a Registrable Superannuation Entity (RSE) Licensee under the Superannuation Industry (Supervision) Act 1993. (Before you sign this Membership Application, the Trustee is obliged to have provided you with a Product Disclosure Statement containing a summary of the important information in relation to the AIA Superannuation Fund. This information will help you to understand the product and decide whether it is appropriate for your needs.)

Your Duty of Disclosure to the Trustee

It is a condition of this Application that you disclose to the Trustee every matter that you know, or could reasonably be expected to know, which is relevant to the Trustee's decision whether to accept your Application and if so on what terms. This duty of disclosure also applies before you extend, vary or reinstate your membership in the Fund.

Non-Disclosure – If you fail to make disclosure as required above and the Trustee would not have accepted your Application for membership on any terms if that failure had not occurred, the Trustee may terminate your membership in the Fund which would result in the termination of cover by the insurer.

Application for Membership

My full name, address, date of birth and occupation details appear in the body of this form. I hereby apply for membership of the AIA Superannuation Fund and agree to be bound by the trust deed constituting the Fund. I acknowledge that my contributions may not be accepted and a risk only interest under the Fund will not be issued if I have not provided my Tax File Number.

1. Will any employer pay contributions to the Fund on your behalf? Yes No
 If 'Yes', commencement date with employer. / / Contributions to begin. / /
2. Nominated Retirement Date / / or Nominated Retirement Age

3. Personal or Employer Contributions

I declare that I am under age 65 years or that I am age 65 or over and under age 75 and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days in the latest financial year. I will write and advise the Trustee if at any time this is no longer correct.

4. Nomination of Beneficiary (optional)

Please refer to the section 'Nominating a Beneficiary' on page 37 of the PDS before completing this part of the form.

You may nominate one or more of your dependants to receive a benefit payable from the Fund in the event of your death. A 'dependant' includes your spouse (legal or de facto), your child or any other person who is financially dependent on you at the time of your death. A 'child' includes an adopted child, a step-child or an ex-nuptial child.

Type of nomination: Binding Non-binding

Dependant(s) Nominated (full name)	Address	State	Post Code	Date of Birth	Relationship to You	Percentage of Benefit
				/ /		%
				/ /		%
				/ /		%
				/ /		%
If more than four beneficiaries are to be nominated use a separate Nomination of Beneficiary form available from us or your adviser.						100 %

5. Signatures

I declare that:

- I am applying for membership in the Fund as a risk only member;
- I am eligible to contribute to the Fund;
- the information contained in this Membership Application is true and correct;
- I agree to be bound by the terms and conditions of the Trust deed of the Fund as amended from time to time;
- I acknowledge that the Trustee will apply to AIG Life to be issued with a Superannuation Term Life Plan and that my benefit in the Fund is limited to the benefits provided by AIG Life under the Superannuation Term Life Plan to the Trustee;
- I acknowledge the policy conditions for the Superannuation Term Life plan, including that the policy may lapse if premiums are not paid within 30 days of falling due. I agree that it is my responsibility to ensure that contributions to the Fund are sufficient for the Trustee to pay the policy premiums;
- I agree to notify the Trustee of the Fund in writing immediately if I cease to be eligible to contribute to the Fund;
- I acknowledge that legislation governing superannuation fund restricts payments of benefits except as provided by the governing rules of the Fund and superannuation law;
- I have read the conditions and the important information in the 'Nominating a Beneficiary' section in the PDS;
- I acknowledge that if I have made a binding death benefit nomination that it should be reviewed every three years or earlier if my circumstances change;
- I have read the Trustee's Privacy Statement set out in the AIA Superannuation Fund section of the Superannuation Term Life Plan of this Product Disclosure Statement and I consent to the collection, use and disclosure of my personal and sensitive information by the Trustee in the manner described in the Privacy Statement.

Signature of Applicant X Date / /

Signatures of Witnesses – declaration and statement by TWO witnesses (must not be nominated beneficiaries).

Only complete this section if you wish to make a binding nomination. We declare that this form was signed by the applicant for membership of the Fund in our presence. We state that we are each over 18 years and that we are not nominated as a beneficiary on this form.

Signature of Witness A X Date / /

Full name of witness A Date of birth / /

Signature of Witness B X Date / /

Full name of witness B Date of birth / /

Applicant's Tax File Number /

Y. Declaration (Life insured and Proposer(s) must complete this section.)

I/We declare that the information contained in the attached statements (whether written in my/our hand or not) or input into the computer using the electronic application system (eApp) is true and correct and that no information material to the insurance has been withheld.

I/We agree that any personal statements made or completed electronically, together with any relevant documents shall form the basis of the proposed contract of insurance with American International Assurance Company (Australia) Limited, trading as AIG Life.

I/We have read the Product Disclosure Statement including Your Duty of Disclosure notice set out in the Significant Risks section and understand its contents and what is meant by my/our duty to disclose. I also understand that my/our duty to disclose continues after I/we have completed this application until AIG Life has accepted the risk.

I/We declare that I/we have read the Privacy Statement set out in the Product Disclosure Statement and I/we consent to the collection, use and disclosure of my/our personal and sensitive information in the manner described in that Privacy Statement.

I/We consent to AIG Life collecting sensitive information, i.e. health information about me/us, for the purpose of the performance of this contract.

I/We understand that if I have indicated I intend to replace an existing policy with this AIG Life policy, I may be required to cancel my existing policy. I acknowledge that in this case the replacement policy issued by AIG Life only starts when my existing policy is cancelled. I acknowledge that failure to cancel my existing policy within a reasonable time may make my AIG Life policy void.

I/We agree that cover will not commence until the premium is paid and AIG Life has accepted the risk.

A signed copy of the quotation is attached to this application

OR

I/we accept quotation number: attached to this Application Form.

Premium \$ monthly half-yearly yearly

Do you consent to AIG Life disclosing personal medical information to your adviser, obtained to assess your application for insurance? Yes No

Do you wish to receive direct marketing material from us?

a) **Policy owner 1: Director; Trustee 1** Yes No

b) **Policy owner 2: Director/Company Secretary; Trustee 2** Yes No

Note: If 'No', your name will be deleted from AIG Life's direct marketing mailing list. AIG Life will not sell or give its mailing list to third parties for promotions independent of AIG Life.

Note: Your premium will be held in a trust account administered by us until the policy is issued to you. Under the Corporations Act we are entitled to retain any interest earned during the period the funds are held in trust.

Signature of Life Insured Signature of Spouse (if Home Expenses selected)

Name of Life Insured

Date

Name of Spouse

Date

POLICY OWNER/S

Individual/s

Signature of Policy Owner 1

Name of Policy Owner 1

Date

Signature of Policy Owner 2

Name of Policy Owner 2

Date

Company

Executed by (Company Name)

Company ABN/ACN

Signature of Director

Name of Director

Date

Signature of Director/Secretary

Name of Director/Secretary

Date

Please note for a proprietary company, which has a sole director who is also the company secretary, then the director can sign the Application Form as owner.

Trustee

Signature of Trustee 1

Name of Trustee 1

Date

Signature of Trustee 2

Name of Trustee 2

Date

Adviser 1 details (Servicing Adviser)

Name of Adviser Adviser Code

Company Name of Adviser (if applicable) ABN/ACN (if applicable)

Telephone number Fax number E-mail

Adviser 2 details

Name of Adviser Adviser Code

Has a medical examination, HIV or other test been arranged? Yes No

If 'Yes', please provide details of name and address of medical examiner or clinic in the space below.

Special Instructions

English literacy

Can the proposed Policy Owner/s and/or Life Insured(s) read and understand English? Yes No

If 'No', what language was used to explain the policy?

Adviser Declaration

I declare that I have given the Policy Owner a copy of the relevant Product Disclosure Statement, attached the quotation to this Application Form, the Policy Owner has checked the details provided in the Application Form and the Life Insured has checked the health information provided.

eApp No.

Yes No

Adviser 1 Signature

Date

Adviser 2 Signature

Date

Remuneration Structure

Upfront Hybrid Level (where applicable)

Remuneration Plan

Please specify if other than standard

Remuneration Split

Please specify if more than one adviser Adviser 1 % Adviser 2 %

Adviser Notes



Priority Protection
Direct Debit Request
(see over)



Priority Protection
Credit Card Authority
(see over)

Priority Protection
Authority to Release Medical
Information
(see over)



Priority Protection
Authority to Release Medical
Information
(see over)



AIG Life: A Member Company of AIG

AIG Life is a registered trading name of American International Assurance Company (Australia) Limited (AIA). AIA has been operating in Australia for over 30 years and is a member company of American International Group, Inc. (AIG). AIG is a world leading insurance and financial services organisation, employing over 106,000 people in more than 130 countries and jurisdictions. The strength of the AIG brand is evidenced by its global assets which exceed AU\$1.1 trillion (US\$980 billion).

AIG Life in Australia is a specialist provider of financial products designed to offer comprehensive, affordable solutions to life insurance.



www.aiglife.com.au