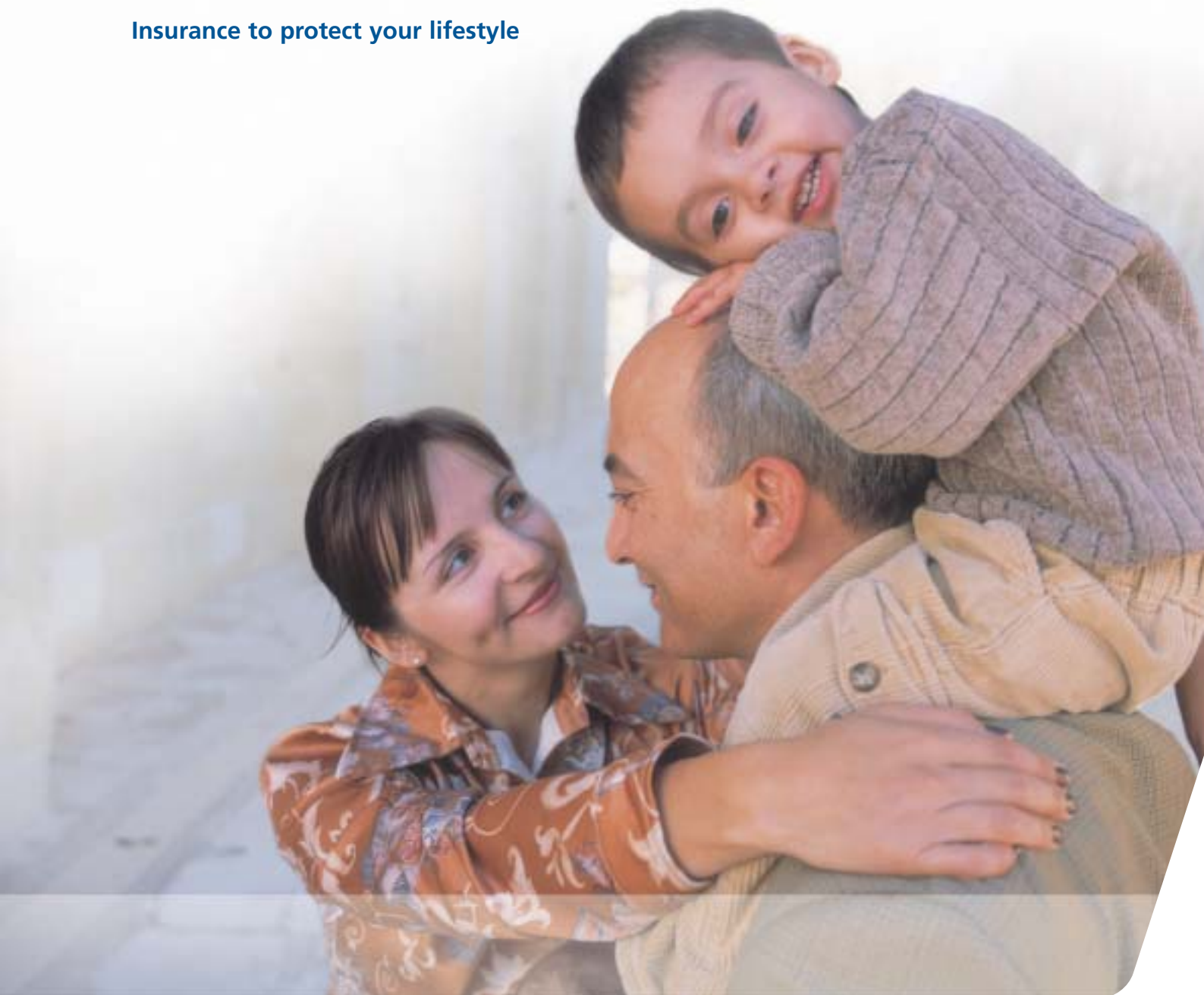




Risk Protection

AMP Firstcare Insurance – Ordinary
AMP Income Continuation Insurance
AMP Business Overheads Insurance

Insurance to protect your lifestyle



Product Disclosure Statement

Preparation date 1 January 2004

AMP Firstcare Insurance – Ordinary, Income Continuation Insurance and Business Overheads Insurance are issued by AMP Life Limited ABN 84 079 300 379. AFSL No. 233671

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Important note:

This Product Disclosure Statement (PDS) is issued by AMP Life Limited. No other company in the AMP Group is responsible for any statements or representations made in this document. Investment in this product is not a bank deposit with AMP Limited or any other company in the AMP Group. No other company in the AMP Group guarantees performance of AMP Life 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. Normally, 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.

This offer is available only to persons receiving it (including electronically) within Australia. Applications from outside Australia will not be accepted.

Risk Protection – Overview

This document describes a range of insurance products offered by AMP to protect yourself, your family and your business in times of death, crisis or when you become unable to work due to illness or injury.

Three products are available, each covering different aspects of risk in a person's life.

Firstcare Insurance

Pays you (the planowner) a specified lump sum if the insured person dies, suffers a crisis condition or is totally and permanently disabled (TPD).

Income Continuation Insurance

Pays you a monthly amount while you are so ill or injured that you are unable to work.

Business Overheads Insurance

Reimburses you for eligible business overheads while the insured person is so ill or injured that they are unable to work.

Please note that these products are not savings products. If you end the plan at any time, you will not get anything back.

This Product Disclosure Statement (PDS), describes all three of these products and is in 4 parts:

1. Firstcare Insurance
2. Income Continuation Insurance
3. Business Overheads Insurance
4. Information common to all products

An Application for insurance has also been inserted inside the back cover.

Important note: This PDS is an important document. You should read each relevant product component (parts 1-3) together with part 4, before you complete the application forms to start this plan.

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. Firstcare Insurance, Income Continuation Insurance and Business Overheads Insurance are issued by AMP Life Limited.

In this PDS:

- > 'AMP Life', 'we', 'us', 'our', and 'AMP' mean AMP Life Limited.
- > 'you', 'your', and 'yourself' means the plan owner(s).
- > 'plan', means the policy of life insurance issued by AMP.

Other terms will be shown on your Plan Certificate.

Secured by our Australian No.1 Statutory Fund

Your plan is backed by our Australian No. 1 Statutory Fund. The market value of the assets of this fund is \$22.5 billion as at 30 September 2003.



1. Firstcare Insurance – **Plan** at a glance

Purpose

Provides you with a lump sum if the insured person:

- > Suffers one of the range of crisis conditions we cover; or
- > Becomes totally and permanently disabled; or
- > Dies.

You choose which of these types of cover you wish to be insured for. Additional options can also be selected. These are more fully described below.

In addition, if an insured child is covered under children's crisis cover, we pay a lump sum if they suffer a crisis condition or die.

You can also select our Waiver of Premium benefit, which can waive payment of premiums on a particular insured person, or on the entire plan where the insured person has been totally disabled for six months.

Each option can be chosen for an additional premium.

Who can be insured?

You can apply to cover people in the age ranges 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
Crisis Cover	15 to 59
Death Cover	10 to 69
Disablement lump sum cover	15 to 54
Children's crisis cover	1 to 12
Waiver of premium	10 to 54

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 page 9. It is important you read these pages.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Firstcare Insurance – ordinary plans 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 as the owner when the plan began. CGT also applies to Disablement Lump Sum and Crisis Cover amounts we pay if received by those other than 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 crisis condition, is totally and permanently disabled, becomes terminally ill or dies, premiums may be 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.

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. Please see page 8 for further details.

Plan ownership

The plan can be owned by a person other than the insured person and the plan can also be owned by multiple persons but as joint tenants only.

Number of insured persons

You can insure more than one person (including children) on the same plan.

Interim accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. The interim cover is different to the insurance being applied for, and is subject to the terms and conditions on page 28.

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 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

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 32 for more details.

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.

Risks in taking out this insurance

- > Insurer becomes financially unable to pay a claim
- > 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 your insurer not paying all or part of your claim or cancelling this plan.

See page 27 for details.

Cover available

Death cover

We pay a lump sum if an insured person dies. Cover continues until the insured person turns 99. Death cover automatically includes the following three features.

> **Terminal Illness cover**

If an adult 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) is \$2 million. If there is a balance of death cover we will pay this when the insured person dies.

> **Funeral Benefit**

We will advance you 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 –** specified events increase

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
- > the insured person's plan has a premium loading or special terms
- > the premiums are being waived under the Waiver of Premium option or
- > the insured person is entitled to make a terminal illness or crisis claim under any plan held with us.

You must apply for the increase within 30 days of the first renewal date following the nominated 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.

Disablement Lump Sum (DLS) cover

We pay a lump sum if an insured person becomes totally and permanently disabled (TPD) before they turn 65. Our definition of totally and permanently disabled is set out on page 33.

Basically, our TPD definition relates to:

- > the insured person's inability to do any regular remunerative work for which they are reasonably fitted by education, training or experience, or
- > those doing home duties, their inability to do home duties or care for invalid members of their immediate family, or
- > the total loss of use of more than one limb or eye; or
- > the insured person's inability to do certain key activities of daily living.

> **Own Occupation cover (Optional)**

If you select this option, a revised definition of totally or permanently disabled will be adopted for your plan. Under this definition, we will pay you a lump sum where we consider the insured person is unable ever to work in the primary full-time occupation they were engaged in for at least 12 months prior to the date of their illness or injury. This replaces the above first point of being able to do any regular remunerative work. This option is at an additional cost.

Up to \$2million of DLS cover can be taken under this option. Any cover above this is based on the standard definition i.e. inability to do any regular remunerative work for which the insured person is reasonably fitted by education, training or experience.

Business Safeguard

If Death and/or DLS cover is taken up, you can also choose Business Safeguard.

This option can be used for business purposes such as:

- > Business succession planning (buy/sell agreement);
- > Loan guarantor insurance; or
- > Key person insurance.

It will be available from 19 January 2004. It allows you to increase the level of death cover or disablement lump sum cover, or both death and disablement lump sum covers, 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 up to the insured person's age of 59 for death cover and 54 for disablement lump sum cover.

The option is only available when the sum insured for death cover or disablement cover is greater than \$500,000. If both death and disablement 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 policy 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 five years;
- > the death cover reaches \$15m or the disablement lump sum cover reaches \$2.5m;
- > the death cover or disablement lump sum cover is five 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.

This option is available at an additional cost.

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

Crisis cover – adults

We pay a lump sum if the insured person suffers one of the crisis conditions set out on the tables on pages 6, and survives for 14 days without a life support system. We have specific definitions for each of the crisis conditions. These are set out in full on pages 33-39.

Certain crisis conditions are not covered for a period of three months from the commencement or recommencement of this cover. If you increase the amount of cover, we will not cover any increase amount for these crisis conditions, for a period of three months from the date of the increase.

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

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

You can choose between two levels of Crisis Cover, being Standard and Premier. Standard covers 14 crisis conditions while Premier covers 45 and as a result is more expensive.

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 crisis conditions Loss of Independent Living and Loss of use of Limbs and/or Sight).

Cover available *continued*

Crisis Cover Premier covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for three months	Cover for the conditions in this column starts immediately
Aortic surgery Benign tumour of the brain or spinal cord Cancer Coronary Artery Angioplasty (10% partial payment)* Coronary Artery Angioplasty – Triple Vessel Coronary artery surgery Heart attack – myocardial infarction Heart attack – out of hospital cardiac arrest Heart valve surgery Open Heart surgery Pneumonectomy Stroke	Alzheimer’s Disease and other dementias Aplastic Anaemia Blindness Cardiomyopathy Coma Deafness/loss of Hearing Encephalitis HIV/AIDs – Medically Acquired HIV/AIDs – Occupationally Acquired Intensive Care Kidney Failure Liver failure Lung failure Loss of independent living Loss of speech Loss of use of limbs and/or sight Major head trauma Major Organ transplant Motor Neurone Disease Multiple Sclerosis Muscular Dystrophy Myelodysplasia Myelofibrosis Paralysis that is one of: – Diplegia – Hemiplegia – Paraplegia – Quadriplegia – Tetraplegia Parkinson’s Disease Peripheral Neuropathy Primary Pulmonary Hypertension Severe burns Systemic Sclerosis

* limitations apply to this condition – refer to definitions and descriptions section.

Full definitions start on page 33.

Crisis Cover Standard covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for three months	Cover for the conditions in this column starts immediately
Aortic surgery Cancer Coronary artery surgery Heart attack – myocardial infarction Heart attack – out of hospital cardiac arrest Heart valve surgery Stroke	Kidney failure Major organ transplant Paralysis that is one of: – Diplegia – Hemiplegia – Paraplegia – Quadriplegia – Tetraplegia

Full definitions start on page 33.

> Premier with Buy Back option

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

This option gives you the ability to choose to restore your death cover by the amount it was reduced upon a claim for crisis cover.

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

We will base the premium for the restored cover on our normal life cover rates and 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.

Children's Crisis cover

We pay a lump sum of:

- > \$50,000 (plus CPI indexation increases) if an insured child suffers one of the crisis conditions set out in the table below before they turn 17 and survives 14 days without a life support system, or
- > \$5,000 if an insured child dies after age 2 but before they turn 17.

We have specific definitions for each crisis condition. They are set out in full on page 33-39. Please note that some of the definitions are specific to Children's Crisis cover.

Certain crisis conditions are not covered for a period of three months from the commencement or recommencement of this cover or where the insured child is less than 10. See the table below for details. If the insured child suffers a crisis condition within this period of 3 months of before age 10 (which ever is relevant) we will never pay for that condition, even if they suffer the same crisis condition again later.

Once we have paid a claim under this cover, the crisis cover ends. On the plan anniversary following the insured child's 16th birthday their crisis cover ends. However the plan automatically converts the crisis cover at that date to death cover and the insured child thereafter is treated as an adult insured person.

Children's Crisis Cover covers the following crisis conditions for children

Cover for the conditions in this column is delayed for three months.	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.
A plastic Anaemia Bacterial Meningitis Cancer Leukemia Subacute Sclerosing Panencephalitis Viral Encephalitis	Major head trauma Major organ transplant Severe Burns Paralysis that is one of: – Diplegia – Hemiplegia – Paraplegia – Quadriplegia – Tetraplegia

Full definitions start on page 33.

Financial Planning Benefit

We will pay up to \$500 to reimburse you for the cost of financial planning advice after a benefit payment 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.

Waiver of Premium (optional)

Waiver of Premium is an option under this plan. If you select this option it will be shown on the Plan Certificate 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. Our definition of "totally disabled" is set out in full on page 38 and is different from the definition of totally and permanently disabled that might apply under your plan.

You can choose from two types of Waiver of Premium.

- > Individual Life – we waive the premium for a particular insured person should they become totally disabled.
- > Nominated Life – we waive the premium 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 particular insured person turns 60.

Plan details

Stand Alone cover or Linked cover

When you apply for Firstcare Insurance, and 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 you were covered for:

- > Disablement Lump Sum (DLS) cover of \$150,000 and
- > Crisis cover of \$100,000 and
- > Death cover of \$300,000.

Then you develop kidney failure and we paid a \$100,000 crisis claim. On payment of this claim your crisis cover will cease.

If you had chosen Stand Alone cover:

- > your DLS and death cover would continue unchanged at \$150,000 and \$300,000 respectively;

However, if you had chosen Linked cover:

- > your remaining cover would reduce by the \$100,000 we had paid. That is, your DLS cover would reduce to \$50,000 and your death cover to \$200,000.

You can see in this example that the maximum we would 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 Stand Alone and Linked is an important one which your financial planner can help you make.

How much cover you can buy

We have limits on the amount of cover you can buy and on the people you can insure. These limits are based on why you need the insurance, and the insured person's circumstances. Generally, the upper limits on the amount of cover are based on what the insured person earns. In most cases, they will not constrain you.

Keeping pace with inflation

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 Indexation (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 CPI to:

Crisis Cover (Adult)	\$1 million
Death Cover	\$2 million
Disablement Lump Sum Cover	\$1.5 million

For example Crisis cover can rise above \$1 million over time with each year's CPI adjustment, if the initial amount of crisis 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 Crisis 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).

We won't pay if the total and permanent disablement, total disablement or crisis condition was caused (directly or indirectly) on purpose by you or the insured person.

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

Also, we won't pay where an insured child's crisis condition is caused by any congenital condition, or where a crisis 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 AMP. 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.

Premiums and fees

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

How we calculate premiums

The premium you pay depends on a number of factors including the level and type of cover you choose, the insured person's age, state of health, sex, smoking habits, occupation and pastimes.

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

Your premium

The number of variables means that we cannot give you an exact premium without knowing your circumstances. Copies of the premium rates we use to calculate your premium are available on request. Should you choose to consult a financial planner, they can help you work out the insurance cover you require and provide you with a quote for the cost of the cover. This will be the premium you pay, unless your circumstances (such as your health) require us to increase your premium. We will tell you if you have to pay more than the quote after we have assessed your circumstances, and your plan will show the total premium payable.

If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of our premium rates or a premium quotation.

Current minimum premium

The current minimum premium is \$250 a year for the first adult insured person, and \$200 for each subsequent adult insured person. This includes the annual plan fee.

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.

Guarantees

We guarantee to continue the plan if you pay premiums on time. We also guarantee that the premium won't increase between plan anniversaries unless you change your plan, or the government introduces a new tax, duty, or charge, or changes an existing one. However, we can change the premium rates in the future as they are not guaranteed. If we do this, the change will apply to all plans similar to yours.

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. You can end the plan by giving us notice in writing. We will refund the premium (less plan fee, stamp duty and government charges) for any unused complete months.

Plan Fee

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The plan fee for 2004 is \$68.50 a year for the first insured person, and a further \$13.70 for each other insured person you include in the plan.

Your premium payment options

You can pay premiums either yearly, or 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 more often than yearly, we charge an extra fee because our costs are higher. That fee is included in your premium. It is a percentage of the premium rate, and of your plan fee. For monthly payments, we charge an extra 7.5%. For half-yearly payments, we charge an extra 3%. We can change the percentages at any plan anniversary in circumstances relating to the commercial operation of our business.

2. Income Continuation Insurance 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 specified period and continue to be unable to work, we will pay you an income for a period you select that, when added to certain other income you receive, equals up to 75% of your income just before you became unable to work.

We also pay if, after being unable to work, you return to work but earn less because of your illness or injury.

Choosing your plan

This insurance is flexible and can be tailored to your circumstances. Amongst the options available under this insurance, you may select:

- > How long you want to be paid for
 - > When you want the plan to expire
 - > How long you must have been unable to work before we start paying you.
 - > The level of cover you want – Advanced, Standard or Basic.
-

Who can be insured?

When this insurance starts, you must be at least 19 years old, but have not 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 14 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 18. It is important you read these pages.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Income Continuation 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 person must also be the plan owner.

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 28.

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 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

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 32 for more details.

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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.

Risks in taking out this insurance

- > Insurer becomes financially unable to pay a claim
- > 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 your insurer not paying all or part of your claim or cancelling this plan.

See page 27 for details.



Choose from three levels of cover

You can choose from three levels of cover – Advanced, Standard and Basic

The table below sets out a brief summary of the coverage provided under each level.

The information on the following pages, is common to all 3 levels of cover except where stated.

Features offered under these plans are:		Advanced	Standard	Basic
Built-in features	Automatic CPI increase in benefit while not on claim	✓	✓	✓
	Automatic CPI increase in benefit while on claim	✓	–	–
	Option of CPI increase in benefit while on claim (extra cost)	–	✓	✓
	Guaranteed minimum income feature	✓	✓	✓
	Choice of waiting period	✓	✓	✓
	Recovery feature	✓	✓	✓
	Choice of benefit periods	✓	✓	✓
	Continuous cover to age 60 or 65	✓	✓	–
	Superannuation contribution option (extra cost)	✓	✓	✓
	Rehabilitation costs feature	✓	✓	✓
	Rehabilitation bonus	✓	✓	✓
	Cover guaranteed to continue	✓	✓	✓
	Variable and cancellable by AMP after it has paid a claim	–	–	✓
	14 day cooling off period	✓	✓	✓
	24 hour cover world-wide	✓	✓	✓
Up to 3 month's payment while overseas	✓	✓	✓	
Extra feature with Advanced	Crisis feature	✓	–	–
	Bedcare feature	✓	–	–
	Major fracture or loss feature	✓	–	–
	Domestic Transport Benefit	✓	–	–
	Accommodation Benefit	✓	–	–
	Family Support Benefit	✓	–	–
	Death feature	✓	–	–
	Chronic condition option (extra cost)	✓	–	–
Premiums	Tax deductible premiums	✓	✓	✓
	Choice of level or stepped premiums	✓	✓	–
	Pay no premium while we pay you*	✓	✓	✓
	Non-smoker discount	✓	✓	✓
	AIDS exclusion option	✓	✓	✓
	Choice of yearly, half yearly or monthly premiums	✓	✓	✓

*AMP will reimburse your premiums upon acceptance of your claim.

Plan details

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 (net of tax deductible expenses). The percentage is lower if you earn in excess of \$250,000 per annum. The minimum monthly benefit is currently \$1,250.

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.

Claim escalation

For Advanced plans, we continue to make CPI increases while we are paying under the plan. For Standard and Basic plans, we only do that if you have added the Claim Escalation Option 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. This option is at an additional cost for Standard and Basic plans.

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.

What we actually pay

We pay you up to 75% of what you earned just before you became unable to work. When we calculate the 75%, we base it on your highest income in any 12 month period in the last three years before you became unable to work.

We won't however, pay more than the maximum monthly benefit.

We will actually pay an amount that (when added to any other regular income amounts you receive because you are unable to work) is not more than 75% of what you earned when you were able to work. Income we take into account includes payments from your occupation, social security, government authorities, any compensation scheme or other insurance plans. We do not take investment income or other forms of unearned income into account.

> Guaranteed minimum income feature

If your income falls after the plan begins, our Guaranteed minimum income feature protects you. When we calculate how much we pay, we base it on the highest of your:

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

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

Superannuation Contribution option

Superannuation Contributions is an option under this plan. If you select this option it will be shown on the Plan Certificate 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 into a complying superannuation fund (as defined by legislation).

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 17.

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. You have to pay extra for this option.

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)
- > 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.

Plan details *continued*

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
	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 'How we calculate premiums' on page 18.

Rehabilitation bonus

We will pay an additional one third of the maximum monthly benefit for up to twelve months while you participate in a rehabilitation program approved by AMP. Before you commence the program, we must have approved it in writing.

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

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. There are a number of waiting periods to choose from, 2, 4, 8, 13, 26, 52 or 104 weeks. Your financial planner will be able to advise what waiting periods you are eligible for.

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

If you suffer a relapse up to 12 months after we stop paying and your benefit period is to age 60 or 65, we start paying again straight away. That is, you don't have to wait for the waiting period to finish all over again. Please note that if the benefit period you choose is any of one year, two years or five years, the relapse period we use is six months instead of 12 months.

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 on your product quote, we stop paying after the first two 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 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.

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 – we call this the Recovery feature. To qualify, you must have been unable to work at all for at least two 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 as soon as either 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 two 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 14. We stop paying when the benefit period ends – even if you are still unable to work.

If you stop working

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.

> **Guaranteeing insurability when you stop work**

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 on purpose, or if your injury or illness 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.

We guarantee to continue the plan when the premium is paid on time. However, if you have selected Basic cover, we can either cancel the plan or change the rules if you have made a claim under it and we have stopped paying you.

Advanced cover – further details

Advanced

Advanced is our most comprehensive level of cover.

It includes the following features, which Basic and Standard don't have:

- > we pay your monthly benefit for a specified number of months if you suffer a crisis condition, or a major fracture or loss – even if you are able to work after the waiting period ends
- > we pay if you are bedridden for more than three days during the waiting period
- > if you die while we are paying a monthly amount, we keep paying for three more months

> Crisis feature

We pay if you suffer any one of the following serious conditions (as defined in the definitions and description section on page 33) 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 three 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 three consecutive days during the waiting period. We pay 1/30 of the monthly benefit for each day, after the first three, 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 the 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 two 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 home when you become unable to work and require emergency transportation home, 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 (Cwlth.) 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 three times the maximum monthly benefit.

> 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 an immediate family member of you), or
 - an immediate family member who was in full-time paid employment when you became disabled but who stops all paid employment to look after you.

Under this benefit we will pay an additional one half of your maximum monthly benefit for a maximum period of three 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 you have selected under this plan.

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)

Chronic condition is an option under Advanced cover. If you select this option it will be shown on your Plan Certificate 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 can apply to add the Chronic condition option to Advanced, at an additional cost, if your benefit period is to age 60 or 65.

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 three 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 three years before you claim.

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

Premiums and fees

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

How we calculate premiums

The amount of the premium depends on the level of cover you choose, the maximum amount we agree to pay if you make a claim, your age, state of health, sex, smoking habits, occupation, pastimes, and our fees and the government stamp duty. Generally, your premium will increase as you get older. However, with Income Continuation 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.

Level or Stepped Premium

A level premium will continue to be based on the age when you commenced the cover.

If you choose a stepped premium, your current age will vary the premium.

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 you increase it and when we do so each year by any increase in the CPI.

Your Premium

The number of variables means that we cannot give you an exact premium without knowing your circumstances. Copies of the premium rates we use to calculate your premium are available on request. Should you choose to consult a financial planner they can help you work out the insurance cover you require and provide you with a quote for the cost of the cover. This will be the premium you pay, unless your circumstances (such as your health) require us to increase your premium. We will tell you if you have to pay more than the quote after we have assessed your circumstances, and your plan will show the total premium payable.

If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of our premium rates or a premium quotation.

Premium reductions can apply

We offer the following premium reductions:

- > Non-smokers - lower premiums for people who don't smoke; and
- > AIDS exclusion option – premiums are reduced if you choose an AIDS Exclusion Option. This means that no benefit will be paid for disability arising from the presence of Human Immunodeficiency Virus (HIV) in your body, or any AIDS or AIDS-related illness. If you elect to take this option you may be required to undergo additional medical tests at the time of a claim.

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

Guarantees

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

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

However, we can change the premium rates in the future. They are not guaranteed.

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.

If you stop paying premiums

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

When you don't have to pay

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

Plan Fee

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The plan fee for 2004 is \$72.55 a year for the first plan. It is \$14.51 a year for any other AMP Income Continuation Insurance plan or Business Overheads Insurance plan taken out at the same time to cover yourself.

Premium payment options

You can pay premiums yearly or 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. The 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.

3. Business Overheads Insurance

Plan at a glance

Purpose

This plan reimburses the insured person's eligible business overheads for up to one year, while they are 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.

This plan ends on the insured person's 65th birthday.

For details on eligibility, please see page 22.

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 25. It is important you read these pages.

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 insured person or, in appropriate circumstances, a company.

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 28.

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 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

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 32 for more details.

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.

Risks in taking out this insurance

- > Insurer becomes financially unable to pay a claim
- > You may select a product that does not provide the type of cover you need
- > You may choose an inadequate amount of cover
- > The insurance person 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 your insurer not paying all or part of your claim or cancelling this plan.

See page 27 for details.

Built-in features offered under this plan are:

Cover guaranteed to continue	✓
Tax deductible premiums	✓
Automatic CPI increase to insured benefit	✓
Monthly benefits can help meet peaks and troughs of your overheads	✓
24 hour cover world-wide	✓
3 months' maximum benefit period while overseas	✓
Pay no premium while we pay you*	✓
AIDS exclusion option	✓
Choice of waiting periods	✓
Non-smoker discount	✓
Choice of yearly, half yearly or monthly premiums	✓
Up to 6 months' benefit period extension (if benefits paid are less than 12 times the maximum monthly benefit)	✓
Net cost of hiring a locum if costs exceed income generated	✓

* AMP will reimburse your premiums upon acceptance of your claim.

Plan details

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 five 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, AMP will choose based on the insured person's eligible expenses. The minimum you can choose is currently \$1,250 a month.

Keeping pace with inflation

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

What we actually pay

We pay you the lower of:

- > the monthly cover you choose, increased by any increases 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 or 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 note above) or
- > remuneration of any member of the insured person's family who has been employed in the business for less than three months when the insured person becomes unable to work or
- > the cost of stock, equipment or other assets of the business or
- > payments of the principal of any mortgage or debt 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. Each month, we pay an amount which means that, since we started paying, we have paid the lower of:

- > the maximum monthly benefit multiplied by the number of months we have been paying and
- > the total amount of eligible business overheads the business has actually paid since the end of the waiting period.

The practical outworking of this is that, whilst the claim continues:

- > the insured person's eligible business overheads are low in one month and we pay less than the maximum monthly benefit, and then if the claim continues, if
- > the eligible business overheads are higher than the maximum monthly benefit in a later month then we will pay any amounts that we haven't had to pay in previous months, up to the amount of your eligible overheads in that later 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 (two weeks or four weeks) when you apply for this insurance.

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

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.

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 six months since we stopped paying.

If they suffer a relapse up to six 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:

- > six 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, seven days a week. However, if we are paying while the insured person is outside Australia or New Zealand, payment beyond three 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.

If the insured person stops working

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.

> Guaranteeing insurability when the insured person stops work

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 do, or the insured person does anything which causes the insured person to be unable to work, or if the insured person's injury or illness 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. We guarantee to continue the plan when the premium is paid on time.

Premiums and fees

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

How we calculate premiums

The amount of the premium depends on the level of cover you choose and the maximum amount we agree to pay if you make a claim, the insured person's age, state of health, sex, smoking habits, occupation, pastimes, our fees and the government stamp duty. Generally, your premium will increase as the insured person gets older.

Your premium

The number of variables means that we cannot give you an exact premium without knowing the insured person's circumstances. Copies of the premium rates we use to calculate the premium are available on request. Should you choose to consult a financial planner they can help you work out the insurance cover you require and provide you with a quote for the cost of the cover. This will be the premium you pay, unless the insured person's circumstances (such as your health) require us to increase your premium. We will tell you if you have to pay more than the quote after we have assessed the insured person's circumstances, and your policy will show the total premium payable.

If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of premium rates or a premium quotation.

Keep pace with inflation

The premium will rise when the maximum monthly benefit increases. This can occur when you increase it and when we do so each year by any increase in the Consumer Price Index (CPI).

Lower premiums can apply

We offer the following premium reductions:

- > Non-smokers – lower premiums for people who don't smoke and
- > AIDS Exclusion Option – premiums are reduced if you choose an AIDS Exclusion Option. This means that 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, these premium reductions and discounts at any time. If we do that, we will tell you in your Annual Statement.

If you stop paying premiums

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

Guarantees

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

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

However, we can change the premium rates in the future. They are not guaranteed.

Premiums and fees *continued*

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.

When you don't have to pay

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

Plan Fee

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The plan fee for 2004, is \$72.55 a year for the first plan. It is \$14.51 a year for any other AMP Income Continuation Insurance plan or Business Overheads Insurance plan taken out at the same time to cover yourself.

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.

Information common to all products

Significant risks in taking out Life Insurance

There are significant risks associated with life insurance:

- > **Insurer becomes financially unable to pay a claim** – your insurer 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 the 30th June 2003, the reserves in our Australian No. 1 Statutory Fund, which backs this product, were more than 50% higher than the Life 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 (for Income Continuation and Business Overheads Insurance only). 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 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.

Duty of Disclosure

You have a duty of disclosure to tell us, when you apply, anything you know to be relevant to our decision whether to accept your application and on the terms which we do so, or a reasonable person in the circumstances would know to be relevant. This is the Duty of Disclosure. If you don't 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.

How to apply

The only way to apply for these plans is to complete the application at the back of this PDS. Before you apply you may wish to obtain your individualised 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.

We keep you informed

> Certificate and Plan Rules

If we agree to issue the plan, we will send you a Certificate and Plan Rules which, together with your application, personal statement and all evidence provided at that time, form your contract with AMP Life. 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.

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 and Plan Rules or
- > five days after the date of the Certificate and Plan Rules.

However, you cannot return the product if you have exercised rights or powers under it. The refunds of any premiums paid under cooling off, will usually be paid in the form you've requested.

Information common to all products *continued*

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 cover will start when we receive your completed application form and the first premium payment or we receive 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 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.

Firstcare Insurance interim cover

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 Disablement Lump Sum (DLS) 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 two 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 crisis condition

We will pay if you have applied for Crisis cover and the insured person suffers one of the following crisis 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 Crisis cover Standard. The definitions of the above crisis conditions are set out in the Definitions and Descriptions section.

How much we pay

We will only pay once for interim cover under Firstcare.

We will pay the lesser of:

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

Income Continuation Insurance interim cover

We will pay under the Income Continuation Insurance plan 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 12 months.

How much we pay

The amount paid will be the lesser of:

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

Business Overheads Insurance interim cover

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 six 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.

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 policyholders.

How we handle Income Continuation Insurance claims

Our aim is to provide timely financial assistance to insured persons who suffer a significant illness or injury that prevents them from working.

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 completion of any necessary paperwork associated with your claim.

We also endeavour to be proactive in our claims management strategies to expedite information from treating doctors and specialists to ensure that your claim is progressively managed.

We pride ourselves on providing an excellent claims service.

We endeavour to assist your return to work with a minimum of disruption to your normal life, wherever practical.

We are committed to paying genuine claims and 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.

Privacy

Your privacy is important to AMP.

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 AMP financial services
- > 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 from AMP, your AMP financial planner or our website.

Under the National Privacy Principles, you may 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. There are some limited situations, that are set out in the National Privacy Principles, where you will not have this right.

You can contact us by calling 131 267.

Direct debit request service agreement

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

1. Before you complete the direct debit request 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 form, please double-check the account details are correct by comparing them with a recent statement from your financial institution.
3. This agreement allows AMP Life to deduct from your nominated account the amount and frequency shown on the certificate, 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 three days before the due date.
 - > Cancel this agreement or an individual payment, you need to contact us at least three days before the due date.
 - > Dispute a debit that has been made from your account, AMP will respond to your initial dispute within five business days.

Enquiries and complaints

> If you need assistance

We want you to remain totally satisfied with us and your plan. If you need information or have concerns or a complaint, please contact your financial planner. Alternatively, you can contact the relevant parties below.

- > Our **Customer Service** people are keen to help. If you contact us, we will acknowledge this within five days. We will investigate your query or complaint promptly and will give you a written reply as soon as possible.

Customer Service Officer

AMP Life Limited

PO Box 300

Parramatta NSW 2124

Telephone: 131 267

Facsimile: 1300 301 267

Email: polinfo@amp.com.au

> 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:

The Financial Industry

Complaints Service

PO Box 579

Collins Street West Post Office

Melbourne VIC 8007

Telephone: (03) 9629 7050

Toll Free: 1800 335 405

Definitions and descriptions

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

Crisis conditions which apply only to adults

Please note that to satisfy these descriptions you must survive 14 days without a life support system.

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, 2 or 3
- > 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 seven 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 Life; or
- > continuous for at least 90 days.

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 crisis condition for which we pay.

*refer to Activities of Daily Living on page 37.

Definitions and descriptions *continued*

Coronary Artery Angioplasty

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

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). We will pay 10% of the sum insured, subject to a maximum of \$25,000.

If we pay under this particular crisis condition, the cover for other crisis 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 three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three 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 crisis 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 three 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 following medical events.

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 six 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 six months.

HIV/AIDS – 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 six 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 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.

Definitions and descriptions *continued*

Loss of independent living

We will pay if an insured person suffers total and permanent inability to perform at least two 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 or one hand; or
- > sight in both eyes (to the extent of 6/60 or less), or
- > any combination of two 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.

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 four 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 four 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 crisis 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.

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.

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.

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 five activities of daily living* without assistance from someone else.

***Activities of daily living:**

1. Washing: the insured person can wash themselves by some means.
2. Dressing: the insured person can put clothing on or take clothing off.
3. Feeding: the insured person can get food from a plate into their mouth.
4. Continence: the insured person can control both their bowel or their bladder function.
5. Mobility: the insured person 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.

Crisis 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 or at least Clark level 3 depth of invasion; 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.

Definitions and descriptions *continued*

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.

Crisis conditions which apply both to adults and to children

A plastic 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.

Disablement Lump Sum

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, in this definition and the disability:

- > commences while the insured person is engaged in **regular remunerative work** (or within six months after they cease **regular remunerative work**); or
- > commences while the insured person is engaged in **home duties** (or within six 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 six 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.

Please note, for us to consider a claim under Part 1, the insured person must also survive the six month period in the first bullet point.

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 two 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 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 two of the **activities of daily living** (see definition on pg 37) 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 Disablement Lump Sum

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 invalid members of the insured person's immediate family.

Own Occupation

Your Own Occupation is the primary full-time occupation which you have performed in the twelve months immediately prior to becoming disabled. For this part of the definition to apply it must be shown in your Plan Certificate. This option is only available to class A occupations which include professional and white collar workers. This option comes at an extra cost.

Specialist Medical and Legal Professional occupations will not be eligible for 'own occupation' cover on the basis of their specialised duties alone. A broader definition of the insured's 'own occupation' will be used. For example Surgeons are categorised as Medical Practitioners and Barristers as Legal Practitioners.

Definition of totally disabled – applies to Waiver of Premium

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.

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AMP Firstcare

Insurance Application

Before you sign this application form, be aware that AMP Life 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 plan and to decide whether it is appropriate to your needs.

This application includes:

Firstcare Income Continuation Business Overheads

Office Use Only -

Issue 11

Application number

Plan number

+

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

1 APPLICATION DETAILS

Type of application

New business Conversion of existing plan Replacement option Addition of insured person
 Increase Multiple lodgement Continuation option from AMP Superannuation Plan

2 INSURED PERSON

Insured Person 1

Title

Surname

Given names

Previous surname

Sex

Male Female

Date of birth

Age next birthday

Country of birth

Have you smoked tobacco or any other substance within the last 12 months?

Yes No

Marital status

Married Single Widowed Divorced De facto

Residential address

Unit no.		Street no.		Street name				
Suburb					State		Postcode	

Do you want AMP to change the address for other products you have with us?

Yes No

Postal address (if same as above, leave blank)

PO Box		Street no.		Street name				
Suburb					State		Postcode	

Your relationship to plan owner

Self Spouse/partner Business partner Employee

Other

Insured Person 2

Title Surname

Given names

Previous surname

Sex Male Female Date of birth Age next birthday

Country of birth

Have you smoked tobacco or any other substance within the last 12 months? Yes No

+

Marital status Married Single Widowed Divorced De facto

Residential address

Unit no. Street no. Street name
Suburb State Postcode

Do you want AMP to change the address for other products you have with us? Yes No

Postal address (if same as above, leave blank)

PO Box Street no. Street name
Suburb State Postcode

Your relationship to plan owner Self Spouse/partner Business partner Employee

Other

3 PLAN OWNER

Give details below if the plan owner is not the insured person. This includes self-managed superannuation funds.

Plan Owner 1

Title Surname

Given names

Previous surname

Sex Male Female Date of birth Age next birthday

Country of birth

Marital status Married Single Widowed Divorced De facto

Address Residential Business

Unit no. Street no. Street name
Suburb State Postcode

Home phone number Business phone number Mobile phone number

Plan Owner 2

Title	Surname	
<input type="text"/>	<input type="text"/>	
Given names		
<input type="text"/>		
Previous surname		
<input type="text"/>		
Sex	Date of birth	Age next birthday
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
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"/> De facto		

Address

<input type="checkbox"/> Residential <input type="checkbox"/> Business					
Unit no.	Street no.	Street name			
Suburb				State	Postcode
Home phone number	Business phone number	Mobile phone number			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

4 ADDRESS FOR COMMUNICATIONS

Addressee	<input type="checkbox"/> Plan owner 1	<input type="checkbox"/> Plan owner 2 (if same as above leave blank)			
PO Box	Street no.	Street name			
Suburb				State	Postcode

5 REASONS INSURANCE IS NEEDED

<input type="checkbox"/> Family Protection	<input type="checkbox"/> Personal loan	<input checked="" type="checkbox"/> Business loan	<input checked="" type="checkbox"/> Buy/Sell	<input type="checkbox"/> Keyperson
Other				
<input type="text"/>				

6 NOMINATION OF BENEFICIARY (Optional)

There must be only one individual life insured who is the sole plan owner i.e. not a company.
The payment is subject to terms and conditions of the policy and limitations imposed by the law at the time of payment.
I understand that this nomination will be void if there is a change in plan ownership;

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

Full name	Address	Relationship to applicant	Date of birth (of beneficiary)	Proportion of total benefit
				%
				%
				%

Total 100%

7 PLAN COVER

Insured Person 1 - Adult

Type of cover

Linked Stand alone

Title

Surname

Given names

Type of cover	Death cover	Disablement lump sum cover	Crisis cover
Current sum insured applied for	\$ <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"/>
Existing cover with AMP +	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Total new cover =	\$ <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"/>
Other details	N/A	Own occupation definition to apply?*	<input type="checkbox"/> Premier with Buy Back (CCB) (must include death linked cover) <input type="checkbox"/> Standard (CCS) <input type="checkbox"/> Premier (CCP) <input type="checkbox"/> Advanced (for increases only (CCA))

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

Insured Person 2 - Adult

Type of cover

Linked Stand alone

Title

Surname

Given names

Type of cover	Death cover	Disablement lump sum cover	Crisis cover
Current sum insured applied for	\$ <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"/>
Existing cover with AMP +	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Total new cover =	\$ <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"/>
Other details	N/A	Own occupation definition to apply?*	<input type="checkbox"/> Premier with Buy Back (CCB) (must include death linked cover) <input type="checkbox"/> Standard (CCS) <input type="checkbox"/> Premier (CCP) <input type="checkbox"/> Advanced (for increases only (CCA))

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

Insured Child 1 - Note: To have an insured child, there must be an insured adult under this plan

Surname

Given names

Sex

 Male Female

Date of birth

Age next birthday

Plan type and amount of cover

 Children's crisis cover \$50,000 - includes death cover of \$5,000

Insured Child 2

Surname

Given names

Sex

 Male Female

Date of birth

Age next birthday

Plan type and amount of cover

 Children's crisis cover \$50,000 - includes death cover of \$5,000

8 PAYMENT DETAILS

Total premium

per

 Year Half year Month

Direct debit from financial institution account or credit card account (Please complete the authority on page 31) ► Go to 9.
We will deduct your initial premium within 5 days of our acceptance of your application for insurance.

Direct to AMP Life (AMP sends a notice) Note: monthly is not available.
If you wish to pay your initial premium by credit card, please complete the details below.

Type of credit card VISA MasterCard Bankcard Amex

Credit card number Expiry date

Name on credit card

I/We request AMP to debit the above card account any amounts that AMP may debit or charge me/us through the direct debit system. I/We understand that AMP or I/we may terminate this request at any time by notice in writing.

Signature of cardholder

Date

9 CONVERSION/CONTINUATION OPTION DETAILS

Complete this section if you are transferring from an existing AMP plan and AMP has approved the 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

Replacement cover stamp required - OFFICE USE ONLY

- 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 of previous plan owner(s)

Date

Signature of new plan owner(s)

Date

10 AGREEMENT AND DECLARATION

Please complete these details if death cover is NOT applied for

The plan owner(s) agree and declare that:

I/We have chosen NOT to apply for death cover for:

Name of insured person 1

Name of insured person 2

I acknowledge that AMP will not pay me/us any money under this plan if the person(s) named above die(s).

Signature of plan owner/insured person

Date

11 DUTY OF DISCLOSURE

When we are considering your application – 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, you and the insured person, must answer all the questions on the application and personal statement completely and accurately.

As well, you and the insured person, 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.

This duty continues until we issue a plan by sending you the Certificate and Plan Rules. Therefore, you and the insured person, must tell us about any changes to their health, occupation, pastimes, or other relevant matters which happen after the application and personal statement have been completed, but before we send the Certificate and Plan Rules to you.

If you don't tell us

If the insured person doesn'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.

This same duty and the implications above, also apply to you.

I agree that:

- I have received and read the AMP Risk Protection Product Disclosure Statement Preparation date 1 January 2004;
- I have read the duty of disclosure, above. I understand that any plan AMP issues will be based on the answers in this application and the personal statement, and that if I do not comply with my duty to disclose information, that the insurance may be cancelled or altered;
- I also understand that I need to tell AMP of any change to the insured person(s) health, occupation or pastimes, or other things that happen to them after I complete this application and the personal statement that could alter AMP decision to insure them, right up to the point that AMP issues the Certificate and Plan Rules;
- I understand that AMP may obtain information from any doctor or hospital the insured person(s) have been to, or may go to. AMP may provide any information it has about them to its reinsurers or legal tribunal;
- I understand that terminal illness cover (and where I have selected it, disablement lump sum cover – including cover for persons who have chosen the 'own occupation' cover) can only be paid to me in accordance with superannuation rules as set out.
- All the information provided in this form is complete and correct even if the information has been written by someone else;
- When I decided to apply for this plan, I did this based on: (Cross one of the following)
 - My financial planner completed a fact find and needs analysis based on information I have provided at his/her request. My financial planner recommended I/we purchase this plan. I have been provided with a copy of the Statement of Advice; or
 - I decided not to provide my financial planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I decided to purchase a plan different from the one my financial planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
 - My financial planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my financial planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.
 - I did not seek or obtain any advice in relation to this plan or my decision to purchase it. I therefore understand that there is a risk that this life plan may not be appropriate to my situation, needs and objectives. I am aware that if I want more information on products or if I want to have my needs analysed I should speak to an adviser / financial planner or call AMP on 133 888.

Signature of plan owner/insured person

X

Date

Signature of plan owner/insured person

X

Date

- Notes:**
- Joint owners: If the plan is issued to joint owners they will be treated as joint tenants and ownership will pass to the surviving plan owner.
 - Register: Unless otherwise requested, this plan will be registered in the State or Territory of the first plan owner's address.

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AMP Income Continuation and Business Overheads

Insurance Application

Before you sign this application form, be aware that AMP Life 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 plan and to decide whether it is appropriate to your needs.

Office Use Only	Issue 11
Application number	<input type="text"/>
Plan number	<input type="text"/>

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

1 APPLICATION DETAILS

Type of application

New business
 Increase
 Conversion
 Alteration
 Reduced plan fee
 Multiple lodgement

2 INSURED PERSON AND PLAN OWNER

Title Surname

Given names

Previous surname

Sex Male Female Date of birth Age next birthday

Country of birth

Have you smoked tobacco or any other substance within the last 12 months? Yes No

Marital status Married Single Widowed Divorced De facto

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 with us? Yes No

Postal address (if same as above, leave blank)

PO Box	<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"/>

3 INCOME CONTINUATION INSURANCE PLAN DETAILS (attach the illustration to this application)

Advanced (IPA) Standard (IPB) Basic (IPC)

Is Superannuation contribution option required? This is an additional 12% of the Monthly Benefit.

Yes No

Total maximum monthly benefit (including Super Contribution option amount)

\$,

Waiting period

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

Benefit period

1 year 2 years 5 years To age 60 To age 65

Premium type (Refer to page 18 of PDS for details)

Stepped Level

+

Occupation group

4A 3A 2A 2M A B C

AIDS cover If you answer Yes to AIDS cover, complete the Authority for HIV test on page 28

Yes No

Do you want the Chronic condition option? (only available with Advanced 60 or 65)

Yes No

For Standard and Basic Income Continuation cover: Claim Escalation Benefit

Yes No

Continuation with one year benefit period and conversion option, specify details of conversion option

For Advance and Standard Income

Maximum monthly benefit \$ <input type="text"/> , <input type="text"/>	Waiting period (weeks) <input type="text"/>	Benefit period <input type="text"/>
Premium type (refer to page 18 of PDS for details) <input type="checkbox"/> Stepped <input type="checkbox"/> Level	AIDS cover (If you answer Yes to AIDS cover, complete the Authority for HIV test on page 28.) <input type="checkbox"/> Yes <input type="checkbox"/> No	

4 BUSINESS OVERHEADS INSURANCE PLAN DETAILS (attach the illustration to this application)

Maximum monthly benefit

\$,

Waiting period

2 weeks 4 weeks

Benefit period

1 year

Premium type

Stepped

AIDS cover If you answer Yes to AIDS cover, complete the Authority for HIV test on page 28

Yes No

Note: The amount of the monthly benefit you insert in question 4 immediately above must be based on the insured person's answer to the Business Overheads questionnaire on pages 18 and 19 of the Personal Statement.

v All the information provided in this form is complete and correct even if the information has been written by someone else;

vi When I decided to apply for this plan, I did this based on: (Cross one of the following)

- My financial planner completed a fact find and needs analysis based on information I have provided at his/her request. My financial planner recommended I/we purchase this plan. I have been provided with a copy of the Statement of Advice; or
- I decided not to provide my financial planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
- I decided to purchase a plan different from the one my financial planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
- I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
- My financial planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my financial planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.
- I did not seek or obtain any advice in relation to this plan or my decision to purchase it. I therefore understand that there is a risk that this life plan may not be appropriate to my situation, needs and objectives. I am aware that if I want more information on products or if I want to have my needs analysed I should speak to an adviser / financial planner or call AMP on 133 888.

Your signature

Date

X

Your signature*

Date

X

*Only sign if a company is the owner of the Business Overheads Insurance plan.

7 CONVERSION OPTION DETAILS

Complete this section if you are converting from an existing AMP plan and AMP has approved the conversion

Existing plan number(s)

I, as the insured person of the plan(s) above (the 'old' plan):

- 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 life insured under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I 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 life insureds 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 of plan owner

Date

X



Personal Statement

Please complete a separate Personal Statement **for each insured person** on this plan.

Important notes to the insured person

1. This is your Personal Statement. It will be the basis on which AMP Life may agree to insure you.
2. Whether you complete this Personal Statement or you ask someone else to complete it, you must read and understand the following **Duty of Disclosure**. Please do this now.

Your Duty of Disclosure

When we consider your application for new insurance, to restart or to change your insurance, we need to know exactly what risk we are being asked to insure. This helps us to decide whether to provide the insurance, how much to charge for it, and whether any special rules should apply.

This duty of disclosure continues until we issue the Certificate of Insurance and Plan Rules to the plan owner(s).

Consequently you must:

- Answer all questions in your Personal Statement and Application completely and accurately.
- Tell us anything else you think may be relevant to our decision about insuring you. This may include giving us information we do not specifically ask for; eg 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.
- Tell us about any change in your health, occupation, lifestyle, or any other relevant matter which happens after completing this Personal Statement up until the time the planowner(s) receive the Certificate of Insurance and Plan Rules.

If you don't tell us what we need to know to complete our assessment of the risk:

- We may be able to void the plan and pay nothing, or keep the plan going but reduce the amount we pay.

3. As you complete some sections of this Personal Statement, you will see other **Important Notes**. You must make sure you read and understand these notes when completing the section.
4. If any changes are made to the information in this Personal Statement, you must sign next to each change.
5. If you are unsure about anything, ask your financial planner or AMP to explain it.
6. For your convenience, questions in the form are grouped into sections:
 - Personal Details (Q1-4)
 - Other Insurances (Q5-7)
 - Occupation and Business (Q8-12)
 - Health (Q13-20)
 - Sporting Activities (Q21)
7. **Mark boxes with (X) where appropriate, otherwise use block letters.**
8. If you need more room to tell us anything in relation to this Personal Statement, **use the More Information space at item 22 on page 27**.
9. Now go to **Page 14**.

PERSONAL DETAILS

1 Insured Person for this Personal Statement

Title Surname

Given names

Date of birth

2 Phone or Email Contact

May we phone or email you if we need to clarify any information?

No Go to 3

Yes Convenient time to call

Day (9am - 5pm) Evening (6pm - 8pm)

Phone number

()

Mobile

Email address

Cross this box If you do **not** wish to have your Financial Planner receive copies of these emails

3 Residence

Are you an Australian or New Zealand Citizen or do you have an Australian Permanent Resident's Visa?

Yes Go to 4

No How long have you lived in Australia?

What are your plans to stay in Australia?

Visa type

Expiry date

Country of birth

Nationality

4 Travel Plans

Do you have definite plans to travel overseas?

No Go to 5

Yes Date leaving

Date returning

Countries to be visited

Reasons for trip

Holiday Business Study Other (specify)

OTHER INSURANCES

5 Other Insurance Details

(a) Do you have any existing insurance with AMP, or any other insurer?

No Go to (b)

Yes Give details

Name of insurer	Type of plan/policy (e.g. Death/TPD Income Cover)	Date plan/policy commenced	Insured amount	Plan/policy number (if known)	Will this plan be replaced by this new application?*

* **Important Note:** Your application for a new plan will be considered on the understanding that you will cancel your previous plan(s). 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) Are you applying for insurance with any other insurer?

No Go to 6

Yes Give details

Name of insurer	Type of plan/policy (e.g. Death/TPD Income Cover)	Amount of insurance applied for

6 Insurance Declined or Modified

Has any insurer ever indicated they would not insure you, or would modify your insurance terms in any way?

No Go to 7

Yes Outcome

Declined Deferred Extra premium Benefit reduced Term limited Exclusions

Give details

Date	Reason

7 Claims

Have you ever claimed or received benefits from any source?

No Go to 8

Yes Source

Insurance plan Workers compensation Veterans affairs Social Security (e.g. unemployment/disability or sickness)
 Other (specify)

Give details

Date	Reason

OCCUPATION OR BUSINESS

8 Occupation

What is your occupation?

Employment status

Full-time Part-time

What is your industry?

Are you self employed? (this means employee of own company, sole trader or partner)

No Go to 9

Yes How long? % of business you own

years months

Name of your business/company

How many full-time employees do you have? (excluding yourself)

Go to 10

9 Employer

Name of your employer

Address of your employer

Suburb

State

Postcode

How long have you been in your current occupation?

years months

10 Career Details

What are the main duties of your occupation?

Duties (e.g. office work, sales, supervision, manual)	% 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"/> %
	100%

In what location do you perform your duties?

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"/> %
	100%

Do you hold any professional/trade qualifications?

No

Yes Type

Institution

What was your income for the last 12 months (after deducting business expenses if self employed)?

\$ per year

Do you have any definite plans to change your occupation, activities or employment status (i.e. employed to self-employed or self-employed to employed); or to take extended leave (e.g. parental or study leave)?

No Go to 11

Yes Give details

Date	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

OCCUPATION OR BUSINESS (continued)

11 Income Continuation

Are you applying for Income Continuation and/or Business Overheads Insurance?

No Go to **13** on page 20

Yes Go to (a) or (b)

(a) For employed persons (i.e. no ownership interest in business)

	At Current Date	Previous Year
Base annual salary*	\$	\$
Plus bonuses and/or commissions	+ \$	\$
Total income	= \$	\$

* (including salary packaged items eg motor vehicles, pretax (salary sacrificed) superannuation contributions etc. Please do NOT include employer contributions to superannuation)

(b) For self-employed persons (i.e. employee of own company, sole trader or partner)

	Last Tax Year	Tax Year Before
Date	D D M M Y Y Y Y	D D M M Y Y Y Y
Gross Income (your share of Gross Profit)	\$	\$
Less: Business Expenses (your share)	- \$	\$
Net Income (after deducting business expenses but before deducting tax)	= \$	\$

(c) Name of your accountant (in case we need to clarify any information)

Phone number

 ()

(d) How many weeks per year and hours per week do you work in your main occupation?

<input type="text"/>	<input type="text"/>
weeks per year	hours per week

(e) Has your main occupation or employment status changed in the last 3 years?

No Go to (f)

Yes Give details

Previous occupation	Employment status (i.e. unemployed, employed, employed by own company, self employed, partnership)	Date from	Date to
		M M Y Y Y Y	M M Y Y Y Y
		M M Y Y Y Y	M M Y Y Y Y
		M M Y Y Y Y	M M Y Y Y Y

(f) Do you have any other occupation?

No Go to (g)

Yes Type of occupation

Name of employer

How many hours per week do you work in this other occupation?

 hours per week

What is your weekly income from this other occupation?

 \$

Is this income included in (a) or (b) above?

 Yes No

(g) Is your net investment income for the past 12 months greater than 10% of your income?

No Go to **12** if applying for Business Overheads, otherwise go to **13**

Yes Amount

 \$

OCCUPATION OR BUSINESS (continued)

12 Business Overheads

If you want to insure for more than \$10,000 per month business overheads ALWAYS complete the **Business Overheads Questionnaire** below. For smaller amounts, use the questionnaire to assist you if you are not sure which expenses to include.

Important Note:

Only include business overheads (expenses):

- for which you are personally responsible
- which are paid using business income generated by your own activity, and
- which will still have to be paid if you are not at work

Do not include any remuneration paid to yourself

It is very important that your business overheads are properly calculated because:

- if you understate them, your benefits at claim may not be enough to keep your business running (*although you may decide to partly self-insure*)
- if you overstate them, you will pay a premium for a greater benefit than you will be entitled to at claim (*although you may do this deliberately to ensure sufficient benefits if your overheads increase in future*)

Business overheads to be insured

\$ per month

Business Overheads Questionnaire (if overheads exceed \$10,000 per month)

(a) Business

\$ per month

Premises rent	\$
Rates and property taxes	\$
Loan interest repayments including business property (<i>NOT repayment of principal</i>)	\$
Electricity/water/gas/heating	\$
Fire & general insurance premiums	\$
Cleaning	\$
Telephone (<i>exclude calls which won't be made while you are not at work</i>)	\$
Lease of equipment/vehicles	\$
Dues/membership fees to professional and industry bodies	\$
Accounting fees	\$
Net cost of hiring a locum (amount by which the cost of employing the locum will exceed the income they generate)	\$
Salaries and other costs (eg. Superannuation contributions, payroll tax, etc) for staff who do not generate income for the business. Please also complete Schedule (F) on page 19.	\$

(b) Other fixed expenses of non-business income generating activities

i.e. costs 'just to open the doors'. Do NOT include expenses which will stop if you are not working, or will continue because of other people's income generating activities eg buying stock for resale, one-off expenses, petrol, stationery.

Description of expense

	\$
	\$
	\$
	\$
	\$

(c) TOTAL BUSINESS OVERHEADS

All of (a) plus all of (b)	\$
----------------------------	----

(d) What is your % share of these overheads (usually your % share of the business)?

%

OCCUPATION OR BUSINESS (continued)

12 Business Overheads (continued)

(e) Describe what would happen to the business if you became disabled

(f) Schedule of employees and/or partners. Please list all staff and/or partners including those who generate income for the business

Name of employee or partner	Occupation	Duties	Annual salary and other costs	% interest in the business (if any)

HEALTH

13 Build

What is your height and weight?

Height

cm or ft ins

Weight

kg or st lbs

14 Smoking

Have you smoked any substance in the last 3 years?

No Go to 15

Yes Substance smoked

Cigarettes Cigars Pipe Other (specify)

Number/Amount Per Day Week Month For years

Status

Still smoking Stopped smoking on (specify) MYYY

15 Drinking

(a) Do you drink alcohol?

No Go to (b)

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

(b) Has this changed over the last 12 months?

No Go to 16

Yes Give details

16 Family History

Has any of your family had diabetes; heart problem; stroke; high cholesterol or haemochromatosis; familial polyposis; breast, cervical, ovarian, colon or other cancer; cystic fibrosis; depression or other mental disorder; polycystic kidneys; Huntington's chorea; any condition which may be inheritable?

No Go to 17

Yes Complete the table below

Relation	Age at diagnosis	Age now if alive	Age at death	List ALL conditions and cause of death if applicable (If cancer give type and site if known)
Mother				
Father				
Brother				
Sisters				

HEALTH *(continued)*

17 Doctor Information

Name of your **usual** doctor

Address of your **usual** doctor

Suburb	State	Postcode
--------	-------	----------

Phone number

 ()

How long have you been a patient of this doctor?

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

If you have been a patient of this doctor for less than 2 years, provide name and address of previous doctor.

Name of your **previous** doctor

Address of your **previous** doctor

Suburb	State	Postcode
--------	-------	----------

Phone number

 ()

18 Last Consultation with a Doctor

Date of last consultation with any doctor

D	M	M	Y
Y	Y	Y	Y

Name of doctor

Reason for consultation

What was the result/outcome of the consultation?

HEALTH (continued)

19 Medical Statement

Important Note: Even if you are to have a medical examination,

- If you answer 'Yes' to any of the **bold** conditions, complete the **General Medical Questionnaire** on page 23.
- If you answer 'Yes' to conditions which are not bold, provide details in the **Additional Information** table below.

Have you ever had, been told you had, received advice or treatment for:

A High blood pressure, chest pain , high cholesterol, stroke, rheumatic fever or any heart or vascular complaint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B A mental health condition including but not limited to depression, anxiety, stress or psychosis ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C Strained back, sciatica, whiplash, spondylitis or any other form of back or spinal trouble?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D Arthritis, rheumatism, gout, tendonitis, repetitive strain injury or any disorder of the joints or muscles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E Asthma, bronchitis , tuberculosis, pleurisy or other lung complaint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F Neurological or nervous disorder such as epilepsy, fits , paralysis, migraine , persistent headaches, dizziness or neuritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G Indigestion, ulcer, hiatus hernia , bowel disorder, colitis or passing blood from the bowel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H Hepatitis, cirrhosis or any liver or gall bladder disease?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Diabetes , sugar in urine, thyroid trouble or pancreatic disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J Kidney or bladder disorder such as kidney stones , nephritis, cystitis or passing blood in the urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K Cancer, cyst or tumour of any kind?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
L Skin conditions, defect in hearing or sight, varicose veins, haemorrhoids or rupture (hernia)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M Blood disorder, such as anaemia, haemophilia or leukaemia or received a blood transfusion or treatment with human blood products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
N Has your weight varied by more than 5kg in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
O Have you within the last three years undergone any blood tests (including HIV or hepatitis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
P Do you take, or have you ever taken, drugs, tablets or any medications on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q Have you required medical treatment for any illness or injury not mentioned above including chronic fatigue syndrome?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
R Do you contemplate seeking any medical advice, investigation or treatment (including surgery for any current health problems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

S Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection? <i>Some signs are unexplained weight loss, swollen glands, persistent diarrhea.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
T HIV risk situations include but are not limited to: • sex with or as a prostitute; • sex with an intravenous drug user; • contact with someone else's blood e.g. through injection or scratch with a used needle; • anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least 3 years). In the last 3 years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Females only

U Have you ever had any gynaecological condition or any complications with past pregnancy or childbirth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
V Are you currently pregnant? If 'Yes', date due: <input type="text"/> / <input type="text"/> / <input type="text"/> Any complications with this pregnancy? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
W Have you ever had a pap smear? If 'Yes', latest test date: <input type="text"/> / <input type="text"/> / <input type="text"/> Result: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
X Have you ever had or been advised to have a mammogram for any reason? If 'Yes', latest test date: <input type="text"/> / <input type="text"/> / <input type="text"/> Result: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Y Have you ever had a breast lump (even if you have not seen a doctor about it)? If 'Yes', give details <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional information (required if 'Yes' answered for conditions not bold)

Question number	Condition name	Date first started	Time off	Degree of recovery	Full details of treatment	Date of last symptoms	Full name and address of doctor or hospital

If you need more room to answer any of the above questions, use the **More Information** space at Item 22 on page 27

HEALTH (continued)

20 General Medical Questionnaire

Please complete the details below if you answered 'Yes' to any of the **bold** conditions in Item 19. Complete a separate column in the table for each condition you suffer from.

	Condition 1	Condition 2
1 Name of condition		
2 Date it first began		
3 Date of last symptoms		
4 What caused your first symptoms?		
5 How often do/did you have symptoms?		
6 How long do symptoms last each time?		
7 What makes symptoms start or worsen?		
8 Which parts of your body are affected?	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
9 Describe your symptoms		
10 Do you have attacks when symptoms are worse?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If 'Yes' provide details		
11 Have you had symptoms when resting or asleep?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12 Were you unconscious at any time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13 Have you got any residual/ongoing effects?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14 Have you ever taken regular or occasional medications for this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Have you ever been treated with steroids for this condition? (e.g. cortisone, prednisolone, predsol, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Complete if 'Yes' to any/all of 14 and/or 15		
Date from (e.g. Feb 97)		
Date to (e.g. current)		
Medicine (e.g. Ventolin)		
Administration (e.g. inhaler)		
Dose (e.g. 2 puffs)		
Frequency (e.g. 10 x per month)		
How often do you replace it?		
16 Have you ever had any other treatment for this condition? (e.g. physiotherapy, operation, alternative remedies)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17 Have you had any diagnostic investigations? (e.g. scope, scan, x-rays, EEG, ECG, etc)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18 Have you ever been in hospital or received emergency treatment for anything related to this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19 Have you ever been off work or are your normal daily activities restricted in any way related to this condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Complete if 'Yes' to any/all of 16 to 19		
Date from (e.g. Feb 97)		
Date to (e.g. current)		
Reasons/investigations/findings/treatment/restriction		
Doctor		
20 Give details of your most recent visit to a doctor or other therapist for anything related to this condition:		
Date from (e.g. Feb 97)		
Reasons for consultation, investigations, findings, advice		
Doctor/therapist name and speciality		

SPORTING ACTIVITIES

21 Sporting Activities

Important Note: The sporting activities listed below are examples to help you determine whether AMP would consider your activity as hazardous. You must still tick 'Yes' and give details if you take part in a potentially hazardous activity which is not listed. Review activities listed when answering the following question.

In the last 3 years have you taken part, or do you have definite plans to take part in a hazardous activity?

No Go to **22**

Yes Indicate the activities you take part in → Complete supplementary questions as applicable

<input type="checkbox"/> Football (any code)	<input type="checkbox"/> Martial arts	<input type="checkbox"/> Boxing/Wrestling	→ Complete 21A	
<input type="checkbox"/> Underwater diving	→ Complete 21B			
<input checked="" type="checkbox"/> Parachuting	<input type="checkbox"/> Hang gliding	<input checked="" type="checkbox"/> Ballooning	<input checked="" type="checkbox"/> Para-gliding	→ Complete 21C
→ Complete 21D				
<input type="checkbox"/> Abseiling	<input type="checkbox"/> Caving	<input checked="" type="checkbox"/> Mountaineering	<input type="checkbox"/> Outdoor rock climbing	→ Complete 21E
→ Complete 21F				
<input type="checkbox"/> Trail bike riding	<input checked="" type="checkbox"/> Competitive horse riding	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Bungy jumping	→ Complete 21G
→ Complete 21G				
<input type="checkbox"/> Ocean racing (sailing)	<input checked="" type="checkbox"/> Water skiing			→ Complete 21G
→ Complete 21G				
<input type="checkbox"/> Other (specify)	<input style="width: 500px; height: 20px;" type="text"/>			→ Complete 21G

21A Football (any code), Martial Arts, Boxing/Wrestling

Indicate the activity(ies) you take part in:

<input type="checkbox"/> Aussie Rules	<input type="checkbox"/> Rugby League	<input type="checkbox"/> Rugby Union	<input type="checkbox"/> Soccer	<input checked="" type="checkbox"/> Touch	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Aikido, Judo, Kendo	<input type="checkbox"/> Jujitsu, Karate, Kung fu, Tae kwan do		<input checked="" type="checkbox"/> Tai chi	<input type="checkbox"/> Boxing	

Do you receive professional or other personal payment for this activity?

No

Yes Specify amount received

Specify frequency of payment (eg. per match, bout, year, etc)

Have you ever had an injury/ies as a result of this activity for which details have not already been provided at 19A to 19R?

No

Yes Describe the injury/ies

Do you compete in Inter-club, Regional, State or National (martial arts) tournaments?

No

Yes Please provide details

SPORTING ACTIVITIES (continued)

21B Diving

Indicate the type(s) you take part in:

Scuba Surface demand (e.g. Hooka) Enriched air (NITROX) Mixed gases (Heliox)

How many years have you been diving?		Number of dives deeper than 30m		Maximum depth	
Number dives in last 12 months		Number dives in next 12 months			

Do you dive

in ocean caves?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	in inland caves?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	in wrecks?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
in dams or lakes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	at night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	alone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Do you hold any recognised diving qualifications (e.g. SSI, PADI)?

Yes No

Do you dive other than for recreation?

Yes No

Have you ever had a diving accident or diving sickness (e.g. blackout, needed decompression, etc)?

Yes No

If you Yes give further details in 21G

21C Parachuting, Hang Gliding, Ballooning, Paragliding, other

Activity	<input type="checkbox"/> Parachuting	<input checked="" type="checkbox"/> Hang gliding	<input type="checkbox"/> Ballooning	<input checked="" type="checkbox"/> Para-gliding	<input type="checkbox"/> Other
Year started					
No. jumps/flights per year					

If other, what is the activity?

Do you hold a licence, have qualifications or have formal training for the activity?

Yes No

Are you a member of an organisation associated with the activity?

Yes No

If you Yes give further details in 21G

Do you, or do you have definite plans to, take part in any competitions?

Yes No

When participating in the activity are you ever towed by plane, boat, motor vehicle or winch?

Yes No

21D Motor Sport (on Land or Water)

Indicate the activity(ies) you take part in:

Boats Off road (cycles) Road/Circuit (cycles) Drag (cars/cycles) Speedway (cars/cycles) Sports cars
 Karts/go karts Off road (cars) Sedans (circuit) Rallies Historic Speed (lap dash/hill climb/etc)
 Open wheel AUSCAR/NASCAR Lower order cars (motorkhana/etc) Stunts Trucks
 Other (specify)

Give the following details of your involvement

Category	Class	Vehicle	Fuel	Engine capacity	No. events last 12 months	No. events next 12 months	Max speed	No. vehicles per event

Competition licence type

Issuing body (e.g. CAMS)

Years held

Are you a professional or sponsored driver?

Yes No

Do you, or do you have definite plans to, compete outside Australia?

Yes No

Have you ever had a motor sport accident, or has your competition licence ever been suspended?

Yes No

If you Yes give further details in 21G

SPORTING ACTIVITIES *(continued)*

21E Abseiling, Caving, Mountaineering, Outdoor Rock Climbing

Activity	<input type="checkbox"/> Abseiling	<input checked="" type="checkbox"/> Caving	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Outdoor rock climbing
No. climbs/descents per year				
Maximum altitude/depth & climb grade				

Countries and geographic locations

Equipment used

Type of involvement

 Top roping Lead climbing Aided Solo Other *(specify)*

Are you a member of an organisation or do you have qualifications or other formal training for this activity?

 Yes No

If you Yes give further details in 21G

Do you, or do you have definite plans to, take part in any competitions or expeditions?

 Yes No

21F Aviation *(in a power driven aircraft or conventional glider other than as a fare paying passenger on a licensed public service)*

Licence type

Number of years you have held a pilot's licence

Number of hours you have flown as a pilot

Type of flying*	Fixed wing or helicopter	No. hours past 12 months	No. hours next 12 months

* Type of flying as defined by the Aviation Authorities: e.g. Aerobatics, Stunt, Agricultural, Airline operations, Charter, Commuter operations, Private/Business commuting, Training others/instructing, Gliding, Ultralights, Gyroplanes, Other *(specify)*

Type of aircraft and any unusual aircraft features

Altitude *(other than take off and landing)*

 Above 3000ft up to 3000ft above and below 3000ft

Name of your pilot's club, association or organisation

Air Navigation Order under which your flying is controlled

Do you have definite plans to upgrade or change your licence?

 Yes No

Have you ever had a flying accident and/or been charged with violating Aviation Regulations?

 Yes No

Do you ever take off from or land anywhere that is not a registered airfield?

 Yes No

If you Yes give further details in 21G

Do you, or do you have definite plans to, fly outside Australia?

 Yes No

Do you, or do you have definite plans to, do any low flying *(below 500ft other than take off and landing)*?

 Yes No

SPORTING ACTIVITIES (continued)

21G Further details to provide a more complete understanding of your sporting activities

- Complete:**
- If you answered 'Yes' to any questions in **21B-21F**
 - If on page 24, you crossed **any other activities** than those covered by **21A-21F**

If you Yes
give further
details here

MORE INFORMATION

22 More Information

Use this section to provide more information in relation to any part of your Personal Statement, which will assist us in processing your application

AUTHORITY FOR HIV TEST

The implications of an HIV antibodies (AIDS) test

For AMP Life to consider your insurance application, you 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.

**READ AND COMPLETE THIS SECTION
IF AN HIV TEST IS NEEDED**

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.

Following infection, there may be mild flu-like symptoms or no symptoms at all. The body then produces antibodies to the virus. These antibodies can be detected by a blood test. When these antibodies are detected, the person is HIV positive. It should be noted that there can be a period of up to 3 months or more following HIV infection during which time the antibodies cannot be detected by the blood test but the infection can still be passed on to others. This is because the blood test detects the antibodies that are formed after infection with HIV, rather than the HIV itself. Someone who is infected may remain free of symptoms for many years, but ultimately the serious manifestations of HIV will develop. A person infected with HIV may pass the infection to others through sexual activity especially unprotected sexual intercourse, through sharing needles or syringes, through donating blood, blood products, semen or an organ, or through a mother passing HIV to her unborn or breastfeeding baby. No other modes of transmission have been identified and, if they exist, they are exceedingly rare.

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 the 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 in the manner you have specified in your authority for HIV test. Otherwise, acceptance of your insurance application will indicate that your HIV antibody test was negative.

I, the insured person, consent to having my blood tested in connection with my insurance application, understand that my blood will be tested for the presence of antibodies to the Human Immunodeficiency Virus (HIV), and I have read the implications of an HIV antibody (AIDS) test and I understand the significance of this test.

If the HIV antibody test is positive, I request that an AMP medical officer communicate this result:

- to me directly and in confidence, or
- to my doctor or a government approved education and counselling service named below, for communication to me

**DON'T FORGET TO TELL US
WHO TO SEND RESULTS**

Name of Doctor or Service

Address of Doctor or Service

<input type="text"/>	
State	Postcode

**DON'T FORGET TO SIGN
AND DATE THIS AUTHORITY**

Signature of insured person

	SIGN HERE
---	------------------

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PRIVACY

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, or
- medical practitioners, or
- 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 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 our Product Disclosure Statement.

YOUR AGREEMENT AND DECLARATION

I, the insured person, agree and declare that:

- 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 the information I give in my Personal Statement, any additional questionnaire(s), form(s), and statement(s), as well as telephone underwriting (if applicable).
- I understand that 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 a plan.
- All the information provided in my Personal Statement is complete and correct.
- If any information has been written by someone else, I have re-looked at that 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.
- 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.
- For all types of income continuation and business overheads insurance:

Overseas	If the insured person remains outside Australia and New Zealand during any claim period for longer than 3 months, AMP may stop paying the claim.
Superannuation benefits	Any periodic total disability benefits (not lump sum benefits) payable to me by a superannuation fund will be regarded as periodic income replacement and will reduce the amount AMP had to pay to me during a claim.
If Table IPC	This plan may be cancelled or varied by AMP following a claim.
If Chronic Condition Option applies	This only covers chronic physical conditions so AMP will not pay me for a chronic psychosomatic or psychiatric condition.

Signature to your agreement and declaration

IMPORTANT This agreement and declaration must be signed after you have read your duty of disclosure and completed your Personal Statement. Only sign this agreement and declaration if you agree to make the declaration.

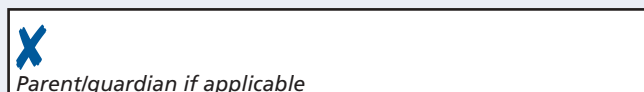
DON'T FORGET TO SIGN AND DATE YOUR DECLARATION

My signature to this declaration confirms my agreement to all of the above


Insured person

Date

Signature of my parent/guardian if I am under age 16


Parent/guardian if applicable

Date

FINANCIAL PLANNER INFORMATION *(to be completed by Financial Planner)*

A Accredited financial planner number

Accredited segment

- | | | |
|--|---|---|
| <input type="checkbox"/> Superannuation | <input checked="" type="checkbox"/> Retirement and investment | <input type="checkbox"/> Small business |
| <input type="checkbox"/> Estate Planning (<i>Personal</i>) | <input checked="" type="checkbox"/> Estate Planning (<i>Business</i>) | <input type="checkbox"/> Risk business |

Name	Planner financial no.	Telephone	Fax	Initial comm Split	Servicing financial planner
				%	<input type="checkbox"/>
				%	<input type="checkbox"/>
				%	<input type="checkbox"/>
100%					

Financial planner's email address

Is this a staff application? No Yes Staff number

100% of initial commission must be credited to Financial Planner number 92xSP-y (where "x" = state of register and "y" is the check digit corresponding adviser code for that state register)

B Sales within previous 24 hours

The ASIC Code of Practice imposes restrictions on "same day sales" to "related" parties. If you have sold a plan(s) on this basis in the past 24 hours please provide details in Section D Planner notes.

C If this application has already been discussed with an underwriter:

Underwriter's name	Date
	D D M M Y Y Y Y
Discussion details	

Indicate if tests are prearranged

- | | | | | | |
|---|--|---|---|---|---|
| <input type="checkbox"/> Own doctor exam | <input checked="" type="checkbox"/> Other doctor exam | <input checked="" type="checkbox"/> Pathology tests | <input checked="" type="checkbox"/> ECG - resting | <input type="checkbox"/> ECG - exercise | <input checked="" type="checkbox"/> Specialist exam |
| <input type="checkbox"/> Paramedical exam | <input checked="" type="checkbox"/> Other (<i>specify</i>) | <input style="width: 500px;" type="text"/> | | | |

D Financial planner notes

E Planner checklist

1. Are all relevant sections fully completed? Yes No
2. Is the application form signed and completed? Yes No
3. Is the personal statement signed and completed? Yes No
4. Section 19 - Medical Statement: If the client answered 'Yes' to the bolded conditions, is the General Medical Questionnaire on page 22 completed? Yes No
5. Are the following authorities completed and signed (if required)? Yes No
 - Authority for HIV test (page 28);
 - Authority for medical report (page 31);
 - Authority for pathology tests (page 31);
 - Business overheads questionnaire (pages 18 and 19);
 - Sports activities questionnaire (pages 24 to 27);
 - Direct debit request for risk products (page 33).
6. Did the plan owner approach you for cover? Yes No

For office use – Receipt details

Date	Amount	Receipt number	Accounting details
	\$		
	\$		

AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

Doctor/Health Service Provider

I hereby authorise you to release at any time details of my personal 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.

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.

A photocopy of this authorisation shall be as valid as the original.

Name of Insured Person

Address of Insured Person

 State Postcode

Signature of Insured Person



Date

AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

Doctor/Health Service Provider

I hereby authorise you to release at any time details of my personal 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.

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.

A photocopy of this authorisation shall be as valid as the original.

Name of Insured Person

Address of Insured Person

 State Postcode

Signature of Insured Person



Date

AUTHORITY FOR PATHOLOGY TESTS

Tests required - To the doctor or pathology collection centre

I have recently applied to AMP Life Ltd ABN 84 079 300 379 for Life Insurance/Income Continuation Insurance cover and, as part of their standard underwriting requirements, I am required to undertake blood tests.

The tests required are:

- Multiple Biochemical Analysis (MBA)
- HDL and 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*).

Others

I have completed a Consent and Authorisation for the HIV antibodies test and this accompanies my insurance application to AMP.

I hereby provide authorisation for these 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 confirmation of my identity via driver's licence, passport etc.

Name of Insured Person

Signature of Insured Person



Date



AMP Life
PO Box 300
Parramatta NSW 2124



AMP Life
PO Box 300
Parramatta NSW 2124

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 the 'Tests required' details (on page 31) along to your doctor to ensure 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 the 'Tests required' details (below) along to the collection centre to ensure 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 the 'Tests required' details (on page 31) 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 recommended paramedical service provider is:
Lifescreeen Phone: 1800 686 000 Fax: 1800 804 758
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 the 'Tests required' details to their appointment.



Direct Debit Request for Risk Products

Firstcare, Income Continuation, Business Overheads, CrisisCare, Term Life, Yearly Renewable Term
Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

Planowner's name*

Telephone (daytime)

* For AMP Firstcare Superannuation – Insurance plans please insert the insured person's name.

1 DEBIT DETAILS

Plan/Application number	Amount	Frequency	Deduction Date*
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	<input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	<input type="text"/>

*Deduction date cannot be nominated for Income Continuation and Business Overheads.

Bank/credit union/building society deduction – Complete Section 2.

Credit card deduction – Complete Section 3. You must complete either Section 2 or 3.

Deduct initial payment by Direct Debit from the credit card/bank account below Yes No +
We will deduct the initial premium within 5 days of our acceptance of your application for insurance.

2 DEDUCTION FROM BANK ACCOUNT Form of request for debiting amounts to accounts by the direct debit system – DDR

Details of your financial institution (e.g. bank, credit union) Authority number (Office use)

Name of institution

Branch location State

Account holder name

Telephone (if different to planowner's contact no.) (daytime)

BSB number Account number

Note: Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

I/We request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account, 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 13.

Signature(s) of Accountholder Date

Date

3 DEDUCTION FROM CREDIT CARD

Type of credit card VISA MasterCard Bankcard Amex

Credit card number Expiry date

Name on credit card

Telephone (if different to planowner's contact no.) (daytime)

I/We request AMP to debit the above card account any amounts that AMP may debit or charge me/us through the direct debit system. I/We understand that AMP or I/we may terminate this request at any time by notice in writing.

Signature of cardholder Date

This page has been left blank intentionally.



AMP Firstcare Insurance Electronic Application

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

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

1 APPLICATION DETAILS

My application includes:

- my electronic application on the computer which has Application Number and Verification Number on it; and
- this Agreement and Declaration.

Member name

Application number

Verification number

+

Plan number

Type of application

New business
 Increase
 Conversion of existing plan
 Replacement option
 Addition of life insured
 Continuation from AMP Superannuation Plan
 Multiple Lodgement

2 CONVERSION/CONTINUATION OPTION DETAILS

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

Have you smoked tobacco or any other substance within the last 12 months? Yes No

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

Replacement cover stamp required – office use only

- 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 life 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 of *previous* plan owner(s)

Date

Signature of *new* plan owner(s)

Date

Continues over page

3 AGREEMENT AND DECLARATION

Please complete these details if death cover is **NOT** applied

The plan owner(s) agree and declare that:

I/We have chosen **NOT** to apply for death cover

Name of life insured 1

Name of life insured 2

My/Our financial planner has made it clear that AMP will not pay me/us any money under this plan if the person(s) named above die/s.

Signature of plan owner 1

X

Date

Signature of plan owner 2

X

Date

I/We agree that:

- i I/We have received and read the AMP Risk Protection Product Disclosure Statement (PDS) Preparation date 1 January 2004;
- ii The Application Number and Verification Number shown above appear on my electronic application on the computer screen;
- iii I have read (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out. I have been shown the Privacy information on page 30 of the PDS which explains why these answers are collected and how they may be disclosed, amongst other matters;
- iv I have read and agree with the Agreement and Declaration statements (including the Duty of Disclosure) on pages 6 and 7 of the application form;
- v All the information provided in this form is complete and correct even if the information has been written by someone else;
- vi When I/we decided to apply for this plan, I/we did this based on: *(Cross one of the following)*
 - My/Our financial planner completed a fact find and needs analysis, based on the information I/we provided at his/her request. My/Our financial planner recommended I/we purchase this plan. I/we have been provided with a copy of the Statement of Advice; or
 - I/We decided not to provide my/our financial planner with all the information they requested. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - I/We decided to purchase a plan different from the one my financial planner recommended. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - I/We only wanted advice on a limited range of products. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - My/Our financial planner did not complete a fact find or needs analysis on me/us and my/our circumstances. Nor did my/our financial planner give me/us any advice. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs.

Signature of plan owner 1

X

SIGN HERE

Date

Signature of plan owner 2

X

SIGN HERE

Date

4 FINANCIAL PLANNER DECLARATION

I agree and declare that:

- The applicant received a current AMP Risk Protection Product Disclosure Statement Preparation date 1 January 2004.
- The Application Number and Verification Number were written on this form before the applicant signed it.
- I read aloud to the applicant(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of financial planner

X

Date

Planner's name

Phone number

+



AMP Income Continuation & Business Overheads Insurance Electronic Application

Before you sign this application form, be aware that AMP Life 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 plan and to decide whether it is appropriate to your needs.

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

1 APPLICATION DETAILS

My application includes:

- my electronic application on the computer which has Application Number and Verification Number on it; and
- this Agreement and Declaration.

Member name

Application number

Verification number

+

Plan number

Type of application

New business Increase Conversion Alteration Reduced plan fee Multiple lodgement

2 CONVERSION OPTION DETAILS

Complete this section if you are converting from an existing AMP plan and AMP has approved the conversion

Have you smoked tobacco or any other substance within the last 12 months? Yes No

Existing plan number(s)

I, as the insured person of the plans(s) above (the 'old' plan):

- 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 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 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 of insured person

Date

Signature of insured person

Date

Continues over page

3 AGREEMENT AND DECLARATION

I agree that the plan, if issued, will be subject to the following provisions:

Overseas:

At AMP Life's discretion benefits may not be payable under this plan 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.

For Income Continuation Basic:

I understand that this Plan may be cancelled by AMP following a claim.

I agree that:

- i I have received and read the AMP Risk Protection Product Disclosure Statement (PDS) Preparation date 1 January 2004;
- ii The Application Number and Verification Number shown above appear on my electronic application on the computer screen;
- iii I have read (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out. I have been shown the Privacy information on page 30 of the PDS which explains why these answers are collected and how they may be disclosed, amongst other matters;
- iv I have read and agree with the Agreement and Declaration statements (including the Duty of Disclosure) on pages 10 and 11 of the application form;
- v All the information provided in this form is complete and correct even if the information has been written by someone else;
- vi When I decided to apply for this plan, I did this based on: *(Cross one of the following)*
 - My financial planner completed a fact find and needs analysis, based on the information I provided at his/her request. My financial planner recommended I purchase this plan. I have been provided with a copy of the Statement of Advice; or
 - I decided not to provide my financial planner with all the information they requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I decided to purchase a plan different from the one my financial planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
 - My financial planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my financial planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.

Do you want the Superannuation contribution option? Yes No

(This pays an additional 12% of the monthly benefit you selected based on your income and is included in the maximum monthly benefit).

Signature of insured person

SIGN HERE

Date

4 FINANCIAL PLANNER DECLARATION

I agree and declare that:

- The applicant received a current AMP Risk Protection Product Disclosure Statement Preparation date 1 January 2004.
- The Application Number and Verification Number were written on this form before the applicant signed it.
- I read aloud to the applicant(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of financial planner

Date

Planner's name

Phone number



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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: 133 888
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

INTERNET ADDRESS

Website: www.amp.com.au
Email: polinfo@amp.com.au

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 customer identity number and 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

AMP ADVISER SERVICES

Lodgement Team

Locked Bag 5027
Parramatta NSW 2124
Telephone: 1300 785 066
Monday to Friday
Fax: 1300 785 067
Monday to Friday
Email: ifa_service_centre@amp.com.au



advice
investments
banking
superannuation
insurance
retirement income

Contact

Contact your adviser or financial planner or

Telephone 133 888
Monday to Friday

Internet www.amp.com.au

Email polinfo@amp.com.au

