



# Insurance to **protect** your lifestyle

## Risk Protection

- AMP Firstcare Insurance
- AMP Income Continuation Insurance
- AMP Business Overheads Insurance



## Customer Information Brochure

You should read this brochure carefully, especially the Key Features Statement. This contains important information you should know about.

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\* AMP Income Continuation Insurance Gold Winner  
in Personal Investor Magazine Awards 2001

\*\* Trauma Insurer of the Year in Personal Investor  
Magazine Awards 2002

# Firstcare Insurance



# Firstcare Insurance

## AMP Life Limited in profile

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

AMP Life was formed in 1998. Its ultimate holding company is AMP Limited. In this brochure we refer to AMP Life Limited as "AMP Life", "we", "us" and "our".

## HOW TO APPLY

The only way to apply for these plans is to complete the application at the very back of this brochure. Your financial planner can help you assess your needs and explain the details of the plan to you.

## EXPIRY

This brochure is current until 31 December 2003. It cannot be used after that date.

## AVAILABILITY

AMP Firstcare Insurance is available under superannuation (with AMP Superannuation Ltd as owner) and non superannuation arrangements. The important differences between the two arrangements are set out below as a general guide only. How it affects you depends on your circumstances, especially in relation to taxes.

PLAN CHARACTERISTICS	NON-SUPERANNUATION PLAN	SUPERANNUATION PLAN
<b>TYPES OF COVER</b>		
Crisis cover	✓	✗
Disablement lump sum cover – home duties cover	✓ ✓	subject to plan and superannuation rules
Waiver of Premium	✓	✓
Death cover – (with inbuilt terminal illness cover)	✓	✓
<b>TAXES</b>		
Tax deduction/rebates may apply	✗	✓
Surcharge may be payable	✗	✓
Spouse contribution rebate may apply	✗	✓
<b>ELIGIBILITY</b>	see page 6	see page 6 – but must be under age 75 and Working at least 10 Hours a week, or Qualify under spouse Contribution arrangements
<b>PLAN OWNERSHIP</b>	how you specify	Trustee, for your benefit
Can I <b>NOMINATE A PREFERRED BENEFICIARY</b> in case of my death?	✓ Plan owner must be life insured	✓ Nomination is not binding on the Trustee
Can I insure <b>MORE THAN ONE PERSON</b> in the plan?	✓	✗

# Key features statement

This key features statement follows guidelines set by the Australian Securities and Investment Commission. It will help you to decide whether this plan meets your needs and to compare the plan with others.

**Important notice** The plan is not a savings plan. If you end the plan at any time, you will not get anything back. Its primary purpose is to pay you a lump sum if the insured person suffers one of the crisis conditions we cover, becomes totally and permanently disabled, is terminally ill or dies. Each of these types of cover is optional.

## Purpose of this insurance

AMP Firstcare Insurance helps you maintain your lifestyle. It provides a range of different types of cover you can select from. Depending on the types you apply for, we will pay you a lump sum if an insured person:

- suffers one of the crisis conditions we cover,
- becomes totally and permanently disabled,
- becomes terminally ill or dies.

You can choose any of these separately or in combination.

## Premiums

### HOW WE CALCULATE PREMIUMS

The amount of the premium you pay depends on the amount and type of cover you apply for. The premium is based on the insured person's age, state of health, sex, smoking habits, occupation, etc., and our fees.

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.

Copies of our standard premium rates are available for each type of cover if you would like them. Your financial planner can illustrate the cost of the cover you want.

### 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 CPI or 3%, whichever is higher

If you don't want this increase, in full or in part then you need to tell us.

### IF YOU STOP PAYING PREMIUMS

If you stop paying premiums, or you don't pay one 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.

### CURRENT MINIMUM PREMIUM

The current minimum premium is \$200 a year for the first adult insured person, and \$150 for each subsequent adult insured person. This includes the annual plan fee.

### 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.

### 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. They are not guaranteed.

## Lower premiums can apply

We offer the following premium reductions:

- non-smokers;
- death cover of at least \$250,000;
- total and permanent disablement cover of at least \$250,000; and
- crisis cover of at least \$250,000.

We can change, or withdraw, these premium reductions at any time.

If we do that, we will tell you in your Annual Statement.

### PREMIUM PAYMENT OPTIONS

You can pay premiums either yearly, or half yearly, by cash, cheque or direct debit. You can also pay monthly by direct debit. The direct debit can be from your bank, building society or credit union; or your Mastercard, Visa, Bankcard or American Express. If you pay more frequently than yearly, a fee applies – see page 7.

## Benefits

### WHAT HAS TO HAPPEN BEFORE WE PAY?

Firstcare Insurance can provide you with a lump sum if the insured person:

- suffers one of the crisis conditions we cover; and/or
- becomes totally and permanently disabled; and/or
- has less than 12 months to live or dies.

We explain each of these types of cover on the following pages. You can apply for any one or more of them for each insured person. Additional rules apply for superannuation – see *page 9*.

### 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, then you need to decide whether:

- you want their remaining cover to stay the same after we pay a claim for them (we call this Stand alone cover); or
- you want their remaining cover to reduce after we pay a claim for them (we call this Linked cover).

For example, imagine you were covered for:

- disablement lump sum cover of \$150,000; and
- crisis cover of \$100,000; and
- death cover (with built-in terminal illness cover) of \$300,000.

Then you developed severe bowel cancer and we paid a \$100,000 crisis claim.

If you had chosen:

- Stand alone cover, your cover for disablement lump sum and death cover would continue unchanged;

However, if you had chosen:

- Linked cover, your remaining cover would be reduced by the \$100,000 we had paid. That is, your disablement lump sum cover would be reduced to \$50,000 and your death cover to \$200,000.

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

If you purchase the **buy back option** for death benefit at the time you take out Premier Crisis cover, you will be able to restore your death cover by the amount it was reduced upon a claim for crisis cover.

This option becomes valid 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 your age at the time, taking into account the benefit amount, and any special conditions or premium loadings applying to your original cover.

In the example above, if you have Premier with Buy Back and claim \$100,000 for bowel cancer, then your crisis cover benefit is reduced to \$0, disablement lump sum to \$50,000 and death cover to \$200,000.

12 months from the date of the crisis claim, you have the option to reinstate the \$100,000 cover you have lost in your death benefit, taking you back to \$300,000 death cover.

Note: For Premier with Buy Back Crisis cover, death benefit must be linked and always greater than or equal to the crisis benefit.

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. Your financial planner can help you make it.

### 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 are \$24.1 billion as at 30 September 2002.

### Optional death cover – adults

We pay a lump sum if an insured person dies. Death cover automatically includes terminal illness cover.

### Terminal illness cover – adults

Terminal illness cover is included automatically with the insured person's death cover. If an adult insured person is diagnosed as having less than 12 months to live, we will pay 100% of the death cover. We pay in advance up to 100% of the death benefit. The maximum we'll pay in advance for this insured person (under this plan) is \$2 million. For other AMP plans, this limit is normally \$1 million. If there is a balance of death cover we will pay this when they die. Special rules apply for superannuation – see *page 9*.

### 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, as the insured person, may increase your death cover without providing further evidence of health if:

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

Limitations apply to this condition.

Refer to Firstcare Insurance descriptions.

## Optional disablement lump sum cover – adults

We pay a lump sum if an insured person becomes totally and permanently disabled before they turn 65 and they survive six months. Our description of totally and permanently disabled is on *page 18*.

Our description relates to the insured persons inability to do any work for which they are reasonably fitted by education, training or experience. For those doing home duties, it relates to their inability to do home duties or care for invalid members of their immediate family.

If your disablement lump sum cover is part of your superannuation arrangements, you can only be paid if you meet both the plan definition and the superannuation rules set by the Federal Government – see *page 9*. Also cover for home duties is subject to plan and superannuation rules. For those people who are not doing regular remunerative work or home duties, the circumstances when we will pay are very narrow.

## Optional Own Occupation Cover

If you choose optional disablement lump sum cover and you are in an eligible occupation, you may also choose the “own occupation” option. Your “own occupation” is the primary full-time occupation which you have performed in the twelve months before making a claim (See Firstcare definitions for eligibility *page 18*). You have to pay extra for this option.

WHAT I NEED						
	COVER TYPE			PLAN TYPE		
	DEATH	TPD	CRISIS	STAND ALONE	LINKED	BUY BACK
<b>DEATH &amp; TPD</b>						
Death benefit not reduced by TPD claim	✓	✓		✓		
Death benefit reduced by TPD claim	✓	✓			✓	
<b>DEATH &amp; CRISIS COVER</b>						
Death benefit not reduced by Crisis claim	✓		✓	✓		
Death benefit reduced by Crisis claim	✓		✓		✓	
Death benefit reduced by Crisis claim Option to restore lost death benefit after one year	✓		✓		✓	✓

WHAT ARE MY BENEFIT OPTIONS?			
CRISIS COVER	CONDITIONS COVERED	STAND ALONE	LINKED
Standard	14	✓	✓
Premier	45	✓	✓
Premier with Buy Back	45	✗	✓ (must include death benefit)

**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) <sup>+</sup> 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 & 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 Firstcare Insurance descriptions.

**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

**Optional crisis cover – adults**

We pay if the insured person suffers one of the crisis conditions set out on the tables on pages 5 & 6, and survives for 14 days.

**CHOOSE FROM THREE LEVELS OF COVER**

For each adult person you can choose from three levels of crisis cover – crisis cover Standard, crisis cover Premier, and crisis cover Premier with Buy Back. Premier covers more crisis conditions than Standard does, so it is more expensive.

**COVER IS DELAYED**

For conditions in the left-hand columns in the tables on pages 5 & 6, cover does not start for three months. If the cover or plan is restarted, the three months' delay starts again.

If you increase the amount of the cover for crisis conditions, that increase is delayed for the conditions in the left-hand column of each table for three months.

If the insured person suffers one of these crisis conditions during the three months' delay we will never pay for it, even if they suffer the same crisis condition again later.

**WE PAY A CRISIS CLAIM ONLY ONCE**

If we pay because the insured person suffers one of the crisis conditions for which we pay the full benefit, that insured person's crisis cover ends.

**WHAT MUST HAPPEN BEFORE WE PAY**

We have special descriptions of each crisis condition. We only pay if we agree that the insured person meets our full description. The descriptions are set out on page 12.

**Optional 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 or;
- of \$5,000 if an insured child dies after age 2 but before they turn 17.

**CRISIS CONDITIONS FOR WHICH WE COVER**

**CHILDREN** – please see page 17



### COVER IS DELAYED

For conditions in the left-hand column below, cover does not start for three months. If the cover is restarted, the three months' delay starts again.

If the insured child suffers one of the crisis conditions during the three months' delay (or one listed in the right-hand column before they turn age 10) we will never pay for it, even if the insured child suffers the same crisis condition again later.

If you include an insured child with children's crisis cover, then they can't also have death, disablement lump sum or adult crisis cover.

### WE PAY ONLY ONCE FOR CRISIS

If we pay because the insured child suffers one of the crisis conditions we cover, their crisis cover and death cover end.

### Waiver of Premium

You can choose from two types of Waiver of Premium. One means that you don't have to pay the premium for a particular person if they are totally disabled. Under the other type, the premium for the entire plan – all insured people – is waived if a particular person is totally disabled. For both types of Waiver of Premium, we start waiving the premium after the insured person has been totally disabled for six months. Our definition of totally disabled is on page 18.

You have to pay extra for this option.

### 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 life insured on this plan, and must be claimed within twelve months of the benefit being paid.

### Nominating a beneficiary for non-superannuation plans

A plan owner may nominate one or more beneficiaries to whom payment of the lump sum death benefit is to be paid.

This nomination can be cancelled at any time in writing to AMP. If no nomination is made or 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. To make a nomination, there must be only one plan owner and life insured who is the same person.

The nomination or cancellation of a beneficiary may have taxation implications. To confirm any effects on your personal situation, you should consult your taxation adviser.

### WHEN CAN PEOPLE BE INSURED?

You can apply to cover people in the age ranges shown in the table below.

An insured person's cover can continue until the ages shown below.

### CHILDREN'S CRISIS COVER covers the following crisis conditions for children

#### COVER FOR THE CRISIS CONDITIONS IN THIS COLUMN IS DELAYED FOR THREE MONTHS

Aplastic Anaemia  
Bacterial Meningitis  
Cancer  
Leukemia  
Subacute Sclerosing Panencephalitis  
Viral Encephalitis  
Severe Burns

#### 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.

Major head trauma  
Major organ transplant  
Paralysis that is one of:  
- Diplegia  
- Hemiplegia  
- Paraplegia  
- Quadriplegia  
- Tetraplegia

### ENTRY AGE RANGES COVER CONTINUES:

ENTRY AGE RANGES	COVER CONTINUES:
Crisis cover	15 to 59 until they turn 74 for Standard policies and 84 for Premier policies (from the plan anniversary following your 64th birthday, for Standard policies, and 69th birthday for Premier policies, cover is limited to Loss of Independent Living, and Loss of Limbs and/or Sight)
Death cover	10 to 69 until they turn 99
Death cover superannuation	15 to 64 until they turn 99 (but not as part of your superannuation arrangements after age 75 or on earlier retirement or after age 65 if for spouse contributions)
Disablement lump sum cover	15 to 54 until they turn 64
Children's crisis	1 to 12 until the insured child turns 16 (then converts to death cover until they turn 99)

### FREE INTERIM COVER - ADULTS

While your application for AMP Firstcare Insurance is being considered, we will provide you with interim accident cover. This benefit is included at no extra cost.

While we are considering your application, if the insured person:

- dies; or
- is totally and permanently disabled; or
- suffers a crisis condition

solely as a result of an accidental injury, we will pay the benefit the insured person has applied for, to a maximum of \$600,000.

Interim accident cover will be limited to a maximum of 90 days.

We will only pay this benefit once. Conditions and limitations apply to this cover. These are fully set out on *pages 41 and 42*.

### MORE THAN ONE PERSON

You can insure more than one person or more than one child in the one plan, except for superannuation where only one adult can be insured.

### WHEN WE WON'T PAY

We won't pay in some circumstances – for example, if you injure the insured person, or the insured person injures themselves on purpose, dies (or becomes terminally ill) by their own hand within one year and 30 days after the cover starts, restarts, or you increase it we won't pay. We won't pay for a crisis if the insured person dies within 14 days of the crisis.

There are other reasons why we won't pay for an insured child's injury, illness, or death. For example, we won't pay if it is caused by alcohol or drugs, or by someone connected to the child, or their parents, or results from a congenital condition.

## What are the charges?

**All the charges of the plan are fully described in this section. AMP Life will not apply any other charges without your specific consent.**

### PLAN FEE

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI.

The fee is currently \$66.80 a year for the first insured person, and a further \$13.35 for each other insured person you include in the plan.

### PREMIUM FREQUENCY FEE

If you pay more often than yearly, we charge an extra fee. 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 do that because our costs are higher. We can change the percentages at any plan anniversary in circumstances relating to the commercial operation of our business. We will tell you of any change at least three months before the change.

## Taxation

### INCOME TAX

We have outlined below our general understanding of current legislation and rules as at 1 November 2002.

The legislation and its interpretation could change in the future with the government's tax reform proposals. We will keep you informed of any changes that could affect your plan.

Our understanding of current taxation law and the way it is interpreted for this plan is that generally:

- the premiums are not tax deductible; and
- the amounts we pay you are not assessable for income tax or capital gains tax, as long as the insured person is either you, your spouse or a relative. If, when we pay, the plan owner is not the same as the plan owner when the plan began, capital gains tax may have to be paid on amounts we pay.

However, tax deductions or rebates may be available in two situations:

- if a plan is arranged as superannuation – see *pages 9 to 11* for more details;
- where a business arranges Firstcare Insurance to cover loss of revenue (profits) after a key employee suffers a crisis condition, is totally and permanently disabled, terminally ill or dies. Then the premium will generally be tax deductible and amounts we pay are included in the business' assessable income.

How the taxation law applies to you depends on your circumstances.

## Cooling off period

We want this financial product to meet your needs. But if you no longer want this product, 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 Welcome Pack
- 5 days after the date of the Welcome Pack

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

The amount payable under cooling off will usually be paid as you direct. However, for superannuation products, we can return in cash on those amounts that are unrestricted non-preserved. All other money must be paid to another superannuation entity. If we are not advised of a fund within a month of your request to cancel the plan, we will make the payment to the AMP Eligible Rollover Fund.

If you are unhappy about the way we have handled your complaint, you can refer it to the Financial Industry Complaints Service (FICS). FICS is independent and impartial. Contact details are *on page 20*. If your plan is a superannuation plan, or if you have a complaint about the superannuation fund you are a member of, you can refer your complaint to the Superannuation Complaints Tribunal. Contact details are also *on page 20*.

## Information on your insurance

### **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. They will set out the details of who owns the plan, who is insured, the amount of cover, and other important information.

### **ANNUAL STATEMENT**

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

### **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. Also our Customer Service people are keen to help. Their contact details are on the inside back cover of this brochure. If you contact us, we will acknowledge this within five days. We will investigate your query or complaint promptly. We will give you a written reply as soon as possible.

# Firstcare insurance as part of your Super

## Firstcare insurance as part of your Super

You can include this plan in your superannuation arrangements including any private (ie self managed) arrangements you might have.

Alternatively, you can choose to include this plan in the AMP Personal Superannuation Fund. If you do this, some of the special conditions that apply are:

- AMP Superannuation Limited (ABN 31 008 414 104) is the Trustee of the Fund, and will own the plan on your behalf. There are no additional fees charged by the Fund;
- You become a member of the Fund and must continue to meet the government rules about who can be a member;
- You can't choose crisis cover;
- Only you can be insured under the plan;
- We can only pay the terminal illness cover and disablement lump sum cover to you in accordance with superannuation rules. So before the Trustee can pay you, those rules require that, in addition to meeting the definitions in the Plan Rules, you must demonstrate to the Trustee that:
  - you have had to retire from the workforce early because of ill health; and
  - you are unlikely to work again in a role for which you are reasonably qualified by education, training or experience because of ill health.

These rules also apply if you have chosen the own occupation option defined under Firstcare Descriptions, or if contributions are made on your behalf by your spouse.

If you can't satisfy the Trustee that you meet these rules, then the claim amount will be retained in the superannuation fund until:

- the Trustee is satisfied that you have met these rules; or
- you are in severe financial hardship; or
- you retire after age 55 (or later, as required by legislation) or reach age 65.

In specific circumstances the government may grant special approval to an earlier release of some or all of your benefits on compassionate grounds.

### WHO CAN CONTRIBUTE?

You can pay premiums as superannuation contributions if you are under age 75 and you are working at least 10 hours a week. If you wish your plan to continue after age 75 or after you retire, you may transfer to a non superannuation plan.

### YOUR EMPLOYER CAN PAY PREMIUMS

If your employer agrees to, they can pay premiums on a plan held in the AMP Personal Superannuation Fund. They can do that from the start of the plan, or they can start paying later. If they do this, you must tell AMP when your employer takes over paying premiums or when they stop paying.

### YOUR SPOUSE CAN PAY PREMIUMS

Your spouse or defacto spouse (the contributor) can contribute to your superannuation fund if you are under age 65. There is no limit on the amount of the contribution. You need not be in the workforce. However, if you are over 65 your spouse can only contribute if you are working at least 10 hours a week.

## Taxation

Taxation laws and their interpretation may change from time to time. How they affect you depends on your circumstances.

### SPOUSE CONTRIBUTION OFFSET

If your assessable income and reportable fringe benefits is \$10,800 pa or less, the contributor (ie your spouse) can claim an 18% tax offset on the first \$3,000 contributed to your superannuation up to a maximum rebate of \$540 pa. The rebate reduces to nil once your assessable income and reportable fringe benefits reaches \$13,800 pa, and only applies if you and your spouse are both Australian residents for taxation purposes.

### TAX DEDUCTION/REBATES

It may be possible, in limited circumstances (eg. if you are self employed), for you to claim a tax deduction or rebate on all or part of the premiums that you pay. If your employer pays your premium, then your employer may be able to claim a tax deduction on the premium. Each year, we will send you a letter confirming the total amount paid by either you, your spouse, or your employer.

If you are in the AMP Personal Superannuation Fund and are eligible to claim a tax deduction, this process will also enable you to notify AMP that you intend to claim a deduction for your personal payments. If you do, AMP will then send you an acknowledgment form which you will need to retain so you can claim the deduction in your tax return.

### **Surcharge tax**

A surcharge tax may apply to premiums paid by an employer, and by you personally when you claim them as a tax deduction. This tax can be up to 15% of the premiums paid. It generally applies when your taxable income plus reportable fringe benefits plus surchargeable contributions exceed \$90,527 for the 2002/2003 tax year (indexed). If the surcharge tax applies to you, we will tell you the amount, and when you have to pay it to us. If you do not supply your Tax File Number, then the tax may apply to your premium regardless of your income. If you don't pay enough to cover the tax, we may reduce or terminate your cover (or reduce any other benefit you may have in the AMP Personal Superannuation Fund.)

### **Tax on death claims**

Please note that lump sum death claim proceeds payable under superannuation are taxable if the amount is paid to someone who is not dependent on you – that is, not paid to your spouse, de facto spouse, your children under age 18, or people who are financially dependent on you at the time of death. Also, if the total lump sum amount received from all your superannuation arrangements exceeds \$1,124,384 for the 2002/2003 tax year (indexed), or higher transitional pension benefit amount, any excess is taxable at the top marginal tax rate plus Medicare levy.

### **Tax on disablement claims**

A system of tax concessions applies, when you stop working because you are disabled. The concessions effectively mean very little tax will be paid on disablement benefits received at younger ages. The closer disablement occurs to age 65, the more the tax will be similar to the tax payable on retirement lump sums. Your financial planner can explain this.

## **Nominating a beneficiary with AMP's superannuation arrangements**

If you include your plan in the AMP Personal Superannuation Fund, you can nominate one or more preferred dependents as a beneficiary to whom you would like your benefit to be paid. A dependant is any of your spouse, de facto spouse, children (which includes an adopted child, a step-child or pre-nuptial child), or anyone who is financially dependent on you at the time of your death.

If you die and have nominated a beneficiary, the Trustee will decide who will receive your benefit. The Trustee will generally pay your nominated beneficiary but may decide not to do so. This means that the Trustee will have a discretion as to whom it will pay.

If you die and your nomination is invalid or there is no nomination, the Trustee will pay your benefit to your estate unless the Trustee is notified that the financial circumstances of your estate make this inappropriate.

### **ANSWERS TO SOME COMMON QUESTIONS ABOUT NOMINATIONS**

#### **How will the Trustee exercise discretion?**

At the time of your death, the Trustee will identify your dependants and your legal personal representative. The Trustee will gather whatever information it thinks is appropriate to determine how the benefit ought to be paid in the circumstances.

#### **How does a nomination become invalid?**

Your nomination becomes invalid if:

- you marry or enter into a de facto relationship;
- the person you nominated dies before you;
- you divorce, or end a de facto relationship, or
- the person you nominated is not financially dependant on you (at the time of your death), where the person nominated is not your spouse, de facto spouse or child.

If any of the above events occur, you should complete another nomination. If you do not complete another nomination, your benefit will normally be paid to your estate.

#### **When can I change my nomination?**

You can change your nomination at any time. To do that simply send us a new nomination which will replace all your earlier nominations for your total benefit in the fund.

#### **Can I cancel my nomination?**

You may cancel your nomination at any time. To do this simply send us a letter requesting for your nomination to be cancelled.

#### **What are the advantages of making a nomination?**

- Your benefit will generally be paid more quickly to your dependants than if you didn't nominate a beneficiary and your benefit goes to your estate. Estates can sometimes take a long time to finalise, especially if there is no Will or the Will is contested.
- By not having your benefit go to your estate you can avoid the possibility of your benefit being used to settle any debts your estate may have.

### **What are the advantages of not making a nomination?**

- By having your benefit go to your estate you know that your benefit will be paid in the same way as the rest of your estate.
- If your personal circumstances are very complicated, payment to your estate will avoid having the Trustee and your dependants getting involved in the complexities of your affairs.

### **How do I decide who should receive my death benefit if I do not make a nomination?**

If you do not make a nomination, you should specify who should receive your benefit in your Will so that your legal personal representative can pay that person from your estate.

### **Annual Report**

The Annual Report of the AMP Personal Superannuation Fund can be obtained free of charge by contacting our Customer Service Centre.

If you purchase a personal superannuation plan, we will send you a copy annually.

### **COLLECTION OF TAX FILE NUMBERS (TFNS)**

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

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

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

- You may have to pay more tax than you have to on benefits such as Eligible Termination Payments (ETPs). This additional tax could be re-claimed at your next tax assessment with the Australian Taxation Office.
- In addition, surcharge tax may apply to your superannuation contributions (which would otherwise not be payable).

- In the future, when we need to pay benefits to you, it may be more difficult for us to locate or amalgamate all the superannuation benefits you are entitled to.

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

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

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

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

### **TRUSTEE INDEMNITY INSURANCE**

The Trustee of the AMP Personal Superannuation Fund has trustee's liability insurance which provides cover in respect of any claim for loss against the Trustee or the AMP Personal Superannuation Fund. All directors of the trustee are also covered by a professional indemnity insurance policy.

### **AWARD SUPERANNUATION CONTRIBUTIONS; AND SUPERANNUATION GUARANTEE CONTRIBUTIONS**

Our funds can accept award and Superannuation Guarantee (SG) contributions. However, many state and federal industrial awards and enterprise agreements require an employer to contribute to specified industry funds to meet superannuation obligations. Some awards and enterprise agreements permit a freedom of choice – the application at the back of this brochure asks for further details. This plan is not designed to solely meet an employer's total SG obligations. It may be that your employer will need to invest in other superannuation products to meet their total SG obligations.

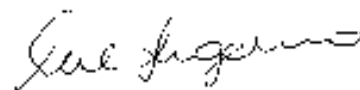
### **REGULATED SUPERANNUATION FUND CERTIFICATION (TO BE SHOWN TO ANY CONTRIBUTING EMPLOYER)**

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

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

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

- is no longer a resident regulated superannuation fund; or
- becomes subject to a direction under Section 63 of the SIS Act.



Sue Ingelmo  
on behalf of AMP Superannuation Limited  
1 July 2003

# Firstcare insurance descriptions

FOR A FULL DESCRIPTION – INCLUDING 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 at least 1.5mm thick or at least Clark level 3 depth of invasion; or
- 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.

**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.

A cardiologist must certify that a heart attack has occurred and confirm this by certifying the presence of confirmatory new electrocardiographic changes and elevation of cardiac enzymes above the upper limit of normal.

At AMP's discretion, other diagnostic tests (such as measurement of Troponin levels), may be taken into account.

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.

**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.

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 either 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.

Further adult conditions are defined on page 17.

## 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.

### **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

### **APLASTIC ANAEMIA**

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

### **MAJOR HEAD TRAUMA**

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

### **MAJOR ORGAN TRANSPLANT**

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

- kidney
- heart
- lung
- liver
- 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 – QUADRIPLÉGIA**

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 the 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.

## Total & Permanent Disablement

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** without assistance from someone else.

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

### 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 schedule. This option is only available to class A occupations which include professional and white collar workers.

Specialist Medical and Legal Professional occupations will not be eligible for 'own occupation' cover on the basis of their specialised duties alone. 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.

You have to pay extra for this option.

**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.

## Guaranteed Future Insurability – Specified Events Increase

You, as the insured person, may increase your death cover without providing further evidence of health if:

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

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

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

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

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

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

# Enquiries & complaints

## CONTACT US

If you want to write to us our address is:

### CUSTOMER SERVICE OFFICER

(NSW, QLD & ACT)  
AMP Life Limited  
PO Box 300  
Parramatta NSW 2124  
Telephone: 131 267

(VIC, SA, TAS, WA & NT)  
AMP Life Limited  
GPO Box 245B  
Melbourne VIC 3001  
Telephone: 131 267

## Independent complaint service

You can contact the Financial Industry Complaints Service (known as FICS). 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

## Independent complaint service for superannuation plans

### SUPERANNUATION PLANS OTHER THAN THE AMP PERSONAL SUPERANNUATION FUND

For superannuation plans other than AMP Personal Superannuation Fund, you can contact the Superannuation Complaints Tribunal (SCT). However, you should only contact the SCT after you have contacted us to try to solve your problem or you have contacted the trustee of your superannuation plan.

### AMP PERSONAL SUPERANNUATION FUND

For the AMP Personal Superannuation Fund, the Trustee has arrangements for dealing with member complaints about the operation or management of the AMP Personal Superannuation Fund.

If you have a particular enquiry, or you wish to make a formal complaint, you may write to the Trustee care of:

(NSW, QLD & ACT)  
Customer Service Officer  
AMP Life Limited  
PO Box 300  
Parramatta NSW 2124  
Telephone: 131 267

(VIC, SA, TAS, WA & NT)  
Customer Service Officer  
AMP Life Limited  
GPO Box 245B  
Melbourne VIC 3001  
Telephone: 131 267

Your complaint will be acknowledged.

Your complaint will be considered and dealt with by a delegate of the Trustee within the required 90 days. If your complaint has not been resolved to your satisfaction, you may approach the Superannuation Complaints Tribunal to lodge a complaint.

### SUPERANNUATION COMPLAINTS TRIBUNAL (SCT)

The Superannuation Complaints Tribunal (SCT) is an independent body set up by the Federal Government to review trustee decisions relating to members. The SCT may be able to assist you to resolve your complaint, but only if you are not satisfied with the response received from the relevant trustee.

If the SCT agrees to review your complaint, it will attempt to resolve the matter through conciliation – that is by assisting you and the relevant trustee to reach a mutual agreement. If conciliation is unsuccessful, the SCT will issue a binding determination on the matter.

You can contact the SCT to find out whether the SCT can handle your complaint.

You can call the SCT's secretariat on 131 434 or write to:

The Secretariat  
Superannuation Complaints Tribunal  
Locked Bag 3060  
GPO Melbourne VIC 3001  
Telephone: 131 434

# Duty of Disclosure

## WHAT YOU MUST TELL US

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 each insured person must answer all the questions on the application and personal statement completely and accurately.

As well, you and each 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 each 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 either you don't, or any insured person doesn't, tell us what you, or 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.

## Agreement & declaration

- i I have read the duty of disclosure. I understand that any plan AMP Life 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;
- ii I also understand that I need to tell AMP Life of any change to my health, occupation or pastimes, or other things that happen to me after I complete this application and the personal statement that could alter AMP Life's decision to insure me, right up to the point that AMP Life issues the Certificate and Plan Rules;
- iii I understand that AMP Life may obtain information from any doctor or hospital I have been to, or may go to. AMP Life may provide any information it has about me to its reinsurers or legal tribunal;
- iv 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 on page 9 of the brochure*.
- v I am applying/have applied already to the Trustee of the AMP Personal Superannuation Fund, to be a member of that fund and agree to be bound by the provisions of the Trust Deed.

If you are applying for a Superannuation plan and you or your employer is going to pay the premium, then you agree the following is correct:

- vi I am currently;
    - under age 65 and I am or have been employed or have produced income for at least 10 hours per week at any time during the last two years; or
    - between age 65 and 70 and I am employed or are producing income for at least 10 hours per week; and
  - vii I acknowledge that I may not be able to contribute to a superannuation fund and I will write and tell the Trustee if I no longer satisfy the above conditions; and
  - viii If my employer is paying the premium, I will write and tell the Trustee if my employer stops paying.
- If you are applying for a Superannuation plan and your spouse or de facto spouse is going to pay the premium, then you agree the following is correct:
- ix I am under age 65 and I understand that all contributions paid into the plan will be contributions from my spouse (including de facto spouse) whom I live with on a genuine domestic basis; and
  - x If I have selected to include the disablement lump sum cover in the plan, I acknowledge that I am currently gainfully employed for at least 10 hours per week; and
  - xi I acknowledge that if I or my spouse do not satisfy these conditions in future, we may not be able to contribute to the superannuation fund, and I will write and tell the Trustee if either of us no longer satisfies the conditions.



# Income Continuation & Business Overheads Insurance



# Income Continuation & Business Overheads insurance

## Please read this first

THIS SECTION DESCRIBES TWO TYPES OF AMP INSURANCE:

- **AMP INCOME CONTINUATION INSURANCE; AND**
- **AMP BUSINESS OVERHEADS INSURANCE**

THE INFORMATION IN EACH OF THESE SECTIONS IS COMMON TO BOTH OF THESE TYPES OF INSURANCE, EXCEPT FOR THE BENEFITS SECTIONS ON PAGES 25 TO 31, THE SUMMARIES ON PAGES 32 AND 33 AND THE EXAMPLE ON PAGE 36.



### How to apply

The only way to apply for these policies is to complete the Application at the very back of this brochure or by completing the electronic application on the Adviser Workbench. Your Financial Planner can help you assess your needs and explain the details of the plan to you.

### Expiry

This brochure is current until 31 December, 2003. It cannot be used after that date.

### AMP in Profile

For over 150 years we have 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. In this brochure we refer to AMP Life Limited as "AMP Life", "we" and "our".

# Key features statement

THIS KEY FEATURES STATEMENT FOLLOWS GUIDELINES SET DOWN BY THE AUSTRALIAN SECURITIES AND INVESTMENTS COMMISSION (ASIC).

IT WILL HELP YOU TO:

- DECIDE WHETHER THESE PLANS WILL MEET YOUR NEEDS.
- COMPARE THESE PLANS WITH OTHERS YOU MAY BE CONSIDERING.

**Important notice** These plans are not savings plans. If you end the plan at any time, you will not get anything back. Their primary purpose is: Income Continuation Insurance – to pay you an income each month while you are unable to work because you are ill or injured. Business Overheads Insurance – to pay your eligible business overheads each month for up to 12 months while you are unable to work because you are ill or injured.

## Purpose of Income Continuation Insurance

Your ability to work and earn an income is an asset that is worth insuring. This plan insures you against the loss of income while you are unable to work because you are ill or injured. While you are 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.

So this plan helps you maintain your lifestyle. To help meet your needs, there are three levels of cover available – *Advanced*, *Standard* and *Basic*. *Advanced* is the most comprehensive cover and costs the most. *Basic* is our budget level of cover. The differences are outlined on page 28 and summarised on page 32.

## Purpose of Business Overheads Insurance

This insurance can help you keep your business going while you are unable to work because you are ill or injured. We do that by reimbursing your eligible business overheads for up to one year. It makes it more likely that your business will survive until you get better.

The business overheads we reimburse are summarised on page 29.

## Premiums – both plans

### 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 premium is based on your age, state of health, sex, smoking habits, occupation, etc., 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 only, you can choose a level premium structure so that the premium rate does not increase each year just because you get older.

Copies of our standard premium rates are available if you would like them. Your financial planner can illustrate the cost of the cover you want.

### KEEP PACE WITH INFLATION

The premium will increase when the maximum monthly benefit increases. The maximum monthly benefit can increase when you increase it and when we increase it each year by any increase in the CPI.

### 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 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.

## Income Continuation Insurance Business Overheads Insurance

### 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.

### Lower premiums can apply

We offer the following premium reductions:

- Non-smokers – lower premiums for people who don't smoke; and
- For 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*.

### PREMIUM PAYMENT OPTIONS

You can pay premiums either yearly or half yearly by cash, cheque or direct debit.

You can also pay monthly by regular debit. The direct debit can be from your bank, building society or credit union, or your Mastercard, Visa, American Express or Bankcard. If you pay more frequently than yearly, a fee applies – see page 31.

**The Benefits section for Income Continuation Insurance starts on page 25.**

**The Benefits section for Business Overheads Insurance starts on page 29.**

## Income Continuation Insurance

### BENEFITS – INCOME CONTINUATION INSURANCE

#### An asset worth protecting

This insurance pays you an income each month you are unable to work because you are ill or injured. We also pay if, after being unable to work, you return to work but earn less because of your illness or injury.

#### 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 a very high amount. The minimum is currently \$1,250 a month.

#### What we actually pay

Our aim is to make sure that when you are unable to work, 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 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.

Please note, we won't pay more than the maximum monthly benefit.

#### Guaranteed minimum income feature

If your income falls after the plan begins, our *Guaranteed minimum income feature* protects you, because 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.

#### 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 36. We stop paying when the benefit period ends – even if you are still unable to work.

#### We start to pay if you are unable to work

*When you are unable to work*, 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. 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, 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.

### **We pay if you earn less than before you became unable to work**

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 often you can claim**

We will pay each time a claim is made that meets the *Plan Rules*.

Please note, if you have a *Basic* plan, we can either cancel the plan or change the rules, if you have made a claim under it and we have stopped paying you.

### **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, for occupation groups B and C, 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*.

### **Secured by Our No.1 Statutory Fund**

Your plan is backed by our Australian Statutory No. 1 Fund. The market value of the assets of this fund are \$24.1 billion as at 30 September 2002.

### **Superannuation contribution option**

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 calculated based on your income, 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 28.

If you select this 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. We will pay up to 12 times the monthly benefit.

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.

### **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.

### **24 hours a day world-wide cover**

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

If you have been out of Australia for more than 30 days when you become unable to work for at least 14 days, we will assist your return to Australia. We will reimburse your out of pocket costs up to the cost of a single economy airfare.

### **When we won't pay**

We won't pay in some circumstances – for example, if you injure yourself on purpose or if your injury or illness was caused by war.

### **FREE Interim Cover**

While your application for AMP Income Continuation Insurance is being considered, we will provide you with interim accident cover.

This benefit is included at no extra cost.

While we are considering your application, if the insured person solely as a result of accidental injury, is unable to work after the waiting period selected, we will pay you the benefit being applied for, to a maximum of \$5,000 a month for 12 months.

We will only pay this benefit once.

Interim accident cover will be limited to a maximum of 90 days.

Conditions and limitations apply to this cover. These are fully set out *on pages 41 and 42*.

### **Pregnancy**

Although we won't pay because you are pregnant or have given birth, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

### **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 you suffer after that date.

### **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 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'.

The plan goes 'off hold' when you return to work. Then, the premium will 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.

### **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.

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.

### **Who can be insured**

When this insurance starts, you must be at least 19 years old, but have not turned age 50. However, some people can qualify up to age 59 depending on the level of cover and benefit period you choose – the table on page 36 gives details.

### **Cooling off period - both plans**

We want this financial product to meet your needs. But if you no longer want this product, 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 Welcome Pack
- 5 days after the date of the Welcome Pack

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

The amount payable under cooling off will usually be paid as you direct.

# Choose from three levels of cover Advanced, Standard, Basic

## Advanced

*Advanced* is our most comprehensive level of cover. It includes the cover described under the heading '**An asset worth protecting**' on page 25. It has the following extra features, at no additional cost, 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 (see page 35) – even if you are able to work after the waiting period ends; and
- we pay if you are bedridden for more than three days during the waiting period – see page 35; and
- if you die while we are paying a monthly amount, we keep paying for three more months; and
- if we are paying a monthly amount, it is automatically increased each year by any increase in the CPI up to 10%.

### Chronic condition option

You can apply to include the *Chronic condition option* to *Advanced*, at an extra 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.

### Guarantee

We guarantee to continue *Advanced* when the premium is paid on time. That guarantee applies even if we have paid claims under the plan.

## Standard

*Standard* is our mid-range level of cover. It includes the cover described under the heading '**An asset worth protecting**' on page 25.

### Claim escalation option

You may add the *Claim escalation option* to a *Standard* plan. If you do, when we pay a monthly amount, we automatically increase it each year by any increase in the CPI up to 10%. But after we have stopped paying under a *Standard* plan, the maximum monthly benefit reduces to what it was when you became unable to work. You have to pay extra for this option.

### Guarantee

We guarantee to continue *Standard* when the premium is paid on time. That guarantee applies even if we have paid claims under the plan.

## Basic

*Basic* is our budget level of cover.

It includes the cover described under the heading '**An asset worth protecting**' on page 25.

### Claim escalation option

Like *Standard*, you may add the *Claim escalation option* to a *Basic* plan.

### Limited guarantee

If you have a claim under a *Basic* plan and we have stopped paying it, **we do not guarantee to continue the plan**. That means we can cancel it or change or reduce your cover.

**The 'What are the charges' section is on page 31.**

## BENEFITS – BUSINESS OVERHEADS INSURANCE

### Protect your business

The purpose of *Business Overheads Insurance* is to pay an amount to reimburse eligible business overheads while you are unable to work because you are ill or injured. We pay the eligible business overheads of any business in which you are so actively involved, that it suffers while you are unable to work.

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

- your efforts are largely responsible for generating the business' cashflow (or your share of its cashflow); and
- if you 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. 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, trades people in their own business.

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

### When we pay

We will pay up to the amount you and we agree on. We pay for up to a full year while you are unable to work. 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 (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 the waiting period ends.

This insurance helps the business to keep operating. It makes it more likely that the business will survive until you get better.

### How much you can insure

You choose the maximum monthly benefit. The minimum you can choose is currently \$1,250 a month.

### Who can be insured

When this insurance starts you must be at least age 19, but not have turned age 60.

Your principal residence must be in Australia, and you must be a citizen or permanent resident of Australia.

### When the cover ends

This plan ends on your 65th birthday.

### How we decide whether you are unable to work

You can claim 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 must not do any remunerative work.

### 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 your 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, 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:

- your 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 your family who has been employed in the business for less than three months when you become 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; or
- expenses which are not normal and necessary for the business.



### **How much we pay**

We pay you the lower of:

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

What we pay may be reduced by:

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

### **Coping with peaks and troughs**

We aim to help you cope with peaks and troughs in your eligible business overheads from month to month. 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, if:

- your eligible business overheads are low in one month and we pay less than the maximum monthly benefit, and then if;
- your 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.

An example is provided on page 33.

### **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:

- you suffer a new illness or injury; or
- you have worked in your usual occupation for your usual income for at least six months since we stopped paying.

If you 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 you are able to work; or
- until the plan ends

whichever comes first.

### **How often you can claim**

We pay each time you make a claim that meets the requirements in the *Plan Rules*.

### **If you stop working**

We continue to provide cover for 12 months after you temporarily stop working for reasons other than your illness or injury. Then the cover ends – that is, we won't pay for any illness or injury which you suffer after that date.

### **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 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'.

The plan goes 'off hold' when you return to work. Then, the premium will 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 in some circumstances – for example, if you injure yourself on purpose, or if your injury or illness was caused by war.

### **Pregnancy**

Although we won't pay because you are pregnant or have given birth, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

### **Secured by our No.1 Statutory Fund**

Your plan is backed by our Australian Statutory No. 1 Fund. The market value of the assets of this fund are \$24.1 billion as at 30 September 2002.

### **24 hours a day world-wide cover**

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

If you have been out of Australia for more than 30 days when you become unable to work for at least 14 days, we will assist your return to Australia. We will reimburse your out of pocket costs up to the cost of a single economy airfare.

#### **Location of the business**

The part of the business you are involved in, needs to be managed from Australia. And the business must be liable to submit a taxation return in Australia. If your business does not meet these conditions, we may still agree to insure you – but it is unlikely.

#### **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.

#### **FREE Interim Cover**

While your application for AMP Business Overheads Insurance is being considered, we will provide you with interim accident cover.

This benefit is included at no extra cost.

While we are considering your application, if the insured person solely as a result of accidental injury, is unable to work after the waiting period selected, we will pay you the benefit being applied for, to a maximum of \$5,000 a month for 6 months.

We will only pay this benefit once.

Interim accident cover will be limited to a maximum of 90 days.

Conditions and limitations apply to this cover. These are fully set out on *pages 41 & 42*.

## **Income Continuation Insurance & Business Overheads Insurance**

### **WHAT ARE THE CHARGES? – BOTH PLANS**

**All the charges of the plan(s) are fully described in this section.**

**We will not apply any other charges without your specific consent.**

#### **Plan fee**

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The fee is currently \$70.75 a year for the first plan. It is \$14.15 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 frequency fee**

If you pay the premium more often than yearly, an extra fee is included in the premium. 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 do that because our costs are higher. We can change these percentages at any plan anniversary in circumstances relating to the commercial operation of our business. We will tell you of any change at least three months before the change.

### **TAXATION – BOTH PLANS**

Taxation law and its interpretation will change from time to time. Our understanding of current taxation law and the way it is interpreted for these plans is that:

- the premiums are fully tax deductible; and
- the amounts we pay are assessable income. This means that you may have to pay tax on this amount and should declare it on your tax return.

How the law applies to you depends on your circumstances.

### **INFORMATION ON YOUR INSURANCE – BOTH PLANS**

#### **Certificate and Plan Rules**

If we agree to issue the plan, we will send you a *Certificate* and *Plan Rules* which form your contract with us. They will set out the details of who owns the plan, who is insured, the amount of cover 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 and premium (including fees). It will also tell you of any material changes to the plan.

### **If you need assistance**

We want you to remain happy with us and your plan. If you need information or have concerns or a complaint, please contact your Financial Planner. Also our Customer Service people are keen to help. Their contact details are on page 37.

If you write to us, we will acknowledge this within 5 business days. We will investigate your query or complaint promptly. We will give you a written reply as soon as possible.

If you are unhappy about the way we have handled a complaint, you can refer it to the Financial Industry Complaints Service (FICS). FICS is independent and impartial. Their address is on page 37.

# Income Continuation Insurance Plan features in summary

FEATURES OFFERED UNDER THESE PLANS ARE:		ADVANCED	STANDARD	BASIC
<b>Built-in features</b>	Cover guaranteed to continue	✓	✓	
	Variable and cancellable by AMP after it has paid a claim			✓
	Continuous cover to age 60 or 65	✓	✓	
	Choice of waiting periods	✓	✓	✓
	Recovery feature	✓	✓	✓
	Rehabilitation costs feature	✓	✓	✓
	Rehabilitation bonus	✓	✓	✓
	Guaranteed minimum income feature	✓	✓	✓
	Automatic CPI increase in benefit while on claim (no extra cost)	✓		
	Option of CPI increase in benefit while on claim (extra cost)		✓	✓
	Automatic CPI increase in benefit while not on claim	✓	✓	✓
	24 hour cover world-wide	✓	✓	✓
	Up to 3 months payment while overseas	✓	✓	✓
	Choice of benefit periods	✓	✓	✓
	Superannuation contribution option (extra cost)	✓	✓	✓
14 day cooling off period	✓	✓	✓	
<b>Extra features with Advanced</b>	Family Support Benefit	✓		
	Accommodation Benefit	✓		
	Domestic Transport Benefit	✓		
	Chronic condition option (extra cost)	✓		
	Bedcare feature	✓		
	Crisis feature	✓		
	Major fracture or loss feature	✓		
	Death feature	✓		
<b>Premiums</b>	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	✓	✓	✓

## Examples of claims recently paid by AMP Life – please see note on page 36.

OCCUPATION	AGE	CAUSE OF DISABLEMENT	TIME OFF WORK	BENEFIT PAID
Painter	40	Back Injury	36 Months	\$77,557
Accountant	52	Heart Attack	12 Months	\$54,435
Orthodontist	42	Skiing Accident	6 Weeks	\$11,159
Refrigerator Repairer	43	Depression	33 Months	\$66,011

# Business Overheads Insurance Plan features in summary

## FEATURES OFFERED UNDER THIS PLAN ARE:

### Built-in features

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 maximum monthly benefit)	✓
Net cost of hiring a locum if costs exceed income generated	✓

#### EXAMPLE:

##### How we calculate how much we pay

Maria is a surveyor in sole practice. She is injured in a car accident and cannot work. She has *Business Overheads Insurance*, so we start paying her eligible overheads one month after her waiting period ends. Her monthly benefit is \$2,000.

While she is unable to work, she doesn't receive any reimbursement of overheads from any one else. And she doesn't appoint a locum.

In January, Maria's eligible business costs are \$1,800. We pay her that amount. And carry the left over \$200 into February.

In February, Maria's business has an expensive month – her insurance, rates and electricity bills arrive. Maria's eligible business costs are \$2,350. We pay Maria the monthly benefit, \$2,000 plus the \$200 left over from January. And we carry the \$150 of unpaid overheads into the next month, March.

In March, Maria's eligible business costs are \$750. We add the \$150 from February to the \$750 for March: and pay Maria \$900.

NOTE: The examples of claims recently paid on page 33 do not represent any amount that would be payable on a plan you purchase. Each claim is different and will depend on your circumstances at the time, and the conditions applying to your plan.

# Our approach to insurance

## How we decide whom to insure

To protect the interests of our plan owners we need to be careful about deciding:

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

To make the right decisions, we need to have all the relevant information.

That is why we ask the questions in the application and personal statement.

So, by asking these questions:

- we can be confident that we will be here to pay claims; and
- we help you to protect your interests and the interests of all our plan owners.

## What we do

Insurance is all about sharing risk. Our plan owners pay premiums to us. Our main role is to pay plan owners who make genuine claims.

We also:

- administer the plans; and
- build reserves of money to pay future claims; and
- aim to make a profit.

For us to play our role, we need to be financially secure, so that we are still around years later when you need to make a claim.

## How we handle claims

We are keen to help people who are ill or injured to get on with their lives and if possible, to get back to work:

- this is good for those people – after all, people unable to work because they are unwell often become demoralised. And sometimes, they may develop other medical problems; and
- it is good for us because it keeps our claims costs down. And that is good for you and all our plan owners because it keeps premiums down.

## Assistance at the claim stage

We are committed to paying genuine claims. After all, that is why we are here.

If you have the misfortune to need to make a claim, AMP is interested in you – you are not just another statistic.

We have specifically trained staff who can visit you by appointment to assist in the speedy assessment of your claim. They can also help clarify anything that is outstanding.

Our staff can also visit you if you are ill or injured for a long time to establish:

- how we can assist with any aspect of your claim and your recovery;
- that you are happy with the level of service we are providing.

For you, the advantage of this approach is it will assist you to return to work earlier and resume your normal life.

# Income Continuation Insurance

## Other plan information

### Advanced only – Inbuilt Features

#### CRISIS FEATURE

We pay your monthly benefit if you suffer any one of the following serious conditions (as defined in your plan) and the condition causes you to be unable to work for the waiting period:

- heart attack
- coronary artery disease
- kidney failure
- certain cancers
- major organ transplant
- stroke

We pay only once for each condition for a maximum of six months. We start to pay after the waiting period and continue to pay even if you are able to work before the payment period ends. Cover starts three months after your plan commences.

#### BEDCARE FEATURE

This feature applies 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. The fractures and losses we cover and the period we pay are shown in the table below.

#### 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, the domestic transport benefit may be payable.

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 (with); or
- costs reimbursed from other sources.

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

#### 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 under this plan for more than one month, and
- you require the full-time assistance of either:
  - a registered nurse, 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 3 months on any one claim.

#### FRACTURE COVERED

WE COVER FRACTURE OF	PAYMENT PERIOD
The spine causing paraplegia or quadraplegia	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 or above the knee joint	18 months
One arm severed through 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, index finger, of the same hand	6 months

How long we pay - the benefit period	Level of Income Continuation cover	The oldest you can be when you apply		Expires when you turn
		LEVEL PREMIUM	STEPPED PREMIUM	
Until you turn 65	Advanced or Standard	59	54	65
Until you turn 60	Advanced or Standard	54	49	60
For 2 or 5 years	Advanced or Standard	54	49	60
For 1, 2 or 5 years	Basic	N/A	49	60
For 1 year	Advanced, Standard, Basic	N/A	49	60

## Examples of claims we have paid

THESE EXAMPLES DO NOT REPRESENT ANY AMOUNT THAT WOULD BE PAYABLE ON A PLAN YOU PURCHASE. EACH CLAIM IS DIFFERENT AND WILL DEPEND ON YOUR CIRCUMSTANCES AT THE TIME AND THE CONDITIONS APPLYING TO YOUR PLAN.

These are some examples of disability income claims we have paid recently. These case studies show claims in action and our approach to helping clients. Their names and occupations and the dates have been changed to protect their privacy.

### Elliot's claim

Elliot was injured in a car accident on 25 July. His car collided with another and he fractured his middle finger on his right hand. This injury prevented Elliot from working in his occupation as a carpenter.

Elliot was insured for \$2,188 per month and the plan had a two week waiting period. Because he was unable to work in his usual occupation from the date of the accident, we paid the monthly benefit – after the waiting period – from 8 August to 17 September. Elliot was able to return to work the next day. While he was unable to work, Elliot was also entitled to have the premium waived on his plan.

### Hamish's claim

Hamish is 49 and is an office manager. He became ill on 18 May. Hamish was taken to hospital for tests to find out the cause of his illness. He was found to be suffering from Q Fever, contracted through food.

Hamish has an *Income Continuation Insurance* – Basic plan (IPC). It has a monthly benefit of \$4,136 with a four week waiting period.

Hamish was unable to work at all from 18 May until 6 July. After the waiting period was over, we paid the full monthly benefit for those 22 days. His condition improved and from 7 July until 12 July he was able to go back to work for a few hours a day. Hamish was not able to do his work on a full time basis but he was able to do some parts of his work, such as talking on the telephone and catching up with the mail.

Hamish was able to claim under the *Recovery feature* for the 6 days to 12 July. In addition, the premiums on his plan were waived while he was on claim. He recovered fully and was able to return to work in a full time capacity on 13 July.

### Sue's claim

Sue works in a nursery. She was diagnosed with a cancerous growth and stopped working on 1 June.

Sue underwent surgery that day and was not able to work at all from then until 13 September. We paid her the full monthly benefit insured under her plan for the time she was not able to do her usual occupation.

Fortunately, Sue recovered and we were pleased to hear this news. She returned to work on 14 September.

# Duty of Disclosure

## Enquiries & complaints

### What you must tell us

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.

### Agreement and declaration

- i I have read the duty of disclosure below or when completing the electronic personal statement on the Adviser Workbench. I understand that any plan AMP Life 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;
- ii I also understand that I need to tell AMP Life of any change to my health, occupation or pastimes, or other things that happen to me after I complete this Application and the Personal Statement that could alter AMP Life's decision to insure me, right up to the point that AMP Life issues the Certificate and Plan Rules.
- iii I understand that AMP Life may obtain information from any doctor or hospital I have been to or may go to.

AMP Life may provide any information it has about me to its reinsurers or legal tribunal.

## Enquiries and complaints

### CONTACT US

If you have any enquiries or complaints about your plan, please contact your Financial Planner or one of our Customer Service Operators. Their contact details are on the inside back cover. If you want to write to us our address is:

If you live in NSW, QLD or ACT:

AMP Life Limited  
PO Box 300  
PARRAMATTA NSW 2124

If you live in VIC, SA, WA, TAS or NT:

AMP Life Limited  
GPO Box 245B  
MELBOURNE VIC 3001

### INDEPENDENT COMPLAINTS SERVICE

You can contact the Financial Industry Complaints Service (known as FICS). The Financial Industry (which includes the Life Insurance Industry) established FICS. It is independent and impartial. FICS aims to help people with complaints they cannot resolve with their insurer. You should only contact FICS after you have spoken to us to try to solve your problem.

Their address is:

Financial Industry Complaints Service  
PO Box 579  
Collins Street West Post Office  
MELBOURNE VIC 8007  
Telephone: (03) 9629 7050  
Toll Free: 1800 335 405



The following section provides information for:

Firstcare Insurance

Income Continuation Insurance

Business Overheads Insurance



# 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 Customer Service Division to deduct from your nominated account the amount and frequency shown on the Plan Document, 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.

Note: In this agreement, we refer to AMP Life Customer Service Division as 'AMP Life Customer Service Division', 'we', 'us' and , 'our'.

# 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;
- your employer if you are part of an employer sponsored plan;
- 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.

# Interim accident cover



## INTERIM ACCIDENT COVER

While **your** application is being considered, we will provide you with interim **accident** cover. This interim cover is different to the principal 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 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 policy, 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 of cancellation of **your** Interim Cover.

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 principal 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, prior to 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

### If the insured person dies

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

**OR**

### If the insured person is totally and permanently disabled

We will pay if **you have** applied for Total and Permanent Disablement (TPD) cover and:

As a result of an **accident** during the Interim cover period the Insured person, is disabled and 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\*
- Intensive care\*
- Hemiplegia
- Quadriplegia
- Major head trauma\*
- Coma\*
- Diplegia
- Paraplegia
- Tetraplegia
- Severe burns\*

\*These conditions are not covered under Crisis Cover Standard. The full definitions of the above crisis conditions are set out in the Plan Rules.

### How much we pay

We will only pay once for Interim Cover under Firstcare.

We will pay the lesser of:

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

## Income Continuation Insurance

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

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 Firstcare Insurance Application

- This application includes:
- Firstcare
  - Income Continuation
  - Business Overheads

Before you sign this application form, be aware that AMP Life or your financial planner is obliged to provide you with a brochure 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 forms part of the AMP Risk Protection Customer Information Brochure Issue 11, which expires on 31 December 2003. Applications received after this date will be declined.

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



## Office Use Only

Application number

Plan number

## 1 APPLICATION DETAILS

Type of application

- |                                       |                                                      |                                                                           |                                                     |
|---------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> New business | <input type="checkbox"/> Conversion of existing plan | <input type="checkbox"/> Replacement option                               | <input type="checkbox"/> Addition of insured person |
| <input type="checkbox"/> Increase     | <input type="checkbox"/> Multiple lodgement          | <input type="checkbox"/> Continuation option from AMP Superannuation Plan |                                                     |

## 2 LIFE INSURED

### Life Insured 1

Title	<input type="text"/>	Surname	<input type="text"/>					
Given names	<input type="text"/>							
Previous surname	<input type="text"/>							
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age next birthday	<input type="text"/>		
Country of birth	<input type="text"/>							
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> 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?							<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Postal 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"/>
Your relationship to plan owner	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Business partner	<input checked="" type="checkbox"/> Employee	Other <input type="text"/>			

### Life Insured 2

Title	<input type="text"/>	Surname	<input type="text"/>					
Given names	<input type="text"/>							
Previous surname	<input type="text"/>							
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age next birthday	<input type="text"/>		
Country of birth	<input type="text"/>							
Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> 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 Life products you have with us?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Postal 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"/>
Your relationship to plan owner	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Partner	<input type="checkbox"/> Business partner	<input checked="" type="checkbox"/> Employee	Other <input type="text"/>			

### 3 PLAN OWNER

- For Personal Superannuation** – The owner is AMP Superannuation Limited as trustee of the AMP Personal Superannuation Fund – Go to Section 4
- For Ordinary Firstcare Insurance** – Give details below if the plan owner is not the life insured. This includes self-managed superannuation funds.

#### Plan Owner 1

Title		Surname											
Given names													
Previous surname													
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	D	D	M	M	Y	Y	Y	Y	Age next birthday	
Country of birth													
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> De facto								
Address	Unit no.		Street no.		Street name								
	<input type="checkbox"/> Residential	Suburb					State		Postcode				
<input type="checkbox"/> Business													
Phone – Home					Business					Mobile			

#### Plan Owner 2

Title		Surname											
Given names													
Previous surname													
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	D	D	M	M	Y	Y	Y	Y	Age next birthday	
Country of birth													
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> De facto								
Address	Unit no.		Street no.		Street name								
	<input type="checkbox"/> Residential	Suburb					State		Postcode				
<input type="checkbox"/> Business													
Phone – Home					Business					Mobile			

### 4 ADDRESS FOR COMMUNICATIONS

Addressee	<input type="checkbox"/> Plan owner 1	<input type="checkbox"/> Plan owner 2	Other									
Address	Unit no.		Street no.		Street name							
	Suburb					State		Postcode				

### 5 REASONS INSURANCE IS NEEDED

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

### 6 NOMINATION OF BENEFICIARY (Optional)

- For Ordinary Firstcare Insurance** – 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; **or**
- For Firstcare Superannuation Insurance** – The nomination you make will replace any previous nomination and applies to all your benefits under the AMP Personal Superannuation Fund (including benefits under other plans). The person(s) you nominate must be dependent on you at the time of your death. If they aren't, or if a nomination has never been made or becomes invalid, the Trustee will pay the total benefit to your estate.

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
				%
				%
				%



## 7 PLAN COVER

### Life Insured 1 – Adult

Type of cover	<input checked="" type="checkbox"/> Linked <input type="checkbox"/> Stand alone	Surname												
Given names														
Type of cover	Death cover				Disablement lump sum cover				Crisis cover					
Current sum insured applied for	\$		,		\$		,		\$		,			
Existing cover with AMP	+	\$		,	\$		,		\$		,			
Total new cover	=	\$		,	\$		,		\$		,			
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*	<input type="checkbox"/> Individual life <input checked="" type="checkbox"/> Nominated life		* Refer to Customer Information Brochure for details and availability											

### Life Insured 2 – Adult

Type of cover	<input type="checkbox"/> Linked <input type="checkbox"/> Stand alone	Surname												
Given names														
Type of cover	Death cover				Disablement lump sum cover				Crisis cover					
Current sum insured applied for	\$		,		\$		,		\$		,			
Existing cover with AMP	+	\$		,	\$		,		\$		,			
Total new cover	=	\$		,	\$		,		\$		,			
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*	<input type="checkbox"/> Individual life <input type="checkbox"/> Nominated life		* Refer to Customer Information Brochure 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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	DDMMYYYY				Age next birthday						
Plan type and amount of cover	<input type="checkbox"/> Children's crisis cover \$50,000 – includes death cover of \$5,000												

### Insured Child 2

Surname													
Given names													
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	DDMMYYYY				Age next birthday						
Plan type and amount of cover	<input type="checkbox"/> Children's crisis cover \$50,000 – includes death cover of \$5,000												

## 8 PAYMENT DETAILS

Total premium	\$		,		.		per	<input type="checkbox"/> Year <input type="checkbox"/> Half year <input type="checkbox"/> Month
<input checked="" type="checkbox"/> Direct debit from financial institution account or credit card account <i>Please complete the authority on page 27</i>								<input checked="" type="checkbox"/> Year <input type="checkbox"/> Half year <input checked="" type="checkbox"/> Month
<input type="checkbox"/> Direct to AMP Life (AMP sends a notice)								<input type="checkbox"/> Yearly <input type="checkbox"/> Half yearly
For personal superannuation funds: Are the premiums paid by your employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

## 9 TAX FILE NUMBER – For personal superannuation plans only

See information on the Collection of Tax File Numbers on Page 11 of the Customer Information Brochure.

Tax File Number											
-----------------	--	--	--	--	--	--	--	--	--	--	--

## 10 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 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/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 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.
- 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)

X

X

Date

DDMMYYYY

Signature of *new* plan owner(s)

X

X

Date

DDMMYYYY

## 11 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 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/life insured

X

X

Date

DDMMYYYY

I/We agree that:

- I/We have received and read the AMP Risk Protection Customer Information Brochure (CIB) Issue 11 dated 1 January 2003;
- I/We have read and agree with the Agreement and Declaration Statements (including the Duty of Disclosure) on page 21 of the CIB;
- All the information provided in this form is complete and correct even if the information has been written by someone else;
- 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 Customer Advice Record; 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/life insured 1

X

SIGN HERE

Date

DDMMYYYY

Signature of plan owner/life insured 2

X

SIGN HERE

Date

DDMMYYYY

**Notes:** 1. 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.  
2. Register: Unless otherwise requested, this plan will be registered in the State or Territory of the first plan owner's address.



# AMP Income Continuation and Business Overheads Insurance Application

## Office Use Only

Application number

Plan number

Before you sign this application form, be aware that AMP Life or your financial planner is obliged to provide you with a brochure 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 forms part of the AMP Risk Protection Customer Information Brochure Issue 11, which expires on 31 December 2003. Applications received after this date will be declined.

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 LIFE INSURED AND PLAN OWNER

Title  Surname

Given names

Previous surname

Sex  Male  Female   Date of birth    Age next birthday

Country of birth

Do you smoke?  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"/>
	<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

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>			State	<input type="text"/>
	<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)

1 Is Superannuation contribution option required? This is an additional 12% of the Monthly Benefit.  Yes  No

2 Total maximum monthly benefit (including Super Contribution option amount) \$  ,

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

4 Benefit period  1 year  2 years  5 years  To age 60  To age 65

5 Premium type (Refer to page 36 of CIB for details)  Stepped  Level

6 Occupation group  4A  3A  2A  2M  A  B  C

7 AIDS cover\*  Yes  No

8 Do you want the Chronic condition option? (only available with IPA 60 or 65)  Yes  No

9 For Standard and Basic Income continuation cover: Claim Escalation Benefit  Yes  No

10 For Advance and Standard Income continuation with one year benefit period and conversion option, specify details of conversion option

Maximum monthly benefit	\$ <input type="text"/> , <input type="text"/>	Waiting period	<input type="text"/> weeks	Benefit period	<input type="text"/> years or age
Premium type	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	AIDS cover*	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\* If you answer Yes to AIDS cover in Section 3, complete the Authority for HIV test on page 22 if needed.

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

Maximum monthly benefit	\$		,		.					Waiting period	<input type="checkbox"/> 2 weeks	<input type="checkbox"/> 4 weeks	Benefit period	1 Year
Premium type	Stepped		AIDS cover*	<input type="checkbox"/> Yes		<input type="checkbox"/> No								

**Note:** The amount of the monthly benefit you insert in question D1 immediately above must be based on the life insured's answer to the Business Overheads questionnaire on pages 12 and 13 of the Personal Statement.

\* If you answer Yes to AIDS cover in Section 4, complete the Authority for HIV test on page 22 if needed.

#### 5 PAYMENT DETAILS

Total premium	\$		,		.					per	<input type="checkbox"/> Year	<input type="checkbox"/> Half year	<input type="checkbox"/> Month		
<input type="checkbox"/> Direct debit from financial institution account or credit card account <i>Please complete the authority on page 27</i>										<input type="checkbox"/> Year			<input type="checkbox"/> Half year	<input type="checkbox"/> Month	
<input type="checkbox"/> Direct to AMP Life (AMP sends a notice)										<input type="checkbox"/> Yearly		<input type="checkbox"/> Half yearly			

#### 6 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 Customer Information Brochure (CIB) Issue 11 dated 1 January 2003;
- ii I have read and agree with the Agreement and Declaration Statements (including the Duty of Disclosure) on page 37 of the CIB;
- iii All the information provided in this form is complete and correct even if the information has been written by someone else;
- iv 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 Customer Advice Record; 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.

Signature of life insured		SIGN HERE	Date	<input type="text" value="D D MM Y Y Y Y"/>
Signature of plan owner		SIGN HERE	Date	<input type="text" value="D D MM Y Y Y Y"/>

#### 7 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Existing plan number(s)	<input type="text"/>	

**I, as the life insured 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 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 life insured		SIGN HERE	Date	<input type="text" value="D D MM Y Y Y Y"/>
Signature of plan owner		SIGN HERE	Date	<input type="text" value="D D MM Y Y Y Y"/>



## Personal Statement

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

### Important notes to the life insured

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 owner(s).

#### Consequently you must:

- Answer all questions in your Personal Statement 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 owners 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 21**.
9. Now go to **Page 8**

## PERSONAL DETAILS

### 1 Life Insured 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 adviser 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"/> %
	<b>100%</b>

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"/> %
	<b>100%</b>

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 14

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*	\$	\$
<b>Plus</b> bonuses and/or commissions	+ \$	\$
<b>Total income</b>	= \$	\$

\* (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 <i>(your share of Gross Profit)</i>	\$	\$
<b>Less:</b> Business Expenses <i>(your share)</i>	- \$	\$
<b>Net Income</b> <i>(after deducting business expenses but before deducting tax)</i>	= \$	\$

**(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?**

<i>weeks per year</i>	<i>hours per week</i>
-----------------------	-----------------------

**(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 <small>(i.e. unemployed, employed, employed by own company, self employed, partnership)</small>	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) not included as your earnings and:

- 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

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	\$
Salaries and other costs ( <i>e.g. superannuation</i> ) for staff ( <i>Refer to schedule (f) on page 13</i> )	\$

##### (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 all employees and/or partners

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)

## 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)

### 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 17.
- 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:

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

<b>S</b> 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
<b>T</b> 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

<b>U</b> Have you ever had any gynecological condition or any complications with past pregnancy or childbirth?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>V</b> 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
<b>W</b> 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
<b>X</b> 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
<b>Y</b> 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 21

## 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
<b>1</b> Name of condition		
<b>2</b> Date it first began		
<b>3</b> Date of last symptoms		
<b>4</b> What caused your first symptoms?		
<b>5</b> How often do/did you have symptoms?		
<b>6</b> How long do symptoms last each time?		
<b>7</b> What makes symptoms start or worsen?		
<b>8</b> Which parts of your body are affected?	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right
<b>9</b> Describe your symptoms		
<b>10</b> Do you have attacks when symptoms are worse? <b>If 'Yes' provide details</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11</b> Have you had symptoms when resting or asleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12</b> Were you unconscious at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>13</b> Have you got any residual/ongoing effects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14</b> Have you ever taken regular or occasional medications for this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b> Have you ever been treated with steroids for this condition? (e.g. cortisone, prednisolone, predsol, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Complete if 'Yes' to any/all of 14 and/or 15</b>		
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?		
<b>16</b> Have you ever had any other treatment for this condition? (e.g. physiotherapy, operation, alternative remedies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>17</b> Have you had any diagnostic investigations? (e.g. scope, scan, x-rays, EEG, ECG, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18</b> Have you ever been in hospital or received emergency treatment for anything related to this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19</b> Have you ever been off work or are your normal daily activities restricted in any way related to this condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Complete if 'Yes' to any/all of 16 to 19</b>		
Date from (e.g. Feb 97)		
Date to (e.g. current)		
Reasons/investigations/findings/treatment/restriction		
Doctor		
<b>20</b> 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 <b>21A</b>	
<input type="checkbox"/> Underwater diving			Complete <b>21B</b>	
<input type="checkbox"/> Parachuting	<input type="checkbox"/> Hang gliding	<input type="checkbox"/> Ballooning	<input type="checkbox"/> Para-gliding	Complete <b>21C</b>
<input type="checkbox"/> Motor sport on land or water (excluding non-competitive 4-wheel driving)			Complete <b>21D</b>	
<input type="checkbox"/> Abseiling	<input type="checkbox"/> Caving	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Outdoor rock climbing	Complete <b>21E</b>
<input type="checkbox"/> Aviation other than as a fare paying passenger on a licensed public service			Complete <b>21F</b>	
<input type="checkbox"/> Trail bike riding	<input type="checkbox"/> Competitive horse riding	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Bungy jumping	Complete <b>21G</b>
<input type="checkbox"/> Ocean racing (sailing)	<input type="checkbox"/> Water skiing			Complete <b>21G</b>
<input type="checkbox"/> Other (specify)	<input type="text"/>		Complete <b>21G</b>	

#### 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 type="checkbox"/> Touch	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Aikido, Judo, Kendo	<input type="checkbox"/> Jujitsu, Karate, Kung fu, Tae kwan do	<input type="checkbox"/> Tai chi	<input type="checkbox"/> Boxing		

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

No

Yes  Specify amount received

\$

Have you ever had an injury as a result of this activity for which you needed time off work or you needed a doctor's attention?

No

Yes  Describe the injury


How long were you off work?

<input type="checkbox"/> Up to 1 week	<input type="checkbox"/> More than 1 week
---------------------------------------	-------------------------------------------



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

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

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

Do you dive other than for recreation?

Yes  No

### 21C Parachuting, Hang Gliding, Ballooning, Para-gliding

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

Are you ever towed by someone who is not a licensed commercial operator? (para-gliding)

Yes  No

Are you a member of an organisation or do you have qualifications or 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?

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 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



## 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 life insured, 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 Life Insured

Date

## PRIVACY

Your privacy is important to us and further information about AMP's collection of personal information is provided in our Customer Information Brochure.

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 Customer Information Brochure.

## YOUR AGREEMENT AND DECLARATION

I, the life insured, 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 protection and business overheads insurance:



<b>Overseas</b>	If I spend any time outside Australia or New Zealand during any claim period, AMP may stop paying me after 3 months.
<b>Superannuation benefits</b>	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 has to pay to me during a claim.
<b>If Table IPC</b>	This plan may be cancelled or varied by AMP following a claim.
<b>If Chronic Condition Option applies</b>	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

 <i>Life insured</i>	Date <input type="text" value="DD MM YY YY YY"/>
 <i>Parent/guardian if applicable</i>	Date <input type="text" value="DD MM YY YY YY"/>

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

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

**A Accredited financial planner number**

**Accredited segment**

- Superannuation     
  Retirement and investment     
  Small business  
 Estate Planning (Personal)     
  Estate Planning (Business)     
  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 ISC 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**

- Own doctor exam   
  Other doctor exam   
  Pathology tests   
  ECG - resting   
  ECG - exercise   
  Specialist exam  
 Paramedical exam   
  Other (specify)

**D Financial planner notes**


**E Planner checklist**

- Are all relevant sections fully completed? .....  Yes     No
- Is the application form signed and completed? .....  Yes     No
- Is the personal statement signed and completed? .....  Yes     No
- Section 19 - Medical Statement: If the client answered 'Yes' to the underlined conditions, is the General Medical Questionnaire on page 17 completed? .....  Yes     No
- Are the following authorities completed and signed (if required)? .....  Yes     No  
 Authority for HIV test (page 22);  
 Authority for medical report (page 25);  
 Authority for pathology tests (page 25);  
 Business overheads questionnaire (pages 12 and 13);  
 Sports activities questionnaire (pages 18-21);  
 Direct debit request for risk products (page 27).
- 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 life insured

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 Life Insured

Address of Life Insured

State

Postcode

Signature of Life Insured



Date

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

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 Life Insured

Address of Life Insured

State

Postcode

Signature of Life Insured



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 Life Insured

Signature of Life Insured



Date



AMP Life  
PO Box 300  
Parramatta NSW 2124



AMP Life  
PO Box 300  
Parramatta NSW 2124

## AUTHORITY FOR PATHOLOGY TESTS

### Instructions to the life insured 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 25) 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 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.

\*You will need to confirm your identification at the time of providing the blood sample for 2 or 3 above.

### 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 25) 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.

### 1 DEBIT DETAILS

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

\*Deduction dates are fixed in line with your premium due date, unless you indicate a specific date for deductions to occur.  
 Credit card account deduction – Complete Sections 2 & 4. Bank/credit union/building society deduction – Complete Section 3.  
 You must complete either Section 2 or 3

### 2 DEDUCTION FROM CREDIT CARD

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

### 3 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

Address of institution  Street no.  Street name

Suburb  State  Postcode

Account name

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.

Account holder's name

Address of account holder  Street no.  Street name

Suburb  State  Postcode

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.

Signature(s) of Account holder  Date

### 4 INITIAL PREMIUM REQUEST

Amount \$ , . Type of 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 the 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 brochure 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 forms part of the AMP Risk Protection Customer Information Brochure Issue 11, which expires on 31 December 2003. Applications received after this date will be declined.

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

## 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 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/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 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.
- 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 <i>previous</i> plan owner(s)	X	Date	D D M M Y Y Y Y
Signature of <i>new</i> plan owner(s)	X	Date	D D M M Y Y Y Y

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 Customer Information Brochure (CIB) Issue 11 dated 1 January 2003;
- 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 40 of the CIB 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 page 21 of the CIB;
- 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 Customer Advice Record; 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 Customer Information Brochure.
- 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 brochure 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 forms part of the AMP Risk Protection Customer Information Brochure Issue 11, which expires on 31 December 2003. Applications received after this date will be declined.

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 life insured 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 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 life insured

Signature of plan owner

Date

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 Customer Information Brochure (CIB) Issue 11 dated 1 January 2003;
- 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 40 of the CIB 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 page 37 of the CIB;
- 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 Customer Advice Record; 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 life insured

X

SIGN HERE

Date

| | | | | | | | | | | | | | | | | | | | | |

Signature of plan owner

X

SIGN HERE

Date

| | | | | | | | | | | | | | | | | | | | | |

### 4 FINANCIAL PLANNER DECLARATION

**I agree and declare that:**

- The applicant received a current AMP Risk Protection Customer Information Brochure.
- 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

| | | | | | | | | | | | | | | | | | | | | |

+

# 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

### DIRECTORS

Andrew Max MOHL  
Marc Joseph de CURE  
John Michael MCDONALD  
Craig William DUNN  
Richard John GRELLMAN  
Rosanne Phillipa O'Loghlen MEO

## AMP Customer Service Centre

### TELEPHONE

131 267  
Monday to Friday  
8.00am to 8.00pm EST

### FAX

1300 301 267

## New business enquiries

### TELEPHONE

133 888  
Monday to Friday  
8.00am to 8.00pm EST

### ADDRESS

AMP Financial Services  
Jessie Street Building  
19th Floor  
2-12 Macquarie Street  
PO Box 300  
Parramatta NSW 2124

## Internet address

### WEBSITE

[www.amp.com.au](http://www.amp.com.au)

### EMAIL

[polinfo@amp.com.au](mailto:polinfo@amp.com.au)

## Where to send application forms

### FOR AMP FINANCIAL PLANNERS

AMP Operations Centre  
Reply Paid 62990  
Parramatta  
NSW 2150

### FOR NON-AMP FINANCIAL PLANNERS

AMP Adviser Services  
Lodgement Team  
Locked bag 5027  
Parramatta Business Centre  
NSW 2124

## Adviser Services

### TELEPHONE

National Service for  
Advisers is available on  
1300 785 066



advice  
investment  
banking  
superannuation  
insurance  
optimism

## Contact

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

**Address** AMP Life Limited  
33 Alfred Street, Sydney NSW 2000

**Telephone** 133 888  
Monday to Friday, 8am to 8pm EST.

**Internet** [www.amp.com.au](http://www.amp.com.au)

**Email** [polinfo@amp.com.au](mailto:polinfo@amp.com.au)

If you have any enquiries or complaints please do not forget to mention your customer identity number and your plan number.

Advisor text here