



Flexible Lifetime[®] – Protection

**Insurance for Death, Total and Permanent Disablement, Trauma
Superannuation Insurance for Death, Total and Permanent Disablement
Insurance for Income Protection
Insurance for Business Overheads**

Insurance to protect your lifestyle

Product Disclosure Statement

Issue date 23 May 2005

Flexible Lifetime – Protection, Insurance for Death, Total and Permanent Disablement, Trauma, Income Protection and Business Overheads are issued by AMP Life Limited ABN 84 079 300 379, AFSL No. 233671.

Flexible Lifetime – Protection (Superannuation) is issued by AMP Superannuation Limited ABN 31 008 414 104, AFSL No. 233060 the trustee of the AMP Personal Superannuation Fund.

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Important note:

This Product Disclosure Statement (PDS) is an important document. You should read it before you complete the application form(s).

This Product Disclosure Statement (PDS) is issued by AMP Life Limited and AMP Superannuation Limited. Both AMP Life Limited and AMP Superannuation Limited take full responsibility for the whole of the PDS. No other companies in the AMP Group are responsible for any statements or representations made in this document. No other company in the AMP Group guarantees performance of AMP Life Limited's and AMP Superannuation Limited's obligations to investors nor assumes any liability to investors in connection with this product.

Changes to this Product Disclosure Statement

We may update the information in this Product Disclosure Statement. You can obtain updated information simply by asking your financial planner, visiting www.amp.com.au or calling us on 133 888. (You can also ask us for a free paper copy of this updated information). However, if the change to the information is materially adverse, we will issue a Supplementary Product Disclosure Statement.

These products are only available to persons receiving it (including electronically) within Australia. Applications from outside Australia will not be accepted.

Overview

This PDS contains information about 4 insurance products and is in 5 parts. You should read each relevant product component (Parts 1-4) together with Part 5 (which contains information common to all 4 products) before you complete the application form to apply to start a plan. An application for insurance has been included at the back of the PDS.

Insurance for Death, Total and Permanent Disablement, Trauma

AMP Life Limited provides the following covers for you to choose:

- Death cover (we will pay a specified lump sum upon the death or terminal illness of the insured person)
- Total and Permanent Disablement cover (we will pay a specified lump sum if the insured person becomes totally and permanently disabled)
- Trauma cover (we will pay a specified lump sum if the insured person suffers one of the trauma conditions covered).

Refer to Part 1 (pages 1 to 9) and Part 5 (pages 33 to 49) for further information.

Superannuation Insurance for Death, Total and Permanent Disablement

You may apply for Death cover that pays a lump sum on the death or terminal illness of the member, with an option to add Total and Permanent Disablement cover.

By applying for this product, you become a member of the AMP Personal Superannuation Fund ('the Fund'). AMP Superannuation Limited is Trustee of the AMP Personal Superannuation Fund and will apply to AMP Life Limited for a new plan to provide you with the insurance benefits you select. The owner of this plan will be AMP Superannuation Limited and all benefits payable under the terms of the plan will be payable to the Trustee.

The Trustee can only pay you these benefits where it is permitted to do so under superannuation legislation and the governing rules of the Fund.

All contributions made by you will be credited as premiums towards the plan AMP Superannuation Limited has taken out on your behalf with AMP Life Limited.

Refer to Part 2 (pages 10 to 19) and Part 5 (pages 33 to 49) for further information.

Insurance for Income Protection

AMP Life Limited pays a monthly amount while the insured person is so ill or injured that they are unable to work (subject to the terms and conditions of the plan).

Refer to Part 3 (pages 20 to 27) and Part 5 (pages 33 to 49) for further information.

Insurance for Business Overheads

AMP Life Limited reimburses the plan owner for eligible business overheads while the insured person is so ill or injured that they are unable to work (subject to the terms and conditions of the plan).

Refer to Part 4 (pages 28 to 32) and Part 5 (pages 33 to 49) for further information.

About AMP

For over 150 years AMP has helped generations of Australian families, individuals and business enterprises safeguard and build their financial future.

AMP Life Limited was formed in 1998. Its ultimate holding company is AMP Limited. Insurance for Death, Total and Permanent Disablement, Trauma, Income Protection and Business Overheads are issued by AMP Life Limited.

Secured by our Australian No. 1 Statutory Fund

Your plan is backed by our Australian No.1 Statutory Fund. As at 31 December 2004 the assets available in our Australian No. 1 Statutory Fund were more than 50% higher than the solvency reserve required under the Life Insurance Act.

Please note that these products are not savings products. If you end the plan at any time after the cooling off period has expired, you will not get anything back.

How to apply

Before you apply you need to obtain your individualised premium quote from your financial planner who can help you assess your needs and explain the details of the plan to you. If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a premium quotation. The quote we give you assumes that your health and pastimes indicate a standard insurance risk. We may increase the premium, restrict the available cover or decline cover altogether if our underwriting indicates that the insured person(s) is greater than a standard risk.

The only way to apply for these plans is to complete an application (refer to the back of this PDS). The insured person(s) is required to complete a Personal Statement. This is also in the back of the PDS. Your financial planner will have additional Personal Statements, or you can contact us on 1300 360 838 to obtain an additional Personal Statement. The information provided in the Personal Statement is used by our underwriters to assess whether to accept the risk, refuse the risk, apply a higher premium or apply an exclusion or restriction to the plan.

Depending on the insured person's age and the level and type of cover being applied for, and the information provided in the Personal Statement, we may request the insured person to provide further information, undergo a medical test(s) and/or medical examination(s) so that the insured person's risk profile can be better assessed.

If the insured person has or has had a medical condition, their doctor may be asked to provide details of the insured person's medical history from their records or the insured person may be asked to undergo an up to date medical examination. We will generally pay for any medical consultation or medical test that we request for the insured person to undertake for the purposes of considering your application.

In some cases we may offer insurance that is different to what you applied for. We may offer insurance for a lower sum insured, at a higher premium or apply an additional exclusion. If this happens we will write to you requesting your agreement to proceed with the application on the revised terms. In some cases we will not be able to accept your application for cover and we will inform you of this.

Legislation ensures that personal information is protected. We have strict guidelines about how the information collected about you and the insured is used, stored and accessed. This is set out in our Privacy Policy described on page 39.

After we have received a completed application and your premium we provide you with interim accident cover. This cover is different to the cover you have applied for. Information regarding Interim Accident cover is set out on pages 36 and 37.

Duty of Disclosure

When we are considering your application(s) – or a request to change your cover, or to restart it – we need to know exactly what risk we are to insure. This helps us to decide:

- whether to provide the insurance; and
- how much to charge for it; and
- whether any special rules should apply.

Consequently, the plan owner(s) and the insured person(s), must answer all the questions on the application and Personal Statement completely and accurately.

As well, the plan owner(s) and the insured person(s), must tell us about anything:

- you or they know which will be relevant to our decision or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to our decision.

For each plan this duty continues until we issue a plan by sending you the Certificate of Insurance and Plan Rules. Therefore, the plan owner(s) and the insured person(s), must tell us about any changes to their health, occupation, pastimes which are relevant to our decision, or other relevant matters which happen after the application and Personal Statement have been completed, but before we send the Certificate of Insurance and Plan Rules to the plan owner(s) or Superannuation member.

If you don't tell us

If the plan owner(s) or the insured person(s) don't tell us what they are supposed to tell us, we may be able to:

- treat the plan as if it never existed and pay nothing; or
- keep the plan going but reduce the amount we pay.

When your insurance starts

Your plan will start when we accept your application and send to you a Certificate of Insurance showing you the details of your insurance and the date that your plan commenced.

Any information contained in this document is general only and not based on your personal objectives, financial situation and needs. You are encouraged to consult a financial planner before investing to consider how appropriate this product is to your objectives, financial situation and needs. If you don't have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of our premium rates or a premium quotation.

1. Flexible Lifetime – Protection

Insurance for Death, Total and Permanent Disablement, Trauma

In this part:

- **you, your** and **yourself** means the plan owner(s)
- **insured person(s)** is the person(s) insured under the plan
- **we, us, our** and **AMP** means AMP Life Limited
- **plan** means the policy of life insurance issued by AMP.

Plan at a glance

Purpose

Provides you with a specified lump sum if the insured person:

- dies or suffers a terminal illness and has less than 12 months to live (if Death cover is selected); or
- becomes totally and permanently disabled (if Total and Permanent Disablement (TPD) cover has been selected); or
- suffers one of the range of trauma conditions we cover (if Trauma cover has been selected).

Subject to our approval, you select the types of cover you require.

In addition, if a child is insured under Children's Trauma cover, we pay a lump sum if they suffer one of the range of trauma conditions we cover, or die.

If more than one cover applies to an insured person, you will need to select whether the covers are taken as Stand Alone or Linked. Refer to page 8 for details.

If you select Trauma cover Premier and Death cover as linked covers applying to an insured person you can also choose the Buy Back option for an additional premium. Details of this option are on page 6.

The following options can also be selected for an additional premium:

- Waiver of Premium, under which payment of premiums on a particular insured person, or on the entire plan, is waived where the insured person has been totally disabled for 6 months. Refer to page 7 for further information.
- Business Safeguard. This option can be selected by business owners, and is described on page 5.

Who can own the plan?

The plan can be owned by an individual, a company, the trustee of a trust – including trustees of superannuation funds (subject to legislative restrictions) or by multiple persons (but as joint tenants only).

Who can be insured and for how much?

The plan can be taken out to insure the plan owner's life (where the plan owner is an individual) and/or other lives. For example one plan may cover all family members, or business partners. You can insure more than 1 person (including children) on the same plan.

The plan owner can apply to cover people in the age ranges shown in the table below. The maximum insured amounts are also shown in the table below. The insured person's occupation, pastimes and health may restrict their available options. This will be determined when your application is being considered.

Type of cover	Entry Age Ranges of the insured person	Maximum Sum Insured
Death cover	10 to 69	no limit (subject to reinsurance)
Total and Permanent Disablement cover	15 to 54	\$2.5M
Trauma cover	15 to 59	\$1.5M
Children's trauma cover	1 to 12	\$50,000
Waiver of Premium	10 to 54	n/a

Premiums and fees

The premium you pay depends on a number of factors including a plan fee. The fees charged for your plan and information on premiums are set out on pages 34 and 35. It is important that you read these pages.

How long will your plan last?

The plan or cover(s) will end in the circumstances listed at page 9.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Death, Total and Permanent Disablement and Trauma covers is that generally premiums are not deductible and amounts we pay do not attract income tax or capital gains tax (CGT).

However:

- when we pay the Death cover amount, CGT may apply if the plan owner is not the same person or entity as the owner when the plan began. CGT also applies to Total and Permanent Disablement cover and Trauma cover amounts we pay if the plan owner is not the insured person, or a relative (as defined for taxation purposes) of the insured person
- where a business arranges the plan to cover loss of revenue (profits) should a key employee suffer a trauma condition, is totally and permanently disabled, becomes terminally ill or dies, premiums may be tax deductible and the amounts we pay will attract income tax.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

Provide for your dependants

If you are both the plan owner and the insured person, and have selected Death cover, you may nominate one or more beneficiaries to receive the death benefit from your plan when you die. Please see page 9 for further details.

Interim Accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. The interim accident cover is different to the insurance being applied for, and is subject to the terms and conditions on page 36.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 38 for further details.

Complaints handling

We have internal processes to manage complaints. If we are unable to resolve your complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service. See page 41 for more details.

Risks in taking out this insurance

- You may select a product that does not provide the type of cover you need.
- You may choose an inadequate amount of cover.
- You may be unable to get cover or increases due to your particular health or circumstances.
- You may not comply with your Duty of Disclosure which may result in AMP not paying all or part of your claim or cancelling this plan.
- AMP may become financially unable to pay a claim.

Refer to page 33 for further details.

Death cover

If we provide Death cover to an insured person it will be shown on the Certificate of Insurance you will receive from us and we will charge a premium for the cover. We pay a lump sum to the plan owner(s) if an insured person dies. Cover continues worldwide 24 hours a day.

Death cover automatically includes the following 3 features at no additional cost:

Terminal illness cover

If an insured person is diagnosed as having less than 12 months to live, we will advance up to 100% of the Death cover. The maximum we'll pay in advance for this insured person (under all plans held with AMP) is \$2 million. If there is a balance of Death cover we will pay this if the insured person dies.

Funeral benefit

We will advance up to \$10,000 on the Death of an insured person. The death benefit payable will be reduced by the amount of the advance.

Guaranteed future insurability

You may increase an insured person's Death cover without providing further evidence of health if:

- the insured person marries;
- the insured person's child is born or they legally adopt a child;
- a housing loan is granted by a financial institution for the insured person to buy their first home; or
- the insured person completes their first undergraduate degree at a recognised Australian university.

Premiums will be based on those rates applicable at the time of exercising an increase option. You can only increase the Death cover amount once under this option in any 12 month period. Each time, you may increase the Death cover amount by 25% of the original sum insured or \$100,000, whichever is the lesser.

The maximum total amount by which you can increase the Death cover under this benefit over the life of the plan is the lesser of:

- the initial amount of Death cover under the plan, excluding CPI increases and increases effected under this option; and
- \$1,000,000.

You cannot take up this option if at the time of your request:

- the insured person is older than 55 years of age; or
- the insured person's plan has a premium loading or special terms; or
- the insured person's premiums are being waived under the waiver of premium option; or
- the insured person is entitled to make a terminal illness or trauma claim under any plan that the insured person holds with us.

You must apply for the increase within 30 days of the first plan anniversary following the event and provide proof of that event. Should this plan become closed to new business, the option may only be taken up on a similar AMP plan current at the time on the same terms.

Total and Permanent Disablement cover

If we provide TPD cover to an insured person it will be shown in the Certificate of Insurance you will receive from us and we will charge a premium for the cover.

We pay a lump sum to the plan owner(s) if an insured person becomes totally and permanently disabled before the plan anniversary immediately before they turn 65 (see page 4 for the definition of totally and permanently disabled).

Own occupation cover (optional)

If you select this option at an additional cost a revised definition of totally and permanently disabled will be applied to the nominated insured person(s). Under this definition, we will pay you a lump sum where we consider the insured person is unlikely ever to work in the primary full-time occupation they were engaged in for at least 12 months immediately prior to the date of their illness or injury.

This option is only available certain occupations which include professional and white collar workers. Specialist medical and legal professional occupations will not be eligible for 'own occupation' cover on the basis of their specialised duties alone. Surgeons are categorised as medical practitioners and barristers as legal practitioners.

Up to \$2 million of TPD cover can be taken under this option. Any cover above this level will not be issued on an "own occupation" basis.

Definition of totally and permanently disabled.

An insured person is totally and permanently disabled if their disability meets the definition of disablement in either Part 1, Part 2 or Part 3, below and the disability:

- commences while the insured person is engaged in **regular remunerative work** (or within 6 months after they cease **regular remunerative work**); or
- commences while the insured person is engaged in **home duties** (or within 6 months after they cease **home duties**); or
- commences while the insured person is engaged in their **own occupation**; or
- results directly from accidental bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

Part 1 (unable to work)

The insured person is disabled if they suffer an illness or injury and:

- the illness or injury wholly prevents them from engaging in **home duties**, **regular remunerative work**, or their **own occupation** for at least 6 months in a row; and
- since they became ill or injured, they have been under the regular care and attention of a doctor for that illness or injury; and
- in our opinion, the illness or injury means that they are unlikely to ever work in or attend to:
 - i. **home duties**; or
 - ii. **regular remunerative work** for which they are reasonably fitted by education, training or experience; or
 - iii. where "own occupation" cover has been selected, their **own occupation**;

whichever they were engaged in when they suffered the illness or injury.

Part 2 (loss of use of limbs and/or sight)

The insured person is disabled if they suffer from the total and irrecoverable loss of:

- the use of 2 limbs; or
- the sight of both eyes; or
- the use of 1 limb and the total and irrecoverable loss of sight of 1 eye, where a limb means an entire arm or entire leg.

In addition to this the loss must be unable to be remedied and the insured person must have survived for 14 days after the loss.

Part 3 (loss of independent living)

The insured person is disabled if they become totally and permanently unable to perform at least 2 of the **activities of daily living** (see definition on page 47) without assistance from someone else.

We will not pay for loss of independent living caused directly by alcohol or drug abuse.

Terms specifically defined within the TPD definition

Regular remunerative work

An insured person is engaged in regular remunerative work if they are doing work in any employment, business, or occupation for at least 10 hours per week. They must be doing it for reward – or the hope of reward – of any type.

Home duties

An insured person is engaged in home duties if they are on a full-time basis:

- doing all duties related to running the family home; and
- either looking after their dependent children (who must either be 16 or less, or in full-time secondary education); or
- providing full-time care for an invalid member(s) of the insured person's immediate family.

Own Occupation

Own Occupation is the primary full-time occupation which the insured person has performed in the twelve months immediately prior to becoming disabled. For this part of the definition to apply it must be shown in the Certificate of Insurance.

Specialist medical and legal professional occupations will not be eligible for "own occupation" cover on the basis of their specialised duties alone. Surgeons are characterised as medical practitioners and barristers as legal practitioners.

Business Safeguard (optional)

If Death and/or TPD cover is taken up, you can also choose Business Safeguard to apply to the insured person(s) who you nominate and who we agree to apply the option to.

This option is available at an additional cost.

This option can be used for business purposes such as:

- business succession planning (buy/sell agreement);
- loan guarantor insurance; and
- key person insurance.

It allows you to increase the level of Death cover or TPD cover, or both Death and TPD covers for the nominated insured person(s), without further medical evidence. This gives you the flexibility to structure your insurance in line with your growing business.

You can apply for this option for an insured person(s) who are up to age of 59 for Death cover and 54 for TPD cover.

The option is only available when the sum insured for Death cover or TPD cover for each insured person is greater than \$500,000. If both Death and TPD covers are selected each level of cover must exceed \$500,000. It is not available if the insured person's plan has a premium loading, or exclusion, for health reasons.

You can apply to increase the cover under this option:

- if this plan forms part of a written buy/sell, share purchase or business continuation agreement, by the actual increase in the value of your interest in the business since the latter of the last time the option was exercised and the commencement of the option; or
- if the insured is a key person to the business, the actual increase in the value of the insured person to the business since the latter of the last time the option was exercised and the commencement of the option.

The maximum you can increase the cover in any 12 month period is the lower of:

- 25% of existing cover; or
- \$2m.

We will require financial evidence of the increase in the value of the business from an independent qualified accountant, business valuer, or other appropriate person, all of whom must be approved by us.

This option ceases when any of the following occurs:

- you do not exercise the option for 5 years
- the Death cover reaches \$15m or the TPD cover reaches \$2.5m
- the Death cover or TPD cover is 5 times the original amount
- after 10 years from the commencement of the option

- the insured person turns 65; or
- the insured person has received, or is eligible to receive, a benefit under this or another life insurance plan.

If increased cover is provided under this option, your premium will increase in line with the higher level of cover.

Trauma cover

Trauma cover for adults

If we provide Trauma cover to an insured adult person it will be shown in the Certificate of Insurance you will receive from us and we will charge a premium for the cover.

We pay a lump sum to the plan owner(s) if the insured person suffers one of the trauma conditions set out in the tables on page 6 and survives for 14 days.

Different trauma conditions are covered under this plan depending on which level of Trauma cover you have selected.

You can choose between 2 levels of Trauma cover, being Standard and Premier. Standard covers 14 trauma conditions while Premier covers 45 and as a result is more expensive.

We have specific definitions for each of the trauma conditions. These are set out in full on pages 42 to 49.

Some trauma conditions are covered immediately from the commencement or recommencement of cover. However, certain trauma conditions are not covered for a period of 3 months from the commencement or recommencement of this cover. If you increase the amount of cover, we will not cover the amount of the increase for these trauma conditions, for a period of 3 months from the date of the increase. Refer to the table on page 6 for more details of when cover starts for each trauma condition.

If the insured person suffers one of these trauma conditions within the 3 month period we will never pay for that condition, even if they suffer the same trauma condition again later.

If your plan replaces a previous plan issued by us or another insurer, the 3 month delay will not apply to the extent that you would have been entitled to claim under the previous plan provided:

- the previous plan was in force at the time we issued your plan; and
- the previous plan was in place for at least 3 months.

We will require satisfactory evidence of the above points at the time of any claim for this exception to apply.

Once we have paid a claim under this cover in relation to an insured person, the Trauma cover applying to that person will end.

Cover continues until the insured person turns 74 for Standard plans and 84 for Premier plans (however, from the plan anniversary following the insured persons 64th birthday, for Standard plans, and 69th birthday for Premier

plans, cover is more restricted, being limited to the trauma conditions, Loss of Independent Living and Loss of use of Limbs and/or Sight).

Trauma Cover Premier covers the following trauma conditions for adults

Cover for the conditions in this column starts immediately		Cover for the conditions in this column is delayed for 3 months
Alzheimer's Disease and other dementias	Major organ transplant	Aortic surgery
Aplastic Anaemia	Motor neurone disease	Benign tumour of the brain or spinal cord
Blindness	Multiple sclerosis	Cancer
Cardiomyopathy	Muscular dystrophy	Coronary artery angioplasty (10% partial payment)*
Coma	Myelodysplasia	Coronary artery angioplasty – triple vessel
Deafness/loss of hearing	Myelofibrosis	Coronary artery surgery
Encephalitis	Paralysis that is one of:	Heart attack – myocardial infarction
HIV/AIDs – medically acquired	– diplegia	Heart attack – out of hospital cardiac arrest
HIV – occupationally acquired	– hemiplegia	Heart valve surgery
Intensive care	– paraplegia	Open heart surgery
Kidney failure	– quadriplegia	Pneumonectomy
Liver failure	– tetraplegia	Stroke
Lung failure	Parkinson's disease	
Loss of independent living	Peripheral neuropathy	
Loss of speech	Primary pulmonary hypertension	
Loss of use of limbs and/or sight	Severe burns	
Major head trauma	Systemic sclerosis	

* Limitations apply to this condition – refer to definitions and descriptions section. Full definitions start on page 42.

Trauma Cover Standard covers the following trauma conditions for adults

Cover for the conditions in this column starts immediately	Cover for the conditions in this column is delayed for 3 months
Kidney failure	Aortic surgery
Major organ transplant	Cancer
Paralysis that is one of:	Coronary artery surgery
– diplegia	Heart attack – myocardial infarction
– hemiplegia	Heart attack – out of hospital cardiac arrest
– paraplegia	Heart valve surgery
– quadriplegia	Stroke
– tetraplegia	

Full definitions start on page 42.

Premier with Buy Back (optional)

If you choose to take Trauma cover Premier with Death cover linked (ie when one benefit is paid, the other cover's benefit amounts for that insured person are reduced see page 8 for further details), you can purchase the Buy Back option at the time you take out Trauma cover Premier.

This option gives you the ability to choose to restore Death cover by the amount it was reduced after payment of your claim for Trauma cover.

This option becomes exercisable one year after we pay the Trauma cover claim, and is available for 30 days.

We will base the premium for the restored cover on our normal Death cover rates and the insured person's age at the time, taking into account the benefit amount and any special conditions or premium loadings applying to the original cover.

This option will cease on the plan anniversary following the insured person's 64th birthday.

Children’s Trauma Cover covers the following trauma conditions for children

Cover for the conditions in this column starts immediately unless the child is less than 10. If the child is less than 10, cover is delayed until they turn 10		Cover for the conditions in this column is delayed for 3 months
Major head trauma Major organ transplant Severe burns	Paralysis that is one of: – diplegia – hemiplegia – paraplegia – quadriplegia – tetraplegia	Aplastic anaemia Bacterial meningitis Cancer Leukemia Subacute sclerosing panencephalitis Viral encephalitis

Full definitions start on page 42.

Children’s Trauma cover

If we provide Trauma cover to an insured child it will be shown on the Certificate of Insurance you will receive from us and we will charge a premium for the cover.

Children’s Trauma cover is an optional cover available when a child (or children) is included as an extra insured person on an adult Flexible Lifetime – Protection plan.

We pay a lump sum of:

- \$50,000 (plus CPI indexation increases) if before the plan anniversary following the insured child’s 16th birthday they suffer one of the trauma conditions set out in the table above and survive 14 days; or
- \$5,000 if an insured child dies after age 2 but before they turn 17.

On the plan anniversary following the insured child’s 16th birthday their trauma cover will automatically be converted at that date to Death cover and the insured child thereafter is treated as an adult insured person.

We have specific definitions for each trauma condition. They are set out in full on pages 48 and 49. Please note that some of the definitions are specific to Children’s Trauma cover.

Some trauma conditions are covered immediately from the commencement or recommencement of cover. However, cover for certain trauma conditions is delayed for a period of 3 months from the commencement or recommencement of this cover or where the insured child is less than 10. See the table above for details.

If the insured child suffers a trauma condition within this period of 3 months or before age 10 (whichever is relevant) we will never pay for that condition, even if they suffer the same trauma condition again later.

If the plan replaces a previous plan issued by us or another insurer, the 3 month delay will not apply to the extent that you would have been entitled to claim under the previous plan provided:

- the previous plan was in force at the time we issued your plan; and
- the previous plan was in place for at least 3 months.

We will require satisfactory evidence of the above points at the time of any claim for this exception to apply.

Once we have paid a claim under this cover, the trauma cover ends.

Waiver of Premium (optional)

Waiver of Premium is an option you can choose if either Death, TPD or Trauma covers are selected. If you select this option it will be shown on the Certificate of Insurance you will receive from us and a higher premium will be charged. If you select this option, we will waive further payment of premiums under this plan after the insured person has been “totally disabled” for a period of more than 6 months. We will continue to waive premiums while the insured person remains “totally disabled”. Our definition of “totally disabled”, set out in full below, is different from the definition of totally and permanently disabled that might apply under your plan.

You can choose from 2 types of Waiver of Premium:

- Individual life – we waive the premium and plan fee for a particular insured person should they become totally disabled.
- Nominated life – we waive the premium and plan fee for the entire plan – all insured people – if a particular person is totally disabled.

You should discuss with a financial planner which type is more appropriate to your circumstances.

Waiver of Premium cover continues until the plan anniversary immediately before the particular insured person turns 60.

<p>Definition of totally disabled applying to Waiver of Premium</p> <p>An insured person is totally disabled while they are unable to engage in any regular remunerative work for which they are reasonably fitted by their education, training or experience. They must be unable to do that because they have suffered an illness or injury.</p>

Information applicable to Death, Total and Permanent Disablement and Trauma covers

Stand Alone or Linked cover

If you select more than one type of cover for the same insured person, you need to decide whether:

- you want their remaining cover to stay the same after we pay a claim. We call this Stand Alone cover; or
- you want their remaining cover to reduce after we pay a claim. We call this Linked cover.

For example, imagine an insured person is covered for:

- TPD cover of \$150,000; and
- Trauma cover of \$100,000; and
- Death cover of \$300,000.

The insured person develops kidney failure and we paid a \$100,000 trauma claim. On payment of this claim their Trauma cover will cease.

If you had chosen Stand Alone cover:

- their TPD and Death covers would continue unchanged at \$150,000 and \$300,000 respectively;

However if Linked cover had been chosen:

- the remaining cover would reduce by the \$100,000 we had paid. That is, their TPD cover would reduce to \$50,000 and their Death cover to \$200,000.

You can see in this example that the maximum we could pay with Linked cover is \$300,000. But potentially, with Stand Alone cover, we could pay \$550,000.

Stand Alone cover is more expensive than Linked cover, because we may have to pay you more. The decision between choosing Stand Alone and Linked is an important one which your financial planner can help you make.

Financial planning benefit

We will pay up to \$500 to reimburse you for the cost of financial planning advice after a benefit has been paid on this plan.

This benefit is payable only once for each insured person on this plan, and must be claimed within twelve months of the benefit being paid. This benefit is automatically included in your plan. There is no additional cost for it.

Automatic increases to your cover amount

Each year, unless we agreed not to when the cover started, we increase the amount of cover by any increase in the Consumer Price Index (CPI) or 3%, whichever is higher. If you don't want this increase, in full or in part, then you need to tell us.

The following is the maximum initial amount that we will apply automatic increases for each insured person to:

- Death cover \$2 million
- TPD cover \$1.5 million; and
- Trauma cover (Adult) \$1 million.

For example Trauma cover can rise above \$1 million over time with each year's CPI adjustment, however if the initial amount of Trauma cover is greater than \$1 million, any sum insured over \$1 million will not be indexed.

Please note that we do not increase the \$5,000 death cover under Children's Trauma cover.

When we won't pay

We won't pay the Death cover or any increase in the Death cover if the insured person dies (or becomes terminally ill) by their own hand within one year and 30 days of the date the cover starts, restarts, or the increase in cover starts or restarts (respectively).

If your plan replaces a previous plan issued by us, or another insurer, the one year and 30 day period will not apply to the extent that you would have been entitled to claim under the previous plan when it was cancelled, provided:

- the previous plan was in force at the time we issued your plan; and
- the previous plan was in place for at least one year and 30 days.

We will require satisfactory evidence of the above points at the time of any claim for this exception to apply.

We won't pay if the total and permanent disablement, total disablement or trauma condition was caused directly or indirectly by an intentional or deliberate act by you or the insured person.

We won't pay for a trauma condition if the insured person dies within 14 days of the trauma.

Also, we won't pay where an insured child's trauma condition is caused by any congenital condition, or where a trauma condition or death is caused by alcohol or drugs, or by someone connected to the child, or either of their parents, or a defacto spouse of either of their parents.

Nominating a beneficiary

You may nominate one or more beneficiaries to whom payment of the lump sum death benefit is to be made.

To make a nomination, there must be only one plan owner and they must be the insured person.

This nomination can be cancelled at any time in writing to us. If no nomination is made or if the nomination is cancelled, payment will be made to the estate of the plan owner. If there is a change in plan ownership, any nomination will be automatically revoked.

When Death cover stops

The Death cover for an insured person will stop upon the happening of any of the following:

- the plan anniversary immediately before the insured person's 100th birthday; or
- we pay a death benefit for the insured person; or
- we pay a terminal illness claim for the whole amount of the Death cover; or
- we pay a TPD and/or Trauma claim for amounts equal to or greater than the Death cover and the covers are linked and the Buy back option does not apply (for further details refer to page 6); or
- you write to us and ask to cancel the insured person's Death cover; or
- your plan ends for any of the reasons set out under the heading 'When your plan stops'.

When TPD cover stops

The TPD cover for an insured person will stop when any of the following occurs:

- the plan anniversary immediately before the insured person's 65th birthday; or
- we pay the TPD benefit for the insured person; or
- the insured person dies; or
- we pay a Trauma claim for an amount equal to or greater than the level of TPD cover and the covers are Linked; or
- you write to us and ask to cancel the insured person's TPD cover; or
- your plan ends for any of the reasons set out below under the heading 'When your plan stops'.

When Trauma cover for adults stops

Trauma cover for an insured person will stop when any of the following occurs:

- the plan anniversary immediately before the insured person's 75th birthday for Standard plans and 85 for Premier (refer to page 5 for further details); or
- we pay the trauma benefit for the insured person with the exception of payment for Coronary artery angioplasty; or
- the insured person dies; or
- we pay a TPD claim for an amount equal to or greater than the level of trauma cover and covers are linked (refer to page 8 for details about Linked cover); or
- you write to us and ask to cancel the insured person's Trauma cover; or
- your plan ends for any of the reasons set out below under the heading 'When your plan stops'.

When Trauma cover for children stops

Children's Trauma cover will stop when any of the following occurs:

- we pay the trauma benefit for the insured child; or
- the insured child dies; or
- on the plan anniversary following the insured child's 16th birthday (the cover converts to Death cover); or
- you write to us and ask to cancel the insured child's Trauma cover; or
- your plan ends for any of the reasons set out below under the heading 'When your plan stops'.

When your plan stops

Your plan will cease when any of the following occurs:

- the last insured person under the plan dies; or
- all the cover(s) for the last insured person under the plan end; or
- you write to us and ask to cancel your plan; or
- we cancel your plan because you have not paid your premium or any other amount payable under the plan (for further details refer to page 35); or
- your plan is cancelled by us for reasons permitted by law.

2. Flexible Lifetime – Protection (Superannuation)

Superannuation Insurance for Death, Total and Permanent Disablement

In this part:

- **you** means the insured person
- **we, us, our** and the **Trustee** means AMP Superannuation Limited
- **AMP** means AMP Life Limited
- your interest in the AMP Personal Superannuation Fund is referred to as **your plan**.

Plan at a glance

What is Superannuation Insurance for Death, Total and Permanent Disablement?

This plan offers Death cover with the option of adding Total and Permanent Disablement (TPD) cover in a superannuation environment. By selecting this plan you become a member of the AMP Personal Superannuation Fund. Subject to our approval, you select the types of cover you require.

Should you select both Death and TPD covers you will need to decide whether to select the covers to be Stand Alone or Linked. Refer to page 14 for details.

You can also select the Waiver of Premium option. Under this option, payment of premiums will be waived if you have been totally disabled for 6 months or more. Refer to page 14 for details.

A benefit can only be paid to you if you meet a requirement of the superannuation rules. Refer to “What has to happen before we pay” on page 14 for details.

Who can be insured and for how much?

The entry age ranges we accept are shown in the table below. Note that you must also satisfy the contribution conditions under the heading “Who can pay contributions?” on page 15 to remain in the AMP Personal Superannuation Fund.

Type of Cover	Entry age	Maximum Sum Insured
Death cover	15 to 64	No limit (subject to reinsurance)
Total and Permanent Disablement cover	15 to 54	\$2.5m
Waiver of premium	15 to 54	n/a

Premiums and fees

All contributions to your plan will be credited by us as premium payments to a life insurance policy we hold with AMP to secure your plan’s benefits.

The premiums paid from your contributions depends on a number of factors including a plan fee. The fees charged for your plan and information on premiums are set out on page 34. It is important you read this page.

How long will your plan last?

The plan will end or cover cease in the circumstances listed on page 15.

Taxation

There may be some tax concessions that apply to contributions that fund premiums. Amounts we pay may be taxable in accordance with superannuation taxation rules. Please refer to page 16 for further details.

We recommend you discuss your own circumstances with your tax adviser.

Provide for your dependants

If you have selected Death cover, you may nominate one or more beneficiaries to receive the death benefit from your plan when you die. See page 16 for further details.

Interim Accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. This interim accident cover is different to the insurance being applied for and is subject to terms and conditions. See page 36 for further details.

Cooling Off

If you are not satisfied with your plan, you can return it within the 14 day cooling off period and have your premium paid to another superannuation entity. See page 38 for further details.

Complaints Handling

We have internal processes to manage complaints. However, if we are unable to resolve the complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service or the Superannuation Complaints Tribunal. See page 41 for further details.

Risks in taking out this insurance

- You may select a product that does not provide the type of cover you need.
- You may choose an inadequate amount of cover.
- You may be unable to get cover or increases due to your particular health or circumstances.
- The Trustee may not release funds.
- You may not comply with your Duty of Disclosure, which may result in AMP not paying all or part of your claim or cancelling this plan.
- AMP may become financially unable to pay your claim.

Refer to page 33 for further details.

Death cover

If you are provided with Death cover it will be shown on the Certificate of Insurance you will receive from us, and a premium will be charged for the cover.

We will pay a lump sum if you die. Cover continues worldwide 24 hours per day.

Death cover automatically includes the following 2 features.

Terminal illness cover

If you are diagnosed as having less than 12 months to live, we may advance up to 100% of the Death cover (this depends on superannuation rules – see “What has to happen before we pay?” on page 14). The maximum we’ll pay in advance (under all plans held with AMP) is \$2 million. If there is a balance of Death cover we will pay this if you die.

Guaranteed future insurability

You may increase your Death cover without providing further evidence of health if:

- you marry;
- your child is born or you legally adopt a child;
- a housing loan is granted by a financial institution for you to buy your first home; or
- you complete your first undergraduate degree at a recognised Australian university.

Premiums will be based on those rates applicable at the time of exercising an increase option. You can only increase the Death cover amount once under this option in any 12 month period. Each time, you may increase the Death cover amount by 25% of the original sum insured or \$100,000, whichever is the lesser.

The maximum total amount by which you can increase the Death cover under this benefit over the life of the plan is the lesser of:

- the initial amount of Death cover under the plan, excluding CPI increases and increases effected under this option; and
- \$1,000,000.

You cannot take up this option if at the time of your request:

- you are older than 55 years of age; or
- your plan has a premium loading or special terms; or
- your premiums are being waived under the Waiver of Premium option; or
- you are entitled to make a terminal illness or trauma claim under any plan that you hold with AMP.

You must apply for the increase within 30 days of the first anniversary following the event and provide proof of that event. Should this plan become closed to new business, the option may only be taken up on a similar AMP plan current at the time and on the same terms.

Total and Permanent Disablement cover (TPD)

If you are provided with TPD cover it will be shown on the Certificate of Insurance you will receive from us, and we will charge a premium for the cover.

We pay (subject to superannuation rules) a lump sum if you become totally and permanently disabled. Our definition of totally and permanently disabled is set out on page 13, and page 14 outlines these superannuation rules.

Own occupation cover (optional)

If you select this option at an additional cost, a revised definition of totally and permanently disabled will be adopted for your plan. Under this definition, AMP will pay a lump sum to us where it considers you are unlikely to ever work in the primary full-time occupation you were engaged in for at least 12 months immediately prior to the date of your illness or injury.

Up to \$2 million of TPD cover can be taken under this option. Any cover above this level will not be issued on an “own occupation” basis.

This option is only available to certain occupations which include professional and white collar workers. Also, specialist medical and legal professional occupations will not be eligible for “own occupation” cover on the basis of their specialised duties alone. Surgeons are categorised as medical practitioners and barristers as legal practitioners.

Payment of benefits on an own occupation or home duties basis will be made to the extent allowed under the superannuation rules.

Definition of totally and permanently disabled

You are totally and permanently disabled if your disability meets the definition of disablement in either Part 1, Part 2 or Part 3, below and the disability:

- commences while you are engaged in **regular remunerative work** (or within 6 months after you cease regular remunerative work); or
- commences while you are engaged in **home duties** (or within 6 months after you cease **home duties**); or
- commences while you are engaged in your **own occupation**; or
- results directly from accidental bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

Part 1 (unable to work)

You are disabled if you suffer an illness or injury and:

- the illness or injury wholly prevents you from engaging in **home duties, regular remunerative work**, or your **own occupation** for at least 6 months in a row; and
- since you became ill or injured, you have been under the regular care and attention of a doctor for that illness or injury; and
- in AMP's opinion, the illness or injury means that you are unlikely to ever work in or attend to:
 - i. **home duties**; or
 - ii. **regular remunerative work** for which you are reasonably fitted by education, training or experience; or
 - iii. where "own occupation" cover has been selected, your **own occupation**;

whichever you were engaged in when you suffered the illness or injury.

Part 2 (loss of use of limbs and/or sight)

You are disabled if you suffer from the total and irrecoverable loss of:

- the use of 2 limbs; or
- the sight of both eyes; or
- the use of one limb and the total and irrecoverable loss of sight of one eye, where a limb means an entire arm or entire leg.

Please note, in addition to this the loss must be unable to be remedied and you must have survived for 14 days after the loss.

Part 3 (loss of independent living)

You are disabled if you become totally and permanently unable to perform at least 2 of the **activities of daily living*** without assistance from someone else.

We will not pay for loss of independent living caused directly by alcohol or drug abuse.

Activities of daily living*:

1. Washing: you can wash yourself by some means.
2. Dressing: you can put clothing on or take clothing off.
3. Feeding: you can get food from a plate into your mouth.
4. Continence: you can control both your bowel or your bladder function.
5. Mobility: you can:
 - a) get in and out of a bed
 - b) get on or off a chair/toilet
 - c) move from place to place without using a wheelchair.

Terms specifically defined within TPD cover

Regular remunerative work

You are engaged in regular remunerative work if you are doing work in any employment, business or occupation for at least 10 hours per week. You must be doing it for reward – or the hope of reward – of any type.

Home duties

You are engaged in home duties if you are on a full-time basis:

- doing all duties related to running the family home; and
- either looking after your dependent children (who must either be 16 or less, or in full-time secondary education); or
- providing full-time care for an invalid member(s) of your immediate family.

Own occupation

Your Own Occupation is the primary full-time occupation which you have performed in the 12 months immediately prior to becoming disabled. For this part of the definition to apply it must be shown in the Certificate of Insurance you will receive from us.

Specialist medical and legal professional occupations will not be eligible for "own occupation" cover on the basis of their specialised duties alone. Surgeons are characterised as medical practitioners and barristers as legal practitioners.

What has to happen before we pay?

We can only pay the Terminal illness cover and TPD cover to you in accordance with superannuation rules. So before we can pay you, those rules require that you also demonstrate to the Trustee:

- you have had to retire from the workforce because of ill health; and
- the Trustee is reasonably satisfied you are unlikely to ever again, because of the ill health, be engaged in gainful employment for which you are reasonably qualified by education, training or experience.

As the superannuation rules are different from the definition of 'total and permanent disablement' under the insured cover, there may be some instances where we will not be able to pay to you a TPD benefit. In this case, we will transfer the benefit to an account in the AMP Eligible Rollover Fund set up on your behalf, or to a similar complying superannuation fund that you nominate. Any such transferred benefits can only be subsequently released if you are able to satisfy superannuation payment rules (eg retirement, once your preservation age has been obtained).

Stand Alone cover or Linked cover

If you select more than one type of cover you need to decide whether:

- you want your remaining cover to stay at the same amount after we pay a claim. We call this Stand Alone cover; or
- you want your remaining cover to reduce after we pay a claim. We call this Linked cover.

For example, imagine you were covered for:

- TPD cover of \$150,000; and
- Death cover of \$300,000.

Then you have a car accident and we paid a \$150,000 TPD claim. On payment of this claim your TPD cover will cease.

If you had chosen Stand Alone cover:

- Your Death cover would continue unchanged at \$300,000.

However, if you had chosen Linked cover:

- Your Death cover would reduce to \$150,000. You can see from this example that the maximum we would pay with Linked cover is \$300,000. But potentially, with Stand Alone cover, we could pay \$450,000.

Stand Alone cover is more expensive than Linked cover, because we may have to pay you more. The decision between Stand Alone and Linked is an important one which your financial planner can help you make.

Waiver of Premium (optional)

If you select this option, we will waive further payment of premiums under this plan after you have been "totally disabled" for a period of more than 6 months. Our definition of "totally disabled" is set out in full below and is different from the definition of totally and permanently disabled that might apply under your plan.

You can choose Waiver of Premium as an option at an additional cost.

Waiver of Premium continues until the plan anniversary immediately before you turn 60.

Definition of totally disabled – applying to Waiver of Premium

You are totally disabled while you are unable to engage in any regular remunerative work for which you are reasonably fitted by your education, training or experience. You must be unable to do that because you have suffered an illness or injury.

Information applicable to Death and Total and Permanent Disablement covers

Automatic increases to your cover amount

Each year, unless we agreed not to when the cover started, we increase the amount of your cover by any increase in the Consumer Price Index (CPI) or 3%, whichever is higher. If you don't want this increase, in full or in part, then you need to tell us.

The following is the maximum initial amount that we will apply automatic increases to:

- Death cover \$2 million, and
- TPD cover \$1.5 million.

For example, if the initial amount of Death cover is below \$2 million, it can rise above \$2 million over time with each year's CPI adjustment. However, if the initial amount of Death cover is greater than \$2 million, any sum insured amount over \$2 million will not be indexed.

When AMP won't pay

We won't pay the Death cover or any increase in the Death cover if you die (or become terminally ill) by your own hand within one year and 30 days of the date the cover starts or restarts, or the increase in cover starts or restarts (respectively).

If your plan replaces a previous plan issued by AMP, or another insurer, the one year and 30 day period will not apply to the extent that you would have been entitled to claim under the previous plan when it was cancelled, provided:

- the previous plan was in force at the time AMP issued your plan; and
- the previous plan was in place for at least one year and 30 days.

Evidence satisfactory to us of the above 2 points must be provided to us at the time of any claim for this exception to apply.

We won't pay the TPD cover if the total and permanent disablement was caused directly or indirectly by your intentional or deliberate act.

Who can pay contributions?

Contributions to the AMP Superannuation Fund (the Fund) can be paid in the circumstances below. If you do not satisfy these requirements we will not be able to accept your contributions. Your interest in the Fund will cease and your cover, unless it is transferred to another AMP product, will lapse.

You, your employer or your spouse can contribute to the Fund if:

- you are under age 65; or
- you are aged from 65 to under 70 and gainfully employed (including self-employed) by having already worked at least 40 hours in a period of no more than 30 consecutive days during the financial year.

You can make contributions if you are aged from 70 to under 75, and gainfully employed (including self employed) by having already worked at least 40 hours over a period of no more than 30 consecutive days during the financial year.

Who can remain in the Fund?

For those aged under 65, no restrictions apply to membership of the Fund. From age 65 to 74 your membership of the Fund will cease unless you have been "gainfully employed" for at least 240 hours during the previous financial year. "Gainfully employed" means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. If you do not satisfy this requirement your interest in the Fund will cease on the date we notify you. Your insurance cover, unless it is transferred to another AMP product will lapse when your interest in the Fund ceases.

Continuation option

If you wish to continue your Death cover after you are unable to remain in the Fund or we are unable to accept contributions you can apply for a non-superannuation plan. You can apply for a similar AMP plan current at the time, based on the terms and conditions available at the time.

When Death cover stops

Your Death cover will stop if any of the following occur:

- you die (in which case a payment will be made); or
- the plan anniversary immediately before your 75th birthday; or
- AMP pays a terminal illness claim for the whole amount of the Death cover; or
- you write to us and ask to cancel your Death cover (any TPD cover will also be cancelled); or
- we pay a TPD claim and the Death and TPD covers are linked and the TPD claim is for an amount greater than or equal to the Death cover. For further details refer to page 14; or
- your plan ends for any of the reasons set out below under the heading "When your plan stops".

When Total and Permanent Disablement cover stops

The TPD cover for an insured person will stop if any of the following occur:

- the plan anniversary immediately before your 65th birthday; or
- AMP Life pays a TPD benefit; or
- you die; or
- you write to us and ask to cancel your TPD benefit; or
- you cancel your Death cover (TPD benefits can only be held in conjunction with a Death cover); or
- your plan ends for any of the reasons set out below under the heading "When Your Plan Stops".

When your plan stops

Your plan will stop if any of the following occur:

- Death cover under the plan ends; or
- you write to us and ask us to cancel your plan; or
- we cancel your plan because you have not paid your premium or any other amount payable under the plan; or
- you are no longer able to contribute to superannuation, or superannuation contributions cannot be made on your behalf or you cannot remain in the Fund. A Continuation option is available in these circumstances (refer above).

Taxation

We have outlined below our general understanding of current legislation and rules as at the date of preparation of this document. Taxation laws and their interpretation may change from time to time. We will keep you informed of any changes that could affect your plan. We recommend you consult your tax adviser if you need advice.

Tax deductions for employers or self employed individuals

Contributions made by employers to fund premiums to secure cover for the benefit of their employees are generally tax deductible within age related limits. In many circumstances individuals (eg a self-employed person or a non-working investor age under 65, not in receipt of employer superannuation support may be able to claim a tax deduction for their personal contributions).

Other tax concessions

Contributions by employees on lower incomes and contributions made by a spouse may attract tax concessions. Your financial planner or tax adviser can provide you more details about these.

Superannuation surcharge

A surcharge tax may apply to contributions to fund premiums paid by an employer, and by individuals when they personally claim them as a tax deduction. The maximum rate of the tax is currently 12.5%. This is being reduced to 10% for the 2005/06 financial year onwards. It broadly applies when your taxable income plus reportable fringe benefits plus the contributions subject to the surcharge exceed \$99,710 for the 2004/05 financial year (indexed), or if you do not supply your Tax File Number. If the surcharge tax applies to you, we will tell you the amount and when you have to pay it for us. If you don't pay enough to cover the tax, we may reduce or terminate your cover (or reduce any other benefit you may have in the AMP Personal Superannuation Fund).

Tax on death claims

Death benefit lump sums paid to dependants as defined for tax purposes (eg spouse, de facto spouse, your child under age 18, or people financially dependent on you at the time of death or in an interdependent relationship) are generally tax free within the deceased's available pension Reasonable Benefit Limit (RBL).

Where death benefit lump sums within the deceased's available pension RBL are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy. Death benefit lump sum amounts in excess of the deceased's available pension RBL are taxed depending on the components of the benefit that generated the benefit, at a 38% or 47% rate plus the Medicare levy.

Tax on Total and Permanent Disablement claims

Where the lump sum total and permanent disablement benefit that is paid satisfies certain rules, a system of tax concessions applies.

The concessions effectively mean very little tax may be paid on disablement benefits received at younger ages.

The closer to age 65 that disablement occurs, the more the tax payable will be similar to that applying to retirement lump sums (ie a maximum rate for amounts within the applicable RBL of 15% plus Medicare levy if you are 55 and over, or 20% plus Medicare levy if under 55).

Your tax adviser can provide more details on the tax concessions available to you.

Nominating a beneficiary

What happens if you die?

You can nominate one or more beneficiary(ies) to receive your benefit in the event of your death. All beneficiaries must be either:

- a dependant; or
- your estate (we call this your "legal personal representative").

Under superannuation law, you cannot nominate persons as beneficiaries that do not fall into one of the above categories.

Who is a dependant?

A dependant includes:

- your spouse (including a de facto spouse);
- your children (including an adopted child, a step child or ex-nuptial child);
- any person who is financially dependent on you; and
- any person with whom you have an interdependency relationship (see page 17).

A person must be a dependant on the date of your death to be considered a beneficiary.

What is an interdependency relationship?

Two persons (whether or not related by family) have an interdependency relationship if:

- they have a close personal relationship; and
- they live together; and
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship also includes 2 persons (whether or not related by family):

- who have a close personal relationship; and
- who do not meet the other 3 criteria listed in the paragraph above because either or both of them have a physical, intellectual or psychiatric disability.

Options for your death benefit nomination

We provide you with 2 options for how your death benefit can be paid in the event of your death:

- option 1 – Non-binding (or preferred) nomination
- option 2 – No nomination

Option 1 – Non-binding (or preferred) nomination

If you make a non-binding (or preferred) death benefit nomination, we will decide which of your beneficiaries and in what proportions they will receive your benefit in the event of your death. We will generally pay your nominated beneficiary(ies), but depending on your circumstances at the time of your death, we may decide to pay your death benefit differently.

Please note that at the time you submit the nomination we will not check if:

- your nominated beneficiaries on the nominated form are your dependants or your legal personal representative; or
- you have signed or completed the nomination form correctly.

A non-binding nomination will continue to apply until you cancel or change your nomination. It is therefore important that you keep your non-binding nomination up to date in line with your personal circumstances. You can cancel or change your non-binding nomination at any time.

If you cancel your non-binding nomination without making another nomination, we must pay your death benefit in accordance with Option 2.

Option 2 – No nomination

If you don't make a nomination or you cancel your existing nomination, we must pay your death benefit to your estate. However, if your estate is insolvent or if a legal personal representative has not been appointed to your estate in a reasonable period of time, we will decide which of your dependants (or, if you have no dependants, which other persons) and in what proportions they will receive your death benefit.

This means that if you do not have either a binding or non-binding nomination, you should consider making a will or altering your will to cover your Flexible Lifetime – Protection (Superannuation) plan.

Other important information about Insurance for Death, Total and Permanent Disablement

The Trustee

Flexible Lifetime – Protection (Superannuation) is part of the AMP Personal Superannuation Fund. AMP Superannuation Limited is the Trustee of this Fund. We are a wholly owned subsidiary of AMP.

All contributions to your plan will be credited by us as premium payments to a life insurance policy we hold with AMP to secure the plan's benefits.

What is the legal structure of the plan?

Your plan is issued under the Trust Deed of the AMP Personal Superannuation Fund. The Trust Deed explains:

- your rights and obligations relating to Flexible Lifetime – Protection (Superannuation)
- our rights and obligations as the Trustee, such as the right to fees, the right to be indemnified, the right to terminate the Trust and the limits on our liability. The rights and obligations of a Trustee are also governed by laws affecting superannuation and general trust law.

We can amend the Trust Deed but only with the consent of AMP. Contact us if you wish to obtain a copy of the Trust Deed.

Collection of Tax File Numbers (TFNs)

We need to tell you the following before you give us your Tax File Number (TFN):

- The Superannuation Industry (Supervision) Act 1993 permits the Trustee to ask for your TFN. You are under no obligation to provide your TFN, either now or later, and it is not an offence to not quote your TFN.

However, if you don't tell us your TFN:

- You may have to pay more tax than you have to on benefits such as Eligible Termination Payments (ETPs). This additional tax could be re-claimed at your next tax assessment with the Australian Taxation Office.
- Surcharge tax may apply to your superannuation contributions (which would otherwise not be payable).
- In the future, when we need to pay benefits to you, it may be more difficult for us to locate or amalgamate all the superannuation benefits you are entitled to.

The consequences of not reporting your TFN may change in the future as a result of legislative changes.

If you do tell us your TFN, we will treat it as confidential and only use it for legal purposes, such as:

- to find your superannuation benefits, where other information is insufficient
- to calculate tax on any Eligible Termination Payment (ETP) you may be entitled to
- if we are paying unclaimed money, we may need to give your TFN to the Commissioner of Taxation or any relevant state authority
- also we may give your TFN to the Commissioner of Taxation if you receive a benefit or for the purposes of the Lost Member Register
- if you wish to transfer benefits in the future to another superannuation fund or a retirement savings account (RSA), we would provide your TFN to the trustee of that other fund or the RSA provider. However, if you do not want us to do this, you can notify us in writing.

These purposes may change in the future as a result of legislative changes.

Trustee insurance

We have liability insurance which provides cover in respect of any claim for loss against us or the AMP Personal Superannuation Fund.

All our directors are also covered by Directors' and Officers' Liability Insurance.

Award superannuation contributions and superannuation guarantee contributions

We can accept Award and Superannuation Guarantee (SG) contributions. However, many state and federal industrial awards and enterprise agreements require an employer to contribute to specified industry funds to meet superannuation obligations. This plan is not designed to solely meet an employer's total SG obligations. It may be that your employer will need to contribute to other superannuation products to meet their total SG obligations.

Annual Report

The Annual Report of the AMP Personal Superannuation Fund can be obtained by contacting AMP Customer Service. We will send you a copy annually.

Regulated Superannuation Fund Certification (to be shown to any contributing employer)

AMP Superannuation Limited as Trustee certifies that the AMP Personal Superannuation Fund:

- is a resident regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (SIS Act)
- is not subject to a direction under Section 63 of the SIS Act; and
- has never previously been subject to a direction under section 63 of the SIS Act.

The Trustee undertakes to tell each employer sponsor if the Trustee becomes aware that the fund:

- ceases to be a resident regulated superannuation fund; or
- becomes subject to a direction under Section 63 of the SIS Act.

S. Ingelmo – on behalf of AMP Superannuation Limited, May 2005

Comparison table

Key differences between:

- Flexible Lifetime – Protection
Insurance for Death, Total and Permanent Disablement, Trauma;
- Flexible Lifetime – Protection (Superannuation)
Superannuation Insurance for Death, Total and Permanent Disablement

Feature	Flexible Lifetime – Protection (non-superannuation)	Flexible Lifetime – Protection – (Superannuation)
Covers available <ul style="list-style-type: none"> • Death <ul style="list-style-type: none"> – Funeral benefit – Financial planning benefit • Total and Permanent Disablement • Trauma <ul style="list-style-type: none"> – Adult and child 	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>No</p> <p>No</p> <p>Only with Death cover</p> <p>No</p>
Optional cover features <ul style="list-style-type: none"> • Waiver of Premium • Business Safeguard on Death and/or TPD 	<p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>No</p>
Plan ownership	<p>Insured person(s), other individual(s) and entity(ies). (Refer to page 1)</p>	<p>AMP Superannuation Limited (Refer to page 10)</p>
Death benefit beneficiary options	<p>If the plan owner and insured person are the same person, you can nominate multiple beneficiaries for the Death cover. AMP Life will pay the Death benefit to these nominated individuals. In all other circumstances, claims are payable to the plan owner(s). (Refer to page 1)</p>	<p>Able to nominate beneficiaries. However, the trustee decides who will receive the Death benefits. (Refer to page 16)</p>
Taxation concessions for premiums	<p>Generally, no taxation concessions apply except in certain business ownership arrangements. (Refer to page 2)</p>	<p>Contributions to fund premium payments may attract tax concessions. (Refer to page 16)</p>
Taxation treatment of benefits <ul style="list-style-type: none"> • Death • TPD 	<p>Generally, no income tax or Capital gains tax (CGT) applies. Income tax may apply in certain business ownership arrangements. CGT may apply if benefits are paid to other than the original plan owner.</p> <p>Generally, no income tax or CGT applies. Income tax may apply in certain business ownership arrangements. CGT may apply if benefits are paid to other than the insured person or a relative as defined for taxation purposes. (Refer to page 2)</p>	<p>Nil up to available pension Reasonable Benefit Limit (\$1,238,440 for 2004/05 indexed annually) if paid to a dependant as defined for taxation purposes.</p> <p>Concessional treatment may apply in certain circumstances. (Refer to page 16)</p>
Cooling off period	<p>14 days – refund in full to owner</p>	<p>14 days – payable to another superannuation fund or AMP Eligible Rollover Fund.</p>
Complaints/dispute resolution body	<p>Financial Industry Complaints Service</p>	<p>Superannuation Complaints Tribunal Financial Industry Complaints Service</p>

3. Flexible Lifetime – Protection

Insurance for Income Protection

In this part

- we require the plan owner to be the insured person. We refer to this person as **you** and **your**.
- **we, us, our** and **AMP** means AMP Life Limited
- **plan** means the policy of life insurance issued by AMP.

Plan at a glance

Purpose

Provide you with a regular income while you are unable to work because you are ill or injured. After you have been unable to work for a period you select and continue to be unable to work, we will pay you an income for a period you select. You apply for an Income Protection plan on your own life. If we agree to provide Income Protection insurance to you, you will be both the insured person and the plan owner.

Only one person can be insured under each plan.

The amount we pay will depend upon whether you select the Guaranteed minimum income feature or Indemnity option. Refer to page 22.

We also pay if, after being unable to work, you return to work but earn less because of your illness or injury. (Refer to “Recovery feature” on page 23).

Choosing your plan

This insurance is flexible and can be tailored to your circumstances. After you have selected either the Guaranteed minimum income feature or Indemnity option, you may select:

- how long you want to be paid for (the benefit period)
- when you want the plan to expire
- how long you must have been unable to work before we start paying you (the waiting period)
- the level of cover you want – Advanced, Standard or Basic.

The table below shows the differences in features between Advanced, Standard and Basic plans

Features offered under these plans are	Advanced	Standard	Basic
Automatic CPI increase in benefit while on claim (Refer to page 23)	✓	–	–
Option of CPI increase in benefit while on claim (for extra premium) (Refer to page 23)	–	✓	✓
Continuous cover to age 60 or 65 (Refer to page 22)	✓	✓	–
Variable and cancellable by AMP after it has paid a claim (Refer to page 27)	–	–	✓
Trauma feature (Refer to page 25)	✓	–	–
Bedcare feature (Refer to page 25)	✓	–	–
Major fracture or loss feature (Refer to page 26)	✓	–	–
Domestic transport benefit (Refer to page 26)	✓	–	–
Accommodation benefit (Refer to page 26)	✓	–	–
Family support benefit (Refer to page 26)	✓	–	–
Death feature (Refer to page 26)	✓	–	–
Chronic condition option (for extra premium) (Refer to page 27)	✓	–	–
Choice of Level or Stepped premiums (Refer to page 22)	✓	✓	–

Who can be insured?

When this insurance starts, you must be at least 19 years old, but will not have turned age 50. However, you can qualify up to age 59 depending on the level of cover and benefit period you choose. Please refer to page 22 for details. Your occupation, pastimes and health may restrict your available options. This will be determined when your application is being considered.

Premiums and fees

The premium you pay depends on a number of factors including a plan fee. The fees charged for your plan and information on premiums are set out on pages 34 and 35. It is important you read these pages.

How long will your plan last?

Your plan will end in the circumstances listed at page 24.

If you stop work for reasons other than illness or injury for 12 months, the plan will end. You may put the plan on hold within 12 months after you temporarily stop working for reasons other than illness or injury. Refer to page 24 for details.

Basic plans may not be renewed or cancelled after we have paid a claim. Refer to page 27 for details.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Income Protection insurance is that generally:

- Premiums are tax deductible; and
- The amounts we pay attract income tax. This means that you may have to pay tax on this amount and should include it in your tax return.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

Interim Accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. This interim cover is different to the insurance being applied for, and is subject to the terms and conditions on page 36.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 38 for further details.

Complaints handling

We have internal processes to handle complaints. If we are unable to resolve your complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service. See page 41 for more details.

Risks in taking out this insurance

- You may select a product that does not provide the type of cover you need.
- You may choose an inadequate amount of cover or an inappropriate waiting period.
- You may be unable to get cover or increases due to your particular health or circumstances.
- You may not comply with your Duty of Disclosure, which may result in AMP not paying all or part of your claim or cancelling this plan.
- AMP may become financially unable to pay a claim.

Refer to page 33 for further details.

Plan Details

Your plan options

How long we pay – the benefit period	The oldest you can be when you apply		Expires when you turn	Waiting periods available (weeks)
	Level premium*	Stepped premium*		
Advanced and Standard levels of cover				
Until you turn 65	59	54	65	2, 4, 8, 13, 26, 52, 104
Until you turn 60	54	49	60	2, 4, 8, 13, 26, 52, 104
For 5 years	54	49	60	2, 4, 8
For 2 years	54	49	60	2, 4
For 1 year	N/A	49	60	4
Basic level of cover				
For 5 years	N/A	49	60	2, 4, 8
For 1 or 2 years	N/A	49	60	2, 4

*For a description of terms see "Premium and fees" on page 34. Availability of cover depends on satisfying underwriting criteria.

If we provide Income Protection Insurance to you it will be shown on the Certificate of Insurance you receive from us and we will charge a premium for the cover.

How much you can insure

You choose the maximum monthly benefit. You can choose up to 75% of your monthly earned income from your own efforts. The percentage is lower if you earn in excess of \$250,000 per annum. The minimum monthly benefit is currently \$1,250.

The amount we pay will not exceed the maximum monthly benefit that applies at the time of the claim. The maximum monthly benefit is the amount you nominate in your application and which we agree to insure you for, subject to changes for CPI, and changes you request and which we agree to. Your initial maximum monthly benefit will be displayed on your Certificate of Insurance, and subsequent annual statements and confirmation letters following an agreed change to the maximum monthly benefit.

If you are employed the amount you can insure will be determined from your total remuneration package, including regular overtime and fringe benefits. Any regular bonuses and/or commission payments must be specified in the application and will be considered for inclusion in the maximum monthly benefit on a case by case basis.

For self employed persons, the maximum monthly benefit will be determined from gross earnings of the business less business expenses at the time of application or prior to application.

Employer superannuation contributions can be covered under the Superannuation Contribution option (refer to page 25). Employee contributions arranged through salary sacrifice can be insured as income.

Choose between the Guaranteed minimum income feature and Indemnity option

Flexible Lifetime – Protection – Income Protection provides a choice of Guaranteed minimum income feature and Indemnity option. You must select between the two. Your selection will be shown on your Certificate of Insurance. A lower premium will be charged for the Indemnity option.

The way we calculate the amount we pay if you are unable to work is different under the Guaranteed minimum income feature and Indemnity option.

When we calculate what we pay under the Guaranteed minimum income feature, we base it on the highest of:

- your "income" when the plan started; or
- your "income" when we last changed the maximum monthly benefit because you asked us to; or
- your "income" in any period of 12 consecutive months, in the 3 years immediately before you became unable to work.

When we calculate the amount we pay under the Indemnity option, we base it on your "income" in the 12 months immediately before you became unable to work.

We divide that amount by 12 to get your monthly income.

If you are employed "income" means your total package from employment, including commissions, regular bonuses, fringe benefits and other items relating to your own efforts, less tax deductible expenses related to earning that income. Except for superannuation contributions made by an employer that are part of a salary sacrifice arrangement between employee and employer, we do not include superannuation contributions made by the employer. We do not include investment income.

Where you directly or indirectly own all or part of a business or practice, "income" means income earned by the business or practice as a result of your personal exertion or activities less your share of the business expenses in earning that income. We do not include investment income.

What we pay you

We will pay the amount that, when added to any other regular income amounts you receive while you are unable to work, is not more than 75% of the amount as determined under the Guaranteed minimum income feature or Indemnity option (depending on your selection). We call the monthly amount we actually pay the "monthly benefit".

However, we will not pay more than the maximum monthly benefit at the time of the claim.

We include the following as regular income you receive while you are unable to work – payments from your occupation, social security, government authorities, any compensation scheme or other insurance plans. We do not take into account investment income or other forms of unearned income.

Keeping pace with inflation

Each year, we increase the maximum monthly benefit by any annual increase in the Consumer Price Index (CPI). If you don't want the annual CPI increase, in full or in part, you need to tell us at the time.

Claim escalation

For Income Protection Advanced plans, we continue to make CPI increases while we are paying a claim under the plan. For Income Protection Standard and Basic plans, we only do that if you have added the Claim escalation option at extra cost to the plan.

If you do, when we pay a monthly amount, we automatically increase it on the claim anniversary each year by any increase in the CPI up to 10%. But after we have stopped paying under a Standard or Basic plan, the maximum monthly benefit reduces to what it was when you became unable to work.

We don't increase the monthly benefit by any increase in the CPI while we are using the guaranteed minimum income feature to calculate how much we pay.

When we pay

We start paying when you have been unable to work for a specified period. We call this the "waiting period".

You choose the length of the waiting period when you apply for this insurance. You can choose waiting periods of 2, 4, 8, 13, 26, 52 or 104 weeks.

Your financial planner will be able to advise what waiting periods you are eligible for, or what would be suitable for you.

Because we pay in arrears, we make the first payment one month after the waiting period ends.

You do not have to pay premiums on your plan while we are paying a benefit under it. We will reimburse your premiums when we agree to pay your claim.

Ability to work during the waiting period

The rules vary with the period you are able to work during the waiting period.

You are able to work during the waiting period for 5 days (or less) in a row without the waiting period starting again. The waiting period will end when the number of days the insured person has been unable to work equals the waiting period.

If you are able to work for more than 5 days in a row during the waiting period, the waiting period will start all over again if the insured person suffers a relapse. A relapse occurs when the insured person suffers the same illness or injury as previously, and the illness or injury arises from the same or related cause.

How we decide if you are unable to work

We will pay if you are so ill or injured that you can't do your usual occupation. You must remain under the ongoing care of your doctor and not do any remunerative work.

However, if your occupation is classified as group B or C we stop paying after the first 2 years unless you are then unable to do any remunerative work for which you are reasonably suited by training, education or experience.

To help you understand our approach, when we assess your ability to do your usual occupation, the assessment is based on your capacity to carry out any one duty or combination of duties which is critical to the proper performance of your usual occupation.

Recovery feature

When you start work again and you can only earn at a reduced level because of your illness or injury, we pay you a reduced amount of monthly benefit – we call this the Recovery feature.

To qualify, you must have been unable to work at all for at least 2 weeks. We start paying when the waiting period ends. If we are already paying you because you are unable to work, we keep paying you on the same dates.

We stop paying the Recovery feature when the benefit period ends or you are able to earn your full income again.

For Standard and Basic, the longest we will pay the Recovery feature while you earn less is 2 years.

How long we pay

When you apply for this insurance, you choose how long you want us to pay while you are unable to work. That period is called the 'benefit period'. You can choose from a range of benefit periods – see the table on page 22. We stop paying when the benefit period ends – even if you are still unable to work.

What happens if you suffer a relapse?

A relapse occurs when you suffer the same illness or injury as previously, and the illness or injury arises from the same or a related cause. What happens when a relapse occurs depends on the type of plan selected.

For plans with benefit periods to age 60 and 65.

If you suffer a relapse within 12 months after we stopped paying we treat the claim as a continuation of a previous claim. The waiting period will not be applied again. If benefits are being paid under the Recovery feature all the periods of payment are added together to calculate the 2 year limit that applies to Standard and Basic Plans.

For plans with benefit periods of 1, 2 or 5 years.

If we previously paid for the full benefit period we treat a relapse as a new claim only where you have worked in your usual occupation for at least 6 months in a row since we stopped paying. In these circumstances both the waiting period and benefit period start again.

If we have not previously paid for the full benefit period, and you suffer a relapse within 6 months of us stopping payments, the claim will be treated as a continuation of the previous claim. The waiting period and benefit period do not start again. We will add up all the periods we pay you and treat them as one benefit period.

If we are paying under the Recovery feature we add up all the periods we pay you for that claim when we calculate the 2 year limit that applies to Standard and Basic plans.

If the relapse is suffered more than 6 months after we stopped paying we treat the relapse as a new claim, and both the waiting period and benefit period start again.

When your plan stops

Your plan will cease upon the happening of any of the following:

- plan expiry age (refer to the table on page 22); or
- you write to us and ask to cancel your plan; or
- we cancel your plan because you have not paid your premiums or any other amount that relates to the plan; or
- you die; or
- your plan is cancelled by us for reasons permitted by law: or
- your plan is a basic plan and it is cancelled after a claim (refer to page 27); or
- we continue to provide cover for 12 months after you temporarily stop working for reasons other than illness or injury. Then the cover ends – that is, we won't pay for any illness or injury which happens after that 12 months.

You can ask us to put the plan 'on hold' within the first 12 months after you stop remunerative work.

This means you will not be covered during this time. However, this guarantees your entitlement to cover when you return to work. While the plan is on hold, you pay a reduced premium. We won't pay in relation to any illness or injury which happens while the plan is on hold.

You must tell us when you return to work and when you do return to work, the plan goes off hold. The premium will then be based on our premium rates which apply at the time. However, if you leave the workforce permanently for reasons other than illness or injury, the cover ends as soon as you leave work.

When we won't pay

We won't pay if you injure yourself directly or indirectly by your intentional or deliberate act, or if your illness or injury was caused by war.

We don't regard pregnancy or childbirth as either an illness or an injury, so we don't pay for this condition. However, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

How often you can claim

Provided that you meet the relevant benefit definitions and conditions described in this PDS, there are generally no limits on the number of times that you can claim.

Automatic inclusions with Advanced, Standard and Basic plans

24 hours a day world-wide cover

You are covered world-wide, 24 hours a day, 7 days a week. However, if we are paying while you are outside Australia or New Zealand, payment beyond 3 months is at our discretion.

If you have been outside of Australia for more than 30 days and you become unable to work for at least 14 days, we will assist your return to Australia.

We will reimburse your out of pocket costs up to the cost of a single economy airfare.

Rehabilitation costs feature

We reimburse rehabilitation costs we approve, for equipment or programs like:

- wheelchairs, home and motor car modifications;
- prosthetic devices (for example, artificial limbs); and
- rehabilitation program fees.

We do this while you are unable to work, both during the waiting period and while we are paying under this plan.

Your doctor must certify that the expense is necessary for your rehabilitation and we may reduce what we pay by amounts you receive from other sources.

We will pay up to 12 times the monthly benefit.

Rehabilitation bonus

We will pay an additional one third of the maximum monthly benefit we would pay if you are unable to work for up to 12 months while you participate in a rehabilitation program approved by us. Before you commence the program, we must have approved it in writing.

We do this while you are unable to work, both during the waiting period, and while we are paying under this plan. We may continue this benefit for up to 3 months after your return to continuous full time work.

Optional feature available with Advanced, Standard and Basic plans

Superannuation Contribution option

The Superannuation Contribution option is available under all our Income Protection plans.

If you select this option it will be shown on the Certificate of Insurance you receive from us and a higher premium will be charged. If you apply to include this option, we will pay you an extra amount if you are unable to work.

The additional amount is 12% of the monthly benefit that we pay you, and must be paid directly into a complying superannuation fund (as defined by legislation) or to you to be paid into a complying superannuation fund.

We also pay you an extra amount if we are paying you under the Recovery feature or the Chronic condition option if you selected it – see page 27.

If you select the Superannuation Contribution option, we automatically increase the maximum monthly benefit set out in your plan to take account of the maximum additional amount we pay under this optional benefit. The amounts paid under this option are assessable income.

Advanced cover – further information

Advanced is our most comprehensive level of cover. It includes the following features, which Basic and Standard don't have.

Trauma feature

We pay if you suffer any one of the following serious conditions (as defined in the definitions and description section on page 42) and the condition causes you to be unable to work for at least the length of the waiting period:

- heart attack – myocardial infarction
- heart attack – out of hospital cardiac arrest
- coronary artery disease
- kidney failure
- certain cancers
- major organ transplant
- stroke.

Cover starts 3 months after your plan commences. We pay only once for each condition. We start to pay your monthly benefit after the waiting period. We pay even if you are able to work after the waiting period ends. We stop paying after 6 months or earlier if the plan ends for any reason.

Bedcare feature

We pay you a benefit if you are unable to work and your doctor requires you to be under the full time care of a registered nurse, for more than 3 consecutive days during the waiting period. We pay one-thirtieth of the monthly benefit for each day, that you are bedridden, up to the end of the waiting period.

We will pay for a maximum of 180 days. We pay the benefit until the first of the following occurs:

- at the end of the waiting period; or
- the 180 days ends; or
- you are no longer bedridden.

Major fracture or loss feature

If you suffer certain fractures or losses (they are fully described in the Plan Rules) we pay your monthly benefit for a specified number of months (up to your benefit period). You must be unable to work for the waiting period. We pay from the end of the waiting period until the payment period ends, even if you return to work or cease to satisfy the definition of unable to work. The fractures and losses we cover and the period we pay are shown in the table below.

Fracture covered

We cover fracture of	Payment period
The spine causing paraplegia or quadriplegia	60 months
Thigh	3 months
Pelvis	3 months
Leg between the knee and foot	2 months
Knee cap	2 months
Upper arm	2 months
Shoulder blade	2 months
Forearm above the wrist	1 month
Collar bone	1 month

Losses covered

We cover permanent and irrecoverable loss of	Payment period
Both feet, or both hands	24 months
The entire sight of both eyes	24 months
Any 2 of, a foot, a hand, and the entire sight of one eye	24 months
One leg severed through the knee joint or above the knee joint	18 months
One arm severed through the elbow or above the elbow	18 months
One foot, or one hand, or the entire sight of one eye	12 months
Loss of the entire thumb, and index finger, of the same hand	6 months

Domestic transport benefit

If you are in Australia but more than 150km from your usual residence when you become unable to work and require emergency transportation within Australia, we will reimburse costs directly arising from your transportation other than:

- ambulance services within the meaning of s67(4) of the National Health Act, 1953; or
- costs reimbursed from other sources.

This benefit is payable only once in any 12 month period and will be limited to an amount equivalent to 3 times the maximum monthly benefit payable.

Accommodation benefit

We will reimburse the reasonable accommodation expenses of an immediate family member who accompanies you if:

- you are eligible for a Bedcare benefit; and
- you became unable to work and remain over 150km away from home.

We will pay up to \$150 per day for a maximum period of 30 days.

Family support benefit

We will pay an additional amount while you are unable to work if:

- we have been paying you the monthly benefit under this plan for more than one month; and
- you require the full-time assistance of either:
 - a registered nurse (not being your immediate family member); or
 - an immediate family member who was in full-time paid employment when you became unable to work but who stops all paid employment to look after you.

Under this benefit we will pay an additional one half of the maximum monthly benefit payable for a maximum period of 3 months on any one claim.

Death feature

If you die while we are paying monthly benefits to you, we will pay an additional amount equal to 3 times the monthly benefit payable if you were unable to work.

We will not pay this amount where you die during the waiting period or where you are over 65 at the time of death.

Chronic condition (optional for plans with Guaranteed minimum income feature)

Chronic condition is an option under Advanced plans with Guaranteed minimum income feature having a benefit period to age 60 or 65.

If you select this option it will be shown on your Certificate of Insurance you will receive from us and a higher premium will be charged.

Chronic condition option is intended to insure you against a situation where you suffer some progressive deterioration in health due to a chronic incurable physical condition which leads to an inability to work full-time.

You have a chronic condition if:

- you have an illness or injury which is constantly present for life, and for which there is no known cure; and
- both your income from work and your normal work hours reduce by more than 25% for at least 3 consecutive months and this reduction continues.

We start to pay you on the later of:

- when you lodge your claim; or
- you have satisfied the above requirements.

We pay so that the total you earn (or could earn) from work plus what we pay equals the amount we would pay if you were totally unable to work.

We base our calculation on your highest income in any 12 month period in the 3 years immediately before you claim.

We do not pay for conditions that are non-physical, psychosomatic or psychiatric in nature.

Basic Cover – further information

Variable and cancellable by AMP after it has paid a claim

For Basic plans if you pay the premium on time and we have not paid any claims under the plan we will keep the plan going on the same terms each year and will not cancel it or any part of it. However, we can cancel the plan after we have finished paying a claim. When we have finished paying a claim we have the choice of:

- keeping the plan going on the same terms as it had before the claim; or
- after the first plan anniversary, we can change the terms of the plan (for example we can charge extra premiums or add a specific rule to your plan); or
- after the second plan anniversary, we can cancel the plan.

What we will do will depend on the circumstances of the claim.

If we do not cancel the plan after a claim, we will keep the plan going each year on the terms we set out when the claim was finished. We will do this as long as you pay the premium on time – until we finish paying any other claim under the plan. When we finish paying any other claim, we can again change the terms of the plan or cancel it.

4. Flexible Lifetime – Protection

Insurance for Business Overheads

In this part:

- **you, your** and **yourself** means the plan owner(s)
- **plan** means the policy of life insurance issued by AMP
- **insured person(s)** is the person(s) insured under the plan
- **we, us, our** and **AMP** means AMP Life Limited

Plan at a glance

Purpose

This plan reimburses eligible business overheads for up to one year with a possible extension period of up to 6 months, while the insured person is unable to work because they are ill or injured. We start to pay after the insured person has been unable to work for either 2 or 4 weeks – the waiting period.

Who can apply?

When this insurance starts the insured person must be at least age 19, but not have turned age 60. Their principal residence must be in Australia, and they must be a citizen or permanent resident of Australia. The insured person's occupation, pastimes and health may restrict their available options. This will be determined when the application is being considered.

For details on eligibility, please see page 30.

Premiums and fees

The premium you pay depends on a number of factors including a plan fee. The fees charged for your plan and information on premiums are set out on pages 34 and 35. It is important you read these pages.

How long will your plan last?

The plan will end in the circumstances listed at page 32.

Taxation

As at the preparation of this document, our understanding of taxation law and how it is interpreted for Business Overheads insurance is that generally:

- premiums are tax deductible; and
- the amounts we pay attract income tax.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

Plan ownership

Only one person can be insured under each plan. This plan can be owned by the person or business entity that incurs the overhead costs of the business.

Interim Accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. This interim cover is different to the insurance being applied for, and is subject to the terms and conditions on page 36.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 38 for further details.

Complaints handling

We have internal processes to handle complaints. If we are unable to resolve your complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service. See page 41 for more details.

Risks in taking out this insurance

- You may select a product that does not provide the type of cover you need.
- You may choose an inadequate amount of cover – or an inappropriate waiting period.
- You may be unable to get cover or increases due to your particular health or circumstances.
- You may not comply with your Duty of Disclosure, which may result in AMP not paying all or part of your claim or cancelling this plan.
- AMP becomes financially unable to pay a claim.

Refer to page 33 for further details.

Plan details

If we provide Business Overheads insurance to you it will be shown on the Certificate of Insurance you will receive from us and we will charge a premium for the cover.

Eligibility

Please note that, to be eligible for this insurance, you need to show us that:

- the insured person's efforts are largely responsible for generating the business' cashflow (or their share of its cashflow); and
- if the insured person were unable to work, that cashflow would significantly decline, or even cease.

This plan is particularly appropriate for:

- small businesses, partnerships with 5 or less partners and sole traders. Generally, it does not matter how that business is structured or who owns it
- businesses where the cashflow is earned as a result of services rendered – eg professionals, consultants, tradespeople in their own business.

Generally it will not be suitable for businesses where cashflow is earned from the sale of goods, eg retail shopkeepers.

Location of the business

The part of the business the insured person is involved in needs to be managed from Australia, and the business must be liable to submit a taxation return in Australia.

If the business does not meet these conditions, we may still agree to insure this person – but it is unlikely.

How much you can insure

You choose the monthly benefit up to a maximum of \$10,000 per month.

However, for amounts over \$10,000 per month, you can still choose the monthly benefit amount that you would like to insure for, however, AMP may offer a lower amount based on the insured person's eligible expenses. The minimum you can choose is currently \$1,250 a month.

You do not have to pay premiums on your plan while we are paying a benefit under it. AMP will reimburse your premiums when we agree to pay your claim.

What we pay

We pay you the lower of:

- the monthly cover you choose, increased by any increases in the CPI; and
- the eligible overheads the business has actually paid in the previous month.

What we pay may be reduced by:

- any amount the insured person or the business receives from any other business expense insurance they have; and
- any amount which the person who replaces the insured person generates over and above the costs of employing them.

The types of overheads we pay

Some examples of the eligible overheads we pay include:

- salaries of most non-income producing staff
- workers' compensation and superannuation costs
- rent and mortgage interest on business premises – unless the premises are also the insured person's residence
- property rates and property taxes
- leasing costs of office equipment and motor vehicles
- electricity, water, gas and telephone bills
- cleaning and laundry bills
- general insurance premiums
- subscriptions to professional associations
- advertising costs
- accountants' and auditors' fees.

Please note that when the business employs someone to replace the insured person (eg a locum), if all of the reasonable costs of employing that replacement person (eg salary, travel, accommodation, superannuation, etc) exceed the business income the replacement generates, then we will treat that excess as an eligible business overhead.

The types of overheads we won't pay

Some examples of the overheads that we won't pay include:

- the insured person's remuneration; or
- remuneration of people who earn income for the business (eg sales staff and locums – see previous page); or
- remuneration of any member of the insured person's family who has been employed in the business for less than 3 months when the insured person becomes unable to work; or
- the cost of stock, equipment or other assets of the business; or
- rent or mortgage on a private residence even if it is used for business purposes; or
- any tax the business has to pay; or
- depreciation; or
- expenses which the business does not incur regularly; and
- expenses which are not normal and necessary for the business.

Coping with peaks and troughs

We aim to help you cope with peaks and troughs in the insured person's eligible business overheads from month to month, while the claim continues.

This means where:

- your eligible business overheads are higher than the maximum monthly benefit in a particular month, but
- we have paid less than the maximum monthly benefit multiplied by the number of months we have been paying for this claim, then

we will pay any amounts that we have not paid in earlier months up to the amount of your eligible business overheads for that month.

When we pay

We start paying when the insured person has been unable to work for a specified period. We call this the 'waiting period'. You choose the length of the waiting period (2 weeks or 4 weeks) when you apply for this insurance.

Because we pay in arrears, we make the first payment one month after the waiting period ends.

Ability to work during the waiting period

The rules vary with the period the insured person is able to work during the waiting period.

The insured person is able to work during the waiting period for 5 days (or less) in a row without the waiting period starting again. The waiting period will end when the number of days the insured person has been unable to work equals the waiting period.

If the insured person is able to work for more than 5 days in a row during the waiting period, the waiting period will start all over again if the insured person suffers a relapse. A relapse occurs when the insured person suffers the same illness or injury as previously, and the illness or injury arises from the same or a related cause.

How we decide whether the insured person is unable to work.

You can claim if the insured person is so ill or injured that they can't do their usual occupation. They must remain under the ongoing care of their doctor and must not do any remunerative work.

To help you understand our approach, when we assess the insured person's ability to do their usual occupation, the assessment is based on their capacity to carry out any one duty or combination of duties which is critical to the proper performance of their usual occupation.

How long we pay

We pay for up to 12 months. If we have paid for the full 12 months we won't pay again unless:

- the insured person suffer a new illness or injury; or
- the insured person has worked in their usual occupation for their usual income for at least 6 months since we stopped paying.

If they suffer a relapse up to 6 months after we stop paying, we will start paying for up to the remaining months of the 12 month period – the waiting period does not apply again.

Benefit period extension

If we have been paying you for a period of 12 months, we will extend the period we pay you if the total amount we have paid is less than 12 times the maximum monthly benefit.

The period of extension will be:

- 6 months; or
- until the total amount we have paid equals 12 times the maximum monthly benefit; or
- until insured person is able to work; or
- until the plan ends

whichever comes first.

24 hours a day world-wide cover

The insured person is covered world-wide, 24 hours a day, 7 days a week. However, if we are paying while the insured person is outside Australia or New Zealand, payment beyond 3 months is at our discretion.

If the insured person has been out of Australia for more than 30 days when they become unable to work for at least 14 days, we will assist their return to Australia.

We will reimburse their out of pocket costs up to the cost of a single economy airfare.

Keeping pace with inflation

Each year, we increase the maximum monthly benefit by an increase in the CPI. If you don't want the annual CPI increase in full or in part, you need to tell us.

When your plan stops

Your plan will stop when any of the following occurs:

- the insured person's 65th birthday; or
- you die; or
- you write to us and ask to cancel your plan; or
- we cancel your plan because you have not paid your premiums or any other amount that relates to the plan; or
- your plan is cancelled by us for reasons permitted by law; or
- we continue to provide cover for 12 months after the insured person temporarily stops working for reasons other than illness or injury. Then the cover ends – that is, we won't pay for any illness or injury which the insured person suffers after that date.

You can ask us to put the plan 'on hold' within the first 12 months after the insured person stops remunerative work. This means they will not be covered at this time, however this guarantees their entitlement to cover when they return to work. While the plan is on hold, you pay a reduced premium. We won't pay in relation to any illness or injury which happens while the plan is on hold.

You must tell us when the insured person returns to work and when they do return to work, the plan goes off hold. Then the premium will be based on our premium rates which apply at the time. However, if the insured person leaves the workforce permanently for reasons other than illness or injury, the cover ends as soon as they leave work.

When we won't pay

We won't pay if you injure the insured directly or indirectly by your intentional or deliberate act, or the insured injures themselves directly or indirectly by their own intentional or deliberate act, or if the insured person's illness or injury was caused by war.

We don't regard pregnancy or childbirth as either an illness or an injury, so we don't pay for this condition. However, we will pay if the insured person is unable to work because they suffer complications during pregnancy or while giving birth.

How often you can claim

Provided that you meet the relevant benefit definitions and conditions described in this PDS, there are generally no limits on the number of times that you can claim.

5. Information common to all products

In this Part:

- **AMP** means AMP Life Limited

For Insurance for Death, Total and Permanent Disablement, Trauma, Income Protection and Business Overheads plans

- **we, us** and **our** mean AMP Life Ltd
- **you, your** and **yourself** means the plan owners
- **plan** means the policy of life insurance issued by AMP
- **insured person(s)** is the person(s) insured under the plan.

For Superannuation Insurance for Death, Total and Permanent Disablement plans

- **you** is the insured person
- your interest in the fund is referred to as **your plan**
- **we, us, our** and **the trustee** mean AMP Superannuation Ltd
- the amounts you pay to us and which we pay to AMP under the plan will be referred to as **premiums**.

Significant risks in taking out Life Insurance

There are significant risks associated with life insurance:

AMP may become financially unable to pay a claim

AMP may become insolvent and therefore cannot pay your claims. Life insurers are supervised by the Australian Prudential Regulation Authority and are regulated under the Life Insurance Act 1995. As at 31 December 2004, the reserves in our Australian No.1 Statutory Fund, which backs this product, were more than 50% higher than the Life Insurance Act requires.

The financial statements of AMP are audited annually.

Selection of a product that does not provide the type of cover you need

You may choose an insurance product that does not meet your needs. You should read the PDS for an insurance product carefully to prevent this. It is advisable to consult a financial planner for assistance.

Inadequate amount of cover

You may select the correct insurance product for your needs, but you might not choose enough cover, the most suitable type of cover, waiting period or benefit period. This might cause you to still suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, a financial planner will be able to help you.

Inability to get cover or increases in cover

You may not be able to obtain the cover that you need because of your particular health or other circumstances, now or in the future. You should therefore not relinquish any existing cover you may have until new insurance cover is firmly in place. You should also think about your future insurance needs while you are still healthy.

You do not comply with your Duty of Disclosure

As a result your insurer may not pay your claim, may pay only part of your claim, or cancel your plan. Please read your Duty of Disclosure before providing us with information.

Superannuation Insurance for Death, Total and Permanent Disablement

There is an additional risk that the Trustee may not release funds. The Trustee will not release funds if it is prevented from doing so by superannuation law or by the governing rules of the Trust.

Premiums and fees

Costs associated with your plan are comprised of premiums and fees. Both are described in this section.

Your premium

You will need to obtain an individual premium quote before you apply for insurance cover. You can do this by contacting your financial planner or calling AMP on 1300 360 838.

We may increase the premium, restrict the cover available or decline cover altogether if our assessment indicates that you are a greater than "standard risk".

We will tell you if you have to pay more than the quote after we have assessed your circumstances, and your advice of revised terms will show the total premium payable.

Copies of the premium rates we use to calculate your premium are available on request.

Generally, your premium will increase as you get older. It will also increase as the amount of cover increases each year by the CPI, or if we increase cover because you ask us to.

We apply discount and loading rates to the premium table based upon the size of the cover selected. We can change discount rates at any time. Refer to the table below for some of the discounts and loadings applying at May 2005. Contact your financial planner or AMP for the current discounts/loadings.

The premium adjustment is effective on the full amount of the sum insured for each insured person. Each benefit is calculated separately. Due to the operation of the discount tables there will be instances where the premium for the same insured person may be less for a larger sum insured.

Level or Stepped premium on Income Protection Advanced and Standard covers

With Income protection Advanced and Standard levels of cover you can choose a level premium structure so that the premium rate does not increase each year just because you get older. A level premium will continue to be based on your age when you commenced the cover.

If you choose a stepped premium, your current age will determine the premium payable each year.

In the early years of the plan, the level method is more expensive than the stepped method. However, if you keep the plan for many years, the level method is likely to be cheaper than the stepped method. Your financial planner can explain the difference in more detail.

Please note that with both level and stepped methods, the premium will rise when the maximum monthly benefit increases. This can occur when we increase it because you ask us to and when we do so each year by any increase in the CPI.

Changes to premium rates

We guarantee not to increase the premium between plan anniversaries unless:

- you change the plan in a way that increases your premium; or
- the government introduces a new tax, duty, or charge, or changes an existing one.

Your premium rates whether stepped or level are not guaranteed. Premium rates (including level premium rates) will be changed after we review our rates for a plan type. You will not be singled out for an increase. Any consequent increase to your premium will apply at your next plan anniversary.

Discounts and loadings as at May 2005

Sum insured range	Premium load discount percentage rate		
	Death	TPD	Trauma
0 – \$99,000	+10%	+10%	+7.5%
\$100,000 – \$149,999	+10%	+10%	0%
\$150,000 – \$249,999	0%	0%	0%
\$250,000 – \$499,999	-15%	-10%	0%
\$500,000 – \$999,999	-22.5%	-17.5%	-5%
\$1,000,000– \$1,999,999	-25%	-22.5%	-10%
\$2,000,000 and over	-30%	-25%	N/A

AIDS exclusion option for Income Protection and Business Overheads Insurance – premiums are reduced if you choose an AIDS exclusion option

If you choose the AIDS exclusion option, no benefit will be paid for disability arising from the presence of Human Immunodeficiency Virus (HIV) in the insured person's body, or any AIDS or AIDS-related illness. If you elect to take this option the insured person may be required to undergo additional medical tests at the time of a claim.

We can change, or withdraw, this premium reduction and discounts at any time. If we do that, we will tell you in your Annual Statement.

Current minimum premium

The current minimum premiums are:

Insurance for Death, Total and Permanent Disablement and Trauma: \$250 pa for the first adult insured person, and \$200 pa for each subsequent adult insured person.

Superannuation Insurance benefits for Death and Total and Permanent Disablement: \$250 pa

These amounts include the annual plan fee.

If you stop paying premiums

If you don't pay each premium within 30 days of it being due, we will take steps to end the plan. We will remind you if we don't receive your premium.

Plan fee

The premium includes an annual plan fee to cover our costs.

Each year, we increase it by any increase in the CPI.

The plan fees for 2005:

- Insurance for Death, Total and Permanent Disablement and Trauma: \$70.05 pa for the first insured person, and a further \$14.00 pa for each subsequent insured person you include in the plan.
- Superannuation Insurance for Death and, Total and Permanent Disablement \$70.05 pa.
- Insurance for Income Protection and Business Overheads: \$72.55 pa for the first plan, and \$14.51 pa for any other income protection plan or business overheads plan taken out at the same time to cover the same insured person.

What is paid to your financial planner?

If you consult a financial planner to sell you this product they may receive payment (remuneration) for the sale.

Your planner has to meet their expenses from this remuneration and also relies on it to provide them with an income. This remuneration is paid from the premiums you pay – it is not an additional cost to you. Also if you do not have a financial planner, the same premiums and fees will continue to be payable. Details of the remuneration your financial planner receives is contained in the Statement of Advice that they will give to you.

Premium payment options

You can pay premiums either yearly, half-yearly or monthly by direct debit. You may also pay yearly or half-yearly by cheque, BPay or Post Billpay. Direct debit payments can be from your bank, building society or credit union, or your Mastercard, Visa, Bankcard or American Express card.

Premium frequency fee

If you pay the premium more often than yearly, an extra fee is included in the premium because our costs are higher. That fee is a percentage of the premium you would pay if you were paying yearly. For monthly payments it is 7.5% and for half yearly payments it is 3%. We can change these percentages at any plan anniversary in circumstances relating to the commercial operation of our business.

Interim Accident cover

While your application is being considered, we will provide you with Interim Accident cover at no extra cost.

This Interim cover is different to the insurance being applied for, and is subject to the terms and conditions below.

This Interim cover will start when we receive your completed application form and either the first premium payment or a valid direct debit mandate at an AMP registered office. Cover is subject to the premium payment not being dishonoured.

Interim cover is not available if either you or the insured person has ever:

- withdrawn an application; or
- applied for a similar type of plan, and had the application declined; or
- you are currently applying for similar cover outside of AMP.

Interim cover will cease on the earliest of:

- 90 days from the date this Interim cover starts; or
- the date your application is approved, declined, withdrawn; or
- the date we advise that your Interim cover is cancelled.

During consideration of your application, we may choose to modify the cover we offer. If this occurs, Interim cover will also be adjusted to incorporate the changed terms, including any adjustments to the premium.

Important note

When assessing your application for insurance, we will take into account any claims you have made on this Interim cover.

We may impose special conditions or decline your application for the insurance under these circumstances.

When we won't pay

We will not pay any benefits under this interim cover if the application is one which we would not normally accept under our standard underwriting rules and exclusions. Also, we will not pay when death or disablement is caused by:

- intentional self-inflicted injury or suicide; or
- any physical condition relating to the insured person's health for which the insured has had any symptoms, or received advice or treatment for, before applying for this cover; or
- engaging in any sport, pastime or occupation which would not normally be covered under our standard terms.

Accident refers to bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

You or **Your** refers to the person(s) applying for insurance.

Interim accident cover for Death, Total and Permanent Disablement, Trauma plans

When we will pay

If the insured person dies

We will pay if you have applied for Death cover and the insured person dies solely as a result of an accident during the Interim cover period.

OR

If the insured person is totally and permanently disabled

We will pay if you have applied for Total and Permanent Disablement cover and as a result of an accident during the Interim cover period the insured person, suffers from the total and irrecoverable loss of:

- the use of 2 limbs; or
- the sight of both eyes; or
- the use of one limb and the total and irrecoverable loss of sight of one eye, where a limb means an entire arm or leg.

The loss must be unable to be remedied and the insured person must survive at least 14 days after the loss.

OR

If the insured person suffers a trauma condition.

We will pay if you have applied for Trauma cover and the insured person suffers one of the following trauma conditions during the Interim cover period, solely as a result of an accident:

- blindness*
- coma*
- intensive care*
- diplegia
- hemiplegia
- paraplegia
- quadriplegia
- tetraplegia
- major head trauma*
- severe burns*

*These conditions are not covered under the Trauma cover Standard plan. The definitions of the above trauma conditions are set out in the Definitions and Descriptions section on page 42.

How much we pay

We will only pay once for interim cover under Flexible Lifetime – Protection – Death, Total and Permanent Disablement, Trauma plans.

We will pay the lesser of:

- \$600,000; or
- the sum insured applied for.

Interim Accident cover for Superannuation Insurance for Death, Total and Permanent Disablement plans

When we will pay

If you die

We will pay if you have applied for Death cover and die solely as a result of an accident during the interim cover period.

OR

If you become totally and permanently disabled

We will pay if you have applied for TPD cover and as a result of an accident during the Interim cover period, you are disabled and suffer from the total and irrecoverable loss of:

- the use of 2 limbs; or
- the sight of both eyes; or
- the use of one limb and the total and irrecoverable loss of sight of one eye, where a limb means an entire arm or leg.

The loss must be unable to be remedied and you must survive at least 14 days after the loss.

How much we pay

We will only pay once for Interim cover under Flexible Lifetime – Protection (Superannuation) – Death, Total and Permanent Disablement.

We will pay the lesser of:

- \$600,000; or
- the sum insured applied for.

Interim Accident cover for Income Protection plans

We will pay under the Income Protection plan if the insured person becomes unable to work solely as a result of an accident occurring during the Interim cover period. This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of 12 months.

How much we pay

The amount paid will be the lesser of:

- \$5,000 per month; or
- the sum insured applied for.

Interim Accident cover for Business Overheads plans

We will pay under Business Overheads Insurance if the insured becomes totally disabled solely as a result of an accident occurring during the Interim cover period.

This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of 6 months.

How much we pay

The amount paid will be the lesser of:

- \$5,000 per month; or
- the sum insured applied for; or
- your share of the allowable business expenses actually incurred during the period of total disability.

Claims Requirements

How we handle insurance claims

Our aim is to provide timely financial assistance to insured person(s) who suffer an illness or injury (or death, if applicable) as per the insurance cover provided.

If you have the misfortune to need to make a claim we have specially trained claims staff who will be pleased to answer any questions and assist you with the completion of any necessary paperwork associated with your claim.

We aim to be proactive in our claims management. Our claims requirements will vary depending on the type of, and reason for, the claim you are making. Our claims requirements may include, but are not limited to:

- completed claim forms
- certified copy of the death certificate (if applicable)
- medical evidence (we may require you to be examined by a doctor of our choice)
- proof of diagnosis of condition or occurrence of the procedure for which the claim is being made, including copies of investigations performed by a specialist (eg clinical, histological and radiological evidence)
- specific financial requirements (eg copies of taxation returns).

We pride ourselves on providing an excellent claims service and are committed to paying genuine claims. We appreciate your feedback on the level of claims service we are providing.

How to claim

If you need to claim, AMP will assist you through the process. Either you or someone close to you can simply contact your financial planner or call 131 267. AMP will then advise you what to do next.

Claims should be made promptly after the event that entitles you to claim. Failure to do so may affect the amount payable to you.

Cooling off period

We want this financial product to meet your needs. But if, after taking out this product, you then decide you don't want it, you can return it by contacting us by letter, email or facsimile. You have a limited time to do this. You have 14 days starting on the earlier of:

- the date you receive the Certificate of Insurance and Plan Rules; or
- 5 days after the date of the Certificate of Insurance and Plan Rules.

However, you cannot return the product if you have exercised rights or powers under it.

For Superannuation Insurance members the refund of any premiums paid under cooling off cannot be paid in cash, they must be paid to another superannuation plan on your behalf.

If we are not advised of a fund within a month of your request to cancel the plan, we will make the payment to the AMP Eligible Rollover Fund.

We keep you informed

Certificate of Insurance and Plan Rules

If we agree to issue the plan, we will send you a Certificate of Insurance and Plan Rules. These documents will set out the details of who owns the plan, who is insured, the amount of cover, options selected and other important information.

Please read these documents carefully to make sure the plan meets your needs.

Annual Statement

Each year, we will send you an Annual Statement advising you about your insurance, fees, and your premium for the next year. It will also tell you of any material changes to the plan.

AMP's approach to insurance

Insurance is all about sharing risk. To ensure that risk is shared fairly, AMP needs to be careful about deciding:

- whom to insure; and
- how much to charge each person; and
- whether special conditions should apply to a particular insured person.

To make the right decisions, AMP needs to have all the relevant information. That is why AMP asks for information in the application and Personal Statement. Asking these questions enables AMP to:

- be confident that it will be able to build reserves of money to pay future claims; and
- help protect your interests and the interests of all plan owner(s).

Privacy

Our primary purpose in collecting personal information from you is to enable us to establish and manage this Product – one of AMP's broad range of financial services.

The information may be used for related purposes, such as to provide you with ongoing information about the range of financial services that may be useful for your financial needs. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP Group, or by your financial planner.

We need this information in order to establish and manage this product and, if you choose not to provide the information necessary to process your application, we may not be able to process it.

We usually disclose information of this kind to:

- other companies in the AMP Group
- the financial planner or broker responsible for the plan (if any)
- the owner of your plan

- external service suppliers who supply administrative, financial or other services to assist the AMP Group in providing financial services
- the Australian Taxation Office (ATO) to conduct searches at the ATO's Lost Member Register for lost superannuation
- anyone you have authorised.

When health information is collected, additional restrictions apply. Our primary purpose for obtaining this information is to assess the application for new or additional insurance from AMP. We may also use this information for directly related purposes such as deciding whether we need more information; arranging reinsurance; assessing future applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application and, if consent is not provided, we may not be able to process the application.

We may disclose this type of health information to:

- if your insurance is part of a superannuation fund, the trustee of that fund
- the financial planner or broker responsible for the plan (if any)
- AMP's reinsurers
- medical practitioners
- any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints
- anyone you have authorised.

Aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard Plan Rules are varied. The AMP Privacy Policy Statement sets out the AMP Group's policies on management of personal information. A copy may be obtained by contacting AMP by calling 131 267.

Under the National Privacy Principles, you may normally access personal information about you held by the AMP Group and you may let us know if you think any of it is inaccurate, incomplete or out of date.

AMP Superannuation Ltd has adopted the AMP Groups policy on Privacy.

Direct debit request service agreement

The following provides more information about direct debit and how it works

1. Before you complete the direct debit section of the application form, you must check that the account you want to nominate can have direct debit (eg some passbook savings accounts and credit cards cannot have direct debit). To find out if we can debit from your account, contact your financial institution or our Customer Service area by:
 - phone 131 267 (local call fee)
 - fax 1300 301 267
 - email polinfo@amp.com.au
 - mail AMP Life Limited
PO Box 300
PARRAMATTA NSW 2124.
2. When you complete the details, please double-check the account details are correct by comparing them with a recent statement from your financial institution.
3. This agreement allows AMP to deduct from your nominated account the amount and frequency shown on the Certificate of Insurance, or the amount as modified annually due to CPI increases.
4. If we want to change this agreement, we will notify you 14 days in advance. If you disagree with this change, please notify us within these 14 days.
5. AMP will keep your financial institution account details confidential. However, we will disclose these details:
 - if you give permission
 - if a court order applies
 - to settle a claim
 - if our financial institution needs information.
6. If the due date is on a weekend or public holiday, we will process your payment on the next business day.
7. You should make sure that sufficient cleared funds are available in your account on the due date for payment.

If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by:

 - your financial institution may be debited from your account
 - AMP may be debited from your plan.
8. If you want to change or cancel this agreement or dispute a debit, contact our Customer Service area (the contact details are listed in point 1). In particular, if you want to:
 - change this agreement (eg the amount you pay, how often you pay, account number, deferring payment due to unforeseen circumstances), you need to contact us at least 3 days before the due date
 - cancel this agreement or an individual payment, you need to contact us at least 3 days before the due date
 - dispute a debit that has been made from your account, AMP will respond to your initial dispute within 5 business days
 - if you need assistance

Complaints resolution

We want you to remain totally satisfied with us and your plan. If you require any additional information, or have a concern or complaint about your plan contact your financial planner or AMP Customer Service.

Customer Service Officer
AMP Life Limited
PO Box 300
PARRAMATTA NSW 2124

Telephone: 131 267
Facsimile: 1300 301 267
Email: polinfo@amp.com.au

We have established procedures to deal with any complaints. If you make a complaint, we will:

- acknowledge its receipt and ensure an appropriate person properly considers the complaint; and
- respond to you as soon as we can, and give you information on any further action available to you.

Independent complaint service

You can contact the Financial Industry Complaints Service (known as FICS) if you are unhappy about the way we have handled your complaint. The financial industry (which includes the life insurance industry) established FICS. It is independent and impartial.

FICS aims to help people with complaints they cannot resolve with their insurer. You should only contact FICS after you have spoken to us to try to solve your problem.

Their address is:

Financial Industry Complaints Service
PO Box 579
Collins Street West Post Office
MELBOURNE VIC 8007

Telephone: (03) 9629 7050
Toll Free: 1300 780 808

Independent complaint service for Superannuation Insurance for Death, Total and Permanent Disablement plans

Additionally, for Flexible Lifetime – Protection (Superannuation) members, if we cannot resolve your complaint to your satisfaction within 90 days, you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (the 'Tribunal'). You can call the Tribunal's secretariat on 1300 884 114 or write to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001

The Tribunal reviews the decisions of superannuation trustees as they affect an individual member. It is independent from us.

If the Tribunal decides to review your complaint, it will attempt to resolve the matter through conciliation – that is helping you and us to reach a mutual agreement. If conciliation is unsuccessful, the Tribunal will issue a binding determination on the matter.

A complaint to the Tribunal should be made within one year of our written response to your complaint. Otherwise, the Tribunal may decide not to deal with your complaint.

If we deny your Total and Permanent Disablement claim, you may not be able to make a complaint to the Tribunal:

- if you lodge a Total and Permanent Disablement claim with us more than 2 years after you permanently stop working; or
- if you complain to the tribunal more than 2 years after our first (original) decision to deny your Total and Permanent Disablement claim.

You should contact the Tribunal first to ensure that it can deal with your complaint.

Definitions and descriptions

For information regarding claims requirements and a glossary of the terms used in these conditions – please see the Plan Rules

Trauma conditions which apply only to adults

Please note that to satisfy these descriptions you must survive 14 days.

Alzheimer's disease and other dementias

We will pay if an insured person's brain function fails significantly and permanently. The failure must cause the insured person to:

- be unable to perform any one of the activities of daily living* without assistance from someone else; or
- require daily care on an ongoing basis. We will not pay if the dementia is directly caused by alcohol or drug abuse.

Aortic surgery

We will pay if an insured person has surgery performed through a thoracotomy or laparotomy to correct a structural abnormality of the thoracic or abdominal aorta. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment. We will not pay for surgery performed using catheter techniques.

Benign tumour of the brain or spinal cord

We will pay if an insured person has a non-cancerous tumour in the brain or spinal cord which is histologically described and which produces neurological deficit causing permanent and significant functional impairment or requires radical surgery for its removal.

We do not cover any of the following:

- cysts, granulomas and cerebral abscesses
- malformations in, or of, the arteries or veins of the brain
- haematomas or tumours in the pituitary gland.

Blindness

We will pay if an insured person totally loses the sight of both eyes. That loss must be irreversible and unable to be corrected by glasses or any other means.

Cancer

We will pay if an insured person suffers a malignant tumour which is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. We also cover sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorders and leukemia with the exception of chronic lymphocytic leukemia, Binet stages A and B or Rai stages 0, I and II. We will not pay for any of the following:

- skin cancers other than melanoma
- melanoma where the thickness is less than 1.5mm and the Clark level of invasion is Level 1 or 2
- prostatic tumours which are equivalent to or less than TNM Classification T1 (including T1a, T1b and T1c); or
- tumours which are histologically described as pre-malignant or showing malignant changes of 'carcinoma in situ' and not requiring radical surgery; or
- AIDS or HIV related cancers.

Cardiomyopathy

We will pay if an insured person's heart muscle fails to function properly resulting in permanent physical impairment to at least Class 4 (marked limitation of activity due to symptoms) of the New York Heart Association Classification of Cardiac Impairment.

We will not pay for Cardiomyopathy that is directly caused by alcohol, or related to drug use that is not prescribed by a doctor.

Coma

We will pay if an insured person is in a state of unconsciousness and does not react to external stimuli.

The state of unconsciousness must score 6 or less on the Glasgow Coma Scale.

The state of unconsciousness must be either:

- continuous for at least 7 days, followed by new functional impairment producing neurological signs which last at least a further 14 days and the signs must be demonstrated clinically and by a cerebral CT scan, angiogram, MRI, PET, or other reliable imaging technique approved by AMP; or
- continuous for at least 90 days.

*Refer to Activities of daily living on page 47.

In all circumstances, we will not pay for any coma that is:

- artificially induced, deepened or sustained by medical intervention; or
- caused by the insured person's alcohol or drug abuse; or
- is the result of the insured person suffering another trauma condition for which we pay.

Coronary artery angioplasty

We will only pay for this condition when the trauma cover sum insured is \$100,000 or greater.

We will pay if an insured person undergoes angioplasty involving less than 3 coronary arteries during the same procedure (with or without the insertion of a Stent, laser therapy or atherectomy). We will pay 10% of the sum insured, subject to a maximum of \$25,000.

If we pay under this particular trauma condition, the cover for other trauma conditions the insured person has on this plan continues, but the continuing amount of cover is reduced by what we paid under this condition. Your premium is also reduced accordingly.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment. We pay for coronary artery angioplasty only once.

Coronary artery angioplasty – triple vessel

We will pay if an insured person undergoes angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to 3 or more coronary arteries within the same surgical procedure.

Angiographic evidence, indicating at least 50% obstruction of 3 or more coronary arteries, is required to confirm the need for this procedure.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

Coronary artery surgery

We will pay if an insured person has coronary artery disease and as a result has open heart surgery involving bypass grafts to one or more coronary arteries.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We do not pay under this particular trauma condition for procedures such as angioplasty, laser and intra-arterial techniques or other non-surgical procedures.

Deafness/loss of hearing

We will pay if an insured person suffers a total and permanent loss of hearing, both natural and assisted from both ears. A cochlear implant must be deemed necessary by an appropriate consultant medical specialist. This must be certified not less than 3 months after the ability to hear was first lost.

Encephalitis

We will pay if an insured person is diagnosed as having encephalitis by an appropriate consultant medical specialist. The insured person must have impaired brain function which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

We will not pay for encephalitis caused directly or indirectly by AIDS or HIV infection.

Heart attack – myocardial infarction

We will pay if part of an insured person's heart muscle dies as a result of inadequate blood supply to the relevant area.

An appropriate consultant medical specialist must certify that a heart attack has occurred and provide confirmatory evidence of this by the following test results:

1. New electrocardiographic changes consistent with myocardial infarction and abnormal biomarkers such as a cardiac enzyme rise above the upper limit of normal; or
2. A rise of Troponin I above 2.0 ng/ml or Troponin T above 0.6 ng/ml, and evidence of permanent impairment of cardiac function due to the cardiac event, as assessed by reduction of left ventricular ejection fraction to 50% or less where such is confirmed at least 6 weeks after the cardiac event.

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

Heart attack – out of hospital cardiac arrest

We will pay if an insured person suffers a cardiac arrest which:

- is not associated with any medical procedure; and
- is documented by an electrocardiogram; and
- occurs outside a hospital; and
- is due to either cardiac asystole or ventricular fibrillation.

Heart valve surgery

We will pay if an insured person has open heart surgery to correct, or replace, a cardiac valve. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We will not pay for procedures such as valvotomy or angioplasty which do not require open heart surgery.

HIV/AIDS – medically acquired

We will pay if the insured person acquires the Human Immunodeficiency Virus (HIV) through accidental infection as a result of a medical procedure. We will only pay if we believe, on the balance of probabilities, the infection arose because of one of the medical events listed below.

The event must have been medically necessary and it was performed by or under the supervision of a medical doctor or a dentist, and:

- it must have occurred to the insured person in either New Zealand or Australia; and
 - it must have occurred as a result of any one of the following procedures:
 - a blood transfusion
 - the transfusion with blood products
 - an organ transplant to the insured person
 - assisted reproductive techniques, and
- Sero conversion to the HIV infection must be documented to occur within 6 months of the accident.

Before we will pay, we will require proof of the incident via a statement from a Statutory Health Authority that the infection was medically acquired.

We will not pay if:

- the HIV infection is acquired through any other cause including but not limited to sexual activity, intravenous drug use except as a legitimate medical procedure, or deliberate self-infection; or
- sero conversion does not occur within 6 months.

HIV – occupationally acquired

We will pay if an insured person becomes infected with the Human Immunodeficiency Virus (HIV) if the virus is acquired:

- as a result of an accident occurring during the course of the insured person's normal occupation; and
- while the insured person was carrying out their normal occupational duties; and
- sero conversion to the HIV infection must occur within 6 months of that accident.

Any accident giving rise to a potential claim must be reported:

- to the relevant authority or employer; and
- to us within 14 days of its occurrence; and
- be supported by a negative HIV antibody test taken after the accident.

We will only pay if we are able to:

- independently test all blood samples used
- take further samples
- obtain a copy of the report made to the relevant institution or employer; and
- obtain all evidence relating to the alleged source of infection.

We will not pay if:

- the HIV infection is acquired through any other cause including but not limited to sexual activity, recreational intravenous drug use or deliberate self-infliction; or
- a cure was available before the accident; or
- if the insured person elected not to take any vaccine available before the accident.

Intensive care

We will pay if the insured person has an accident or illness which requires them to have continuous mechanical ventilation by means of tracheal intubation. The tracheal intubation must need to continue for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

We will not pay where the accident or illness is a result of alcohol or drug use that is not prescribed by a doctor.

Kidney failure

We will pay if an insured person suffers irreversible failure of both kidneys which requires either:

- continuing renal dialysis; or
- transplantation of a human kidney.

In the opinion of an appropriate consultant medical specialist, the dialysis or transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay in the event of temporary renal dialysis for acute and reversible kidney failure.

Liver failure

We will pay if an insured person suffers irreversible failure of the liver, and that failure requires a liver transplant. In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay if the liver failure is directly caused by alcohol or related to use of other drugs not prescribed by a doctor.

Lung failure

We will pay if an insured person suffers irreversible failure of both lungs and that failure requires a transplant of the lungs.

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay if the lung failure is directly caused by smoking tobacco, or use of other drugs not prescribed by a doctor.

Loss of independent living

We will pay if an insured person suffers total and permanent inability to perform at least 2 of the activities of daily living* without assistance from someone else.

We will not pay for loss of independent living caused directly by alcohol or drug abuse.

Loss of speech

We will pay if an insured person totally loses the ability to speak due to organic brain disease or accidental injury.

The loss must be irreversible.

We will not pay for loss of speech which is caused directly by drug or alcohol abuse, or is due to any psychological cause.

Loss of Use of limbs and/or sight

We will pay if the insured person, because of physical severance or permanent nerve damage, totally and permanently loses the:

- use of both feet; or
- use of both hands; or
- use of one foot and one hand; or
- sight in both eyes (to the extent of 6/60 or less); or
- any combination of 2 of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

Motor neurone disease

We will pay if an insured person receives an unequivocal diagnosis of advanced motor neurone disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

Multiple sclerosis

We will pay if an insured person receives an unequivocal diagnosis of advanced multiple sclerosis. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without the assistance of someone else.

*Refer to Activities of daily living on page 47.

Muscular dystrophy

We will pay if the insured person is diagnosed to have muscular dystrophy by an appropriate consultant medical specialist. The condition must have progressed to the point that the insured person cannot perform any one of the 4 activities of daily living below without assistance from someone else.

Activities of Daily Living:

1. Washing
2. Dressing
3. Feeding
4. Mobility.

Myelodysplasia

We will pay if the insured person is diagnosed to have myelodysplasia by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the insured person requires a blood transfusion at least monthly and/or admission to hospital due to complications of the disorder at least 4 times per year.

Myelofibrosis

We will pay if the insured person is diagnosed to have myelofibrosis by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the insured person requires a blood transfusion at least monthly.

Open heart surgery

We will pay if the insured person has open heart surgery requiring diversion of the blood through a heart–lung machine, in order to have surgery to correct any heart defect including heart valve surgery.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We will not pay under this particular trauma condition for procedures such as valvotomy or coronary artery angioplasty which do not require open heart surgery.

Parkinson's disease

We will pay if an insured person receives an unequivocal diagnosis of advanced parkinson's disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

Peripheral neuropathy

We will pay if an insured person is diagnosed to have peripheral neuropathy by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and result in the insured person not being able to do any one or more of a), or b) or c) below without assistance from someone else:

- a) get in and out of a bed
- b) get on or off a chair/toilet
- c) move from place to place without using a wheelchair.

We will not pay if the peripheral neuropathy is directly caused by alcohol or related to use of other drugs not prescribed by a doctor.

We will not pay if this condition is contributed to or caused by AIDS or HIV related conditions.

Pneumonectomy

We will pay if the the insured person undergoes surgical removal of an entire lung. In the opinion of an appropriate consultant medical specialist, the insured person must require the treatment on medical grounds and it must be the most appropriate treatment.

We will not pay if the condition is directly caused by smoking tobacco, or use of other drugs not prescribed by a doctor.

Primary pulmonary hypertension

We will pay if the insured person suffers primary pulmonary hypertension associated with the right ventricle being enlarged and this:

- is established by cardiac catheterisation and/or echocardiography; and
- results in permanent physical impairment to at least Class 4 (marked limitation of activity by symptoms) of the New York Heart Association Classification of Cardiac Impairment.

We do not pay for any other causes of pulmonary hypertension.

Stroke

We will pay if an insured person suffers a cerebrovascular episode producing neurological damage which lasts for more than 24 hours.

The damage must be evidenced clinically by:

- cerebral CT scan; or
- an angiogram; or
- an MRI or PET; or
- other reliable imaging techniques approved by AMP Life.

We will not pay for transient ischaemic attacks, reversible ischaemic neurological deficit, major head injuries or symptoms due to migraine or headache.

Systemic sclerosis

We will pay if an insured person is diagnosed to have systemic sclerosis by an appropriate consultant medical specialist. The condition must have progressed to the point that the insured person cannot perform any one of the 5 activities of daily living* without assistance from someone else.

Activities of daily living*:

1. Washing: you can wash yourself by some means.
2. Dressing: you can put clothing on or take clothing off.
3. Feeding: you can get food from a plate into your mouth.
4. Continence: you can control both your bowel or your bladder function.
5. Mobility: you can:
 - a) get in and out of a bed
 - b) get on or off a chair/toilet
 - c) move from place to place without using a wheelchair.

Trauma conditions which apply only to children

Bacterial meningitis

We will pay if an insured child suffers Bacterial Meningitis caused by a proven organism. The Meningitis must produce neurological deficit causing permanent and significant functional impairment.

Cancer

We will pay if an insured child suffers a malignant tumour which is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. We also cover sarcoma, Hodgkin's lymphoma and non-Hodgkin's lymphoma.

We will not pay for any of the following:

- skin cancers other than melanoma at least 1.5mm thick and the Clark level of invasion is level 1 or 2; or
- tumours which are described as pre-malignant or showing malignant changes of 'carcinoma in situ' and not requiring radical surgery; or
- AIDs or HIV related cancers.

Leukemia

We will pay if an insured child is diagnosed with leukemia.

Subacute sclerosing panencephalitis

We will pay if an insured child suffers Subacute Sclerosing Panencephalitis.

Viral encephalitis

We will pay if an insured child suffers encephalitis due to direct viral invasion of the central nervous system. The encephalitis must produce neurological damage causing permanent and significant functional impairment.

Trauma conditions which apply both to adults and to children

Aplastic Anaemia

We will pay if an insured person has total aplasia of bone marrow.

Major head trauma

We will pay if an insured person suffers an accidental head injury which results in neurological damage causing at least 25% impairment of the whole person function which, in the opinion of an appropriate consultant medical specialist, is likely to be permanent.

Major organ transplant

We will pay if an insured person receives a transplant from a donor of bone marrow, or one of the following whole organs:

- kidney
- heart
- liver
- lung
- pancreas.

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay in the event of a donation by the insured person of an organ for transplant.

Paralysis – diplegia

We will pay if an insured person suffers total and permanent paralysis of both arms or both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Paralysis – hemiplegia

We will pay if an insured person suffers total and permanent paralysis of both the arm and the leg on the same side of the body due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Paralysis – paraplegia

We will pay if an insured person suffers total and permanent paralysis of both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Paralysis – quadriplegia

We will pay if an insured person suffers total and permanent paralysis of both arms and both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Paralysis – tetraplegia

We will pay if an insured person suffers total and permanent paralysis of both arms and both legs, together with loss of head movement, due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

Severe burns

We will pay if an insured person suffers third degree burns to 20% or more of their body surface area as measured by the Lund Browder Body Surface Chart. The burns can be caused by thermal, electrical or chemical agents.

The head (including the neck) and each arm (including the hand) are separately considered to be 9% of the total body surface. The front, back and legs (including feet) are each separately considered to be 18% of the total body surface, with the remaining 1% being the perineal area.

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Contact AMP

Directory

AMP LIFE LIMITED

Registered Office
Level 24
AMP Building
33 Alfred Street
SYDNEY COVE NSW 2000

Telephone: (02) 9257 5000
Fax: (02) 9257 7886

NEW BUSINESS ENQUIRIES

Telephone: 1300 360 838
Monday to Friday

WHERE TO SEND APPLICATION FORMS – NEW BUSINESS

AMP Operations Centre
Reply Paid 62990
PARRAMATTA NSW 2150

AMP CUSTOMER SERVICE CENTRE

Telephone: 131 267
Monday to Friday
Fax: 1300 301 267

ADDRESS – ENQUIRIES

AMP Financial Services
Jessie Street Building
PO Box 300
PARRAMATTA NSW 2124

Contact us

If you have any enquiries or complaints about your plan, please contact your adviser or financial planner.

If you want to write to us our mailing address is:

AMP LIFE LIMITED
33 Alfred Street
SYDNEY NSW 2000

Or call us on 133 888
Monday to Friday

Or visit our website on www.amp.com.au
or email us on polinfo@amp.com.au

If you have any enquiries or complaints please remember to mention your plan number.

ADVISER SERVICES

National service for advisers
Telephone: 1300 785 066
Monday to Friday
Fax: 1300 785 067
Email: ifa_service_centre@amp.com.au

Lodgement Team
Locked Bag 5027
PARRAMATTA NSW 2124

Please note:
It is essential to attach a copy of the quote(s) and other relevant materials to this application form.



Flexible Lifetime – Protection Application

Before you sign this application form, be aware that AMP or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to these plans. This information will help you to understand the plans and decide whether they are appropriate to your needs.

Planner number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mark boxes with (X) where appropriate, otherwise use block letters. Please leave a box between words.

1. Plans included

Death, TPD & Trauma cover	
<p>All insured persons</p> <p><input type="checkbox"/> Superannuation</p> <p><input type="checkbox"/> Ordinary (includes self-managed superannuation funds)</p> <p>Type of application</p> <p><input type="checkbox"/> New business (including conversion/continuation)</p> <p><input type="checkbox"/> Increase</p> <p><input type="checkbox"/> Addition of insured and new cover (ordinary only)</p>	<p>Office/planner use only</p> <p>Workflow number <input style="width: 100%;" type="text"/></p> <p>Plan number <input style="width: 100%;" type="text"/></p>

Income Protection and/or Business Overheads insurance	
<p>Insured person 1</p> <p><input type="checkbox"/> Income Protection insurance</p> <p><input type="checkbox"/> Business Overheads insurance</p>	<p>Office/planner use only</p> <p>Workflow number <input style="width: 100%;" type="text"/></p> <p>Plan number <input style="width: 100%;" type="text"/></p> <p>Plan number <input style="width: 100%;" type="text"/></p>
Type of application	
<p><input type="checkbox"/> New business (including conversion/continuation)</p> <p><input type="checkbox"/> Increase <input type="checkbox"/> Second plan discount</p>	
<p>Insured person 2</p> <p><input type="checkbox"/> Income Protection insurance</p> <p><input type="checkbox"/> Business Overheads insurance</p>	<p>Office/planner use only</p> <p>Workflow number <input style="width: 100%;" type="text"/></p> <p>Plan number <input style="width: 100%;" type="text"/></p> <p>Plan number <input style="width: 100%;" type="text"/></p>
Type of application	
<p><input type="checkbox"/> New business (including conversion/continuation)</p> <p><input type="checkbox"/> Increase <input type="checkbox"/> Second plan discount</p>	

2. Insured persons' details

Insured person 1

Title	<input type="text"/>	Surname	<input type="text"/>
Given names	<input type="text"/>		
Previous surname	<input type="text"/>	Date of birth	<input type="text" value="DDMMYYYY"/>
Sex	<input type="checkbox"/> male <input type="checkbox"/> female	Country of birth	<input type="text"/>
Marital status	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> defacto		
Have you smoked tobacco or any other substance in the last 12 months?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Occupation	<input type="text"/>	Net income pre-tax p.a.	\$ <input type="text"/>
Your relationship to owner for Death, TPD & Trauma – Ordinary	<input type="checkbox"/> self <input type="checkbox"/> spouse/partner <input type="checkbox"/> business partner <input type="checkbox"/> employee <input type="checkbox"/> dependant	other	<input type="text"/>

Residential address

Unit no.	<input type="text"/>	Street no.	<input type="text"/>
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Do you want AMP to change the address for other products you have?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Home phone	<input type="text"/>	Business phone	<input type="text"/>
Mobile phone	<input type="text"/>		
Email address	<input type="text"/>		

Correspondence address (if same as above, leave blank)

PO Box	<input type="text"/>	Unit no.	<input type="text"/>
Street no.	<input type="text"/>		
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		

Insured person 2

Title	<input type="text"/>	Surname	<input type="text"/>
Given names	<input type="text"/>		
Previous surname	<input type="text"/>	Date of birth	<input type="text" value="DDMMYYYY"/>
Sex	<input type="checkbox"/> male <input type="checkbox"/> female	Country of birth	<input type="text"/>
Marital status	<input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> defacto		
Have you smoked tobacco or any other substance in the last 12 months?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Occupation	<input type="text"/>	Net income pre-tax p.a.	\$ <input type="text"/>
Your relationship to owner for Death, TPD & Trauma – Ordinary	<input type="checkbox"/> self <input type="checkbox"/> spouse/partner <input type="checkbox"/> business partner <input type="checkbox"/> employee <input type="checkbox"/> dependant	other	<input type="text"/>

Residential address

Unit no.	<input type="text"/>	Street no.	<input type="text"/>
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		
Do you want AMP to change the address for other products you have?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Home phone	<input type="text"/>	Business phone	<input type="text"/>
Mobile phone	<input type="text"/>		
Email address	<input type="text"/>		

Correspondence address (if same as above, leave blank)

PO Box	<input type="text"/>	Unit no.	<input type="text"/>
Street no.	<input type="text"/>		
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>		

If Death, TPD & Trauma cover is not required, go to section 14 on page A7

Insured child 1 – note: only applicable if there is an insured adult under Death, TPD & Trauma cover

Surname

Given names

Sex male female

Date of birth Country of birth

Residential address

Unit no. Street no.

Street name

Suburb State Postcode

Insured child 2

Surname

Given names

Sex male female

Date of birth Country of birth

Residential address

Unit no. Street no.

Street name

Suburb State Postcode

If plan owner is same as insured person – or if superannuation insurance, go to section 6 on page A4

3. Plan owners (for Death, TPD & Trauma – Ordinary only)

Plan owner 1

Company name

(or) Title Surname

Given names

Sex male female Date of birth

Address business residential

Unit no. Street no.

Street name

Suburb State Postcode

Home phone Business phone

Mobile phone

Email address

Plan owner 2

Title Surname

Given names

Sex male female Date of birth

Address business residential

Unit no. Street no.

Street name

Suburb State Postcode

Home phone Business phone

Mobile phone

Email address

4. Address for correspondence

Addressee					
Address	<input type="checkbox"/> plan owner 1	<input type="checkbox"/> plan owner 2	(indicate either one if same as section 3)		
PO Box	<input type="text"/>	Unit no.	<input type="text"/>	Street no.	<input type="text"/>
Street name	<input type="text"/>				
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

5. Reason insurance is needed

Family protection	<input type="checkbox"/>	Personal loan	<input type="checkbox"/>	Business loan	<input type="checkbox"/>	Buy/sell	<input type="checkbox"/>	Keyperson	<input type="checkbox"/>
Other	<input type="text"/>								

6. Nomination of beneficiaries (optional) – Death cover only

For Death cover – Ordinary

You may (only) nominate beneficiaries if:

- there is only one insured person on this plan,
- this person is also the sole owner of this plan (ie not a company or joint owner), and
- this person has applied for Death cover.

Death benefit payments to beneficiaries are subject to terms and condition of the plan and limitations imposed by the law at the time of the claim payment. I understand that this nomination will be void if there is a change in plan ownership, or if insured person(s) are added to the plan.

For Death cover – Superannuation

You may nominate beneficiaries if you have applied for Death cover. The person(s) you nominate must be dependent on you at the time of your death. If they aren't, or if a nomination has been made or becomes invalid, the Trustee will pay the total death benefit to your estate. The nomination that you make will replace any previous nomination, including any nominations for other plans that you may have in the AMP Personal Superannuation Fund.

I nominate the following beneficiaries to receive the specified proportion of the benefit payable at my death:

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to applicant	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> financial dependent <input type="checkbox"/> interdependency
	other <input type="text"/>		
Date of birth (of beneficiary)	<input type="text"/>	Proportion of total benefit	<input type="text"/> %

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to applicant	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> financial dependent <input type="checkbox"/> interdependency
	other <input type="text"/>		
Date of birth (of beneficiary)	<input type="text"/>	Proportion of total benefit	<input type="text"/> %

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to applicant	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> financial dependent <input type="checkbox"/> interdependency
	other <input type="text"/>		
Date of birth (of beneficiary)	<input type="text"/>	Proportion of total benefit	<input type="text"/> %

First name	<input type="text"/>	Surname	<input type="text"/>
Relationship to applicant	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> financial dependent <input type="checkbox"/> interdependency
	other <input type="text"/>		
Date of birth (of beneficiary)	<input type="text"/>	Proportion of total benefit	<input type="text"/> %

Total 100%

If further beneficiaries are required, please attach a separate page to this form

7. Death, TPD & Trauma cover structure

Insured person 1

Type of cover linked stand alone

Insured person 2

Type of cover linked stand alone

8. Death cover

Insured person 1

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

Insured person 2

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

9. Total & Permanent Disablement cover

Insured person 1

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

Own occupation definition to apply?* yes no

Insured person 2

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

Own occupation definition to apply?* yes no

10. Trauma cover

Insured person 1

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

Premier with buy back (linked to death)

Premier

Standard

Advanced (for increases only)

Insured person 2

Cover applied for \$

Existing AMP cover + \$

Total new cover = \$

Premier with buy back (linked to death)

Premier

Standard

Advanced (for increases only)

Insured child 1

Children's Trauma cover \$50,000 (includes \$5,000 Death cover)

Insured child 2

Children's Trauma cover \$50,000 (includes \$5,000 Death cover)

11. Cover options

Insured person 1

Waiver of premium* individual life
 nominated life

Business Safeguard* yes no

Indexation through CPI* is automatically included.
If indexation is not required please mark this box. no CPI

Insured person 2

Waiver of premium* individual life
 nominated life

Business Safeguard* yes no

Indexation through CPI* is automatically included.
If indexation is not required please mark this box. no CPI

*Refer to Product Disclosure Statement for details and availability

*Refer to Product Disclosure Statement for details and availability

Tax File Number – for superannuation only

See information on the collection of Tax File Numbers on page 18 of the Product Disclosure Statement

Tax file number

12. Payment details – Death, TPD & Trauma cover

Are the premiums paid by your employer? (For superannuation only)

yes no

Total premium

per

year

half year

month

Initial payment option

credit card

direct debit

cheque

Regular payment option

credit card

direct debit (must be chosen if initial payment is direct debit)

notice (not available for monthly payment)

Credit card debit authority

Form of request for debiting amounts to accounts by the direct debit system – DDR

We will deduct your initial premium within 5 days of our acceptance of your application for insurance

Type of credit card

Visa

Mastercard

Bankcard

American Express

Credit card number

Expiry date

Name on credit card

Direct debit authority

Name of financial institution (eg. bank, credit union)

Account holder name

BSB number

Account number

Deduction date (eg. 15th)

Branch location

I/We request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account/credit card, as outlined above, any amounts which they may debit or charge me/us through the direct debit system. I/We have read and agree to the terms of the direct debit service agreement in the Product Disclosure Statement page 40. I/We understand that AMP or I/we may terminate this request at any time.

Signature(s) of account/cardholder(s)

Date

Date

13. Conversion/continuation option details

Complete this section **only** if you are transferring from an existing AMP plan and AMP has approved conversion

I/We, as owner(s) of the plan below (the 'old' plan):

Existing plan number(s)

Continuation option from an AMP superannuation fund plan number

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the duty of disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.
- understand that the provision in the new plan rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

Signature(s) of previous plan owner(s)

Date

Date

Signature(s) of new plan owner(s)

Date

Date

14. Income Protection insurance

Insured person 1 (same as plan owner)

Type of cover Advanced Standard
 Basic

Benefit period 1 year 2 years
 5 years to age 60
 to age 65
 Lifetime (for increases only)

Waiting period 2 weeks 4 weeks
 8 weeks 13 weeks
 26 weeks 52 weeks
 104 weeks

Total maximum monthly benefit \$

(Including 12% super contribution option amount)

For Standard and Basic cover: claim escalation benefit yes no

Superannuation contribution option yes no

Indemnity option yes no

AIDS cover yes no

Chronic condition option (only available with Advanced 60 or 65) yes no

Premium type stepped level

Insured person 2 (same as plan owner)

Type of cover Advanced Standard
 Basic

Benefit period 1 year 2 years
 5 years to age 60
 to age 65
 Lifetime (for increases only)

Waiting period 2 weeks 4 weeks
 8 weeks 13 weeks
 26 weeks 52 weeks
 104 weeks

Total maximum monthly benefit \$

(Including 12% super contribution option amount)

For Standard and Basic cover: claim escalation benefit yes no

Superannuation contribution option yes no

Indemnity option yes no

AIDS cover yes no

Chronic condition option (only available with Advanced 60 or 65) yes no

Premium type stepped level

For Advanced and Standard cover with one year benefit period and conversion option, please specify details of conversion option

Maximum monthly benefit \$

Waiting period (weeks)

Benefit period

Premium type stepped level

AIDS cover yes no

Maximum monthly benefit \$

Waiting period (weeks)

Benefit period

Premium type stepped level

AIDS cover yes no

15. Business Overheads insurance

Insured person 1

Benefit period one year

Waiting period 2 weeks 4 weeks

Maximum monthly benefit \$

AIDS cover yes no

Premium type stepped

Insured person 2

Benefit period one year

Waiting period 2 weeks 4 weeks

Maximum monthly benefit \$

AIDS cover yes no

Premium type stepped

Where the Business Overheads insurance plan owner is not the person insured, please enter details in the notes section on page A11

16. Payment details – Income Protection and/or Business Overheads insurance

Insured person 1

Total premium per year half year month

Initial payment option credit card direct debit cheque

Regular payment option credit card direct debit (must be chosen if initial payment is direct debit) notice (not available for monthly payment)

If not paying by credit card or direct debit, go to section 18 on page A9

16. Payment details continued – credit card debit authority

Insured person 1

Form of request for debiting amounts to accounts by the direct debit system – DDR
We will deduct your initial premium within 5 days of our acceptance of your application for insurance

Type of credit card Visa Mastercard Bankcard American Express

Credit card number Expiry date

Name on credit card

Direct debit authority

Name of financial institution (eg. bank, credit union)

Account holder name

BSB number Account number

Branch location

I/We request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account/credit card, as outlined above, any amounts which they may debit or charge me/us through the direct debit system. I/We have read and agree to the terms of the direct debit service agreement in the Product Disclosure Statement page 40. I/We understand that AMP or I/we may terminate this request at any time.

Signature(s) of account/cardholder(s)

Date Date

17. Payment details – Income Protection and/or Business Overheads insurance

Insured person 2

Total premium per year half year month

Initial payment option credit card direct debit cheque

Regular payment option credit card direct debit (must be chosen if initial payment is direct debit) notice (not available for monthly payment)

Credit card debit authority

Insured person 2

Form of request for debiting amounts to accounts by the direct debit system – DDR
We will deduct your initial premium within 5 days of our acceptance of your application for insurance

Type of credit card Visa Mastercard Bankcard American Express

Credit card number Expiry date

Name on credit card

Direct debit authority

Name of financial institution (eg. bank, credit union)

Account holder name

BSB number Account number

Branch location

I/We request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account/credit card, as outlined above, any amounts which they may debit or charge me/us through the direct debit system. I/We have read and agree to the terms of the direct debit service agreement in the Product Disclosure Statement page 40. I/We understand that AMP or I/we may terminate this request at any time.

Signature(s) of account/cardholder(s)

Date Date

18. Conversion/continuation option details – IP and/or BO insurance

Complete this section **only** if you are transferring from an existing AMP plan and AMP has approved conversion I/We, as owner(s) of the plan below (the 'old' plan):

	Insured person 1	Insured person 2
Existing Income Protection plan number(s)	<input type="text"/>	<input type="text"/>
Existing Business Overheads plan number(s)	<input type="text"/>	<input type="text"/>

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the duty of disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.

Signature(s) of previous plan owner(s)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Signature(s) of new plan owner(s)	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

19. Duty of disclosure

When we are considering your application(s) – or a request to change your cover, or to restart it – we need to know exactly what risk we are to insure.

This helps us to decide:

- whether to provide the insurance and
- how much to charge for it and
- whether any special rules should apply.

Consequently, the plan owner(s) and the insured person(s) must answer all the questions on the application and personal statement completely and accurately.

As well, the plan owner(s) and the insured person(s), must tell us about anything:

- they know which will be relevant to our decision or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to our decision.

For each plan, this Duty continues until we issue a plan by sending the plan owner(s) the Certificate of Insurance and Plan Rules. Therefore, the plan owner(s) and the insured person(s) must tell us about any changes to an insured person's health, occupation, pastimes which are relevant to our decision or other relevant matters which happen after the application and personal statement have been completed, but before we send the Certificate of Insurance and Plan Rules to the plan owner(s) or superannuation member.

If you don't tell us

If the plan owner(s) or insured person(s) don't tell us what they are supposed to tell us in relation to one or more plans in this application, we may be able to:

- treat the affected plan(s) as if they never existed and pay nothing or
- keep the affected plan(s) going but reduce the amount we pay.

20. Agreement and declarations – for all plans included in this application

I/We agree that:

1. I/We have received and read the Flexible Lifetime – Protection Product Disclosure Statement dated 23 May 2005 (and any applicable supplements).
2. My/our financial planner is authorised to use the information provided by me/us in this application and any other form relevant to AMP to complete and submit an electronic application on my/our behalf.
3. I/We have read the Duty of Disclosure above. I/We understand that any insurance AMP issues will be based on the information given in this application and the personal statement/s, and that if I/we do not comply with the duty to disclose information, the insurance may be cancelled or altered.
4. I/We also understand that I/we need to tell AMP of any change to an insured person(s) health, occupation or pastimes, or other things relevant to the insurance application that happen to that person after I/we have completed this Application and the personal statement/s that could alter AMP's decision to insure them, right up to the point that AMP issues the Certificate and Plan Rules.
5. I/We understand that AMP may obtain information from any doctor or hospital used by the insured person(s). AMP may provide any information it has about an insured person(s) to its reinsurers or legal or dispute resolution tribunals.
6. I/We have read all the information provided in this application and believe it is complete and correct even if the information has been written by someone else.
7. For Income Protection & Business Overheads Insurance plans included in this application:

Overseas
I/We understand that, at AMP's discretion, insurance benefits may not be payable for more than three months in any one period that the insured person is unable to work unless they are continuously present in Australia or New Zealand.

Income Protection Insurance – Basic cover:
I/We understand that Income Protection Insurance – Basic cover plans (if included in this application) may be cancelled by AMP following a claim.
8. For plans providing Total & Permanent Disablement (TPD) and/or Trauma cover (if included in this application):
If Death cover has not been selected for an insured person, I/we acknowledge that AMP will not make any payment under that plan should that insured person die.

	Insured person 1	Insured person 2
Signatures of insured person(s)	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>

For plan owners if not an insured person

	Plan owner 1	Plan owner 2
Signatures of plan owner(s)	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>

Notes: 1. Joint owners: If a Flexible Lifetime – Protection Ordinary plan has more than one plan owner, ownership is joint tenancy and, on death of an owner, ownership will pass to the surviving plan owner(s). 2. Register: Unless otherwise requested, Flexible Lifetime – Protection Ordinary plans will be registered in the State or Territory of the first plan owner's address. Other plans will be registered in the insured person's State or Territory of residence.

Further declarations for superannuation insurance

9. I am applying/have applied already to the Trustee of the AMP Personal Superannuation Fund, to be a member of that fund and agree to be bound by the provisions of the Trust Deed.
10. Where I am making an application with the assistance of a financial planner, my financial planner is authorised to use the information provided by me in this application and any other form to complete and submit an electronic application on my behalf.
11. If I have applied for TPD cover and my occupation is currently 'home duties', I acknowledge that I have previously been employed or self-employed for gain or reward.
12. If my employer is going to contribute to the AMP Personal Superannuation Fund to pay for my insurance premium:
 - a) I confirm that any contributions made under an award or industrial agreement can legally be paid into the AMP Personal Superannuation Fund; and
 - b) I will write to advise the Trustee if my employer stops making these contributions.
13. I understand that I cannot receive a terminal illness benefit or a TPD benefit (including benefits paid under the 'own occupation' or 'home duties' provisions within the TPD definition) in cash unless I am able to access my superannuation benefit.

Signature of insured person	<input type="text"/>
Date	<input type="text" value="DDMMYYYY"/>

This page has been left blank intentionally



Risk Products Personal Statement

Financial Planner & Office Use Only

Financial Planner number	Plan number
<input type="text"/>	<input type="text"/>

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

DETAILS

Title	Surname
<input type="text"/>	<input type="text"/>

Given names

Date of birth	Sex
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Height	Weight
<input type="text"/> cm or <input type="text"/> ft <input type="text"/> ins	<input type="text"/> kg or <input type="text"/> st <input type="text"/> lbs

May we phone or email you if we need to clarify any details contained in this statement? No Yes

If 'Yes' please provide preferred contact details:

Phone number

Preferred contact time 8am – 10am 10am – 12pm 12pm – 2pm 2pm – 4pm 4pm – 6pm Any

Preferred contact day Mon Tue Wed Thur Fri Any

Email address

Important Note

This Personal Statement must be complete and correct because it will be the basis on which AMP Life Limited (ABN 84 079 300 379) may agree to insure you. You must therefore read and understand your DUTY OF DISCLOSURE explained below.

If you are unsure of anything in the statement, please ask your Financial Planner or AMP to explain it.

If you require more room to provide your answers than has been allocated on this form, please provide a separate signed and dated page(s) and attach this page(s) to your application.

YOUR DUTY OF DISCLOSURE

What you must tell us

You must answer all the questions in the Personal Statement completely and accurately. This helps us to decide whether to provide the insurance, how much to charge and whether any special rules should apply. You must also tell us anything else you think may be relevant to our decision about insuring you, or anything a reasonable person in the circumstances could be expected to know would be relevant to our decision. This may include giving us information we do not specifically ask for; e.g. if you have a medical problem which your doctor cannot explain or diagnose; if you are involved in any criminal activity; if you are facing bankruptcy; etc.

This duty continues until we issue the Certificate of Insurance and Plan Rules to the plan owner(s), or for FLS members, until we advise you that we have accepted your application for insurance. Therefore, you must tell us about any change in your health, occupation, pastimes or any other relevant matter which happens after this Personal Statement has been completed up until the time the plan owner(s) or Superannuation member is sent the Certificate of Insurance and Plan Rules, or for FLS members, up until we notify you that we have accepted your application for insurance.

If you don't tell us

If you don't tell us what we need to know to complete our assessment of the risk, we may be able to treat your cover as if it never existed and pay nothing, or keep your policy going but reduce the amount we pay.

1 RESIDENCE AND TRAVEL

- a. Are you a Non-Australian citizen or resident, or living in Australia on a temporary visa of any kind? No Yes
- b. Do you have any definite plans to travel or reside overseas, or are you currently residing overseas? No Yes
- If 'Yes', has the Australian government issued a travel warning for the country you intend to visit/reside? No Yes

If 'Yes', to any of the above questions, please provide full details (including reason for visit, country, when and duration):

2 INSURANCE DETAILS

- a. Are you applying for, or do you have in force, any personal insurance with AMP or with any other insurer? No Yes

If 'Yes', please provide details of other insurances, and current or prior proposals, insuring your life:

Name of insurer	Life cover	Total & Permanent Disablement cover	Trauma cover	Monthly disability (income) cover	Is this cover to be cancelled?*
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes

*Important Note: Your application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do so may render invalid a claim on your AMP plan. If this application is to replace a current AMP plan, the plan to be replaced will cease and a new plan will start.

- b. Have you ever made any claim, received any benefits (e.g. under an insurance policy, Workers Compensation, Motor Accident, Veterans Affairs or Social Security – not relating to unemployment) or has any insurer ever indicated that they would NOT insure you, or offered you insurance cover on special/modified terms? No Yes

If 'Yes', please provide full details:

3 SPORTS ACTIVITIES

- a. Do you currently participate, or intend to participate, in any hazardous activity such as aviation (other than as a regular fare paying passenger), caving, motor racing (land or water), hang gliding, parachuting, climbing, diving, football, off-road trail bike riding, martial arts, boxing, wrestling, competitive skiing or any extreme sport? No Yes

If 'Yes', please complete one of the supplementary questionnaires on page A18

4 DOCTOR INFORMATION

Name of your usual doctor (if you do not have a usual doctor, then the last doctor that you saw)

Address of your usual doctor

Unit no.		Street no.		Street name			
Suburb				State		Postcode	

Phone number

How long have you been a patient of this doctor?

 years months

Date of last consultation with any doctor

Name of doctor that you saw (if same as above, write 'As above')

Reason for consultation

What was the result/outcome of the consultation?

- Receiving medication/treatment and/or condition improving* Being referred for further tests, investigations or to a specialist*
 No ongoing treatment, complete cure and recovery Test performed, with completely normal result Other*

* provide details

5 HABITS

- a. Have you smoked tobacco or any other substance within the last 12 months? No Yes

If 'Yes', quantity per:

 day week month

- b. Have you regularly consumed alcohol within the last 12 months? No Yes

If 'Yes', number of standard drinks* per:

 day week month

*a standard drink = 1 nip spirits, 1 wine glass of wine, sherry glass port/sherry, 10oz/285ml glass of beer

6 MEDICAL HISTORY

- If you answer 'Yes' to any of the bold conditions, complete the relevant Medical Questionnaire on page A18 or A19.
- If you answer 'Yes' to conditions which are not bold, provide details in the Additional Information table below.

To the best of your knowledge, have you ever had, been told you had, received advice or treatment for any of the following:

- a. High blood pressure, **chest pain**, high cholesterol, stroke or any **heart or vascular disorder**? No Yes
- b. **Asthma**, bronchitis, tuberculosis or any **other lung disorder**? No Yes
- c. Neurological disorder such as **epilepsy**, multiple sclerosis, paralysis, **migraine**, **dizziness** or neuritis? No Yes
- d. Kidney or bladder disorder such as **kidney stones**, nephritis or passing blood in the urine? No Yes
- e. Hepatitis, cirrhosis or any liver or gall bladder disorder? No Yes
- f. **Diabetes**, sugar in urine, thyroid or pancreatic disorder? No Yes
- g. Indigestion, **ulcer**, **hernia**, colitis, passing blood from the bowel or any other bowel disorder? No Yes
- h. Blood disorder, such as anaemia, haemophilia, leukaemia or received a blood transfusion? No Yes
- i. Cancer, **cyst**, **skin lesion** or tumour of any kind? No Yes
- j. **Strained back**, **sciatica**, **whiplash**, **disc**, **vertebral** or any other form of back or neck problem? No Yes
- k. **Arthritis**, **rheumatism**, **gout**, **tenonitis**, **repetitive strain injury**, **chronic fatigue syndrome**, **fibromyalgia** or any disorder of the joints or muscles? No Yes
- l. A **mental health condition**, including but not limited to **depression**, **anxiety**, **stress** or **psychosis**? No Yes
- m. Any other disorder or physical impairment, including any skin condition or impairment of sight or hearing? No Yes
- n. To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS; or are you experiencing any unexplained night sweats or unintentional weight loss; or do you/have you engage/d in any activity(ies) reasonably accepted as having an increased risk of exposure to the virus? No Yes
- o. Have you within the last 3 years, taken any drugs or medication of any kind (whether prescribed or otherwise); undergone or intend undergoing any medical tests or investigations: been referred to a specialist; suffered from any illness or injury not mentioned above; or been off work for more than 7 consecutive days due to any illness or injury? No Yes
- Females only**
- p. Have you had an abnormal pap smear or mammogram; any gynaecological condition; complication with a past or current pregnancy or any breast lump (even if you have not seen a doctor about it)? No Yes

q. Are you currently pregnant? No Yes

If 'Yes', expected delivery date:

Additional information (required if 'Yes' answered for conditions not bold)

Question letter	Condition/Test/Reason	Date first started	Date of last symptoms	Degree of recovery	Full details of treatment	Full name and address of doctor or hospital
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		

If you need more room to provide your answers, please provide a separate signed and dated page(s) and attach to your application.

7 FAMILY HISTORY

- a. Has any blood related family member (father, mother, brother, sister) had diabetes, heart problem, stroke, high cholesterol or haemochromatosis, familial polyposis; breast, cervical, ovarian, colon or other cancer; cystic fibrosis, depression or other mental health condition, polycystic kidney disease, Huntington's chorea, or any condition which may be inheritable? No Yes

If 'Yes', please complete the table below

Relation	List ALL conditions and cause of death if applicable (if cancer, please give type and site)	Age at onset	Age at death (if applicable)
Mother			
Father			
Brothers			
Sisters			

8 OCCUPATION AND INCOME DETAILS This section must be completed for all applications

- a. What is your current occupation?
- b. Are any of the duties of your occupation of a hazardous nature (e.g. armed services, asbestos or other dangerous substances, boxing, circus performer or stunts, demolition, working at heights, underwater, underground or with explosives, or on an offshore platform or a dangerous overseas location etc)? No Yes

If 'Yes', please provide details

- c. What is your current income (if self-employed, state income for the last 12 months, after deducting business expenses)? \$, ,
- d. How many hours per week and weeks per year do you work in your main occupation? hours weeks
- e. Have you (or any business that you have had any ownership of) suffered from any insolvency problems; ever been investigated, charged or prosecuted in respect of any civil or criminal (including insurance or financial) matter; or ever been declared bankrupt or had a business liquidated? No Yes

If 'Yes', please provide details

FURTHER OCCUPATION AND INCOME DETAILS

If you are NOT applying for Total and Permanent Disablement, Income Protection, Temporary Salary Continuance or Business Overheads Insurance you may proceed to page A17

Name of your business or employer

Address of your business or employer

- f. Are you self-employed (including sole trader or partner) or a major shareholder of the company for which you work? No Yes

If 'Yes', please state the % of the business that you own and the number of employees % employees

- g. What are the main duties of your occupation?

Duties (e.g. office work, sales, supervision, manual)	% of time	Location (e.g. office, on-site, driving, at home)	% of time
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
	100%		100%

- h. Do you hold any professional/trade qualifications? No Yes

If 'Yes', give details Type Institution

- i. What was your income from your main occupation (after deducting business expenses)?

	Last tax year (200 <input type="text"/>)	Tax year before (200 <input type="text"/>)
Base annual income from primary occupation*	\$ <input type="text"/>	\$ <input type="text"/>
Plus: bonuses and/or commissions	\$ <input type="text"/>	\$ <input type="text"/>
Less: Business Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Net Income (after deducting business expenses but before deducting tax)	\$ <input type="text"/>	\$ <input type="text"/>

*For **Employed** persons, you may include salary packaged items (e.g. motor vehicles, pretax salary sacrificed superannuation contributions etc). For **Self Employed** persons, state your share of Gross Profit.

- j. Has your employer, employment status or occupation changed in the last 2 years? No Yes

If 'Yes', give employment history

Employer	Employment status	Occupation	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

- k. Do you have any other occupation or do you receive income (including investment income) from any other source? No Yes

If 'Yes', please provide details (e.g. type of occupation, name of employer, duties, number of hours worked and income earned)

- l. Do you have any definite plans to change your occupation or employment status; or to take extended leave? No Yes

If 'Yes', please provide details

9 FINANCIAL PLANNER INFORMATION To be completed by financial planner

If this application has been discussed with an Underwriter prior to submission, provide the following:

Underwriter's name Date

Discussion details

Pre-arranged medical tests

Doctor Medical Exam Paramedical Exam Blood Test

Specialist Medical Exam Resting ECG Stress ECG

Other (please specify)

Financial Planner notes

THE FOLLOWING THREE SECTIONS MUST BE COMPLETED IN ALL CIRCUMSTANCES

10 AGREEMENT AND DECLARATION

I, the insured person, agree and declare that:

- a. I have read my duty of disclosure. I have kept my duty of disclosure in mind when completing my Personal Statement, and I understand any plan issued by AMP will be based on information I give in my Personal Statement, any additional questionnaire(s), form(s), and statement(s), as well as telephone underwriting (if applicable).
- b. I understand I must tell AMP of any change in my health, occupation or pastimes and of any other thing that happens to me which may in any way affect the risk of insuring me, where this change occurs after I have completed this Personal Statement right up to the time that AMP issues the plan.
- c. All the information provided in my Personal Statement is complete and correct. If any information has been written by someone else, I have reviewed this information and confirm it is complete and correct. I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP.
- d. I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal and family medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
- e. I have read the Privacy Information on page A21 and agree to the various uses and exchanges of my personal information and acknowledge my right to access personal information held about me by the AMP Group.
- f. I have read the HIV Antibodies Test Information on page A21 and I agree that if an HIV test is required to assess my application for insurance, that I consent to such a test being performed and that I will provide advice at the time of blood collection as to whom I wish to be notified in the event of a positive HIV antibody result.

IMPORTANT This agreement and declaration must be signed after you have read your duty of disclosure and privacy information and completed your Personal Statement. Only sign this agreement and declaration if you agree to make the declaration.

My signature to this declaration confirms my agreement to all of the above Date

Insured person

Signature of my parent/guardian if I am under age 16 Date

Parent/guardian if applicable

11A AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

I (full name of insured person) hereby authorise you to release at any time details of my personal and family medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person Date

11B AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

I (full name of insured person) hereby authorise you to release at any time details of my personal and family medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person Date

12 HEALTH QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page/s and attach to your application.

MENTAL HEALTH CONDITION

Please indicate (✓ the appropriate box/es) the mental health condition/s you have had, or received treatment for?

- Anxiety (including generalised anxiety, panic or phobic disorder)
- Eating disorder (including anorexia nervosa and bulimia)
- Depression (including major depression and dysthymia)
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness or chronic tiredness
- Other (please describe)

Date your condition first began

Date of last symptoms

Have you ever been prescribed any medication? No Yes

If 'Yes', please provide details including the name of all drugs, dosage and how frequently taken

Medicine (e.g. Zolofit)	Dose	Frequency

Are you still taking medication for your condition? No Yes

If 'No', date ceased?

Have you ever been absent from work, referred to a specialist, hospitalised or had your lifestyle restricted in any way, as a result of your condition/s? No Yes

If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other therapist for anything related to your condition

Date	Medical provider	Address
/ /		

GENERAL MEDICAL

Name of condition

Cause if known

Date your condition first began

Date of last symptoms

How often do you have symptoms?

What makes symptoms start or worsen?

What part(s) of your body are affected? Left Right

Describe your symptoms

Do you experience any residual or ongoing effects? No Yes

If 'Yes', please provide details

Have you ever taken medications for this condition? No Yes

If 'Yes', please provide details (including name, dose & frequency)

Have you ever had any other treatment (e.g. physiotherapy, surgery etc.) or been in hospital or received emergency treatment for this condition? No Yes

If 'Yes', please provide details

Have you ever been absent from work, incapacitated or had your lifestyle restricted, as a result of this condition? No Yes

If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other therapist for anything related to your condition

Date	Medical provider	Address
/ /		

RESPIRATORY DISORDERS (e.g. asthma, bronchitis etc.)

Name of condition

Date your condition first began Date of last symptoms

How often do you have symptoms?

What makes symptoms start or worsen?
(e.g. exercise, stress and allergy)

Do you measure your peak flow? No Yes
If 'Yes', please provide details of the lowest, highest and average readings obtained over the last 3 months

Lowest	Highest	Average
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you, or have you ever used any inhalers or taken any medication for this disorder? No Yes
If 'Yes', please provide details including the name of all drugs, dosage and how frequently required

Medicine (e.g. Ventolin)	Dose	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever required treatment with oral steroids, been admitted to hospital or been absent from work for more than 2 consecutive days as a result of this disorder? No Yes
If 'Yes', please provide details

CYST/MOLE/SKIN LESION

Please indicate (✓ the appropriate box/es) the condition/s you have had, or received treatment for?

Basal Cell Carcinoma (BCC)

Hyperkeratosis or solar keratosis

Melanoma

Mole or naevi

Sebaceous (fatty) Cyst

Squamous Cell Carcinoma (SCC)

Other (please describe)

Site/s

Date diagnosed

Has the lesion(s) been removed? No Yes
If 'Yes', by what method (eg 'burnt off' or surgically removed)

Were you advised of the 'pathology' result(s) No Yes
If 'Yes', please provide details of results or attach a copy

Give details of your most recent visit to a doctor, hospital or other medical provider for anything related to this condition

Date	Medical provider	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK OR NECK OR OTHER MUSCULOSKELETAL DISORDER

Name of condition

Exact location

Date your condition first began Date of last symptoms

How often do you have symptoms?

How long do symptoms last?

What makes symptoms start or worsen?

Do your symptoms radiate to other areas? No Yes
If 'Yes', please provide details

Have you ever had, or are you contemplating having investigations such as CT or MRI scans? No Yes
If 'Yes', please provide details (doctor, date and result etc.)

Please provide details of all treatment that you have had, e.g. physiotherapy, chiropractic treatment, medications and surgery

Have you ever been absent from work, incapacitated or had your lifestyle restricted, as a result of this condition? No Yes
If 'Yes', please provide details

DIABETES

Age when your diabetes was diagnosed

Do you take insulin? No Yes
If 'Yes', please provide details

Type of Insulin	Number of units per day
<input type="text"/>	<input type="text"/>

Do you test your blood sugar levels? No Yes
If 'Yes', please provide details of the lowest, highest and average readings obtained over the last 12 months

Lowest	Highest	Average
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever suffered from a diabetic or insulin coma, or required hospitalisation due to your diabetes or any related condition? No Yes
If 'Yes', please provide details

Do you have any complications as a result of your diabetes (e.g. eye, kidney or nerve problems, high blood pressure or vascular disease etc.)? No Yes
If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other medical provider for anything related to this condition

Date	Medical provider	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

13 SPORTING ACTIVITIES QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page/s and attach to your application.

DIVING

Please state all diving qualifications you have obtained:

How many years have you been diving?

Number of dives in the last 12 months

Estimated number of dives in next 12 months

Maximum depths dived (in metres)

Average number of dives per annum deeper than 30m

Do you dive:

- in ocean caves No Yes in wrecks No Yes
 in dams or lakes No Yes at night No Yes
 in inland caves No Yes alone No Yes
 using:
 enriched air No Yes mixed gases No Yes
 Have you ever had a diving accident or illness? No Yes

If 'Yes', please provide details

AVIATION

Licence type

Years held

Type of flying* Fixed wing or helicopter No. of hours past 12 months No. of hours next 12 months

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*Type of flying as defined by the Aviation Authorities: e.g. Aerobics, Stunt, Agricultural, Airline operations, Charter, Commuter operations, Private/Business commuting, Training others/instructing, Gliding, Ultralights, Gyroplanes, Other (specify)

Type of aircraft that you usually fly

Name of your pilot's club or association

Air Navigation Order under which your flying is controlled

Do you have any definite plans to upgrade or change your licence; flying undertaken outside of Australia; take offs or landings from anywhere that is not a registered airfield; previous flying accident/s and/or charges relating to violating Aviation Regulations No Yes

If 'Yes', please provide details

MOTOR SPORT on land or on water

Please indicate (✓ the appropriate box(es) the activity/ies you take part in:

- | | |
|---|---|
| AUSCAR/NASCAR <input type="checkbox"/> | Rallies <input type="checkbox"/> |
| Boats <input type="checkbox"/> | Road/circuit (cycles) <input type="checkbox"/> |
| Drag (cars/cycles) <input type="checkbox"/> | Sedans (circuit) <input type="checkbox"/> |
| Historic <input type="checkbox"/> | Speed (lap dash/hill climb etc.) <input type="checkbox"/> |
| Karts/go karts <input type="checkbox"/> | Speedway (cars/cycles) <input type="checkbox"/> |
| Motorkhana <input type="checkbox"/> | Sports cars <input type="checkbox"/> |
| Off road (cycles) <input type="checkbox"/> | Stunts <input type="checkbox"/> |
| Off road (cars) <input type="checkbox"/> | Trucks <input type="checkbox"/> |
| Open wheel <input type="checkbox"/> | Other (specify below) <input type="checkbox"/> |

Provide details of your involvement

Category		
Class		
Vehicle		
Fuel		
Engine capacity		
No. of events last 12 mths		
No. of events next 12 mths		
Max speed		
No. of vehicles per event		

Competition licence type

Issuing body

Years held

Are you a professional or sponsored driver? No Yes

Do you have definite plans to compete overseas? No Yes

Have you ever had a motor sport accident, or has your competition licence ever been suspended? No Yes

OTHER ACTIVITIES

Please indicate the activity/ies you take part in:

Frequency of participation?

per annum

Duration of participation?

years

Details of any licences or qualifications

Name of any club or organisation that you are a member of

Location/s where you undertake or participate in this activity

Maximum altitude/depth or speed etc.

Do you participate in competition? No Yes

If 'Yes', please provide details

Details of any injury/ies as a result of participating in this activity

Details of any definite plans to change from what you stated above

Details of any other relevant features of your involvement in this activity

PRIVACY INFORMATION

Your privacy is important to us and further information about AMP's collection of personal information is provided in our Product Disclosure Statement.

Our primary purpose in collecting information about your health is to assess the application for new or additional insurance from AMP. We may also use this information for directly related purposes such as deciding whether we need more information from you; arranging reinsurance; assessing future applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application and, if you choose not to provide such consent, we may not be able to process the application.

We may disclose this type of information to:

- if your insurance is part of a superannuation fund, the trustee of that fund,
- the Financial Planner or broker responsible for the plan, (if any),
- AMP's reinsurers,
- medical practitioners,
- any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints, and
- anyone you have authorised.

Aspects of your health information may be provided to the owner of the Plan in resolving or explaining terms of acceptance or if the standard Plan Rules are varied. You have the right to access personal information held about you by the AMP Group, as explained in your Product Disclosure Statement.

HIV ANTIBODIES TEST INFORMATION

For AMP Life to consider your insurance application, you may need to have a blood test for Human Immunodeficiency Virus (HIV) antibodies. Depending on the type of insurance you have applied for, the blood sample may also be used to determine other matters like your serum cholesterol and kidney and liver functions.

AIDS – Acquired Immune Deficiency Syndrome is the final stage of the illness caused by HIV. HIV destroys some of the defence mechanisms which protect us against infections and cancers. As a result, people infected with HIV may suffer severe infections and cancer as well as organ damage. The most recent evidence suggests that the virus stays in the body indefinitely and causes progressive damage. There is still no cure or vaccine for AIDS but in many cases those infected may survive 10 or more years.

A positive HIV antibody test can have major social, medical, psychological and legal consequences which you should consider before having this test done. These include:

- possible ill-informed discrimination
- possible lawful exclusion from employment if you work in one of a very limited range of occupations where there is a risk of transmitting HIV
- HIV and AIDS are notifiable to government authorities, but your identity would not be reported
- as HIV positive people will develop AIDS and long term outlook is uncertain, life and disability insurance is not normally available to people with HIV
- some countries restrict the entry of people with HIV
- it is an offence to knowingly transmit HIV or to put other people at risk of infection.

You may choose to not have the test done. If you decide not to have the test, AMP can't consider your application for insurance. You may choose to arrange your own HIV antibody test and have the results sent to AMP.

If you choose to have AMP arrange the test, the results will be sent under confidential cover to the AMP's medical officer/chief underwriter to protect your privacy. In the event of a positive result, this will be communicated to you via the doctor you have specified in your authority for HIV test. Otherwise, acceptance of your insurance application will indicate that your HIV antibody test was negative.

AUTHORITY FOR PATHOLOGY TESTS

I have recently applied to AMP Life Ltd ABN 84 079 300 379 for Insurance cover and, as part of their standard underwriting requirements, I am to undertake the following blood tests:

- **Multiple Biochemical Analysis (MBA)** • **HDL/LDL Cholesterol** • **Hepatitis B & C serology** • **HIV Antibodies**

As I am a non-smoker, a cotinine test result will also be required (*cross out this sentence if you are a smoker*).

I hereby provide authorisation for the above blood tests to be performed in connection with my insurance application and the results to be forwarded to: **The Chief Medical Officer, AMP Life Limited, PO Box 300, Parramatta NSW 2124**

I also provide my consent and authorisation for the HIV antibodies test. In the event of a positive HIV result or any other abnormal test result that AMP believes requires attention, I request that the following doctor be advised of the result, to enable appropriate counselling to be conducted:

Doctor's name

Doctor's address

Unit no.		Street no.		Street name				
Suburb					State		Postcode	

Name of Insured Person

Signature of insured person

Date

AUTHORITY FOR PATHOLOGY TESTS

Instructions to the insured person when blood tests are required

You can choose from the following alternatives to get your blood tests done.

1. Via your own or usual doctor. You will need to take this tear-off form along to your doctor to ensure that the correct blood tests are completed.
2. Via a paramedical facility*. Your financial planner will contact one of these service providers who will then contact you to arrange an appointment at a time and place convenient for yourself for a nurse to visit you to take blood.
3. Via a local pathology collection centre*. As per your own or usual doctor, you will need to take this tear-off form along to the collection centre to ensure that the correct blood tests are completed.

* You will need to confirm your identification at the time of providing the blood sample for 2 or 3 above.

You must fast for 8 hours (you may drink water) before having blood tests done. An early morning appointment may help make fasting easier for you.

Instructions to the financial planner when blood tests are required

1. If your client chooses to attend their own or usual doctor to have the required blood tests done, you will need to ensure that they take this tear-off form with them.
2. If your client is comfortable using a paramedical facility, you will need to complete a 'Health Request' form for the particular provider to be able to follow up with your client. AMP's Paramedical service providers include:

Lifescreeen	Phone: 1800 686 000	Fax: 1800 804 758
Mayne Health	Phone: 1800 770 001	Fax: 1800 770 002
Pathrec	Phone: 1800 066 895	Fax: 1800 631 582

If you do not have one of these forms available, contact Lifescreeen and they will immediately fax one to you. When you return this form to them, they will then look after everything for you.

3. If your client chooses to attend a local pathology collection centre, you will need to provide your client with the address and arrange an appointment accordingly.

You will need to ensure that your client takes this tear-off form to their appointment

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Flexible Lifetime – Protection Insurance Electronic Application

Before you sign this application form, be aware that AMP or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to these plans. This information will help you to understand the plans and decide whether they are appropriate to your needs.

Mark boxes with (X) where appropriate, otherwise use block letters. Please leave a box between words.

1. Application details

My application for Flexible Lifetime – Protection includes:

- My electronic application on the computer which has the plan number(s) and verification number(s) on it, and
- This electronic application.

Death, Total & Permanent Disablement (TPD) & Trauma cover

Verification number		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plan number		<input type="text"/>			
Please order the insured persons and children as they appear in your electronic application on the computer					
Insured person 1		ePS verification number		<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Surname	<input type="text"/>		
Given names	<input type="text"/>				
Insured person 2		ePS verification number		<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	Surname	<input type="text"/>		
Given names	<input type="text"/>				
Insured child 1		Surname			
		<input type="text"/>			
		Given names			
		<input type="text"/>			
Insured child 2		Surname			
		<input type="text"/>			
		Given names			
		<input type="text"/>			

Income Protection and/or Business Overheads insurance

Insured person 1		Verification number		<input type="text"/>	<input type="text"/>
Income Protection insurance	IPI plan number		<input type="text"/>		
Business Overheads insurance	BOI plan number		<input type="text"/>		
		ePS verification number (if not included above)		<input type="text"/>	<input type="text"/>
Insured person 2		Verification number		<input type="text"/>	<input type="text"/>
Income Protection insurance	IPI plan number		<input type="text"/>		
Business Overheads insurance	BOI plan number		<input type="text"/>		
		ePS verification number (if not included above)		<input type="text"/>	<input type="text"/>

2. Conversion/continuation option details

Complete this section if you are transferring from an existing AMP plan(s) and AMP has approved the conversion I/We, as owner(s) of the plan(s) below (the 'old' plan(s)):

Death, TPD & Trauma cover

	Insured person 1	Insured person 2
Existing plan number(s)	<input type="text"/>	<input type="text"/>
Continuation option from an AMP Superannuation Fund plan number	<input type="text"/>	<input type="text"/>

Income Protection and/or Business Overheads insurance

	Insured person 1	Insured person 2
Existing Income Protection plan number(s)	<input type="text"/>	<input type="text"/>
Existing Business Overheads plan number(s)	<input type="text"/>	<input type="text"/>

- Request that the old plan(s) be converted effective from the issue date of the new plan(s) being applied for.
- Acknowledge that all cover for the insured person under the old plan(s) will end when the new plan(s) is issued.
- Acknowledge that this new plan(s) is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan(s) and on the basis that any statement made by me/us and all insured persons under the old plan(s) were true and complete.
- Acknowledge that any special conditions applying to the old plan(s) will continue under the new plan(s).
- For Death, TPD & Trauma cover plan only: understand that the provision in the new Plan Rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

Death, TPD & Trauma cover

	Insured person 1	Insured person 2
Signature(s) of previous plan owner(s)*	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Signature(s) of new plan owner(s)*	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

*This signature is not required when exercising a continuation or other conversion option from an existing AMP Superannuation Fund plan.

Income Protection and/or Business Overheads insurance

	Insured person 1	Insured person 2
Signature(s) of previous plan owner(s)*	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>
Signature(s) of new plan owner(s)*	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>

*This signature is not required when exercising a continuation or other conversion option from an existing AMP Superannuation Fund plan.

3. Duty of disclosure

When we are considering your application(s) – or a request to change your cover, or to restart it – we need to know exactly what risk we are to insure.

This helps us to decide:

- whether to provide the insurance and
- how much to charge for it and
- whether any special rules should apply.

Consequently, the plan owner(s) and the insured person(s) must answer all the questions on the application and personal statement completely and accurately.

As well, the plan owner(s) and the insured person(s), must tell us about anything:

- they know which will be relevant to our decision or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to our decision.

For each plan, this Duty continues until we issue a plan by sending the plan owner(s) the Certificate of Insurance and Plan Rules. Therefore, the plan owner(s) and the insured person(s) must tell us about any changes to an insured person's health, occupation, pastimes which are relevant to our decision or other relevant matters which happen after the application and personal statement have been completed, but before we send the Certificate of Insurance and Plan Rules to the plan owner(s) or superannuation member.

If you don't tell us

If the plan owner(s) or insured person(s) don't tell us what they are supposed to tell us in relation to one or more plans in this application, we may be able to:

- treat the affected plan(s) as if they never existed and pay nothing or
- keep the affected plan(s) going but reduce the amount we pay.

4. Agreement and declaration – for all plans included in this application

IMPORTANT: This agreement and declaration must be signed after you have read your Duty of Disclosure and Privacy Information and completed your electronic Personal Statement. Only sign this agreement and declaration if you agree to make the declaration.

To be completed by each insured person

The insured person (and if more than one, each insured person) agree and declare that:

Duty of Disclosure

1. I have read the Duty of Disclosure above. I understand that any insurance AMP issues will be based on the information given in this application and the personal statement/s, and that if I do not comply with the duty to disclose information, the insurance may be cancelled or altered.
2. I also understand that I need to tell AMP of any change to an insured person(s) health, occupation or pastimes, or other things relevant to the insurance application that happen to that person after I have completed this electronic application and personal statement/s that could alter AMP's decision to insure, right up to the point that AMP issues the Certificate and Plan Rules.

Electronic Personal Statement Declarations

3. The ePS Verification Number(s) shown above appear on my electronic personal statement on the computer screen.
4. I have read (or had read to me) all the information provided in the Personal Statement on the computer, and believe it is complete and correct, even if the information has been entered by someone else. I understand that any plan issued by AMP will be based on the information I give in my Personal Statement, and any additional questionnaire(s), form(s), and statement(s), as well as telephone underwriting (if applicable).
5. I have kept my Duty of Disclosure in mind when answering the questions on my electronic Personal Statement. I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP.
6. I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
7. I have read the Privacy Information in my Product Disclosure Statement and agree to the various uses and exchanges of my personal information and acknowledge my right to access personal information held about me/us by the AMP Group.
8. I have read the HIV Antibodies Test information provided on page A21 of the AMP Flexible Lifetime – Protection Product Disclosure Statement and I agree that if an HIV test is required to assess my application for insurance, that I consent to such a test being performed and that I will provide advice at the time of blood collection as to whom I wish to be notified in the event of a positive HIV antibody result.

Where applying for superannuation

9. I am applying/have applied already to the Trustee of the AMP Personal Superannuation Fund, to be a member of that fund and agree to be bound by the provisions of the Trust Deed.
10. If I have applied for TPD cover and my occupation is currently 'home duties', I acknowledge that I have previously been employed or self-employed for gain or reward.
11. If my employer is going to contribute to the AMP Personal Superannuation Fund to pay for my insurance premium:
 - a) I confirm that any contributions made under an award or industrial agreement can legally be paid into the AMP Personal Superannuation Fund; and
 - b) I will write to advise the Trustee if my employer stops making these contributions. I understand that I cannot receive a terminal illness benefit or a TPD benefit (including benefits paid under the 'own occupation' or 'home duties' provisions within the TPD definition) in cash unless I am able to access my superannuation benefit.

Signatures of insured person(s)

Insured person 1

Date

Insured person 2

Date

4. Agreement and declarations – continued

To be completed by plan owners (and the insured person/member under a superannuation plan)

The plan owner/member (and if more than one plan owner, each plan owner) agree and declare that:

1. The Verification number(s) and Plan number(s) shown above appear on my/our electronic applications on the computer screen.
2. I have received and read the Flexible Lifetime – Protection Product Disclosure Statement dated 23 May 2005 (and any applicable supplements).
3. I have read the Duty of Disclosure above. I understand that any insurance AMP issues will be based on the information given in this application and the personal statement/s, and that if I do not comply with the duty to disclose information, the insurance may be cancelled or altered.
4. I also understand that I need to tell AMP of any change to an insured person(s) health, occupation or pastimes, or other things relevant to the insurance application, that happen after I have completed this electronic application that could alter AMP's decision to insure, right up to the point that AMP issues the Certificate and Plan Rules.
5. I understand that AMP may obtain information from any doctor or hospital used by the insured person(s). AMP may provide any information it has about an insured person(s) to its reinsurers or legal or dispute resolution tribunals.
6. I have read (or had read to me) all the information provided in the electronic application on the computer, and believe it is complete and correct even if the information has been entered by someone else.
7. For Income Protection & Business Overheads Insurance plans included in this Application:

Overseas

I understand that, at AMP's discretion, insurance benefits may not be payable for more than three months in any one period that the insured person is unable to work unless they are continuously present in Australia or New Zealand.

Income Protection Insurance – Basic cover:

I understand that Income Protection Insurance – Basic cover plans (if included in this application) may be cancelled by AMP following a claim.

8. For plans providing Total & Permanent Disablement (TPD) and/or Trauma cover (if included in this application):
If Death cover has not been selected for an insured person, I acknowledge that AMP will not make any payment under that plan should that insured person die.

Signatures of plan owner(s)

Plan owner 1/member

Date

Plan owner 2/member

Date

Notes: 1. Joint owners: If a Flexible Lifetime – Protection Ordinary plan has more than one plan owner, ownership is joint tenancy and, on death of an owner, ownership will pass to the surviving plan owner(s). 2. Register: Unless otherwise requested, Flexible Lifetime – Protection Ordinary plans will be registered in the State or Territory of the first plan owner's address. Other plans will be registered in the Insured person's State or Territory of residence.

5. Financial planner declaration

I agree and declare that:

- i. The applicant(s) received a Flexible Lifetime – Protection Product Disclosure Statement (PDS) dated 23 May 2005 (and any applicable supplements).
- ii. The Verification number(s) and Plan number(s) were written on this form before the applicant(s) sign it
- iii. The applicant(s) read, or I read aloud to the applicant(s), each of the questions in the electronic application on the computer marked with the Verification number(s) and the Plan number(s) set out above and have accurately recorded the answers given.
- iv. After the Verification number(s) and Plan number(s) were generated, I asked the applicant(s) to confirm the answers in the completed application.
- v. The applicant(s) confirmed that the answers are true and complete.
- vi. The applicant(s) have authorised me to use the information provided by them in this form and any other form relevant to AMP to complete and submit electronic application(s) on their behalf.

Signature of financial planner

Date

Planner's
name

Planner's no.



advice
investments
banking
retirement income
superannuation
insurance

Contact us

Contact your adviser or financial planner or

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