



Customer Information Brochure



Life Insurance

Asteron Life Limited
ABN 64 001 698 228
465 Victoria Avenue Chatswood
New South Wales 2067

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Issue No 1

You should read the enclosed material carefully, especially the Key Features Statement. This contains the important information you should know about the product.

- Term Life Insurance
- Recovery Insurance
- Stand Alone Recovery Insurance
- Income Protection Insurance
 - Secure™ Income Policy
 - Income Reserve Policy
- Business Expenses Insurance

Asteron is part of Promina, a leading insurance group offering a wide variety of products and services for a broad range of financial needs. Promina includes some of the most recognised brands in Australia and New Zealand.

Asteron's origins trace back to 1833 in Australia and 1878 in New Zealand. In both Australia and New Zealand, the company has a long history of acquisitions and successful integration of businesses, which contribute to Asteron's solid heritage.

Today, Asteron is one of the largest financial service providers in Australasia with over 750,000 customers taking advantage of our diverse range of insurance, investment and superannuation products & services, as well as our professional financial advice and planning services. Our goal is to assist customers in securing their financial future. Whether they are setting out to protect their future or the people they value, developing a strategy to create wealth or settling back to enjoy retirement, we provide solutions that apply throughout the lifetime of the customer.

At Asteron we combine decades of experience, knowledge and integrity with vision, creativity and vitality for a responsive approach that enables us to put our customers first, so fostering long-lasting and mutually rewarding partnerships.

The risk insurance portfolio of Asteron Life in Australia comprises more than 288,000 policies and \$276 million of in force annual premium. We provide products to protect individuals, families and businesses against the financial impacts of death, illness or injury.

The Directors of Asteron Life Limited are:

L E Tutt (Chairman)
M J Wilkins (Managing Director)
H G Bentley
J L Chugg
A W Diplock
P J Dwyer
J H English (Alternate for M J Wilkins)
D P Fox
E J Kulk
G T Ricketts
M Mezrani (Alternate for H G Bentley)

Please note

The obligations of Asteron Life Limited are not guaranteed by any company within the Promina Group.

Currency of this brochure

This brochure is valid until 10 March 2004 unless it is withdrawn earlier. This brochure becomes out of date after then and must not be used. We will withdraw this brochure if it becomes misleading.

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Term Life Insurance

with Optional Total and Permanent Disablement Cover

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is to provide an amount of money in the event of death. This is not a savings plan. If you cancel your policy at any time you will get nothing back.

Introduction to Term Life Insurance

Term Life Insurance pays your chosen sum insured on your death or terminal illness. The sum insured is the amount of cover selected by you.

- The policy covers you worldwide, 24 hours a day.
- We also offer optional Total and Permanent Disablement (TPD) cover. If you choose this cover we will pay your selected TPD sum insured if:
 - you are unlikely to ever return to work because of injury or sickness, or
 - you suffer loss of limbs or sight, or
 - you become permanently unable to perform activities of daily living, or
 - you are suffering from significant cognitive impairment.
- For an additional cost, you can purchase a Waiver of Premium Benefit so that no premiums will be payable whilst you are disabled.
- You can take out this policy on your own life, in which case you are the insured person as well as the policy owner. You can also take out this policy to insure someone else's life, say a family member or business partner.

In this case that person is the insured person and you remain the policy owner and maintain the rights of ownership and control of the policy.

- Throughout this brochure, where we refer to death, disablement or age, we are referring to the insured person and not the policy owner.
- In the event of a claim, we pay the policy owner, or their estate. If you are both the policy owner and the insured person you can nominate who will receive benefits payable on your death (see page 8 under the heading Nominated Beneficiaries).
- We guarantee that we will not cancel this policy because of a change in your health or occupation, or in the event that you move, travel or become unemployed.
- You can continue this Term Life Insurance policy up to the anniversary of your policy when you are 99.
- You may be able to arrange Term Life Insurance through a superannuation fund (see pages 49 - 54 for more details).

Premiums

Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums.

Your premiums are based on various factors including the sum insured you choose, the frequency of payments, your age, your sex and whether you smoke.

- An additional premium is charged if you select TPD cover or the Waiver of Premium Benefit. For more details about premiums, please contact your life insurance adviser. Tables of Term Life Insurance premium rates are available on request.
- If you do not pay a premium, we will contact you requesting payment. You will be advised of the date when all cover will cease if the premium is not received.
- We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes or charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.
- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and the minimum premiums payable are shown in the table on the following page.

Premium Options

We offer 2 premium options - Stepped and Level.

Stepped Premiums

If you choose stepped premiums, your premium is recalculated (and will usually increase) on each anniversary of your policy based on your age at that time. Premiums will also change if:

- you request us to change your sum insured, or
- you choose to have your sum insured automatically increased each year to keep pace with inflation (see Automatic Increase Option on page 3), or
- we review the rates.

Premium Freeze Option

If you choose the stepped premium option, you can freeze your premiums at any time. This means your premiums stay the same and your sum insured will change (usually decrease) each year as you get older.

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Premiums	\$200	\$100	\$50	\$20

* Your financial institution may impose fees or charges.

Level Premiums

If you choose level premiums, your premium is calculated at the start of the policy based on your age at that time and will only change if:

- you request us to change your sum insured, or
- you choose to have your sum insured automatically increased each year to keep pace with inflation (see Automatic Increase Option on page 3), or
- we review the rates.

Level premiums cease on the anniversary of your policy when you are 65. After this time, your premiums will be calculated on a stepped basis.

Review of Rates

Premiums may change following a review of our Term Life Insurance premium rates. We may review our rates at any time and as a result premiums may increase or decrease. Premium rates will only change if we review all our Term Life Insurance rates, therefore you cannot be singled out for an increase.

Superannuation Policy

If you take out this policy through a superannuation fund, your premiums will be paid by the Trustee out of your contributions to the fund. For more information on Term Life Insurance through a superannuation fund see pages 49 - 54.

Benefits

The Features of Your Policy

Term Life Insurance Cover

We will pay your Term Life Insurance sum insured on your death.

No payment will be made if you die from suicide or intentional self-inflicted injury within 13 months of the commencement or reinstatement date of the policy.

Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if suicide or intentional self-inflicted injury occurs within 13 months of the commencement or reinstatement date of the increase.

Terminal Illness

We will pre-pay your Term Life Insurance sum insured up to a maximum of \$2,000,000 on diagnosis of your terminal illness, with any balance payable upon death. Premiums are waived for any remaining life cover.

You are terminally ill if you are diagnosed by a specialist medical practitioner as having a life expectancy of 12 months or less due to an illness, regardless of any treatment that may be undertaken. This diagnosis may need to be confirmed by a specialist medical practitioner of our choice.

Total and Permanent Disablement (TPD) Cover

If you choose to include TPD cover, we will pay your TPD sum insured if you permanently:

1. are unable to work, or
2. lose limbs or sight, or
3. are unable to perform activities of daily living, or
4. are suffering from significant cognitive impairment.

Please refer to page 6 for the complete definition of TPD.

No payment will be made if total and permanent disablement is directly or indirectly caused by intentional self-inflicted injury.

The following apply to TPD:

- your TPD sum insured cannot exceed your Term Life Insurance sum insured, and
- your TPD cover will stop if we make a payment for terminal illness, and
- TPD cover for 'Unable to Work' ceases at the anniversary of your policy when you are 65, and
- TPD cover under the 'Loss of Limbs', 'Activities of Daily Living' and 'Significant Cognitive Impairment' tiers continues until the anniversary of your policy when you are 99.

Please refer to page 6 for further details on our TPD definition.

Unable to Work

You can choose between 2 definitions of 'unable to work' - Any Occupation and Own Occupation.

Any Occupation

The sum insured is payable if you are permanently unable to work in any occupation for which you are reasonably suited.

Home-maker

Within the Any Occupation definition we offer TPD cover if you have been performing normal domestic duties full-time in your own residence for more than 6 months prior to any injury or illness that causes you to become totally and permanently disabled.

Please refer to page 6 for the complete definition of TPD for home-makers.

Own Occupation

The sum insured is payable if you are permanently unable to work in your own occupation. An additional premium is payable for this definition as it is specific to the occupation you perform, as distinct from any occupation you may be suited to perform.

Modified TPD

Alternatively, you can choose the Modified definition of TPD in which the 'Unable to Work' tier has been removed. This means that the premium will be lower than for the Any Occupation or Own Occupation TPD definitions.

Please refer to page 6 for the full definition of Modified TPD.

Payment Options

We offer the flexibility of 2 payment options to enable you to choose the cover that best suits your needs - Single Payout TPD and Double Payout TPD.

Single Payout TPD

Under the single payout TPD option, when we pay your TPD sum insured, your Term Life Insurance sum insured is reduced by this amount. The remaining sum insured, if any, is payable for subsequent death or diagnosis of a terminal illness. Future premiums are reduced to reflect the lower sum insured.

Buyback Offer

This offer allows you to purchase life cover (without TPD) 12 months after we make a payment under single payout TPD. You can buy back cover for death and terminal illness up to the amount of your TPD payment without further health evidence. This offer applies if the payment has been made before the anniversary of your policy when you are 65.

Double Payout TPD

Under the double payout TPD option, when we make a payment, your Term Life Insurance sum insured is not reduced and the future premiums are waived.

The double payout TPD option expires on the anniversary of your policy when you are 65. Your TPD cover will then continue with the single payout TPD option. Your premiums will be recalculated to reflect this change.

Automatic Increase Option

To help your policy keep pace with inflation, you can choose to have your sum insured automatically increased. Each year we will increase your sum insured by 3% or the Consumer Price Index (CPI), whichever is the greater. Your premiums will be recalculated based on the increased sum insured.

You can decline an increase in any year without affecting your right to take up future increases.

If we have made a terminal illness or double payout TPD payment to you, no future annual increases will apply.

Financial Planning Benefit

We provide a Financial Planning Benefit where a person is a recipient of a benefit paid to them under this policy because of the death, terminal illness or total and permanent disablement of the insured person.

Please see page 8 for full details and conditions of this benefit.

Grief Support Service

We provide a Grief Support Service to assist the insured person or their immediate family members to start to come to terms with their reaction to grief which arises from a death or traumatic event.

Please see page 55 for full details and conditions of this service.

Special Events Increase Option

The Special Events Increase Option allows you to increase your Term Life Insurance sum insured upon a special event without the need to provide further medical information.

Special events include the birth of a child, taking out or increasing a mortgage or increasing your financial interest in a business.

Please see page 7 for full details of this option.

Waiver of Premium Benefit

We understand that if you are disabled for an extended period of time, it can be difficult to meet your financial responsibilities. To help ease your financial situation and ensure that your valuable cover is maintained, you can purchase this Waiver of Premium Benefit.

Under this benefit, we will waive the premiums on your policy after you have been disabled for a 6 month waiting period and we will continue to waive the premiums as long as you remain disabled up until the anniversary of your policy when you are 65 years of age.

Please see page 8 for full details of this benefit, including our definition of 'disabled'.

Term Life Insurance through Superannuation

There are particular legislative requirements and 'preservation' rules that must be met before terminal illness and TPD benefits become payable from a superannuation fund.

There are choices available as to how the Death Benefit can be paid, please refer to pages 49 - 54 for further details on Term Life Insurance through superannuation and our Super Estate Option.

Availability of Cover

Cover	Maximum Sums Insured	Premiums	Entry Ages	Expiry Age [▲]
Term Life Insurance	No Maximum	Stepped Level	17 to 69 24 to 59	99
Single Payout TPD	Own Occupation \$2,000,000 Any Occupation \$2,500,000 Modified \$2,500,000	Stepped Level	17 to 59 24 to 59	99 65 **
Double Payout TPD	\$1,500,000			65 **

▲ Cover ends on the anniversary of your policy at the expiry age indicated. ** At 65 TPD converts to single payout TPD on a stepped premium basis.

Taxation

The following information on taxation is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

- Term Life Insurance premiums are not normally tax deductible.
- Payment of the sum insured is normally free of personal income tax, unless the insurance was taken out:
 - by a business for a revenue purpose, or
 - under a superannuation fund (in certain circumstances).
- If the policy is taken out by a business for a capital purpose (for example to buy out a partner's share in the business), then there is no tax deduction and no tax is payable on benefits provided the policy is taken out on your own or your spouse's life (for example a family business or a partnership).
- Capital Gains Tax (CGT) may apply in circumstances where the benefits are paid other than to the insured person, their spouse, children or other dependants.

Term Life Insurance through Superannuation

- Where the policy is taken out through a superannuation fund, we pay benefits to the Trustee. No taxes are due at this time.
- When the Trustee distributes funds in accordance with the terms of the Trust Deed, tax may be payable. (Please refer to page 49 for further details).
- Contributors to superannuation funds may be entitled to tax concessions on the contributions made. However, contributions to superannuation made on behalf of members earning more than \$94,691*, or members who do not quote their tax file number to the fund, may be subject to a tax surcharge of up to 15% on contributions.

* Note: This amount relates to the 2003/2004 financial year and is indexed annually.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'.

During this time, you should check that the policy meets your needs. The cooling off period is normally 28 days and commences from the date we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy in the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premiums paid will be refunded to you.

If you have taken out Term Life Insurance through superannuation please refer to page 53 for your cooling off rights.

Other Information on Your Policy

The Application Process

To apply for Term Life Insurance, you will need to complete the application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application. Once we receive your application, we will commence the underwriting procedure. This may involve further information (for example on your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for death and TPD (if you are applying for TPD cover) as a result of injury or illness. Your Interim Cover commences when your completed application form and initial premium (or completed deduction authority) are lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

Superannuation Statements

If you take out this policy through a superannuation fund the fund trustee will send you a statement at least once a year which includes:

- your level of cover,
- any changes to fees and charges, and
- any other relevant information required under superannuation law.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 (or page 54 if you take out this policy through a superannuation fund) for contact details and information on the steps involved.

Additional Information - Term Life Insurance

Total and Permanent Disablement (TPD)

TPD cover has a 4 tiered definition:

1. Unable to work
2. Loss of limbs or sight
3. Unable to perform activities of daily living
4. Suffering from significant cognitive impairment

If you meet the criteria under any one of the tiers, we will pay your TPD sum insured.

If you prefer, you can choose the Modified TPD definition when you first take out your Term Life Insurance policy with us. The premium will be lower than if you select Own Occupation TPD or Any Occupation TPD as the Modified definition does not include the 'Unable to work' tier.

Under this **Modified** TPD definition, you are totally and permanently disabled if:

- you suffer loss of limbs or sight, or
- you are unable to perform the activities of daily living, or
- you are suffering from significant cognitive impairment.

Your TPD cover will convert to the Modified definition:

- on the anniversary of your policy when you are 65, or
- if you are permanently retired, or
- if you have been unemployed for more than 6 months prior to your disablement and have not been engaged full-time in normal domestic duties in your own home for the past 6 months.

We will not pay if total and permanent disablement is directly or indirectly caused by intentional self-inflicted injury.

1. Unable to Work

You have the choice between the Own Occupation and Any Occupation definitions.

This tier only applies if the injury or illness occurs while you are working in regular employment for income, or you have been unemployed for less than 6 months, or you are undertaking the duties of a Home-maker. By 'unemployed' we mean you are not in regular employment for income.

Own Occupation Definition

Under the Own Occupation definition, you are totally and permanently disabled if:

- you suffer an injury or illness, and
- you are unable to work because of that injury or illness for a continuous period of 6 months, and

- we believe, after consideration of medical and any other evidence, that you have become incapacitated to such an extent that you are unlikely ever to be able to work again in your own occupation.

Any Occupation Definition

Under the Any Occupation definition, you are totally and permanently disabled if:

- you suffer an injury or illness, and
- you are unable to work because of that injury or illness for a continuous period of 6 months, and
- we believe, after consideration of medical and any other evidence, that you have become incapacitated to such an extent that you are unlikely ever to be able to work again in any occupation, for which you are reasonably suited, that pays you more than 25% of the amount you earned during the 12 months before the start of your continuous absence from employment.

Home-maker

Under the Home-maker definition, you are totally and permanently disabled if:

- you suffer an injury or illness while you had been engaged full-time in normal domestic duties in your own home for more than 6 months, and
- you have been unable to perform any normal domestic duties because of the injury or illness for a continuous period of at least 6 months, and
- we believe, after consideration of medical and any other evidence, that you are incapacitated to such an extent that you are unlikely ever to be able to perform normal domestic duties and engage in any occupation for which you are reasonably suited.

'Normal domestic duties' are the duties normally performed by a person who remains at home and is not working in regular employment for income. Normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, looking after children.

2. Loss of Limbs or Sight

You are totally and permanently disabled if you suffer the total and permanent loss of use of:

- both feet, or
- both hands, or
- the 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).

3. Activities of Daily Living

You are totally and permanently disabled if we believe you are constantly and permanently unable to perform 2 or more of the following Activities of Daily Living without the physical assistance of someone else.

The Activities of Daily Living are:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid.

Please note: If you can perform the activity on your own by using special equipment we will not consider you as unable to perform that activity.

4. Significant Cognitive Impairment

You are totally and permanently disabled if we believe you are suffering from significant cognitive impairment.

Significant cognitive impairment means a deterioration or loss of intellectual capacity that requires the insured person to be under continuous care and supervision by someone else.

No payment will be made if significant cognitive impairment is directly or indirectly caused by alcohol or drug abuse.

Special Events Increase Option

We understand there are certain events such as marriage, the birth of a child, or an increase in the share of a business that have an impact on the need for insurance. To enable your cover to change with your circumstances, we include a Special Events Increase Option under our Term Life Insurance policy.

This option allows you to increase your Term Life Insurance sum insured when certain important events occur in your life, without the hassles of further medical evidence.

- This option does not apply to TPD cover.
- The following table describes the events and outlines what is required to increase cover on the occurrence of any of these events.
- The Special Events Increase Option is only available if you are 55 years of age or under when you apply for the policy.
- To increase your cover under this option you need to:
 - be 60 years of age or under at the time of the special event, and
 - apply within 60 days of the special event or apply within 30 days of the next anniversary of your policy after the special event (the event must have occurred within the previous 12 months).
- The Special Events Increase Option does not apply if we have paid a Terminal Illness or TPD claim, if you are entitled to make a claim or if your premiums are being waived.

Special Event	Proof
Marriage	Copy of marriage certificate
Birth or adoption of a child	Copy of birth or adoption certificate
Taking out a mortgage on a home or business of at least \$25,000 or increasing an existing mortgage by at least \$25,000	Copy of mortgage and loan documents
An annual salary increase of at least \$5,000	Payslips or letter from employer confirming the salary increase
Increase in the financial interest in the business of at least \$25,000 if the insured person is a working partner or a working director in the business	Copy of minutes from meetings with other partners or directors approving the increase
Every 5th anniversary of your Term Life Insurance policy with Asteron Life	You must have held the policy continuously for at least 5 years

Minimum increase:	<ul style="list-style-type: none"> • \$25,000 per event
Maximum increase for each event is the lowest of:	<ul style="list-style-type: none"> • \$100,000, or • 50% of your original sum insured, or • 5 times the salary increase, or • the amount of a new mortgage or the increase in your current mortgage, if you are taking the mortgage special event
Maximum increase in total due to Special Events:	<ul style="list-style-type: none"> • is the original sum insured

You can only have one increase under this option in any 12 month period.

- When you increase your cover under this option, your premium will be recalculated based on the increased sum insured.

Waiver of Premium Benefit

We understand that if you are disabled for an extended period of time, it can be difficult to meet your financial responsibilities. To help ease your financial situation and ensure that your valuable cover is maintained, you can purchase this Waiver of Premium Benefit.

- Under this benefit, we will waive the premiums on your policy after you have been disabled for a 6 month waiting period and we will continue to waive the premiums as long as you remain disabled, until the anniversary of your policy when you are 65 years of age.
- This benefit is only available if you were 59 years of age or under when you applied for the policy.
- For the purposes of this benefit, you are disabled if:
 - you suffer an injury or illness, and
 - after consideration of medical and other evidence, we believe you are unable to work because of that injury or illness in any occupation for which you are reasonably suited by education, training or experience.

If you were performing normal domestic duties full-time in your own home at the time of the injury or illness, we will accept 'normal domestic duties' as the occupation for which you are reasonably suited.

Please refer to page 6 for our definition of 'normal domestic duties'.

- We will not waive any premiums that fall due during the 6 month waiting period, but if we accept your waiver of premium claim, we will refund any premiums paid during this period.
- The Automatic Increase Option still applies while your premiums are being waived.
- If disability from the same cause recurs within 6 months of the end of the disablement period, we will waive premiums without the need for you to begin a new waiting period.
- The Special Events Increase Option will not apply while your premiums are being waived but will begin again on the anniversary of your policy immediately after the Waiver of Premium Benefit claim has ceased and you recommence paying premiums.
- When you recommence paying premiums, the premiums will be increased/reduced to take into account any changes that would have occurred if the premiums had not been waived.
- No premiums will be waived if disability is directly or indirectly caused by intentional self-inflicted injury.

Financial Planning Benefit

Where a person is a recipient of a benefit paid to them under this policy because of the death, terminal illness or total and permanent disablement of the insured person we will reimburse the recipient for the cost of up to \$1,500 for accredited financial planning advice that they obtain.

Where there is more than one recipient of the sum insured each recipient will be entitled to an equal share of the Financial Planning Benefit. We will not pay an amount more than \$1,500 in respect of each policy.

Financial planning advice must be provided by an approved adviser and the Financial Planning Benefit claimed within 12 months of payment of the sum insured.

Payment of the Financial Planning Benefit does not reduce the amount of any other benefit payable under the policy, and is subject to our normal claim requirements including receipt of proof of the cost of the financial planning advice claimed. The Financial Planning Benefit can only be paid once.

Nominated Beneficiaries

Term Life Insurance and Recovery Insurance

If the insured person dies we pay the sum insured to the owner of the policy. If you are both the policy owner and the insured person, we pay your estate. However, you can nominate other beneficiaries (such as your partner or children) to receive the benefit on death.

By nominating beneficiaries, you can ensure that the amount we pay on death does not form part of your estate. Beneficiaries of your policy can therefore avoid the requirements, costs and possible delays of obtaining probate and administering the estate. You can nominate up to 10 beneficiaries and change them at any time before your death.

Please note:

- A nominated beneficiary must be an individual, a charitable foundation or a company.
- A change to your nominated beneficiaries will not take effect until we have confirmed it.
- In some circumstances the amount paid to nominated beneficiaries may be subject to court review.
- Transferring the ownership of the policy to another person will cancel any beneficiary nominations.

For information about nominating beneficiaries if you arrange the policy through a superannuation fund, see page 50 under the heading 'How are Benefits Paid on Death?' and 'How are Benefits Paid on Total and Permanent Disablement' on page 51.

Recovery Insurance

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is to provide a benefit in the event of death, the diagnosis of terminal illness, certain serious medical conditions or procedures and total and permanent disablement. This is not a savings plan.

If you cancel your policy at any time you will get nothing back.

Introduction to Recovery Insurance

Recovery Insurance pays your chosen sum insured on:

- death, or
 - the occurrence of one of the listed serious medical conditions or procedures as detailed on pages 15 - 19, or
 - the diagnosis of terminal illness, or
 - total and permanent disablement (TPD).
- We also offer a Child Recovery option to enable you to insure your children against serious medical conditions and death.
 - This policy covers you worldwide, 24 hours a day.
 - You can take out this policy on your own life, in which case you are the insured person as well as the policy owner. You can also take out this policy to insure someone else's life, say a family member or business partner.

In this case, that person is the insured person and you remain the policy owner and maintain the rights of ownership and control of the policy.
 - Throughout this brochure, where we refer to death, disablement, serious medical conditions, procedures, or age, we are referring to the insured person and not the policy owner.
 - In the event of a claim, we pay the policy owner or their estate. If you are both the policy owner and the insured person, you can nominate who will receive the benefits on your death (see page 8 under the heading Nominated Beneficiaries).
 - We guarantee that we will not cancel this policy because of a change in your health or occupation, or if you move, travel or become unemployed.
 - You can continue this Recovery Insurance policy up to the anniversary of your policy when you are 65.
 - This policy cannot be taken out through a superannuation fund.

Premiums

Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums.

Your premiums are based on various factors including the sum insured you choose, the frequency of payments, your age, your sex and whether you smoke.

- An additional premium is charged if you select the Waiver of Premium Benefit. For more details about premiums, please contact your life insurance adviser. Tables of Recovery Insurance premium rates are available on request.
- If you do not pay a premium, we will contact you requesting payment. You will be advised of the date when all cover will cease if the premium is not received.
- We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes or charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.
- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and minimum premiums payable are shown in the table on the following page.
- A premium discount applies when Additional Term Life Insurance is taken out with this policy. The discount is currently \$40 per annum but may be reviewed in the future.

Premium Options

We offer 2 premium options - Stepped and Level.

Stepped Premiums

If you choose stepped premiums, your premium is recalculated (and will usually increase) on each anniversary of your policy based on your age at that time. Premiums will also change if:

- you request us to change your sum insured, or
- you choose to have your sum insured automatically increased each year to keep pace with inflation (see Automatic Increase Option on page 11), or
- we review the rates.

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Recovery Insurance Premiums	\$200	\$100	\$50	\$20
Minimum Additional Term Life Insurance Premiums	\$100	\$50	\$25	\$10
Minimum Child Recovery Premiums	\$12	\$6	\$3	\$1

* Your financial institution may impose fees or charges.

Premium Freeze option

If you choose the stepped premium option, you can freeze your premiums at any time. This means your premiums stay the same and your sum insured will change (usually decrease) each year as you get older.

Level Premiums

If you choose level premiums, your premium is calculated at the start of the policy based on your age at that time and will only change if:

- you request us to change your sum insured, or
- you choose to have your sum insured automatically increased each year to keep pace with inflation (see Automatic Increase Option on page 11), or
- we review the rates.

Review of Rates

Premiums may change following a review of our Recovery Insurance premium rates. We may review our rates at any time and as a result premiums may increase or decrease. Premium rates will only change if we review all our Recovery Insurance rates, therefore you cannot be singled out for an increase.

Benefits

The Features of Your Policy

- We will pay your full sum insured on the earliest occurrence of one of the following:
 - Death
 - Blindness
 - Cancer*
 - Cardiomyopathy
 - Chronic Kidney (Renal) Failure
 - Coma
 - Coronary Artery Angioplasty - Triple Vessel*
 - Coronary Artery Surgery*
 - Deafness

- Dementia
- Heart Attack*
- Heart Surgery (open)*
- HIV - Medically Acquired
- HIV - Occupationally Acquired
- Intensive Care
- Intracranial Benign Tumour
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Paralysis
- Parkinson's Disease
- Repair or Replacement of Aorta*
- Repair or Replacement of Valves*
- Severe Burns
- Stroke*
- Terminal Illness
- Total and Permanent Disablement which is:
 1. Permanently unable to work with Own Occupation definition, or
 2. Loss of limbs or sight, or
 3. Unable to perform the activities of daily living, or
 4. Suffering from significant cognitive impairment.

*3 month exclusion applies

- We will make a partial payment on the occurrence of:
 - Coronary Artery Angioplasty*

We will pay this benefit more than once if there is at least 6 months between each coronary artery angioplasty operation.

Availability of Cover

Cover	Premiums	Entry Ages	Expiry Age [▲]	Minimum Sum Insured	Maximum Sum Insured
Recovery Insurance	Stepped Level	20 to 59 24 to 59	65	\$10,000	\$1,500,000
Child Recovery		2 to 20	21	\$10,000	\$100,000

▲ Cover ends on the anniversary of your policy at the expiry age indicated.

We will pay the greater of 10% of your sum insured and \$10,000.

– Serious Accidental Injury

We will only pay this benefit once and we will pay the greater of 10% of your sum insured and \$10,000.

– Single Loss of Limb or Eye

We will only pay this benefit once and we will pay the greater of 10% of your sum insured and \$10,000.

Your Recovery Insurance sum insured is reduced by the payment made and your premiums will be recalculated based on the reduced sum insured.

*3 month exclusion applies

These terms are defined on pages 15 - 19.

- The amount we pay under a Recovery Insurance policy will not be reduced by any entitlement you may have under any other insurance policies.

When We Will Not Pay

No payment will be made for any conditions marked with an asterisk (*) if you are first diagnosed or the condition occurs within 3 months of the commencement or reinstatement date of the policy. Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if you are first diagnosed within 3 months of the commencement or reinstatement date of the increase.

We will pay for any new and unrelated occurrence of these conditions or procedures after this 3 month period.

The 3 month exclusion will not apply to this policy if:

- it is replacing an existing trauma insurance policy that has been in place for longer than 3 months, and
- your old policy covers the same serious medical conditions and procedures, and
- your old sum insured was the same as or greater than the sum insured applied for with us.

No payment will be made for:

- any serious medical condition or procedure, death or total and permanent disability resulting from an intentional self-inflicted cause, or

– suicide within the first 13 months of the commencement or reinstatement date of the policy, or

– an increase in the sum insured if suicide occurs within the first 13 months of the commencement or reinstatement date of the increase.

Buyback Offer

This offer allows you to purchase life cover (without TPD) 12 months after we make a full Recovery Insurance payment other than for death or terminal illness. You can buy back cover for death and terminal illness up to the amount of your Recovery Insurance payment without needing to provide further health evidence.

If you choose this offer, any special conditions which applied to your Recovery Insurance policy will also apply to the new policy.

Automatic Increase Option

To help your policy keep pace with inflation, you can choose to have your sum insured automatically increased.

Each year we will increase your sum insured by 3% or the Consumer Price Index (CPI), whichever is the greater.

Your premiums will be recalculated based on the increased sum insured.

You can decline an increase in any year without affecting your right to take up future increases.

Financial Planning Benefit

We provide a Financial Planning Benefit where a person is a recipient of a benefit paid to them under this policy because of the diagnosis of a serious medical condition or procedure, death or total and permanent disablement of the insured person.

Please see page 15 for full details and conditions of this benefit.

Grief Support Service

We provide a Grief Support Service to assist the insured person or their immediate family members to start to come to terms with their reaction to grief which arises from a death or traumatic event.

Please see page 55 for full details and conditions of this service.

Converting from Recovery Insurance to Term Life Insurance

You can change your Recovery Insurance policy into a Term Life Insurance policy at any time before we make a full payment.

- If we have made a partial payment, the new Term Life Insurance sum insured will be the same as your reduced Recovery Insurance sum insured.
- If your Recovery Insurance policy includes TPD, we will provide single payout TPD when you convert your policy.
- Your policy will automatically become a Term Life Insurance policy with single payout TPD on the anniversary of your policy when you are 65.
- When your Recovery Insurance policy converts to a Term Life Insurance policy, any special conditions on your existing policy will also apply to the new policy.

Recovery Increase Benefit

We understand that certain events such as marriage, the birth of a child or an increase in your mortgage can have an impact on your insurance needs. As you will not need to provide any medical evidence, our Recovery Increase Benefit is an easy way for you to increase your cover when important events such as these occur in your life.

Please refer to page 14 for full details about this benefit.

Optional Benefits

You can select the following options at an additional cost to extend the cover under this policy.

Additional Term Life Insurance

You can purchase extra Term Life Insurance and TPD cover to top up your Recovery Insurance policy by taking Additional Term Life Insurance.

This will provide extra financial security in the event of death or permanent disablement. The premiums, benefits and other details are the same as Term Life Insurance.

Please refer to the Term Life Insurance Key Features Statement commencing on page 1.

Waiver of Premium Benefit

We understand that if you are disabled for an extended period of time, it can be difficult to meet your financial responsibilities. To help ease your financial situation and ensure that your valuable cover is maintained, you can purchase this Waiver of Premium Benefit.

Under this benefit, we will waive the premiums on your policy after you have been disabled for a 6 month waiting period and we will continue to waive the premiums as long as you remain disabled, up until the anniversary of your policy when you are 65 years of age.

Please refer to page 14 for full details of this benefit, including our definition of 'disabled'.

Child Recovery Benefit

Children from 2 to 20 years of age can be insured under Child Recovery. You can choose an amount of cover between \$10,000 and \$100,000 per child. The sum insured must be in multiples of \$10,000.

When we will pay

We will pay the Child Recovery sum insured on the earliest occurrence of one of the following for each insured child:

- Death
- Blindness
- Brain Damage
- Cancer*
- Cardiomyopathy
- Chronic Kidney (Renal) Failure
- Deafness
- Encephalitis
- Intensive Care
- Intracranial Benign Tumour
- Loss of Limbs or Sight
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Meningitis
- Paralysis
- Severe Burns
- Stroke*

* 3 month exclusion applies

We will make a partial payment on the occurrence of:

- Serious Accidental Injury
- Single Loss of Limb or Eye

Partial payments will be limited to \$10,000 and only one payment will be made under each of these definitions.

The Child Recovery Insurance sum insured is reduced by the partial payment made and the premiums will be recalculated based on the reduced sum insured.

These terms are defined on pages 15 - 19.

When we will not pay

No payment will be made for any conditions marked with an asterisk (*) if the insured child is first diagnosed within 3 months of the commencement or reinstatement date of the benefit.

Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if the insured child is first diagnosed within 3 months of the commencement or reinstatement date of the increase.

We will pay for any new and unrelated occurrence of these conditions or procedures after this 3 month period.

No payment will be made under Child Recovery if illness, injury or death of an insured child is caused by:

- an intentional self-inflicted act by the child, or
- suicide in the first 13 months of the commencement or reinstatement date of the policy, or
- the child's parents, or guardian, or someone who lives with or supervises the child, or
- a congenital condition.

Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if suicide occurs within the first 13 months of the commencement or reinstatement date of the increase.

Future cover

Cover will cease on the anniversary of the policy when the insured child is 21 years of age. At this time you can continue their cover under a Recovery Insurance policy with Modified TPD. The new cover will be provided by the policy we believe, at the time, is most like your original Recovery Insurance policy.

If the new policy is for the same or a lesser amount of cover than the original policy, you will not need to provide any medical evidence.

You must apply within 30 days of the Child Recovery expiry date.

Taxation

The following tax information is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

- Recovery Insurance premiums are not normally tax deductible.
- Payment of the sum insured under this policy is normally free of personal income tax.
- If the policy is taken out by a business for a revenue purpose (for example replacing business income if a key person dies), the premiums will be tax deductible and any benefits received will be assessed as income.
- If the policy is taken out by a business for a capital purpose (for example to buy out a partner's share in the business), then there is no tax deduction and no tax is payable on benefits provided the policy is taken out on your own or your spouse's life (for example a family business or a partnership).

- Capital Gains Tax (CGT) may apply in circumstances where the benefits are paid other than to the insured person, their spouse, children or other dependants.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'.

During this time, you should check that the policy meets your needs. The cooling off period is 28 days and commences from the date we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy in the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premiums paid will be refunded to you.

Other Information on Your Policy

The Application Process

To apply for Recovery Insurance you will need to complete the application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application.

Once we receive your application, we will commence the underwriting procedure. This may involve further information (for example on your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for death and TPD as a result of injury or illness. We also provide Interim Cover for certain serious medical conditions directly as a result of an accident. Your Interim Cover commences when your completed application form and initial premium (or completed deduction authority) is lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 for contact details and information on the steps involved.

Additional Information - Recovery Insurance

Recovery Increase Benefit

Certain events such as marriage, the birth of a child or an increased mortgage can have an impact on the need for insurance. To enable your cover to change with your circumstances, we include a Recovery Increase Benefit under our Recovery Insurance policy.

This option allows you to increase your Recovery Insurance sum insured when certain important events occur in your life, without the hassles of further medical evidence.

- This benefit is only available if you were 55 years of age or under at the commencement of your Recovery Insurance policy.
- You must apply for the increase:
 - within 60 days of the event, or
 - within 30 days of the next anniversary of your policy after the event (the event must have occurred within the previous 12 months).
- You must be 60 years of age or under at the time of the event.
- The maximum increase for each event is the lower of \$25,000 and the Recovery Insurance sum insured.
- The maximum increase in total due to Recovery Increase Benefit events is the original sum insured.
- When your cover increases, your premiums will change and will be calculated based on the new amount of cover.
- The Recovery Increase Benefit does not apply if we have paid a claim on your policy, if you are entitled to make a claim or if your premiums are being waived.

The table below describes the events covered in this benefit and shows what you will need to provide if you choose to increase the amount of your Recovery Insurance.

Event	Proof
Marriage	Copy of marriage certificate
Birth or adoption of a child	Copy of birth or adoption certificate
Taking out a mortgage on a home or business of at least \$25,000 or increasing an existing mortgage by at least \$25,000	Copy of mortgage and loan documents
An annual salary increase of at least \$5,000	Payslips or letter from employer confirming the salary increase
Every 5th anniversary of your Recovery Insurance policy with Asteron Life	You must have held the policy continuously for at least 5 years

You can only have one increase under this benefit in any 12 month period.

Waiver of Premium Benefit

We understand that if you are disabled for an extended period of time, it can be difficult to meet your financial responsibilities. To help ease your financial situation and ensure that your valuable cover is maintained, you can purchase this Waiver of Premium Benefit.

- Under this benefit, we will waive the premiums on your policy after you have been disabled for a 6 month waiting period and we will continue to waive the premiums as long as you remain disabled, until the anniversary of your policy when you are 65 years of age.
- This benefit is only available if you are 59 years of age or under when you applied for the policy.
- For the purposes of this benefit, you are disabled if:
 - you suffer an injury or illness, and
 - after consideration of medical and other evidence, we believe you are unable to work because of that injury or illness in any occupation for which you are reasonably suited by education, training or experience.
- If you were performing normal domestic duties full-time in your own home at the time of the injury or illness, we will accept 'normal domestic duties' as the occupation for which you are reasonably suited.

Please refer to page 6 for our definition of 'normal domestic duties'.
- We will not waive any premiums that fall due during the 6 month waiting period, but if we accept your waiver of premium claim, we will refund any premiums paid during this period.
- The Automatic Increase Option still applies while your premiums are being waived.

- If disability from the same cause recurs within 6 months of the end of the disablement period, we will waive premiums without the need for you to begin a new waiting period.
- The Recovery Increase Benefit will not apply while your premiums are being waived but will begin again on the anniversary of your policy immediately after the Waiver of Premium Benefit has ceased and you recommence paying premiums.
- When you recommence paying premiums, the premiums will be increased/reduced to take into account any changes that would have occurred if the premiums had not been waived.
- No premiums will be waived if disability is directly or indirectly caused by intentional self-inflicted injury.

Financial Planning Benefit

Where a person is a recipient of a benefit paid to them under this policy because of the diagnosis of a serious medical condition, undertaking of major surgery, death or total and permanent disablement of the insured person, we will reimburse the recipient for the cost of up to \$1,500 for accredited financial planning advice that they obtain.

Where there is more than one recipient of the benefit each recipient will be entitled to an equal share of the Financial Planning Benefit. We will not pay an amount more than \$1,500 in respect of each policy.

Financial planning advice must be provided by an approved adviser and the Financial Planning Benefit claimed within 12 months of payment of the full sum insured. The Financial Planning Benefit is not available if we have only made a partial payment or a Child Recovery payment under the policy.

Payment of the Financial Planning Benefit does not reduce the amount of any other benefit payable under the policy, and is subject to our normal claim requirements including receipt of proof of the cost of the financial planning advice claimed.

The Financial Planning Benefit can only be paid once.

Recovery Insurance Medical Definitions

Full Recovery Insurance Benefit Payments

We will pay the full Recovery Insurance sum insured on the occurrence of any of the serious medical conditions and procedures listed below.

- There will be no cover for the conditions marked with an asterisk (*) if they are first diagnosed or occur within 3 months of the commencement or reinstatement date of the policy.
- Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if you are first diagnosed within 3 months of the commencement or reinstatement date of the increase.
- We will pay for any new and unrelated occurrence of these conditions or procedures after this 3 month period.

- If a claim is made in relation to any of the serious medical conditions or procedures, we will require that an appropriate specialist provide us with:

- a) proof of the diagnosis, recommendation or prognosis, and
- b) copies of the confirmatory investigations performed by the specialist.

'Child ✓' appearing next to the name of the condition indicates that insured children are also covered for that condition under the Child Recovery Benefit. Conditions that are relevant only to Child Recovery are listed separately on page 12.

Blindness

Child ✓

The total and permanent loss of sight in both eyes as currently defined by the Royal Blind Society.

Cancer*

Child ✓

The presence of one or more malignant tumours, including malignant lymphoma, Hodgkin's disease, leukaemia, malignant bone marrow disorders and melanomas greater than or equal to Clark Level 3 or greater than or equal to 1.5mm depth of invasion as determined by histological examination.

The tumours must be characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue.

The tumour must also:

- require treatment by surgery, radiotherapy, chemotherapy, biological response modifiers or any other major treatment, or
- be totally incurable.

The following tumours are specifically excluded:

- tumours which are histologically described as pre-malignant or show the malignant changes of 'carcinoma in situ' (*carcinoma in situ of the breast is covered if the entire breast is removed specifically to arrest the spread of malignancy and this procedure is the appropriate and necessary treatment*), and
- melanomas which are both less than Clark Level 3 and less than 1.5mm depth of invasion as determined by histological examination, and
- all other types of skin cancers, and
- prostatic cancers which are histologically described as TNM classifications T1 or are of another equivalent or lesser classification.

* 3 month exclusion applies

Cardiomyopathy

Child ✓

The impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment.

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

Chronic Kidney (Renal) Failure

Child ✓

End stage renal failure presenting as chronic irreversible failure of the function of both kidneys as a result of which regular renal dialysis is instituted.

Coma

A state of unconsciousness in which the insured person is incapable of sensing or responding to external stimuli or internal need, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Coma as a result of alcohol or drug abuse is specifically excluded.

Coronary Artery Angioplasty - Triple Vessel*

Undergoing angioplasty (with or without atherectomy, laser therapy or the insertion of a stent) to 3 or more coronary arteries within the same procedure. Angiographic evidence, indicating at least 50% obstruction of 3 or more coronary arteries, is required to confirm the need for this procedure.

* 3 month exclusion applies

Coronary Artery Surgery*

Surgery to treat coronary artery disease but not including angioplasty, intra-arterial procedures or other non-surgical techniques.

* 3 month exclusion applies

Deafness

Child ✓

The total and permanent loss of hearing, both natural and assisted, from both ears as a result of disease, injury or illness.

Dementia

The diagnosis of Alzheimer's disease or other dementia confirmed as permanent irreversible failure of brain function and resulting in significant cognitive impairment. Significant cognitive impairment is a deterioration or loss of intellectual capacity that requires the insured person to be under continuous care and supervision by someone else.

Significant cognitive impairment as a result of alcohol or drug abuse is excluded.

Heart Attack*

Death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The basis for diagnosis of a heart attack will include **either**:

- confirmatory new Electrocardiogram (ECG) changes and elevation of cardiac enzymes CK-MB above standard laboratory levels of normal, **or**
- levels of Troponin I greater than 2.0ug/l, or Troponin T greater than 0.6ug/l, or their equivalent, and a left ventricular ejection fraction of less than 50%.

* 3 month exclusion applies

Heart Surgery (open)*

Undergoing open heart surgery for treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

* 3 month exclusion applies

HIV - Medically Acquired

Medically acquired HIV is the accidental infection with Human Immunodeficiency Virus (HIV) which we believe, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the insured person in Australia by a recognised and registered health professional:

- a blood transfusion,
- transfusion with blood products,
- organ transplant to the insured person,
- assisted reproductive techniques,
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from a Statutory Health Authority that the infection is medically acquired.

HIV infection transmitted by any other means other than occupationally acquired as defined below, including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the medical procedure.

HIV - Occupationally Acquired

Infection with the Human Immunodeficiency Virus (HIV) where the HIV was acquired as a result of:

- an accident arising out of your normal occupation, or
- a malicious act of another person or persons arising out of your normal occupation, and sero-conversion to HIV infection occurs within 6 months of the accident or malicious act.

Any incident giving rise to a potential claim must:

- be reported to the relevant authority or employer within 7 days of the incident, and
- be reported to us with proof of the incident within 7 days of the incident, and
- be supported by a negative HIV Antibody Test taken within 7 days of the incident and we must be given access to test independently any blood samples used.

HIV infection transmitted by any other means other than medically acquired as defined above, including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply where a cure for HIV or Acquired Immune Deficiency Syndrome (AIDS) has become available prior to the accident or malicious act.

Intensive Care

Child ✓

Means that an accident or illness has resulted in the insured person requiring continuous mechanical ventilation by means of tracheal intubation 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 as a result of alcohol or drug intake, or other self-inflicted means.

Intracranial Benign Tumour

Child ✓

The diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to:

- symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment, and
- at least a 25% permanent impairment of whole person function*.

Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

* as defined in the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment', 4th edition.

Loss of Speech

Child ✓

The total loss of speech both natural and assisted as a result of disease, injury or illness for at least 6 months and the subsequent diagnosis that loss of speech both natural and assisted will be total and permanent.

Loss of speech related to any psychological cause is specifically excluded.

Major Head Trauma

Child ✓

Means that an accidental head injury has resulted in at least a 25% permanent impairment of whole person function*.

* as defined in the American Medical Association publication 'Guide to the Evaluation of Permanent Impairment', 4th edition.

Major Organ Transplant

Child ✓

The organ transplant from a human donor to the insured person, of one or more of the following - kidney, liver, heart, lung, pancreas, and bone marrow.

The transplantation of all other organs or parts of any organs or of any other tissue is excluded from this definition.

Motor Neurone Disease

The unequivocal diagnosis of motor neurone disease.

Multiple Sclerosis

A disease characterised by demyelination in the brain and spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.

Paralysis

Child ✓

The total and permanent loss of function of one or more limbs resulting from spinal cord injury or disease, or from brain injury or disease.

Included in this definition are Paraplegia, Quadriplegia, Diplegia and Hemiplegia.

Parkinson's Disease

The unequivocal diagnosis of degenerative idiopathic Parkinson's Disease as characterised by the clinical manifestation of one or more of:

- rigidity,
- tremor,
- akinesia, resulting in the degeneration of the nigrostriatal system.

All other types of Parkinsonism are specifically excluded (eg secondary to medication).

Repair or Replacement of Aorta*

Surgery to correct any narrowing, dissection, or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

* 3 month exclusion applies

Repair or Replacement of Valves*

Surgery to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

* 3 month exclusion applies

Severe Burns

Child ✓

Accidental full thickness burns to:

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

Stroke*

Child ✓

Any cerebrovascular accident or incident producing neurological sequelae lasting longer than 24 hours. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source, but excludes transient ischaemic attacks and cerebral symptoms due to reversible neurological deficits and migraine.

* 3 month exclusion applies

Terminal Illness

Child ✓

In the opinion of a specialist medical practitioner and, if we require, in the opinion of one of our approved specialist medical practitioners, the insured person's life expectancy due to illness and regardless of any available treatment, is no greater than 12 months.

Total and Permanent Disablement (TPD)

TPD cover has a 4 tiered definition:

1. Unable to work
2. Loss of limbs or sight
3. Unable to perform the activities of daily living
4. Suffering from significant cognitive impairment

If you meet the criteria under any one of the tiers, we will pay your Recovery Insurance sum insured.

- For TPD under the Recovery Insurance policy, we will usually issue an Own Occupation definition. In some cases, for instance due to a hazardous occupation, we may offer Any Occupation or the Modified definition of TPD. The TPD definition which applies to you will be stated in your policy schedule.
- Your TPD cover will automatically convert to the Modified definition if you are permanently retired or have been unemployed for more than 6 months prior to your disablement and have not been engaged full-time in normal domestic duties in your own home for the past 6 months.
- If you prefer, you can choose the Modified TPD definition when you first take out your Recovery Insurance policy with us. The premium will be lower, as the Modified definition does not include the 'Unable to work' tier.
- Under the **Modified** TPD definition, you are totally and permanently disabled if:
 - you suffer loss of limbs or sight, or
 - you are unable to perform the activities of daily living, or
 - you are suffering from significant cognitive impairment.

We will not pay if total and permanent disablement is directly or indirectly caused by intentional self-inflicted injury.

1. Unable to Work

This tier only applies if the injury or illness occurs while you are working in regular employment for income or you have been unemployed for less than 6 months or you are undertaking the duties of a home-maker. By 'unemployed' we mean you are not in regular employment for income.

Own Occupation Definition

Under the Own Occupation definition, you are totally and permanently disabled if:

- you suffer an injury or illness, and
- you are unable to work because of that injury or illness for a continuous period of 6 months, and
- we believe, after consideration of medical and any other evidence, that you have become incapacitated to such an extent that you are unlikely ever to be able to work again in your own occupation.

Any Occupation Definition

Under the Any Occupation definition, you are totally and permanently disabled if:

- you suffer an injury or illness, and
- you are unable to work because of that injury or illness for a continuous period of 6 months, and
- we believe, after consideration of medical and any other evidence, that you have become incapacitated to such an extent that you are unlikely ever to be able to work again in any occupation for which you are reasonably suited, that pays you more than 25% of the amount you earned during the 12 months before the start of your continuous absence from employment.

Home-maker

Under the Home-maker definition, you are totally and permanently disabled if:

- you suffer an injury or illness while you had been engaged full-time in normal domestic duties in your own home for more than 6 months, and
- you have been unable to perform any normal domestic duties because of the injury or illness for a continuous period of at least 6 months, and
- we believe, after consideration of medical and any other evidence, that you are incapacitated to such an extent that you are unlikely ever to be able to perform normal domestic duties and engage in any occupation for which you are reasonably suited.

'Normal domestic duties' are the duties normally performed by a person who remains at home and is not working in regular employment for income. Normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, looking after children.

2. Loss of Limbs or Sight

Child ✓

You are totally and permanently disabled if you suffer the total and permanent loss of use of:

- both feet, or
- both hands, or
- the 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).

3. Activities of Daily Living

You are totally and permanently disabled if we believe you are constantly and permanently unable to perform 2 or more of the following Activities of Daily Living without the physical assistance of someone else.

The Activities of Daily Living are:

1. bathing and showering
2. dressing and undressing

3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid.

Please note: If you can perform the activity on your own by using special equipment we will not consider you as unable to perform that activity.

4. Significant Cognitive Impairment

You are totally and permanently disabled if we believe you have suffered significant cognitive impairment. Significant cognitive impairment means a deterioration or loss of intellectual capacity that requires the insured person to be under continuous care and supervision by someone else.

No payment will be made if significant cognitive impairment is directly or indirectly caused by alcohol or drug abuse.

Partial Recovery Insurance Benefit Payments

We will make a partial payment on the occurrence of:

Coronary Artery Angioplasty*

Undergoing angioplasty to the coronary arteries (with or without atherectomy, laser therapy or insertion of a stent), to treat coronary artery disease. Angiographic evidence to confirm the need to undergo this procedure is required.

* 3 month exclusion applies

Serious Accidental Injury

Child ✓

An accidental injury results in the insured person being confined to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered medical practitioner.

We will not pay where the accident is as a result of alcohol or drug intake, or other self-inflicted means.

Single Loss of Limb or Eye

Child ✓

The total and permanent loss of use of:

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

Please refer to pages 10 - 11 for full details of the amounts payable and the number of partial payments that will be made for each of the conditions covered by Partial Benefit Payments.

The following medical conditions are specific to Child Recovery only.

Brain Damage

Means that as a result of an accident, injury or illness, the insured child suffers brain damage causing neurological and/or cognitive deficit, that results in a 6 week period of significant functional impairment, which is then likely to be permanent.

Encephalitis

This means the unequivocal diagnosis of encephalitis where the condition is characterised by severe inflammation of the brain that results in a 6 week period of significant functional impairment, which is then likely to be permanent.

Meningitis

This means the unequivocal diagnosis of meningitis where the condition is characterised by severe inflammation of the meninges of the brain that results in a 6 week period of significant functional impairment, which is then likely to be permanent.



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Stand Alone Recovery Insurance

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is principally to provide a benefit in the event of certain serious medical conditions or procedures and total and permanent disablement. This is not a savings plan. If you cancel your policy at any time you will get nothing back.

Introduction to Stand Alone Recovery Insurance

Stand Alone Recovery Insurance pays your chosen sum insured on:

- the occurrence of one of the listed serious medical conditions or procedures as detailed on page 22 provided that you survive at least 14 days after the occurrence of the condition or procedure, or
- total and permanent disablement (TPD).
- We pay a limited death benefit of \$5,000 on the death of the insured person if the full sum insured or partial payment is not payable.
- We also offer a Child Recovery option to enable you to insure your children against serious medical conditions and death.
- This policy covers you worldwide, 24 hours a day.
- You can take out this policy on your own life, in which case you are the insured person as well as the policy owner. You can also take out this policy to insure someone else's life, say a family member or business partner.
In this case, that person is the insured person and you remain the policy owner and maintain the rights of ownership and control of the policy.
- Throughout this brochure, where we refer to disablement, serious medical conditions, procedures, or age, we are referring to the insured person and not the policy owner.
- In the event of a claim, we pay the policy owner.
- We guarantee that we will not cancel this policy because of a change in your health or occupation, or if you move, travel or become unemployed.
- You can continue this Stand Alone Recovery Insurance policy up to the anniversary of your policy when you are 65.
- This policy cannot be taken out through a superannuation fund.

Premiums Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums.

Your premiums are based on various factors including the sum insured you choose, the frequency of payments, your age, your sex and whether you smoke.

- An additional premium is charged if you select the Waiver of Premium Benefit. For more details about premiums, please contact your life insurance adviser. Tables of Stand Alone Recovery Insurance premium rates are available on request.
- If you do not pay a premium, we will contact you requesting payment. You will be advised of the date when all cover will cease if the premium is not received.
- We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes or charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.
- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and minimum premiums payable are shown in the table on the following page.
- Additional Term Life Insurance, available on Recovery Insurance, cannot be taken out with this policy. If Term Life Insurance is required it will be treated as a separate policy.

Premium Options

We offer 2 premium options - Stepped and Level.

Please refer to pages 9 - 10 of the Recovery Insurance Key Features Statement for details on Stepped and Level premiums.

Review of Rates

Please refer to page 10 of the Recovery Insurance Key Features Statement for details on how we review our premium rates.

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Stand Alone Recovery Insurance Premiums	\$200	\$100	\$50	\$20
Minimum Child Recovery Premiums	\$12	\$6	\$3	\$1

* Your financial institution may impose fees or charges.

Benefits

The Features of Your Policy

When We Will Pay

- We will pay your full sum insured on the earliest occurrence of one of the following#:

- Blindness
- Cancer*
- Cardiomyopathy
- Chronic Kidney (Renal) Failure
- Coma
- Coronary Artery Angioplasty - Triple Vessel*
- Coronary Artery Surgery*
- Deafness
- Dementia
- Heart Attack*
- Heart Surgery (open)*
- HIV - Medically Acquired
- HIV - Occupationally Acquired
- Intensive Care
- Intracranial Benign Tumour
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Paralysis
- Parkinson's Disease
- Repair or Replacement of Aorta*
- Repair or Replacement of Valves*

- Severe Burns
- Stroke*
- Total and Permanent Disablement which is:
 1. Permanently unable to work with Own Occupation definition, or
 2. Loss of limbs or sight, or
 3. Unable to perform the activities of daily living, or
 4. Suffering from significant cognitive impairment.

the insured person must survive for at least 14 days after the occurrence of the serious medical condition or procedure.

* 3 month exclusion applies

- We will make a partial payment# on the occurrence of:

- Coronary Artery Angioplasty*

We will pay this benefit more than once if there is at least 6 months between each coronary artery angioplasty operation. We will pay the greater of 10% of your sum insured and \$10,000.

- Serious Accidental Injury

We will only pay this benefit once and we will pay the greater of 10% of your sum insured and \$10,000.

- Single Loss of Limb or Eye

We will only pay this benefit once and we will pay the greater of 10% of your sum insured and \$10,000.

Your Stand Alone Recovery Insurance sum insured is reduced by the payment made and your premiums will be recalculated based on the reduced sum insured.

* 3 month exclusion applies

the insured person must survive for at least 14 days after the occurrence of the serious medical condition or procedure.

The terms of these full and partial payments are defined on pages 15 - 19.

- The amount we pay under a Stand Alone Recovery Insurance policy will not be reduced by any entitlement you may have under any other insurance policies.

Availability of Cover

Cover	Premiums	Entry Ages	Expiry Age [▲]	Minimum Sum Insured	Maximum Sum Insured
Stand Alone Recovery Insurance	Stepped Level	20 to 59 24 to 59	65	\$10,000	\$1,500,000
Child Recovery		2 to 20	21	\$10,000	\$100,000

▲ Cover ends on the anniversary of your policy at the expiry age indicated.

When We Will Not Pay

No payment will be made for any conditions marked with an asterisk (*) if you are first diagnosed or the condition occurs within 3 months of the commencement or reinstatement date of the policy. Where there has been an increase in the sum insured, no payment will be made for the amount of the increase if you are first diagnosed within 3 months of the commencement or reinstatement date of the increase.

We will pay for any new and unrelated occurrence of these conditions or procedures after this 3 month period.

The 3 month exclusion will not apply to this policy if:

- it is replacing an existing trauma insurance policy that has been in place for longer than 3 months, and
- your old policy covers the same serious medical conditions and procedures, and
- your old sum insured was the same as or greater than the sum insured applied for with us.

No payment will be made for:

- any serious medical condition or procedure, or total and permanent disability resulting from an intentional self-inflicted cause.

Limited Death Benefit

If you die and the full sum insured or partial payment is not payable, for example, a death within 14 days of the occurrence of any serious medical condition or procedure, we will pay a death benefit of \$5,000.

We will not pay this benefit in the event of death from a self-inflicted cause within the first 13 months of the commencement or reinstatement date of the policy.

Automatic Increase Option

This option is available under the same terms and conditions as outlined in Recovery Insurance on page 11.

Financial Planning Benefit

The Financial Planning Benefit is not available on payment of the Limited Death Benefit. Otherwise the terms and conditions for when this benefit is payable are the same as outlined in Recovery Insurance.

Please see page 15 for full details and conditions of this benefit.

Grief Support Service

Please see page 55 for full details and conditions of this service.

Recovery Increase Benefit

This benefit is available under the same terms and conditions as outlined in Recovery Insurance on page 14.

Optional Benefits

You can select the following options at an additional cost to extend the cover under this policy.

Waiver of Premium Benefit

This optional benefit is available under the same terms and conditions as outlined in Recovery Insurance on page 11.

Child Recovery Benefit

Children from 2 to 20 years of age can be insured under Child Recovery on Stand Alone Recovery Insurance. You can choose an amount of cover between \$10,000 and \$100,000 per child. The sum insured must be in multiples of \$10,000.

Under the Child Recovery benefit we will pay the sum insured in the event of the death of the insured child. This benefit is similar to the Child Recovery benefit payable under the Recovery Insurance policy.

The conditions covered under the Child Recovery Benefit, including details of the full and partial payments, any exclusions that apply, and details of future cover, are the same for Recovery Insurance and are outlined on pages 12 - 13 and 15 - 19.

Taxation

The taxation position for Stand Alone Recovery Insurance is the same as stated in Recovery Insurance on page 13.

The tax information is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'.

During this time, you should check that the policy meets your needs. The cooling off period is 28 days and commences from the date we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy in the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premiums paid will be refunded to you.

Other Information on Your Policy

The Application Process

To apply for Stand Alone Recovery Insurance you will need to complete the application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application.

Once we receive your application, we will commence the underwriting procedure. This may involve further information (for example on your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for TPD as a result of injury or illness. We also provide Interim Cover for certain serious medical conditions directly as a result of an accident. Your Interim Cover commences when your completed application form and initial premium (or completed deduction authority) is lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 for contact details and information on the steps involved.

Income Protection Insurance

Secure™ Income Policy

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is to provide an income if you are unable to work because of sickness or injury. This is not a savings plan. If you cancel your policy at any time you will get nothing back.

Introduction to the Secure™ Income Policy

The Secure™ Income Policy pays you an income if sickness or injury prevents you from being able to work.

- This policy covers you worldwide, 24 hours a day.
- We will also reimburse expenses for approved retraining or rehabilitation programs to help you return to work, and make a payment on death. We also pay more if the Booster or Bed Care options have been selected.
- You select a level of cover which we call the monthly amount which can be up to 75% of your monthly income. At the time of application you also choose either an:
 - Agreed Value Contract, or
 - Indemnity Contract,

which will determine the monthly amount payable.

If you choose an Agreed Value contract the monthly amount we will pay for severe disablement is the insured monthly amount (including any increases as a result of the Indexation Benefit) irrespective of a reduction in your income, less Offsets (see page 27).

If you choose an Indemnity contract the monthly amount we will pay for severe disablement is the lesser of:

- the insured monthly amount (including any increases as a result of the Indexation Benefit), and
- 75% of your pre-disability income, less Offsets (see page 27).
- You can take out this policy to insure against your disablement, in which case you are the insured person as well as the policy owner. Your family trust or company can also take out this policy to insure against your disablement. In this case you are the insured person and the policy owner is your family trust or company.
- This policy cannot be taken out through a superannuation fund.
- Throughout this brochure, where we refer to disablement, death, income or age, we are referring to the insured person and not the policy owner.
- In the event of a claim, we pay the policy owner.
- We guarantee that we will not cancel your policy because of your future claims experience, a change in your health or

occupation, or in the event that you move, travel or become unemployed.

- After the policy has been issued, we cannot modify it as a result of a change in occupation or participation in a dangerous sport or pastime. If you choose an Agreed Value contract we also cannot modify the insured monthly amount as a result of a change in your income. Your policy can only be changed in these circumstances if you request it.
- You can continue the Secure™ Income Policy up to the anniversary of your policy when you are 64, or your permanent retirement, if earlier.

Premiums Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums. Your premiums are based on various factors including the monthly amount you choose, the frequency of payments, your age, your sex, your occupation, and whether you smoke.

For more details about premiums, please contact your life insurance adviser. Tables of premium rates for the Secure™ Income Policy are available on request.

- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and the minimum premiums payable are shown in the table on the following page.
- We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes or charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.
- If you do not pay a premium, we will contact you requesting payment. You will be advised of the date when all cover will cease if the premium is not received.

Premium Options

We offer 2 premium options - Stepped and Level.

Stepped Premiums

If you choose stepped premiums, your premium is recalculated (and will usually increase) on each anniversary of your policy based on your age at that time. Premiums will also change if:

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Premiums	\$200	\$100	\$50	\$20

* Your financial institution may impose fees or charges.

- you request us to change your monthly amount, or
- you choose to have your monthly amount automatically increased each year to keep pace with inflation (see Indexation Benefit on page 28), or
- we review the rates.

Level Premiums

If you choose level premiums your premium is calculated at the start of the policy, based on your age at that time, and will only change if:

- you request us to change your monthly amount, or
- you choose to have your monthly amount automatically increased each year to keep pace with inflation (see Indexation Benefit on page 28), or
- we review the rates.

Review of Rates

Premiums may also change following a review of our premium rates for the Secure™ Income Policy. We may review our rates at any time and as a result premiums may increase or decrease. Premium rates will only change if we review all our Secure™ Income Policy rates, therefore you cannot be singled out for an increase.

Suspending Your Premiums

If you become unemployed or take long term leave from work, you can ask to suspend paying premiums for up to 12 months, so long as you have paid premiums for the previous 12 months. No amount is payable for any sickness which becomes evident or injury which occurs while your premium is suspended. You can reinstate your policy at any time within the 12 months without providing new health evidence.

Benefits

The Features of Your Policy

This policy can provide a safeguard if a sickness or injury prevents you from being able to work. The Secure™ Income Policy provides you with a monthly payment to replace income lost while you are severely or partially disabled.

Severely Disabled

You are severely disabled if due to a sickness or injury:

- you are unable to perform the important income producing duties of your usual occupation for more than 10 hours per week, and
- you are not working more than 10 hours per week in any occupation, and
- you are under the regular care of a registered doctor.

Partially Disabled

We make a lower monthly payment if you are partially disabled.

You are partially disabled if:

- you have been severely disabled for at least 14 days in a row during the waiting period, and
- you return to work in any occupation for more than 10 hours per week, and
- as a result of your disablement, you are unable to earn as much as before your disablement, and
- you are under the regular care of a registered doctor.
- We will waive the requirement to be severely disabled for at least 14 days if, in our opinion, you are permanently disabled or will be disabled for at least 12 months.
- To determine whether your income has reduced as a result of your disablement, we compare your earnings while disabled with your earnings before disablement.
- The amount we pay each month will be calculated using the formula below.

$$\frac{\text{Pre-disability income} - \text{Income while partially disabled}}{\text{Pre-disability income}} \times \text{Monthly amount}$$

Pre-disability Income

Your pre-disability income is dependent on whether you have chosen an Agreed Value or Indemnity contract.

Availability of Cover

Cover	Entry Ages	Expiry Age [▲]	Selecting your Monthly Amount	Maximum Monthly Amount
Secure™ Income Policy	20 to 59	64	75% of first \$240,000 of annual income 50% of balance divided by 12	\$20,000

[▲] Cover ends on the anniversary of your policy when you are the expiry age indicated.

Agreed Value

If you have chosen an Agreed Value contract, and you are partially disabled, your pre-disability income will be your highest average monthly income for any 12 month period during the 3 years before you became disabled.

While you remain partially disabled the pre-disability income will increase every 12 months following the date of disability by the percentage increase in the Consumer Price Index (CPI).

Indemnity

If you have chosen an Indemnity contract, and you are severely disabled or partially disabled, your pre-disability income will be your average monthly income earned during the 12 months before you became disabled.

While you remain partially disabled, the pre-disability income will increase every 12 months following the date of disability by the percentage increase in the CPI.

We will use the income in the last completed tax year or your most recent verified annual income when determining this amount.

When We Will Not Pay

No payments will be made if your disability results from:

- any sickness or injury which first became evident or occurred before the start of the policy (unless you told us about it and we have agreed to cover it), or
- war or war-like activity, or
- intentional self-inflicted injury, or
- normal and uncomplicated pregnancy, miscarriage or childbirth, unless you are disabled for more than 3 months from the later of the date your pregnancy finishes or your disability commences. When this occurs, your disability will be taken as starting at that date, or
- any sickness or injury that occurs as a result of your participation in a criminal activity.

No payments will be made for any period if you are in jail.

Offsets

We may reduce the amount we pay if you receive other disability payments, such as:

- workers or accident compensation schemes, or
- sick leave payments, or
- regular payments from other disability, sickness or accident cover, including cover under a credit insurance policy or through a superannuation fund, which you have not told us about.

If you have chosen an Agreed Value contract, our monthly payment will be reduced so that the combined amount from all sources is no more than the greater of:

- 85% of your pre-disability monthly income, and
- your monthly amount.

If you have chosen an Indemnity contract, our monthly payment will be reduced so that the combined amount from all sources is no more than the greater of:

- 75% of your pre-disability monthly income, and
- your monthly amount.

When Payments Begin

Payments commence following the waiting period. The waiting period starts on the day you see the doctor who certifies that you are severely disabled. You must be continuously disabled during the waiting period. No amount is payable for severe or partial disablement during the waiting period.

- You choose the length of the waiting period when you take out the policy. The minimum waiting period is 14 days, but you can choose a longer waiting period (up to 730 days).
- Your premiums will be lower if you choose a longer waiting period.
- We make the first payment one month after the waiting period has finished and future payments are made monthly in arrears.

Direct Credit Service

You may elect to have any payments that we make under this policy paid directly into a bank account of your choice.

Organ Donation or Cosmetic Surgery

There are special requirements in the case of disability resulting from organ donation and cosmetic surgery. We will only pay a

monthly amount if your policy has been in force for at least 6 months and, you have been severely disabled for at least 2 months due to organ donation or cosmetic surgery.

When Payments End

We will continue to make monthly payments until the earliest of:

- the date you are no longer severely or partially disabled (except for specified injuries described below), or
- the end of the payment period, or
- you turn 65, or
- your death.

The payment period can be 2 years, 5 years, or to age 65 and is chosen by you when you take out your policy.

The maximum period for which we will make payments for disablement while you are overseas is 3 months. If you return to Australia and you continue to be disabled we will recommence payments, without the waiting period.

Overseas Assist Benefit

If you become entitled to payments for disablement while overseas we will reimburse reasonable expenses for you to be transported back to Australia. Please see page 30 for the details of this benefit.

Specified Injury Benefit

If you choose a waiting period of 14, 21 or 30 days we will pay your monthly amount for a minimum period if you suffer one of our listed specified injuries. Please see page 30 for the details of this benefit.

Recurrent Disability

If the same disability recurs within 6 months, while you have this policy, we will:

- start payments again without another waiting period, and
- continue to pay for the remainder of your payment period.

Retraining Expenses Benefit

While you are receiving a monthly payment for disablement from us, we may reimburse you for expenses incurred for retraining or rehabilitation to assist your return to work and help you recover.

- If you would like to seek alternative employment because your disability prevents you from returning to your usual occupation, we will assist you by reimbursing expenses for retraining that will help you acquire the necessary skills or qualifications for the new occupation.
- We will reimburse up to 6 times your monthly amount for each disability.
- We must approve the expenses before they are incurred.
- Government legislation does not allow us to reimburse expenses for medical and related costs such as physiotherapy. As a general rule, if costs can be claimed from Medicare or a health insurer then we are not permitted to reimburse them.

Return to Work Bonus

If you are participating in a retraining or rehabilitation program approved by us, we may also agree to pay the following bonus for returning to work:

- 1 monthly amount after 3 continuous months at full-time work, and
- an additional payment of 2 monthly amounts after 6 continuous months at full-time work.

Premium Waiver

We will waive your premiums when you are receiving a monthly payment for either severe or partial disablement.

Death Benefit

If you die at any time while you have this policy we will make a payment of 3 times the monthly amount.

Indexation Benefit and Increasing Claim Benefit

To help your policy keep pace with inflation, you can choose to have your monthly amount automatically increased. You have 2 options – Indexation Benefit or Increasing Claim Benefit.

Indexation Benefit

Under this option we will increase your monthly amount each year by the greater of CPI and 3%, provided we are not making any payments.

Increasing Claim Benefit

Under this option we will also increase your monthly amount each year by the greater of CPI and 3% when we are not making any payments.

In addition, if we are making payments to you we will increase your monthly amount each year by CPI, up to 10%. An additional premium is charged for the Increasing Claim Benefit.

For both of these benefits, your premium will increase as your monthly amount increases. You may decline any increase without affecting your right to take up future increases.

Income Update Benefit (only available if Indemnity Contract is chosen)

The Income Update Benefit gives you the flexibility to keep your cover in line with your current level of income.

Each year, you may increase your monthly amount by 10% on the anniversary of your policy if we are not making payments, up to a maximum of \$1,000, without the need for supporting medical or financial evidence.

The Income Update Benefit is available if you are under age 50 when you apply for the policy. To increase your cover under this option you must be under age 55 at the time you request an increase.

The total of all increases in the monthly amount under the Income Update Benefit cannot exceed your original monthly amount at the commencing date of the policy.

The Income Update Benefit is not available if your monthly amount including any increases is \$20,000 or greater.

Optional Benefits

You can select the following options at an additional cost to extend your cover under this policy:

Booster Benefit

We will pay an additional 1/3rd of the monthly payment for severe or partial disablement for the first 3 months of claim. For example, if you choose the Booster Benefit option, a monthly payment of \$1,500 will be increased by 1/3rd or \$500, to \$2,000, for the first 3 months of a claim.

Bed Care Benefit

We will pay an extra 1/30th of the monthly amount for each day a doctor certifies that you are bedridden while you are severely disabled during the waiting period. You are bedridden if you are confined to bed for more than 12 hours per day and you are under the full-time care of a registered nurse.

This is payable for each sickness or injury for up to 90 days. There is no waiting period unless your bed confinement is caused by cosmetic surgery or organ donation.

Day One Accident Benefit

If you choose a waiting period of 14, 21 or 30 days and you are continuously severely disabled as a result of an accidental injury for the waiting period, the Day One Accident Benefit will be paid provided the Specified Injury Benefit is not payable.

We will pay 1/30th of the monthly amount for each day of the waiting period less any Bed Care Benefit payments.

Continuation of Cover

When this policy expires, we may give you the opportunity to convert to another policy providing cover against sickness or injury. We will contact you before that time to provide details of any available policies and how to apply for them.

Taxation

The following tax information is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

- All Secure™ Income Policy premiums are fully tax deductible whether you are employed or self-employed.
- Any monthly amounts received are taxed as income and should be declared in your annual tax return and where applicable, inserted in a Business or Instalment Activity Statement.
- We do not deduct tax from monthly amounts prior to payment.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'. During this time you should check that the policy meets your needs.

The cooling off period is 28 days and commences from the date we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy during the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premium paid will be refunded to you.

Other Information on Your Policy

The Application Process

To apply for the Secure™ Income Policy you will need to complete the application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application. Once we receive your application we will commence the underwriting procedure. This may involve further information (for example about your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for severe disablement as a result of sickness or injury. Your Interim Cover commences when your completed application form and initial premium (or completed deduction authority) is lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

How to Make a Claim

You will receive information on making claims when you receive your policy document. This will provide you with valuable information about our claim process.

If you become disabled you should notify us within 30 days so that we can assess your claim promptly and begin your payments as soon as possible.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 for contact details and information on steps involved.

Additional Information - Secure™ Income Policy

Specified Injury Benefit

- This benefit applies if you choose a waiting period of 14, 21 or 30 days. If you suffer one of the following specified injuries and are disabled for the full waiting period, we will make a payment for the period shown in the table.
- If you suffer more than one injury we will pay for the injury which has the longest payment period. Payments commence at the end of the waiting period and are backdated to the beginning of the waiting period (less any Bed Care payments - see page 29).
- You can choose whether you wish to receive the payment as a lump sum or monthly in advance, if the payment period is 12 months or less.

Specified Injury	How long we pay for
Paralysis (defined on page 17)	The lesser of 60 months and your payment period
Total and permanent loss of use of:	
both hands or both feet	24 months
entire sight in both eyes	24 months
one hand and one foot	24 months
one hand and entire sight in one eye	24 months
one foot and entire sight in one eye	24 months
one arm or one leg	18 months
one hand or one foot or entire sight in one eye	12 months
thumb and one index finger of the same hand	6 months
Fracture A fracture, requiring immobilisation of your:	
thigh shaft	3 months
pelvis, except coccyx	3 months
skull, except bones of the nose or face	2 months
upper arm, including the elbow and shoulder	2 months
shoulder blade	2 months
leg, including the ankle but excluding the foot and toes	2 months
knee cap	2 months
collar bone	1 month
lower arm, including wrist but excluding the elbow, hand and fingers	1 month

- If the payment period is longer than 12 months, payments will only be made monthly in advance until the end of the specified payment period.
- If you choose a lump sum payment, this will be calculated by multiplying the monthly amount by the number of months shown as the minimum payment period in the table.
- If you are still disabled at the end of the specified period shown in the table, your monthly amount will continue but will be paid in arrears.
- If you die before the end of the specified period in the table and we are making payments on a monthly basis, these will cease and we will pay the death benefit of 3 times your monthly amount.
- If you have received a lump sum payment, and die within the specified period in the table, we will still pay the death benefit of 3 times your monthly amount.

Overseas Assist Benefit

If you become entitled to payments for disablement while overseas, we will reimburse reasonable expenses for you and your immediate family to be transported back to your home address or if necessary, a medical facility in Australia. Expenses could include an economy airline ticket, or the cost for medical staff to accompany you on your journey.

No payment will be made for the Overseas Assist Benefit:

- if your journey before disablement was taken against the advice of a registered doctor, or
- for expenses incurred more than 6 months after the first expense was incurred, or
- if your return journey takes place when you have been disabled for more than 3 months after the waiting period, or
- for expenses covered by any other policy of insurance, for example travel insurance.

The maximum amount payable under the Overseas Assist Benefit during the lifetime of this policy is \$10,000.

You must tell us in advance of your return journey to Australia.

Income Protection Insurance

Income Reserve Policy

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is to provide an income if you are unable to work because of sickness or injury. This is not a savings plan. If you cancel your policy at any time you will get nothing back.

Introduction to the Income Reserve Policy

The Income Reserve Policy pays a monthly benefit amount if you are unable to work for more than the waiting period because of a sickness or injury.

- This policy covers you worldwide, 24 hours per day.
- Under this policy we will also reimburse money spent to help you rehabilitate and return to work and make a payment on death. We also pay more if the Retirement Protector Option or the Disability Plus Option has been selected.
- You select a level of cover which we call the monthly benefit amount. At the time of application you also choose either an:
 - Agreed Value Contract, or
 - Indemnity Contract,

which will determine the monthly benefit amount payable.

If you choose an Agreed Value contract the monthly benefit amount we will pay for total disablement is the insured monthly benefit amount (including any increases as a result of the Indexation Benefit) irrespective of a reduction in your income, less Offsets (see page 34).

If you choose an Indemnity contract, the monthly benefit amount we will pay for total disablement is the lesser of:

- the insured monthly benefit amount (including any increases as a result of the Indexation Benefit), and
- 75% of your pre-disability income, less Offsets (see page 34).
- You can take this policy out to insure against your disablement in which case you are the insured person as well as the policy owner. Your family trust or company can also take out this policy to insure against your disablement. In this case you are the insured person and the policy owner is your family trust or company.
- This policy cannot be taken out through a superannuation fund.
- Throughout this brochure where we refer to disablement, death, income, unemployment or age, we are referring to the insured person and not the policy owner.
- In the event of a claim we pay the policy owner.

- We guarantee that we will not cancel or modify your policy after it has been issued because of your future claims experience, a change in your health, occupation, or in the event that you move, travel, become unemployed or participate in a dangerous pastime.

If you choose an Agreed Value contract we also cannot modify the monthly benefit amount as a result of a change in your income.

Your policy can only be cancelled or changed in these circumstances if you request it. For some occupations, we may issue the policy on a cancellable basis and this guarantee will not apply.

- You can continue this policy until you reach age 65, unless you choose a payment period ending at age 55 or 60, in which case the policy will end when you reach that age, or on your permanent retirement. For some occupations, you may be able to renew your policy after it expires until you reach age 75. Cover under the renewed policy may be less than under the expired policy.

Premiums

Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums. Your premiums are based on various factors including the monthly benefit amount you choose, the frequency of payments, your age, your sex, occupation and whether you smoke.

For more details about premiums, please contact your life insurance adviser. Tables of premium rates for the Income Reserve Policy are available on request.

- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and the minimum premiums payable are shown in the table on the following page.
- If premiums and fees are not paid by the due date, we will allow a 30-day grace period. If premiums and fees remain unpaid at the end of the grace period, we will send you a notice advising that the policy will lapse if the amount outstanding is not paid by the date specified in the notice. If the amount outstanding is still not paid, the policy will lapse and all benefits and optional benefits will cease from that date.

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Premiums	\$200	\$100	\$50	\$20

* Your financial institution may impose fees or charges.

- If the policy lapses but we receive all outstanding amounts within 60 days of the due date, we will reinstate the policy without further underwriting.
- No payment will be made for any injury, death or sickness which occurred or became apparent while the policy was lapsed.

Premium Options

We offer 2 premium options - Stepped and Level.

Stepped Premiums

If you choose stepped premiums, your premium is recalculated (and will usually increase) each year on the anniversary of your policy, based on your age at that time. Premiums will also change if:

- you request us to change your monthly benefit amount, or
- you choose to increase your monthly benefit amount each year to keep pace with inflation, (see Indexation Benefit on page 39), or
- we review the rates.

Level Premiums

If you choose level premiums, your premium is calculated at the start of the policy, based on your age at that time, and it will only change if:

- you request us to change your monthly benefit amount, or
- you choose to increase your monthly benefit amount each year to keep pace with inflation, (see Indexation Benefit on page 39), or
- we review the rates.

Review of Rates

The premium rate table can only be changed if we receive advice from our Appointed Actuary. This may occur at any time after giving 30 days notice of the change and as a result premiums may increase or decrease. Premium rates will only change if we review all our Income Reserve Policy premium rates, therefore you cannot be singled out for an increase.

Please note that if the Income Reserve Policy is issued on a 'cancellable' basis this condition does not apply and premiums can be altered for one policy alone.

If the premium rates are reduced for later versions of this policy with the same benefits as this policy, the new rates will apply from the next anniversary of your policy.

Premium Waiver

We will waive premiums while you are disabled, or for up to 6 months while you are unemployed (see page 40 for details).

Benefits

The Features of Your Policy

This policy can provide financial security if sickness or injury prevents you from being able to work. The Income Reserve Policy provides you with a monthly payment to replace income lost while you are totally or partially disabled.

At the time of application you can choose whether you wish to have a definition of disablement which is based on:

- 1-Duty (for occupations classified by us as AA, A1 or A2), Duties (for occupations classified by us as B, C or S), or
- 10-Hours (for all occupations).

The definition for disablement which applies to you will be stated in your policy schedule. There may be a different outcome in the assessment of your claim depending on which definition applies to your policy.

Total Disability Benefit

1-Duty and Duties

- If you have chosen the '1-Duty' or 'Duties' definition you are totally disabled if, solely because of sickness or injury, you:
 - are not capable of doing one of the important duties of your regular occupation (for occupations classified by us as AA, A1 or A2) or are not capable of doing the important duties of your regular occupation (for occupation codes classified by us as B, C or S), and
 - are not working in any gainful occupation, and
 - are following the advice of a doctor.

Availability of Cover

Cover	Entry Ages	Expiry Age [▲]	Selecting your Monthly Amount	Maximum Monthly Amount
Income Reserve Policy	20 to 59	55, 60 or 65	75% of first \$240,000 of annual income 50% of balance divided by 12	\$20,000

[▲] Cover ends when you reach age 65 unless you choose a payment period to age 55 or 60.

10-Hours

- For all occupations, if you have chosen a '10-Hours' definition of total disablement, you are totally disabled if, due to a sickness or injury, you:
 - are unable to perform the important income producing duties of your usual occupation for more than 10 hours a week, and
 - are not working more than 10 hours a week in any occupation, and
 - are under the regular care of a doctor.

If you have been unemployed or on maternity leave for 12 months or longer immediately before becoming disabled, you are totally disabled if, solely because of sickness or injury, you:

- are unable to perform any occupation for which you are reasonably suited by education, training or experience, and
- are not working in any gainful occupation, and
- are following the advice of a doctor.

You must seek medical advice within 7 days of becoming disabled.

Partial Disability Benefit

A benefit will also be paid, in line with the proportional loss of monthly earnings, if you are partially disabled.

The terms which we apply to the partial disability benefit will depend on your occupation code classified by us, and whether you have a '1-Duty', 'Duties' or '10-Hours' definition of disablement.

1-Duty and Duties

- For occupations classified by us as being AA, A1 or A2, you are partially disabled if solely because of a sickness or injury:
 - you are not capable of doing one of the important duties of your regular occupation, and
 - your monthly earnings are less than your pre-disability earnings because of your disability, and
 - you are following the advice of a doctor.
- For occupations classified by us as being B, C or S, you are partially disabled if solely because of sickness or injury:

- you have been totally disabled for at least 7 days in any period of 12 days since the sickness or injury occurred, and
- you are performing or are capable of performing one or more of the important duties of your regular occupation or you are working in another occupation, and
- your monthly earnings are less than your pre-disability earnings because of your disability, and
- you are following the advice of a doctor.

10-Hours

- For occupations classified by us as being AA, A1 or A2, you are partially disabled if due to a sickness or injury:
 - you would be totally disabled except that you return to work in any occupation for more than 10 hours a week, and
 - as a result of your disablement your monthly earnings are less than your pre-disability monthly earnings, and
 - you are under the regular care of a doctor.
- For occupations classified by us as being B, C or S, you are partially disabled if due to a sickness or injury:
 - you have been totally disabled for at least 14 days in a row during the waiting period, and
 - you return to work in any occupation for more than 10 hours per week, and
 - as a result of your disablement your monthly earnings are less than your pre-disability monthly earnings, and
 - you are under the regular care of a doctor.

We will waive the requirement to be totally disabled for at least 14 days if, in our opinion, you are permanently disabled or will be disabled for at least 12 months.

- For all occupations and definitions of disablement, the amount we pay each month is calculated using the formula below.

$$\frac{\text{Pre-disability earnings} - \text{Monthly earnings while partially disabled}}{\text{Pre-disability earnings}} \times \text{Total disability monthly benefit amount}$$

- If, during the first 3 months of a continuous period of partial disability, your monthly earnings are less than or equal to 20% of your pre-disability earnings, the full monthly benefit amount will be paid.

Pre-Disability Earnings

Your pre-disability earnings are dependent on whether you have chosen an Agreed Value or Indemnity contract.

Agreed Value

- If you have chosen an Agreed Value contract your pre-disability earnings are your highest average monthly earnings for any 12 consecutive months since the date 3 years before the start of your policy and the start of the waiting period.

When you are disabled, this figure will increase every 12 months following the date of disability by the percentage increase in the Consumer Price Index (CPI).

The minimum value for pre-disability earnings will be calculated using the formula below.

$$\frac{\text{Total disability monthly benefit amount}}{0.75}$$

Indemnity

- If you have chosen an Indemnity contract your pre-disability earnings will be your average monthly income earned during the 12 months before you became disabled.

When you are disabled, this figure will be increased every 12 months following the date of disability by the percentage increase in the CPI.

- If your occupation is classified as B, C or S and you are not working while partially disabled, your monthly earnings while partially disabled will be calculated on the basis of:
 - medical advice, which will include the opinion of your doctor (who is not a relative or business partner), and
 - what you could reasonably be expected to earn if you were able to obtain work.
- If you are self-employed, your monthly earnings will include income earned by the business directly due to your personal exertion less your share of business expenses.
- When calculating your monthly earnings while partially disabled, we will take into account any delay between earnings being generated and being received if you agree.

When We Will Not Pay

No payments will be made if your disability results from:

- a sickness or injury which first became evident or occurred before the start of the policy (unless you told us about it and we agreed to cover it), or
- war or act of war (this exclusion does not apply to the death benefit), or
- your intentional self-inflicted act, or

- pregnancy, childbirth or miscarriage unless you are disabled for more than 3 months from the later of the date your pregnancy finishes or your disability commences. When this occurs, the waiting period will be taken as starting at that date, or
- any sickness or injury that occurs as a result of your participation in a criminal activity.

No payments will be made for any period if you are in jail.

Offsets

- There are no offsets for occupations coded as AA.
- For other occupations, we may reduce the amount we pay if you receive other disability payments, such as Workers Compensation or sick leave entitlements and those payments are more than 10% of your pre-disability earnings on a monthly basis. If you receive a lump sum, we will treat you as receiving a monthly income equal to 1% of the lump sum for each month we pay a disability benefit for up to 8 years.
- We will reduce the total disability benefit payable so that the combined amount from all sources does not exceed the greater of:
 - 75% of your pre-disability earnings, and
 - the monthly benefit amount.
- We will reduce the partial disability benefit payable so that the combined amount from all sources does not exceed 100% of your pre-disability earnings.
- If we reduce your disability payments because you have received other payments, we will refund part of your premium for up to 12 months before the end of the waiting period.

When Payments Begin

For the Total Disability Benefit, payments begin after the waiting period. If we classify your occupation as AA, A1 or A2, you must be continuously disabled during the waiting period. For occupations classified by us as B, C or S, you must be continuously totally disabled during the waiting period.

- We will treat you as being continuously disabled if you return to work for no more than 5 days (or 10 days or less if your waiting period is longer than 30 days) during the waiting period. If you do return to paid work during the waiting period for no more than 5 (or 10) days, the waiting period will be extended by the number of days you returned to work. Otherwise, returning to paid work will cause the waiting period to start again.
- For the Partial Disability Benefit payments begin from the later of:
 - the first day after you are no longer totally disabled, or
 - the first day you are partially disabled after the end of the waiting period, plus,
 - if the policy schedule states that your occupation code is B, C or S and the disability definition applying to your policy is 'Duties', any days you return to a gainful occupation after the start of the waiting period, prior to being totally disabled for at least 7 days, or

- if the policy schedule states that your occupation code is B, C or S and the disability definition applying to your policy is '10-Hours', any days you return to a gainful occupation after the start of the waiting period, prior to being totally disabled for at least 14 days in a row.
- You choose the length of the waiting period when you take out this policy. Waiting period options available are 14, 30, 60, 90, 180, 360 and 720 days. Your premiums will be lower if you choose a longer waiting period.
- We make the first payment one month after the waiting period has finished and subsequent payments are made monthly in arrears.

Direct Credit Service

You may elect to have any payments that we make under this policy paid directly into a bank account of your choice.

When Payments End

We will continue to make payments until the earliest of:

- the date you are no longer disabled (except under the Scheduled Injury or Crisis Benefit), or
- the end of the payment period, or
- you turn 65, or
- your death.

The payment period can be 1 year, 2 years, 5 years, or to age 55, 60 or 65 and is chosen when you take out your policy.

Additional Features Included In Your Policy

Other benefits included in your policy at no extra cost are listed below. Please refer to pages 37 - 41 for details of the benefits and the cover provided.

- Accommodation Benefit
- Bed Confinement Benefit
- Concurrent Disability Benefit
- Crisis Benefit
- Death Benefit
- Elective Surgery and Organ Donation
- Expense Reimbursement Benefit
- Family Support Benefit
- Guarantee of Upgrade
- Income Update Benefit (Indemnity contract only)
- Indexation Benefit
- Recurrent Disability
- Rehabilitation Benefit
- Relocation Benefit
- Renewal after age 65
- Scheduled Injury Benefit

- Transportation Benefit
- Unemployment Benefit
- Waiver of Premium Benefit

Optional Benefits

You can select the following options at an additional cost to extend cover under this policy.

Increasing Claim Benefit

This option increases the monthly benefit amount every year, in line with the CPI. Please see page 40 for details.

Retirement Protector Option

This option allows for extra amounts to be insured under the Income Reserve Policy to protect long-term savings. Please see page 40 for details.

Disability Plus Option

If you select this option, we will pay an extra benefit amount if your disability causes you to be totally dependent. Please see page 41 for details.

What are the Charges?

All the charges of the Income Reserve Policy are fully described in this section. We undertake not to apply any other charges without your specific consent.

A policy fee is payable with the premium for the policy. The policy fee is \$64 a year if premiums are paid yearly, and \$69.12 a year if paid half-yearly, quarterly or monthly. This fee was set at 1 October 1995 and it can be increased at any time in line with CPI changes, since the last change. We will tell you at least 3 months before increasing the policy fee.

Stamp duty is imposed by the government and is payable as an additional charge on your premium.

You may also have to pay any other taxes or charges introduced by the government relating to the Income Reserve Policy.

Taxation

The following tax information is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

- All Income Reserve Policy premiums are fully tax deductible whether you are employed or self-employed.
- Any monthly benefit amounts received are taxed as income and should be declared in your annual tax return and where applicable, inserted in a Business or Instalment Activity Statement.
- We do not deduct tax from monthly amounts prior to payment.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'. During this time you should check that the policy meets your needs.

The cooling off period is 28 days and commences from the date we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy during the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premium paid will be refunded to you.

Other Information on Your Policy

The Application Process

To apply for the Income Reserve Policy you will need to complete the application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application. Once we receive your application we will commence the underwriting procedure. This may involve further information (for example on your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for total disablement as a result of sickness or injury. Your Interim Cover commences when your completed application and initial premium (or completed deduction authority) are lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

How to Make a Claim

You will receive information on making claims when you receive your policy document. This will provide you with valuable information about our claim process. If you become disabled you should notify us within 30 days so that we can assess your claim promptly and begin your payments as soon as possible.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 for contact details and information on the steps involved.

Additional Information - Income Reserve Policy

Other benefits that extend your cover under this policy

Accommodation Benefit

We will reimburse the accommodation expenses of an immediate family member (eg. your spouse) who accompanies you if:

- you are confined to bed (see Bed Confinement Benefit below), and
- you become totally disabled over 100km away from home or you have to travel over 100km away from home on independent medical advice.

The maximum amount we will reimburse is \$200 per day increased by any rise in the CPI for up to 30 days each year in any 12 month period.

Bed Confinement Benefit

We will pay 1/30th of the monthly benefit amount for each day you are confined to bed during the waiting period after the first 72 hours of bed confinement.

You are confined to bed if:

- it is medically necessary to remain in or near a bed for a substantial part of the day, and
- you are under the continuous care of a registered nurse if you are at home, or there are good reasons for you not being at home.

Bed Confinement Benefit payments stop on the earlier of:

- the end of the waiting period, or
- when the amount we have paid equals 3 times the monthly benefit amount.

If bed confinement from the same or related cause recurs within 6 months, we will start payments again immediately, but we will take previous payments into account when determining when payments should stop. When it recurs after 6 months, it is treated as a separate claim.

Crisis Benefit

We will pay the monthly benefit amount in advance for a guaranteed minimum period, if your waiting period is 90 days or less and you suffer one of the following events, even if you are not disabled for the whole period.

- Blindness
- Cancer*
- Chronic Kidney (Renal) Failure
- Coma

- Coronary Artery Surgery*
- Dementia
- Heart Attack*
- HIV - Occupationally Acquired
- Intensive Care
- Major Head Trauma
- Major Organ Transplant
- Multiple Sclerosis
- Parkinson's Disease
- Repair or Replacement of Aorta*
- Repair or Replacement of Valves*
- Severe Burns
- Stroke*
- Total and Permanent Disablement - under the Activities of Daily Living tier only.

These terms are defined on pages 15 - 19 of this brochure.

- The minimum payment period will not apply to conditions marked with an asterisk (*) if the condition was diagnosed or circumstances leading to diagnosis became apparent within 3 months after:
 - the start of the policy, or
 - you apply for an increase in the monthly benefit amount, but only in respect of the increase, or
 - the most recent reinstatement of the policy.

This 3 month exclusion will not apply on this policy if this policy:

- replaces an existing income protection policy under which you are the insured person that has been in force for longer than 3 months, and
 - immediately before the commencement of the policy the previous policy had a benefit which was equivalent to this Crisis Benefit and covered all the same type of conditions and procedures that are covered within this Crisis Benefit, and
 - the monthly benefit amount under the previous policy was the same as or greater than the monthly benefit amount applied for with us, and
 - the payment period under the previously policy was the same as or less than the payment period applied for with us.
- The minimum payment period for the Crisis Benefit is determined by your waiting period as shown in the following table.

Your waiting period	Minimum payment period for Crisis Benefit
30 days or less	6 months
60 days	4 months
90 days	3 months
Over 90 days	Nil

- You can choose to receive the Crisis Benefit as a lump sum or a monthly payment. If you choose a monthly payment, we will pay the monthly benefit amount in advance for the minimum payment period shown in the table above.
- If you choose a lump sum payment, this will be calculated by multiplying the monthly benefit amount by the number of months shown as the minimum payment period in the table above.
- If you are still disabled at the end of the guaranteed minimum payment period, we will continue to pay the monthly benefit amount in line with normal policy conditions but payments will be made in arrears.
- If you die during the guaranteed minimum payment period we will pay the greater of:
 - the amount payable for the rest of the minimum period, or
 - the death benefit.

Concurrent Disability Benefit

If you are disabled as a result of separate and distinct sicknesses or injuries, payments will be calculated in line with the policy condition which provides the highest payment.

Death Benefit

If you die at any time while you have this policy we will make a payment of 3 times the monthly benefit amount.

Elective Surgery or Organ Donation

We will pay the total disability benefit if you are totally disabled because of:

- surgery to transplant part of your body to someone else, or
- an operation to improve your appearance, or
- elective surgery performed on the advice of a doctor if your surgery took place more than 6 months after the latest of:
 - the start of your policy, or
 - an increase in the monthly benefit amount that you applied for, but only in respect of the increase, or
 - the most recent reinstatement of the policy.

Expense Reimbursement Benefit

We will reimburse money spent for the following while you are totally disabled:

- rehabilitation for your total disability, and
- engaging in or attempting to engage in a gainful occupation as part of your rehabilitation.
- We will reimburse up to 6 times the monthly benefit amount for each disability from the same cause. We will not reimburse amounts reimbursed by someone else or money spent when you are no longer disabled.
- Some examples of this expenditure are wheelchairs, artificial limbs, travelling and education expenses and structural changes to your home.
- We must approve the expenses before they are incurred.
- Government legislation does not allow us to reimburse expenses for medical and related costs such as physiotherapy. As a general rule, if costs can be claimed from Medicare or a health insurer then we are not permitted to reimburse them.

Family Support Benefit

We will pay the Family Support Benefit for up to 6 months while you are totally disabled if:

- we have paid total disability benefits for at least 30 days, and
- you need someone to look after you at home, and
- the person looking after you is either:
 - an immediate family member who was in full-time paid employment immediately before you became disabled but who stops all paid employment to look after you, or
 - a registered nurse who is not an immediate family member who provides care and assistance to you regularly (at least 3 times a week).

The Family Support Benefit we will pay is the lesser of:

- \$2,100 per month increased each year by any rise in the CPI, or
- your monthly benefit amount.

Guarantee of Upgrade

If we improve the terms of the Income Reserve Policy benefits in a later version of the policy, you will be offered the improvement if:

- there is no increase in the standard premium rates, and
- we do not charge an extra premium for the improvement.

Cover for an existing health condition at the time the improvement is offered may not be available under the improved terms.

Income Update Benefit (only available if Indemnity Option is chosen)

The Income Update Benefit gives you the flexibility to keep your cover in line with your current level of income.

Each year, you may increase your monthly benefit amount by 10% on the anniversary of your policy if we are not making payments, up to a maximum of \$1,000, without the need for supporting medical or financial evidence.

The Income Update Benefit is available if you are under age 50 when you apply for the policy. To increase your cover under this option you must be under age 55 at the time you request an increase.

The total of all increases in the monthly benefit amount under the Income Update Benefit cannot exceed your original monthly benefit amount at the commencing date of the policy.

The Income Update Benefit is not available if your monthly benefit amount including any increases is \$20,000, or greater.

Indexation Benefit

To ensure the protection provided by the Income Reserve Policy is not eroded by inflation, we guarantee to increase the monthly benefit amount each year by the greater of the CPI, and 3%.

An increase will not occur:

- during any period when benefits are payable, or
- if you decline the increase.

If increases are taken, the premium will increase accordingly.

Recurrent Disability

We treat disability which recurs from the same or related cause as a continuation of the previous claim if it recurs:

- within 6 months of disability ending, if the payment period is 5 years or less, or
- within 12 months of disability ending, if the payment period is longer than 5 years.

If you have a recurring disability, we waive the waiting period and payments continue for the remainder of the payment period.

Rehabilitation Benefit

We will pay an extra 50% of the monthly benefit amount if you participate in an approved rehabilitation program while totally disabled, for up to 12 months.

Relocation Benefit

We will reimburse your expenses to return to Australia if you become:

- totally disabled outside Australia and remain so for longer than 1 month, or
- confined to bed (see Bed Confinement Benefit on page 37) and remain so for more than 14 days.

We will reimburse up to 3 times the monthly benefit amount, once in any 12 month period. We will not reimburse amounts which can be reimbursed from elsewhere.

Renewal after age 65

Cover under the Income Reserve Policy stops on your 65th birthday. If you are working in an occupation we classify as AA on that date, you can apply to continue your cover with the following conditions:

- the minimum waiting period is the longer of 30 days or your existing waiting period,
- the payment period will be one year,
- the monthly benefit amount will not increase in line with inflation,
- the policy will expire on your next birthday unless you apply to continue,
- if we agree to continue your policy, you can apply to continue cover each year until your 75th birthday.

Your policy will only be continued each year if we agree.

Scheduled Injury Benefit

If you suffer one of the injuries listed on the following page, we will make a payment for the period shown in the table, even if you are working.

Where your payment period is less than that shown in the table, we will pay whichever has the shorter period.

You can choose whether you wish to receive the payment as a lump sum, or monthly in advance, if the payment period is 12 months or less. If the payment period is longer than 12 months, payments will only be made monthly in advance until the end of the specified payment period.

If you choose a lump sum payment, this will be calculated by multiplying the monthly benefit amount by the number of months shown as the minimum payment period in the table on the following page.

If you are still disabled at the end of the specified payment period, your monthly benefit amount will continue under the Total Disability Benefit.

If you suffer more than one injury during the payment period, we will only pay you for the injury with the longest payment period.

If you die before the end of the specified period in the table and we are making payments on a monthly basis, these will cease and we will pay the Death Benefit of 3 times your monthly benefit amount.

If you have received a lump sum payment, and die within the specified period in the table, we will still pay the Death Benefit of 3 times your monthly benefit amount.

Scheduled Injury	How long we pay for
Paralysis (defined on page 17)	60 months
Total and permanent loss of use of:	
both hands or both feet	24 months
entire sight in both eyes	24 months
one hand and one foot	24 months
one hand and entire sight in one eye	24 months
one foot and entire sight in one eye	24 months
one arm or one leg	18 months
one hand or one foot or entire sight in one eye	12 months
thumb and one index finger of the same hand	6 months
Fracture A fracture, requiring immobilisation of your:	
thigh shaft	3 months
pelvis, except coccyx	3 months
skull, except bones of the nose or face	2 months
upper arm, including the elbow and shoulder	2 months
shoulder blade	2 months
leg, including the ankle but excluding the foot and toes	2 months
knee cap	2 months
collar bone	1 month
lower arm, including wrist but excluding the elbow, hand and fingers	1 month

Transportation Benefit

When you are disabled and require emergency transportation (other than by ambulance) within Australia while disabled, we will reimburse costs incurred for your transportation, other than expenses reimbursed from elsewhere. The maximum amount we will reimburse is 3 times the monthly benefit amount once in any 12 month period.

Unemployment Benefit

If you become involuntarily unemployed for reasons other than disability more than 6 months after the start of your policy or its most recent reinstatement, we will waive premiums while you are unemployed for up to 6 months.

This benefit is conditional on you being registered with a recognised government or non-government employment agency.

Waiver of Premium Benefit

If you are eligible for the disability benefit at the end of the waiting period, the premiums for the Income Reserve Policy, and the Retirement Protector Option and Disability Plus Option if applicable, will be waived from the first day of the waiting period.

Premiums recommence from the later of:

- the date when you are no longer disabled even if the payment period ends beforehand, or
- the end of the payment period for the Crisis Benefit or Scheduled Injury Benefit if applicable.

Optional Benefits

You can select the following options at an additional cost to extend your cover under this policy:

Increasing Claim Benefit

This option increases the monthly benefit amount every year, in line with CPI to a maximum of 10% a year while you are receiving disability benefits. It is not available for policies continued after age 65. (Cover after age 65 is only available for occupations AA - see page 39 for details).

When you are no longer disabled your premiums will be increased in line with the increased monthly benefit amount unless you ask us to reduce the monthly benefit amount at that time.

Retirement Protector Option

If we make disability payments under the Income Reserve Policy, we will also pay the Retirement Protector benefit amount.

Under this option additional benefit payments of up to 10% of your insurable income (see Section G of the application form) will be paid from the end of your waiting period.

If you have chosen an Agreed Value contract we will pay the Retirement Protector benefit amount stated in your policy schedule.

If you have chosen an Indemnity contract the benefit amount we pay will be calculated as follows:

$$\frac{A \times B}{C}$$

Where:

A = the Retirement Protector benefit amount stated in your policy schedule.

B = the monthly benefit amount paid.

C = the monthly benefit amount stated in your policy schedule.

The benefit will be paid:

- to reimburse you (or your employer) for contributions made to a complying superannuation fund, or
- on your behalf directly to a complying superannuation fund of your choice.

The amount we pay is not affected by offsets (page 34).

Disability Plus Option

Under this option, we will pay an extra benefit amount if we are paying you for a disability which causes you to be totally dependent.

The Disability Plus benefit is chosen by you and can be up to 50% of your insurable income (see Section G of the application form).

If you have chosen an Agreed Value contract we will pay the Disability Plus benefit amount stated in your policy schedule.

If you have chosen an Indemnity contract the benefit amount we pay will be calculated as follows:

$$\frac{A \times B}{C}$$

Where:

A = the Disability Plus benefit amount stated in your policy schedule.

B = the monthly benefit amount paid.

C = the monthly benefit amount stated in your policy schedule.

You are totally dependent if you are constantly and permanently unable to perform 2 or more of the following Activities of Daily Living without the physical assistance of someone else:

1. bathing and showering
2. dressing and undressing
3. eating and drinking
4. maintaining continence with a reasonable level of personal hygiene
5. getting in or out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or walking aid.

Please note: If you can perform the activity on your own by using special equipment we will not consider you as unable to perform that activity.

This option is not available if the waiting period is more than 90 days.



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Business Expenses Insurance

Key Features Statement

This Key Features Statement follows guidelines set by the Australian Securities and Investments Commission.

It will help you to:

- decide whether this product will meet your needs, and
- compare this product with others you may be considering.

Important Notice

The purpose of this policy is to reimburse business expenses if you are unable to work because of sickness or injury. This is not a savings plan. If you cancel your policy at any time you will get nothing back.

Introduction to Business Expenses Insurance

Business Expenses Insurance pays you an amount to meet your business expenses while you are unable to work due to sickness or injury.

- This policy covers you worldwide, 24 hours a day.
- We will also make a payment on death.
- You choose your amount of cover which we call the maximum monthly amount. This can be up to your share of allowable business expenses.
- You can take out this policy in relation to your business to meet certain business expenses if you become severely or partially disabled, in which case you are the policy owner as well as the insured person. Your family trust or company can also take out this policy if it owns the business, to insure against your disablement. In this case you are the insured person and the family trust or company is the policy owner.
- Throughout this brochure, where we refer to disablement, death, income, expenses or age, we are referring to the insured person and not the policy owner.
- In the event of a claim, we pay the policy owner.
- We guarantee that we will not cancel your policy because of your future claims experience, a change in your health or occupation, or in the event that you move, travel or become unemployed.
- After the policy has been issued, we cannot modify it as a result of a change in occupation, participation in a dangerous sport or pastime, or a change in your income. Your policy can only be changed in these circumstances if you request it. You can continue this Business Expenses policy up to the anniversary of your policy when you are 64, or your permanent retirement, if earlier.
- This policy cannot be taken out through a superannuation fund or if business income is unlikely to be affected by your absence.

Premiums

Your Payment Options & Responsibilities

Your cover is maintained by the payment of premiums.

Your premiums are based on various factors including the maximum monthly amount you choose, the frequency of payments, your age, your sex, your occupation, and whether you smoke.

For more details about premiums, please contact your life insurance adviser. Tables of Business Expenses Insurance premium rates are available on request.

- We provide a variety of ways that you can pay your premiums to suit your financial arrangements. These options and the minimum premiums payable are shown in the table on the following page.
- We will pass on any Government taxes or charges (including stamp duty) relating to this policy. These taxes or charges are outside our control. We may include them as part of the premium or pass them on as a separate charge.
- If you do not pay a premium, we will contact you requesting payment. You will be advised of the date when all cover will cease if the premium is not received.

Premium Options

We offer 2 premium options - Stepped and Level.

Stepped Premiums

If you choose stepped premiums, your premium is recalculated (and will usually increase), on each anniversary of your policy, based on your age at that time. Premiums will also change if:

- you request us to change your maximum monthly amount, or
- you choose to have your maximum monthly amount automatically increased each year to keep pace with inflation (see Indexation Benefit on page 47), or
- we review the rates.

Method of Payment	Frequency			
	Yearly	Half Yearly	Quarterly	Monthly
Cash / Cheque	✓	✓	Not available	Not available
Credit Card* / Direct Debit*	✓	✓	✓	✓
Minimum Premiums	\$200	\$100	\$50	\$20

* Your financial institution may impose fees or charges.

Level Premiums

If you choose level premiums your premium is calculated at the start of your policy based on your age at that time, and it will only change if:

- you request us to change your maximum monthly amount, or
- you choose to have your maximum monthly amount automatically increased each year to keep pace with inflation (see Indexation Benefit on page 47), or
- we review the rates.

Review of Rates

Premiums may also change following a review of our Business Expenses Insurance premium rates. We may review our rates at any time and as a result premiums may increase or decrease. Premium rates will only change if we review all our Business Expenses Insurance rates, therefore you cannot be singled out for an increase.

Suspending Your Premiums

If you become unemployed or take long term leave from work, you can ask to suspend paying premiums for up to 12 months, so long as you have paid premiums for the previous 12 months. No amount is payable for any sickness which becomes evident or injury which occurs while your premium is suspended. You can reinstate your policy at any time within the 12 months without providing new health evidence.

Benefits

The Features of Your Policy

We make a monthly payment to reimburse allowable business expenses while you are severely or partially disabled.

At the time of application you can choose whether you wish to have a definition of disablement which is based on:

- 10-Hours (for all occupations), or
- 1-Duty (for occupations classified by us as AA, A1 or A2), Duties (for all occupations classified by us as B or C).

The definition for disablement which applies to you will be stated in your policy schedule. There may be a different outcome in the assessment of your claim depending on which definition applies to your policy.

Severely Disabled

10-Hours

- For all occupations if you have chosen a '10-Hours' definition of disablement, you are severely disabled if you are:
 - unable to perform the important income producing duties of your usual occupation for more than 10 hours per week due to a sickness or injury, and
 - not working more than 10 hours per week in any occupation, and
 - under regular care of a registered doctor.

1-Duty and Duties

- If your definition of disablement is '1-Duty' or 'Duties' you are severely disabled if, solely because of sickness or injury, you:
 - are not capable of doing one of the important duties of your regular occupation (for occupations classified by us as AA, A1 or A2) or are not capable of doing the important duties of your regular occupation (for occupations classified by us as B or C), and
 - are not working in any gainful occupation, and
 - are following the advice of a registered doctor.

The amount we pay each month for severe disablement will be the amount needed to cover 100% of your share of allowable business incurred expenses up to the maximum monthly amount.

The amount we pay will be calculated taking into account any input tax credit entitlement (under the Goods and Services Tax legislation).

Allowable Business Expenses

Allowable business expenses are shown in the table on the following page.

Locum Cover

Locum Cover is an allowable business expense where we will reimburse the net cost of employing a locum or suitably qualified replacement to cover you while you are disabled, less any income they generate.

Under Locum Cover, we will reduce our payment by any gross sales generated by the locum or suitably qualified replacement, but only up to the actual cost of the locum or the suitably qualified replacement's fees.

Non-allowable Business Expenses

Non-allowable business expenses include:

- salaries, fees or drawing account (including related costs) to or for:
 - you, or
 - any member of your family, unless that person was employed at least 30 days before you became severely disabled.
- repayment of any mortgage or loan principal,
- costs of any equipment, books, fittings, fixtures, furniture, goods, implements, merchandise, stock or other capital items,

- leasing or financing costs relating to any motor vehicle which can and will be let out while you are unable to work.

Partially Disabled

We make a lower monthly payment if you are partially disabled.

The terms which we apply to the partial disability benefit will depend on your occupation code classified by us, and whether you have a '10-Hours', '1-Duty' or 'Duties' definition of disablement.

10-Hours

- For all occupations you are partially disabled if:
 - you have been severely disabled for at least 14 days in a row during the waiting period, and
 - you return to work in any occupation for more than 10 hours a week, and

	Business expense item	Allowable if office not at residential address	Allowable if office at residential address
Premises	Rent or interest/fees on a loan to finance premises	Yes	No
	Insurance of premises (fire, etc)	Yes	No
	Property rates/taxes	Yes	No
	Security costs	Yes	No
	Repairs and maintenance	Yes	No
Services	Telephone	Yes	No
	Gas	Yes	No
	Electricity	Yes	No
	Water	Yes	No
	Mobile Telephone	Yes	Yes
	Cleaning and Laundry	Yes	No
Equipment	Lease or financing costs (excluding payments attributable to the initial cost) on equipment excluding any taxi or truck which can and will be let out to generate its own income	Yes	Yes
	Car Lease (excluding taxi)	Yes	Yes
	Registration and insurance of vehicles and equipment	Yes	Yes
	Repairs and maintenance of equipment	Yes	No
Salaries & Related Costs	Salaries of employees who do not generate any business income	Yes	Yes
	Payroll tax on the above salaries	Yes	Yes
	Compulsory Superannuation in respect of the above salaries	Yes	Yes
Other	Regular advertising costs	Yes	Yes
	Accounting and auditing fees	Yes	Yes
	Bank fees/charges and account transaction taxes	Yes	Yes
	Interest/fees on loan to finance the business	Yes	Yes
	Professional association dues and subscriptions	Yes	Yes
	Business insurance (liability, etc)	Yes	Yes
	Postage	Yes	Yes
Locum Cover	Net cost of employing a locum (see pages 44 - 45)	Yes	Yes

- as a result of your disablement your share of the monthly business income is less than your share of the monthly business income before disablement, and
- you are under the regular care of a registered doctor.

1-Duty and Duties

- For all occupations you are partially disabled if solely because of a sickness or injury:
 - you have been severely disabled for at least 14 days in a row during the waiting period, and
 - you are performing, or are capable of performing, one or more of the important duties of your regular occupation, or you are working in another occupation, and
 - your share of monthly business income is less than your share of the pre-disability monthly business income because of your disability, and
 - you are following the advice of a registered doctor.

The amount we pay each month for partial disablement is calculated using the following formula, but cannot be greater than your maximum monthly amount.

Business income before disablement	-	Business income while partially disabled	x	Allowable business expenses
Business income before disablement				

To determine whether your business income has reduced as a result of your disablement, we calculate your monthly 'business income before disablement' as 1/12th of your share of the income of the business before expenses and tax during the 12 months before your disablement.

Your 'business income while partially disabled' is your share of the income of the business before expenses and tax during the month before we make a payment.

When We Will Not Pay

No payments are made if your disability results from:

- any sickness which first became evident or any injury which occurred before the start of the policy (unless you told us about it and we have agreed to cover it), or
- war or war-like activity, or
- intentional self-inflicted injury, or

- normal and uncomplicated pregnancy, miscarriage or childbirth, unless you are disabled for more than 3-months from the later date of when your pregnancy finishes or your disability commences. When this occurs, your disability will be taken as starting at that date, or
- any sickness or injury that occurs as a result of your participation in a criminal activity.

No payments will be made for any period if you are in jail.

Offsets

We may reduce the amount we pay you for severe or partial disablement if you receive any amounts to cover business expenses from insurance policies that you have not told us about.

Waiting Period

Payments commence following the waiting period. The waiting period starts on the day you see the doctor who certifies that you are severely disabled. You must be continuously disabled during the waiting period. No amount is payable for severe or partial disablement during the waiting period.

- You choose the length of the waiting period when you take out the policy. The minimum waiting period is 14 days, however you can choose a longer waiting period of 30, 60 or 90 days.
- Your premiums will be lower if you choose a longer waiting period.
- We make the first payment one month after the waiting period has finished.
- All payments are made monthly in arrears.

Direct Credit Service

You may elect to have any payments that we make under this policy paid directly into a bank account of your choice.

Organ Donation or Cosmetic Surgery

There are special requirements in the case of disability resulting from organ donation and cosmetic surgery.

We will only pay a monthly amount if your policy has been in force for at least 6 months and you have been severely disabled for at least 2 months due to organ donation or cosmetic surgery.

Availability of Cover

Cover	Entry Ages	Expiry Age [▲]	Maximum Monthly Amount
Business Expenses Insurance	20 to 59	64	\$25,000

[▲] Cover ends on the anniversary of your policy when you are at the expiry age indicated.

Payment Period

We will continue to pay a monthly amount for severe disablement until the earliest of:

- the date you are no longer severely disabled (but if you are partially disabled, we will pay you a reduced amount for up to 12 months after the end of your waiting period), or
- the date on which our total reimbursement of business expenses equals 12 times the maximum monthly payment, or
- 18 months from the end of your waiting period, or
- the expiry of the policy, or
- your death.

Payments for partial disablement will stop on the earliest of:

- the date you are no longer partially disabled, or
- 12 months from the end of your waiting period, or
- the date that your severe disablement recurs (we will then pay you a monthly amount for severe disablement), or
- the expiry of the policy, or
- your death.

Recurrent Disability

If the same disability recurs within 6 months, while you have this policy, we will:

- start payments again without another waiting period, and
- continue to pay for the remainder of your payment period.

Death Benefit

If you die at any time while you have this policy, we will make a payment of 3 times the monthly amount.

Premium Waiver

We will waive premiums when you are receiving a monthly payment for either severe or partial disablement.

Indexation Benefit

To help your policy keep pace with inflation, you may choose to increase your monthly amount each year by the greater of Consumer Price Index (CPI) and 3%, provided we are not making any payments.

Your premium will increase as your maximum monthly amount increases.

You may decline any increase without affecting your right to take up any future increases.

Taxation

The following tax information is based on the tax laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

- All Business Expenses premiums are tax deductible as a business expense.
- Any monthly amounts received are taxed as income and should be declared in your annual tax return and where applicable, inserted in a Business or Instalment Activity Statement.
- We do not deduct tax from monthly amounts prior to payment.

Cooling Off Period

There is a period of time in which you may cancel the policy without paying any charges. This is known as the 'cooling off period'. During this time you should check that the policy meets your needs. The cooling off period is 28 days and commences after we issue the policy document.

Your cooling off rights will not apply if there has been a claim.

If you decide to cancel your policy during the cooling off period, you must return your policy document together with a written request to cancel the policy to our Head Office. Any premium paid will be refunded to you.

Other Information on Your Policy

The Application Process

To apply for Business Expenses Insurance, you will need to complete an application form which is at the back of this brochure. If you have paid the first premium with your application, we will retain it and the interest we earn while we consider your application. Once we receive your application we will commence the underwriting procedure. This may involve further information (for example about your health) to be provided prior to acceptance.

Cover Commences

Cover commences once we have accepted your application. To confirm our acceptance of your insurance cover we will send you a policy document. You should read this policy document carefully, as it contains important information.

Interim Cover

While your application is being processed, we provide Interim Cover for severe disablement as a result of sickness or injury. Your Interim Cover commences when your completed application form and initial premium (or completed deduction authority) are lodged at one of our State Offices or our Head Office.

Please refer to pages 58 - 60 for full details about Interim Cover.

Enquiries

If you have any questions about the policy, please call either your life insurance adviser or Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area.

If you have a complaint, there are both internal and external complaints handling processes to assist in reaching a resolution. Please refer to page 57 for contact details and information on the steps involved.



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Term Life Insurance through a Superannuation Fund

Introduction

If you are applying for Term Life Insurance through a superannuation fund, you first need to become a member of that fund. In this case, under superannuation law, the Trustee must also provide you with certain information about the fund before accepting your application for membership.

If you wish to apply for Term Life Insurance through the Asteron Life Superannuation Fund (the Fund) and you are not already a member, then you should read the rest of the information in this section. You will find an application for membership of the Fund within the application form at the back of this brochure.

If you wish to apply for Term Life Insurance through a superannuation fund other than the Fund, then you should obtain information about that fund from its Trustee.

Asteron Life Superannuation Fund

Fund Trustee

The Trustee of the Fund is Asteron Portfolio Services Limited ABN 61 063 427 958 (the Trustee), an approved trustee under the Superannuation Industry (Supervision) Act 1993 (SIS).

The current Directors of Asteron Portfolio Services Limited are:

L E Tutt (Chairman)

M J Wilkins (Managing Director)

H G Bentley

J H English (Alternate for M J Wilkins)

D P Fox

M Mezrani (Alternate for H G Bentley)

D O'Bryen (Alternate for D P Fox)

The Fund is a regulated superannuation fund under SIS.

The Trustee operates the Fund as a complying superannuation fund.

Indemnity insurance has been effected for the Directors of the Trustee.

The contact details of the Trustee are shown on page 54.

Fund Manager and Insurer

The Trustee has appointed Asteron Life Limited ABN 64 001 698 228 to provide fund management, insurance and administration services for the Fund. Contact details are on page 54.

Who Can Join and Contribute to the Fund?

Membership of the Fund helps a member to provide for their retirement or to provide financial security for their dependants in the event of their death or disablement. It is open to everyone who is eligible to contribute to the Fund or to have contributions paid into the Fund for them. The Fund can generally receive contributions (that is premiums for an insurance policy in this case) from:

- employers of members under age 70,
- employers making compulsory contributions for members over age 70,
- members under age 65, if:
 - they are or have been gainfully employed for at least 10 hours each week in the last 2 years, or
 - they are not working because of ill health, or
 - they are on parental leave and were at work within the last 7 years,
- members aged 65 to 74 if they are gainfully employed for at least 10 hours each week,
- the spouse of a member.

Trust Deed

The rights and obligations of the members under the Fund are set out in the Trust Deed. The Trust Deed is the document, which sets out the rules for the establishment and operation of the Fund and member rights and obligations. A copy of the Trust Deed is available on request.

Under the terms of the Deed that established the Fund, the Trustee has the power to amend any of the provisions of the Deed if permitted by law and approved by us.

Insurance Benefit

When you complete the application for membership of the Fund, you request the Trustee to arrange a Term Life Insurance policy on your life by completing the relevant parts of the application form at the back of this brochure. You also have the option to request Total and Permanent Disablement cover.

You will not be covered until you have become a member of the Fund and we have confirmed acceptance of the Term Life Insurance policy. The Trustee is the policy owner and can, therefore, vary or replace the policy at any time in the interest of members.

Your cover through the Fund will stop when you can no longer make contributions. Please contact us at that time to discuss options for cover outside the Fund.

How are Benefits Paid on Death?

After your application for membership of the Fund has been accepted and a policy has been issued to the Trustee with you as the insured person, the benefit payable on your death is the sum insured shown in the policy. Benefits must be paid in accordance with the terms of the Trust Deed.

Death Benefits can be paid to your beneficiaries either as:

- a lump sum, or
- an allocated pension, or
- a combination of both.

Where a death benefit is paid to your beneficiaries as a lump sum, you may run the risk of some of it being taxed at the highest marginal tax rate. If it is paid in part as a lump sum and part as an allocated pension, your beneficiaries may be in a better tax position thereby maximising your death benefit to them.

To help maximise your death benefit, we offer you (and your beneficiaries) the Super Estate Option which will enable the distribution of your death benefit either as a lump sum, an allocated pension or a combination of both to your beneficiaries.

Everyone's financial circumstances are different, therefore, if you wish to take advantage of the Super Estate Option, it is important that you discuss the option with your financial adviser to ensure your death benefit is maximised for your beneficiaries.

What is the Super Estate Option?

As a benefit under the Trust Deed, the Super Estate Option is available to all Term Life Insurance policies written through the Fund.

The Super Estate Option enables the distribution of your death benefit either as a lump sum, an allocated pension or a combination of both.

By using the Super Estate Option, you may be in a better position to plan for your estate by ensuring that any benefits paid to your beneficiaries are done so in a more tax effective manner.

Even as late as the time of claim, your beneficiaries will be in a position to request the way your death benefit is to be paid to them (i.e a lump sum, an allocated pension or a combination of both), based on their own circumstances.

What is a lump sum?

A lump sum benefit is where your death benefit is paid as a single payment.

Please Note: if you have nominated your beneficiary to be your estate, your death benefit will usually be paid as a lump sum. Similarly, if you do not nominate how you want your death benefit to be paid, it will be recorded on our systems as a lump sum.

What is an Allocated Pension?

An allocated pension provides beneficiaries with a regular income stream and may provide a means to reduce the tax impact on the beneficiaries of your Term Life Insurance of monies in excess of your RBL. An allocated pension is invested in a choice of investment portfolios in order to fund regular pension payments for your beneficiaries.

Any pension paid must be done so from the Fund. Where there is more than one pension to be paid, the Trustee can pay separately. If the amount is less than the minimum deposit required to purchase an allocated pension (currently \$10,000), the benefit will be paid out as a lump sum.

It will be at the discretion of the Trustee to allow allocated pension payments for dependants under the age of 18 to be made to a trustee for the child, even if paid under a binding direction.

Allocated pensions that are payable from the Fund are governed by laws, which limit, amongst other things, the amount of pension payments.

If an allocated pension is not available at the time of your death, the Trustee will determine a similar income stream facility from the Fund or it will pay the death benefit portion as a lump sum to the beneficiaries who would have been entitled to the allocated pension.

The terms and conditions of the Super Estate Option Allocated Pension, including features, benefits, fees and charges, can be found in the Asteron Life Insurance Super Estate Option Allocated Pension Customer Information Brochure. To obtain a copy of this brochure, please contact your financial adviser or Customer Service on 1800 221 727.

Who can receive your Death Benefit?

Binding Direction to the Trustee

If you elect to make a binding direction, the Trustee is required to pay the benefits in accordance with your binding death benefit direction. You can nominate one or more of:

- your spouse,
- children,
- any other person who is financially dependent on you, or
- your estate.

If you give a binding direction to the Trustee, you must specify the percentage of your total death benefit, which is to be paid to each person you nominate.

If you use the Super Estate Option to nominate how you want your death benefit to be paid, it is important to know that while you can bind the Trustee as to what percentage of your total death benefit is to be paid to each person you nominate, you cannot bind the Trustee as to how the benefit is paid to each nominee (i.e. as a lump sum, an allocated pension, or a combination of both).

If, when you die, the Trustee does not hold a valid direction, or a nominated person is not a dependant or is otherwise not permitted to receive a benefit under superannuation law, the benefit (or the relevant part of it) is paid to your estate.

Over time your circumstances may change (for example, you marry or have a child) and so it is recommended that you review your direction regularly to ensure that your benefits are paid in accordance with your wishes. You can confirm your direction at any time by simply giving written notice to the Trustee. If you need to change your direction at any time in the future then you need to complete a fresh direction. To assist you, each year the Trustee will forward details of your direction.

Any direction that you give automatically ceases to have any effect 3 years after the date on which you sign and date the 'binding direction' section in the Application for Membership, or the date you last confirmed the direction. If a direction ceases to have effect, and no subsequent direction is made, the Trustee will pay the death benefit as a lump sum to your estate.

A binding direction (whether making, amending or cancelling), must be signed and dated by you in the presence of 2 witnesses who are both at least 18 years old and neither of the witnesses can be a person who you have nominated to receive any part of your death benefit. The 2 witnesses must sign and date the direction, stating that it was signed by you in their presence.

Non-Binding Direction to the Trustee

If you elect to make a non-binding direction, you can nominate payment to one or more of your beneficiaries, including:

- your spouse,
- your children,
- any other person who is financially dependent on you, or
- your estate.

The Trustee will take into account any nomination you have made, but as it is a non-binding direction, they are not legally bound to pay your benefit as per this direction.

If you give a non-binding direction to the Trustee, the Trustee can determine the proportion of the benefit to be paid amongst beneficiaries and how it is to be paid (i.e as a lump sum, an allocated pension or a combination of both).

In order to assist the Trustee to determine who should receive the benefits you are advised to complete the 'non-binding direction' section in your Application for Membership.

Over time your circumstances may change (for example, you marry or have a child) and so it is recommended that you review your non-binding direction regularly to ensure that the Trustee knows who you would like your benefits to be paid to. If you need to change your non-binding direction at any time in the future then you should contact our office in your State.

Please note that while the Trustee will take into account your non-binding direction, it is not bound by it.

What if my beneficiaries are not eligible or cannot be located?

The Trustee must make provision for the likelihood of not being able to locate or identify anyone who is entitled to receive your death benefit as nominated by you. Circumstances where this may be the case include the following:

- you have no surviving children at the date of your death,
- you have no spouse at the time of your death, or
- an intended beneficiary has predeceased you.

If for any reason the death benefit cannot be made to your estate, the Trustee can use its discretion in accordance with superannuation law and pay another person.

How are Benefits Paid on Total and Permanent Disablement?

If you have selected to include the Total and Permanent Disablement (TPD) option, the Trustee will be paid a benefit if you are totally and permanently disabled as defined in the policy document. The Trustee will then determine when the benefits may be paid to you in accordance with the Trust Deed and superannuation law. Any TPD benefit released by the Trustee will be paid as a lump sum.

If any part of the benefit is required to be preserved then it must be held in the Fund until you reach the preservation age or satisfy a condition of release.

Preservation Rules

Benefits accruing in the Fund cannot normally be paid out to you until:

- you reach age 65, or
- you leave employment after age 60, or
- you permanently retire from the workforce on or after your preservation age as shown in the table below.

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

A benefit may be paid before this if you die, or in other events such as where you suffer permanent incapacity or suffer severe financial hardship (as determined by superannuation law and the Trustee), or on compassionate grounds (as determined by the relevant government authority).

If, under an insurance policy, a benefit for any reason becomes payable but the Trustee, because of superannuation law, is unable to pay the benefit to you, then the benefit will be held in the Fund until such time as the Trustee is permitted under the Trust Deed and superannuation law to pay it to you.

Taxation

This tax information is based on the laws and rulings current on 5 June 2003, the continuance of these laws and our interpretation of them. It is a general statement only. Your individual circumstances may be quite different.

You should consult your taxation adviser in regard to your personal details.

Taxation of Contributions

Contributions tax is payable on all employer contributions and, if you are eligible, also on those personal contributions where you provide the Fund with notice that they are being claimed as a tax deduction. In addition, these contributions may be subject to the contributions tax surcharge. The surcharge will apply if your adjusted taxable income exceeds \$94,691*. The rate of the surcharge increases with your taxable income, and the maximum rate of 15% is payable if your adjusted taxable income exceeds \$114,981*.

*Note: These amounts relate to the 2003/2004 financial year and are indexed annually.

If you have not supplied your tax file number to your fund and the Australian Tax Office cannot match your contributions with your income tax records then the maximum rate of surcharge may apply to you.

Taxation of Death Benefits

Lump Sum

Death benefits paid from the Fund as a lump sum are tax free if paid to the member's spouse or dependants, provided that the benefits are no more than the member's pension Reasonable Benefit Limit (RBL) (ie. \$1,176,106 for the 2003/2004 financial year, indexed annually).

Death benefits paid to a non-dependant are taxed at the normal Eligible Termination Payment (ETP) rates, except for the post June 1983 component which is taxed at the rate of 15%*, or 30%* if it is from an untaxed source (*plus Medicare levy). All benefits paid in excess of the pension RBL as a lump sum are taxed at the highest marginal rate (48.5% including the Medicare levy).

Allocated Pension

Death benefits paid as an allocated pension as opposed to a lump sum ensure that excess benefit tax (48.5% including the Medicare levy) is not paid for payments in excess of your pension RBL.

Any tax payable on the allocated pension will depend on:

- who is being paid the pension,
- the components of the benefit, and
- the beneficiaries own marginal tax rates.

If the beneficiary is 18 years of age or over, their own RBL is also relevant.

Allocated Pensions payable to dependants 18 years and over and non-dependants

The allocated pension paid to your dependants 18 years and over or non-dependants is assessed against their own RBL. If it is within their own lump sum RBL limit (\$588,056) it will receive the 15% rebate on the pension payments (which are taxed at marginal tax rates).

The allowable amount of pension payment from the allocated pension will be based on Government determined minimum and maximum amounts. These are based on the ages of your beneficiaries during each year of payment. They are able to choose an income payment within these limits.

The income payments are taxed at your beneficiary's marginal tax rate after taking into consideration the 15% rebate and any tax-free amount (from accumulated undeducted contributions, invalidity components or Capital Gains Tax [CGT] exempt components).

Withdrawals made from the pension will usually be taxed as an ordinary ETP based on the components of the pension and age of your beneficiaries.

Allocated Pensions payable to dependants under 18 years

An allocated pension that is paid to a dependant under 18 years resulting from a death benefit is not reported to the RBL unit of the Australian Taxation Office, as a result it does not count towards your RBL or your child's RBL and the full 15% rebate applies.

The allowable amount of pension payment from the allocated pension will be based on Government minimum and maximum amounts. The dependant, with the assistance of their parent/guardian, will be able to choose an income payment within these limits.

The income payments are taxed at marginal tax rates applicable for adults (child penalty rates do not apply) after taking into consideration the 15% rebate and any tax-free amount (from accumulated undeducted contributions, invalidity components or CGT exempt components).

Withdrawals made from the pension will usually be taxed as an ETP based on the components of the pension and age of your children.

As mentioned, it is important that you discuss the option with your financial adviser to ensure your death benefit is maximised for your beneficiaries.

Reasonable Benefit Limits

A Reasonable Benefit Limit (RBL) is the maximum benefit that can be received from a complying superannuation fund on a concessional tax basis.

There are two limits, depending on whether your benefits are taken as a lump sum or as a complying pension.

Type of Benefit	RBL
Lump Sum	\$588,056*
Pension	\$1,176,106*

*Note: These amounts relate to the 2003/2004 financial year and are indexed annually.

Taxation of Total and Permanent Disablement Benefits

If you are permanently incapacitated, your benefit will include a post 30 June 1994 invalidity component. This is the future service component of invalidity payments made after 30 June 1994. This amount is tax free. The other components of your benefits are taxed as a normal ETP.

Again, you should consult your taxation adviser in regard to your personal details.

Other Fund Information

Management Fees and Charges

The Trustee levies no management fees or charges against members or their benefits. Asteron Life derives its income through the premium rates. No fees or charges are payable by members whose only interest in the Fund is a Term Life Insurance policy, other than those allowed for in the premium rates.

Regular Reports

Information about the management and financial condition of the Fund is contained in the latest Annual Report of the Fund, which is available free of charge on request from your adviser or our nearest office.

At least once a year you will be sent an Annual Statement confirming your current benefits within the Fund, including your current level of death and disablement cover.

You will also receive an Annual Report each year. A copy of the most recent Annual Report is available free of charge on request.

Cooling Off Period

When your application for membership of the Fund has been accepted by the Trustee, you have 20 days ('cooling off period') to check it meets your needs. To cancel your membership and receive a refund you must notify us within the cooling off period.

You can do this by writing to the Trustee at the address outlined on page 54.

If you exercise any right as a member of the Fund (including making a claim) then your cooling off rights will cease.

The amount repaid will take into account any tax that must be deducted.

Any amount in the Fund that is subject to preservation will be repaid by way of transfer to another complying superannuation fund. You must make a nomination in writing of a complying superannuation fund no later than one month after notifying the Trustee of your decision to cancel your membership. The right is exercised only on receipt by the Trustee of your nomination.

Eligible Rollover Fund (ERF)

Superannuation law allows for superannuation benefits to be paid into Eligible Rollover Funds (ERFs) in certain circumstances.

If the Trustee decides that your benefit should be paid to an ERF, we will give you 28 days prior written notice during which you may choose another superannuation or approved deposit fund to receive your benefit.

If you do not advise us of your choice in that time, the Trustee will transfer the benefit to the ERF. If the Trustee does not have an address for you at that time or is satisfied on reasonable grounds that the address is incorrect, the Trustee does not need to notify you provided it has taken reasonable steps to locate you but has been unable to do so.

Once the Trustee pays your benefit into an ERF:

- you will acquire an interest in that ERF,
- your interest in the Fund will cease,
- any rights against the Trustee in relation to your benefit will cease, and the benefit in the ERF will be invested in accordance with the investment objectives and strategies selected by the Trustee of the ERF (not the Trustee of the Fund), and
- your benefit will be subject to the fees and charges made by the ERF which may be different from those charged by the Fund. Superannuation law generally prevents ERFs from charging fees and charges in excess of earnings added to your benefit in any year.

The transfer to the ERF will be a rollover for taxation purposes.

All future correspondence regarding the benefits should be directed to the Trustee or administrator of the ERF. The Trustee has selected NSP Buck Eligible Rollover Fund for this purpose. The Trustee of the ERF is National Custodian Limited.

Contact details are:

The Fund Administrator

NSP Buck Eligible Rollover Fund
GPO Box 9946
Melbourne VIC 3001
Telephone (03) 9222 4444
Fax (03) 9222 4350

Family Law Review

Since 28 December 2002, the superannuation assets of legally married couples who separate or divorce may be split, either under a court order or by agreement between the parties. This may affect benefits payable from the Fund.

Relevant legislation now includes provisions, which are binding on the parties and the superannuation trustee, for:

- 'eligible persons' to obtain information from the trustee about a member's superannuation in certain circumstances, such as for use in negotiating a superannuation agreement;
- a member's superannuation interest to be 'flagged', which prevents the trustee from making certain payments in respect of the member's benefits pending finalisation of details pertaining to a split and lifting of the flag; and
- the actual division of the member's superannuation, as agreed between the parties or ordered by the court, either by splitting the member's current entitlement (if possible) or by splitting relevant benefit payments at the time they become payable to the member.

As there are certain legal requirements which must be satisfied in the process, and because the splitting of superannuation assets on separation or divorce may have particular financial planning implications (e.g. taxation), the parties involved should seek appropriate professional advice about their rights, obligations and options in these circumstances.

Enquiries

If you have any questions about your policy or your membership of the Fund, please call either your life insurance adviser or our Customer Service. Our contact details are on this page.

Complaints Resolution

If you or your beneficiaries have a complaint about the management of the Fund, or decisions made by the Trustee, you should write to us or call our Customer Service. Our contact details are on this page.

Superannuation law requires that complaints be properly considered and dealt with within 90 days.

Superannuation Complaints Tribunal

In the unlikely event that you are not satisfied with the handling of your complaint or the Trustee's decision, you or your beneficiaries may have a right to have the complaint considered by the Superannuation Complaints Tribunal.

The Tribunal is an independent body set up by the Federal Government to assist in the resolution of certain superannuation complaints. However, the Tribunal may only do so after the complaint has been dealt with under the Trustee's complaint handling procedure.

To find out whether the Tribunal can handle a complaint and the type of information you would need to provide, you can call the Tribunal on 1300 884 114 for the cost of a local call anywhere in Australia, or write to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO MELBOURNE VIC 3001
Internet Site: www.sct.gov.au

Contact details

Fund Name: Asteron Life Superannuation Fund (SFN 1400/429/47)

Trustee: Asteron Portfolio Services Limited

Contact Person: The Fund Manager

Address: 465 Victoria Avenue,
Chatswood NSW 2067

Postal Address: Locked Bag 5000,
Chatswood NSW 2057

Fund Manager & Insurer: Asteron Life Limited

Address: 465 Victoria Avenue,
Chatswood NSW 2067

Postal Address: Locked Bag 5000,
Chatswood NSW 2057

Customer Service

Telephone: (02) 9978 9999 or 1800 221 727

Facsimile: (02) 9978 9798

Email: life_customerservice@asteron.com.au

Other Important Information About Your Policy

Grief Support Service available on Term Life and Recovery Products

Introduction to Grief Support Service

Grief Support Service (the Service) helps you or your immediate family members to start to come to terms with your reaction to grief which arises from a traumatic event.

Under the Service we will pay a benefit equal to the cost of providing initial confidential grief counselling by counsellors from an independently owned counselling organisation.

If you or one of your immediate family members utilises the Service you are entitled to up to 4 hours* of counselling.

If more than one of your immediate family members (including you) utilises the Service the combined usage can be up to 6 hours*.

The Service is only available in circumstances of grief. The counselling sessions are not for other forms of counselling.

* Please Note: Any travel time by the counsellor to visit you is included in this time.

When is the Grief Support Service available?

The Service is available on our Term Life, Recovery and Stand Alone Recovery Insurance (Recovery Products).

It is not available on our Secure™ Income, Income Reserve or Business Expenses policies.

The Service is available to your immediate family when we are notified of your death.

In the event you are terminally ill, suffer a serious medical condition, undergo major surgery or are totally and permanently disabled, the Service is available if and when we have admitted your claim. Under these events the Service is available to you and your immediate family.

Who we classify as your immediate family, and therefore who is eligible for the Service, is dependent on whether the policy has been taken out through superannuation.

- If the policy is through superannuation (Term Life only) the Service will be limited to your:
 - Spouse
 - De facto spouse
 - Children
 - Other financial dependants.

- For other policies, your immediate family members who are eligible to use the Service can be either your:

- Spouse
- De facto (including same sex partner)
- Fiance
- Children
- Parents
- Siblings

Other conditions of use of the Grief Support Service

- Initial use of the Service must be taken up within 13 months of when we have:
 - been notified of your death, or
 - accepted either your Recovery, Stand Alone Recovery, terminal illness or total and permanent disability claim.
- All counselling sessions must then be completed within 2 years after the Service was first used.
- For Child Recovery claims, the Service is available to you, your child and your immediate family.
- Under Recovery and Stand Alone Recovery Insurance policies the Service will not be available following partial benefit payments, for example Coronary Artery Angioplasty.

We will notify the policy owner at the time of claim that the Service is available. At the time of booking the Service, you will be told what hours are available.

Provision of the Service does not mean any admission or acceptance of any claim or liability regarding any payments (including future payments) that may be payable under any of our policies.

We may at any time amend or cancel the Service or change the provider of the grief counselling. These changes may affect the Service that is available to you.

For more details of the Service, including which independently owned counselling organisation we currently use, please contact your life insurance adviser or us.

Privacy Statement

Where we use the words 'we', 'our' or 'us' in this Privacy Statement it means Asteron Life Limited and/or Asteron Portfolio Services Limited (as Trustee of the Asteron Life Superannuation Fund (ALSF)) if you have applied for membership of the Fund.

Why do we collect your personal information?

We collect personal information about you so we can provide you with the insurance you have applied for. As part of providing this insurance, the personal information can be used to:

- assess and decide on what terms (if any) we accept your application if you are applying for new insurance or you are increasing or amending your existing insurance;
- provide and manage the insurance after we have accepted the risk;
- investigate and, if covered, manage and pay any claims made in relation to insurance you have with us.

In some circumstances we are also required to collect personal information to meet the requirements of superannuation and taxation law.

What if I choose not to provide the personal information?

We only ask for personal information that is necessary for the purposes outlined above. If you don't provide us with the information we request, we are unlikely to be able to provide the insurance you apply for, and we won't be able to assess or pay any claim made under your insurance.

Will my personal information be disclosed to others?

We will only disclose your personal information to people or organisations for the purposes outlined above. When appropriate and for these purposes, we may disclose your personal information to or collect it from:

- Other members of the Promina Group
- Your adviser
- Hospitals, medical and other health professionals
- Other insurance companies and reinsurers
- Mailing houses*
- Research and telephone service providers (who help us with our service delivery)
- Government departments
- If your insurance is in our superannuation fund or another fund, to the Trustees (and their advisers)
- Loss assessors and claim investigators
- Claims reference providers
- Legal and other professional advisers
- Other service providers

- Accountants
- Department Storage facilities

* We use mailing houses to assist us in communicating with you. We do not sell your personal details to direct marketing businesses.

Is there anything else I need to know about how my personal information may be used?

At times we may also use your personal information to provide you with additional information about your insurance benefits. Unless you have advised us to the contrary we may use your personal information to let you know about other products and services that we or other members of the Promina Group provide. To do so we may need to give relevant personal information about you to your adviser. This information would never be of a sensitive nature, such as health information.

How do I request access to personal information you hold about me?

You can request access to the personal information we hold about you by calling or writing to us. You will have to give us full details of what you would like to know or see. In some circumstances, however, we do not have to provide you with that information. In these cases we will give you reasons for our decision. If you contact us by telephone, we will ask you questions to help us identify you. In some cases we may ask for your request to be in writing. We do this to protect the confidentiality of your personal information.

Who do I contact if I have questions about privacy?

Please direct enquires to:

Asteron Life Limited (or Asteron Portfolio Services Limited)
Locked Bag 5000
Chatswood NSW 2057
Telephone 1800 221 727

Statutory Fund

All policies described in this brochure are issued from our Number 1 Statutory Fund.

Goods and Services Tax (GST)

The GST legislation provides that financial supplies are input taxed. Financial supplies are not charged with GST nor are the providers of a financial supply generally entitled to any input tax credits for the GST included in the price they pay for goods and services acquired by them other than certain limited input tax credits for specific acquisitions. Life insurance is a financial supply.

This means that life insurance products are not subject to GST and therefore do not have GST added to the premium. As a result, life insurance premiums will not give rise to an input tax credit, nor will there be any GST consequences resulting from the payment of any claim under the policy.

If You Have a Complaint

Complaints regarding your policy can be dealt with directly by calling Customer Service on 9978 9999 for Sydney callers or 1800 221 727 for callers outside the Sydney metropolitan area or by Fax on (02) 9978 9798 or by writing to:

The Manager
Customer Service
Asteron Life Limited
Locked Bag 5000
Chatswood NSW 2057

A response will be returned to you within 10 working days of receiving your complaint. We will deal with complaints within 45 days.

In the unlikely event of your complaint not being resolved to your satisfaction, you may refer it to the Financial Industry Complaints Service Limited (ABN 64 068 901 904).

Your position should be put in writing to:

The Manager
Financial Industry Complaints Service
PO Box 579
Collins Street West
Melbourne Vic 8007
Telephone (03) 9629 7050

Outside Melbourne
1800 335 405
Fax (03) 9621 2291

Duty of Disclosure

Your Duty of Disclosure

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

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer,
- that is of common knowledge,
- that your insurer knows, or in the ordinary course of their business, ought to know,
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

You should be aware that the Duty of Disclosure applies when you buy life insurance through a superannuation fund.

Medical Information

Medical information is collected to assist us in processing applications for insurance and assessing claims. This information may be disclosed in strictest confidence to our staff, consultants, reinsurance company, your doctor or other qualified medical personnel.

Interim Cover

While your application is being processed, we provide Interim Cover for you. This cover is issued from our Number 1 Statutory Fund.

The level of cover and circumstances in which we will pay vary according to the policy applied for and our standard underwriting guidelines and practices. Please refer to the appropriate product or products below for full details of how Interim Cover will be paid for each product.

What we mean by total and permanent disablement, severely disabled, totally disabled and allowable business expenses is described in the relevant sections of this Customer Information Brochure.

Interim Cover is not available if you have ever:

- withdrawn an application, or
- applied for a similar type of policy and had your application declined.

Commencement of Interim Cover

Interim Cover commences when your completed application form and initial premium (or completed deduction authority) are lodged at one of our State Offices or our Head Office.

If you wish us to confirm when your Interim Cover begins and ends, please call your State Office (refer to the 'Directory' on the inside back cover for contact details) and we will send you written confirmation.

Period of Interim Cover

Your Interim Cover will end automatically on the earliest of the following:

- 60 days from the date your Interim Cover commences, or
- the date your application is accepted, declined, withdrawn, or
- the date we advise you that your Interim Cover is cancelled.

The Application Process

If during the application process we decide to offer a modified policy, your Interim Cover will also be adjusted to incorporate the modified terms. If we require an additional premium due to your medical history, occupation or pastimes, your level of Interim Cover will be recalculated (and hence reduced) based on your proposed premium. We will notify you in writing if either of these circumstances applies.

If you are eligible to make a claim under the terms of your Interim Cover then, when we underwrite your application for insurance, we will take into account any change in the state of health as a result of the event entitling you to claim during Interim Cover.

The insurance applied for may be declined or have special conditions imposed as a result.

When Benefits Will Not Be Paid

We will not pay any benefits if the application is one which we would not normally accept under our standard underwriting guidelines and practices.

Benefits will also not be paid where death, disablement or serious medical conditions are caused by:

- suicide, or
- intentional self-inflicted injury, or
- any pre-existing condition i.e. an illness or other condition relating to your health:
 - of which you were, or a reasonable person in your position would have been aware at any time before the date of the application, or
 - for which you have consulted a qualified medical practitioner before the date of the application, or
- participation in any occupation, sport or pastime which we would not normally cover on standard terms, or
- war, or
- any sickness or injury that occurs as a result of your participation in a criminal activity.

We will provide full details of the occupations, sports and pastimes which are not covered on request.

Term Life Insurance

If the application is for Term Life Insurance we will pay the benefit if you die during the period of the Interim Cover.

If the application is also for Total and Permanent Disablement (TPD) cover we will pay a benefit on the earlier of:

- death, or
- becoming totally and permanently disabled as a result of an injury or illness first occurring during the period of Interim Cover. The Any Occupation definition will be used for assessment purposes.

The amount paid will be the lesser of:

- \$500,000, or
- the proposed sum insured, or
- the sum insured we would accept for you under our normal underwriting guidelines.

If you have applied for a combination of Term Life Insurance, Recovery Insurance and/or Stand Alone Recovery Insurance policies the maximum we will pay under Interim Cover is \$500,000.

Recovery Insurance

If the application is for Recovery Insurance we will pay a benefit on the earlier of:

- death, or
- becoming totally and permanently disabled as a result of an injury or illness first occurring during the period of the Interim Cover. The 'Any Occupation' definition will be used for assessment purposes, or

- suffering one of the following serious medical conditions directly as a result of an **Accident***:

- Blindness
- Coma
- Deafness
- Intensive Care
- Major Head Trauma
- Paralysis
- Severe Burns

The terms for these serious medical conditions are described on pages 15 - 19 except that under Interim Cover these medical conditions must be the result of an **Accident***.

The amount paid will be the lesser of:

- \$500,000, or
- the proposed sum insured, or
- the sum insured we would accept for you under our normal underwriting guidelines.

If you have applied for a combination of Recovery Insurance, Term Life Insurance and/or Stand Alone Recovery Insurance policies the maximum we will pay under Interim Cover is \$500,000.

Stand Alone Recovery Insurance

If the application is for Stand Alone Recovery Insurance we will pay a benefit on the earlier of:

- becoming totally and permanently disabled as a result of an injury or illness first occurring during the period of the Interim Cover. The 'Any Occupation' definition will be used for assessment purposes, or
- suffering one of the following serious medical conditions directly as a result of an **Accident*** and you survive at least 14 days after the occurrence of the condition:
 - Blindness
 - Coma
 - Deafness
 - Intensive Care
 - Major Head Trauma
 - Paralysis
 - Severe Burns

The terms for these serious medical conditions are described on pages 15 - 19 except that under Interim Cover these medical conditions must be the result of an **Accident***.

The amount paid will be the lesser of:

- \$500,000, or
- the proposed sum insured, or
- the sum insured we would accept for you under our normal underwriting guidelines.

If you have applied for a combination of Stand Alone Recovery Insurance, Recovery Insurance and/or Term Life Insurance policies the maximum we will pay under Interim Cover is \$500,000.

*Accident, for the purpose of Interim Cover means physical injury caused solely and directly by sudden, accidental, violent, external and visible means.

Income Protection Insurance

If the application is for a Secure™ Income Policy we will make monthly payments if you become severely disabled as a result of sickness or injury first occurring during the period of Interim Cover. You must be continuously severely disabled for longer than the proposed waiting period.

If this application is for an Income Reserve Policy we will make monthly payments if you become totally disabled as a result of sickness or injury first occurring during the period of Interim Cover. You must be continuously totally disabled for longer than the proposed waiting period.

The amount paid will be the lesser of:

- \$5,000 per month, or
- the proposed monthly amount, or
- the monthly amount we would accept for you under our normal underwriting guidelines.

The payment will be made from the end of your proposed waiting period for the remainder of your period of severe or total disablement or for a period of 6 months, whichever is less.

Business Expenses Insurance

If the application is for Business Expenses Insurance we will pay a benefit if you become severely disabled as a result of illness or injury first occurring within the period of Interim Cover. You must be continuously severely disabled for longer than the proposed waiting period.

The benefit paid will be the lesser of:

- \$5,000 per month, or
- the proposed maximum monthly amount, or
- your share of the allowable business expenses actually incurred relating to the period of severe disability, or
- the maximum monthly amount we would accept for you under our normal underwriting guidelines.

The payment will be made from the end of your proposed waiting period, for the remainder of your period of severe disablement or for a period of 6 months, whichever is less.

Certificate of Interim Cover

Protection while your application is being considered

Asteron Life Limited

is pleased to provide Interim Cover for:

Insured Person

Policy Owner

Amount of Cover

The level of cover and circumstances in which we will pay vary according to the policy applied for and our standard underwriting guidelines and practices. Please refer to pages 58 - 59 for full details and conditions of how Interim Cover applies for each type of insurance cover.

Interim Cover is not available if you have ever:

- withdrawn an application, or
- applied for a similar type of policy and had your application declined.

When Cover Commences

This certificate is valid from the date we receive the following at our Head Office or any one of our State Offices:

- your completed application, and
- the initial premium or completed deduction authority.

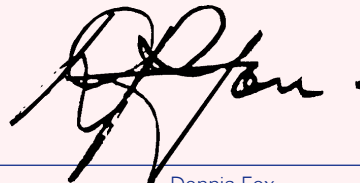
If you wish us to confirm when your Interim Cover begins and ends, please call your State Office (refer to the 'Directory' on the inside back cover for contact details) and we will send you written confirmation.

When Cover Ends

Your Interim Cover will end automatically on the earliest of the following:

- 60 days from the date your Interim Cover begins, or
- the date your application is accepted, declined, withdrawn, or
- the date we advise you that your Interim Cover is cancelled.

Your Adviser



Dennis Fox
For Asteron Life Limited

We rely on what you tell us

This certificate is dependent upon the insured person and the policy owner providing complete and truthful answers in the application for insurance and complying with your duty of disclosure (as shown on page 57).

Application for Life Insurance Products



Issued on 1 July 2003 and expires on 10 March 2004.
Applications cannot be accepted on this form after 10 March 2004.

Asteron Life Limited ABN 64 001 698 228
465 Victoria Avenue Chatswood NSW 2067

Before you sign this application form, be aware that Asteron Life or your adviser is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Your Duty of Disclosure

To be read by the Policy Owner and Insured Person before completing the application.

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

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of their business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure - If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

Please tick one or more	Increase to existing policy? Please provide policy number.
<input type="checkbox"/> Term Life Insurance	<input type="text"/>
<input type="checkbox"/> Recovery Insurance	<input type="text"/>
<input type="checkbox"/> Stand Alone Recovery Insurance	<input type="text"/>

Income Protection Insurance	Increase to existing policy? Please provide policy number.
<input type="checkbox"/> Secure™ Income Policy	<input type="text"/>
<input type="checkbox"/> Income Reserve Policy	<input type="text"/>
<input type="checkbox"/> Business Expenses Insurance	<input type="text"/>

A. Details of Person to be Insured

Please use block letters

Mr Mrs Miss Ms Dr Male Female Smoker Non Smoker

Surname Single Married Defacto

Given Names (in Full)

Home Address Postcode

Postal Address (Tick if same as above) or Postcode

Phone No.s Home () Work () Mobile

Date of Birth / / Age next birthday Occupation

Occupation code AA (Prof.) A1 (Clerical office work only) A2 (Clerical mobile) B (Light manual/skilled) C (Heavy manual/skilled) S (Special Risks)

Self Employed (by own company) Insurable Income \$ Please see pA5 for definition of Insurable Income Employee Salary \$

If we need to get more information from you, may one of our underwriters phone you?
(this can save time and ensure that the underwriter fully understands your circumstances) Yes No

If 'yes', when is the most convenient time and place:
At home At work Days Convenient times: From: To:

We like to keep our policy holders up-to-date with the range of other products and services available from us or any other member of the Promina Group and so from time to time we may send you information about the products and services.
If you do not want to receive this information, please tick this box

B. Policy Owner (Please provide the details of the Policy Owner for each policy selected)

We like to keep our policy holders up-to-date with the range of other products and services available from us or any other member of the Promina Group and so from time to time we may send you information about the products and services.

If you do not want to receive this information, please tick this box

Term Life Insurance

Not required if policy owner and person to be insured are the same.

Title Mr Mrs Miss Ms Dr

Name Surname or company name Given names

Relationship to the Person to be Insured

Postal Address Postcode

Phone No.s Home () Work () ABN

For Personal Superannuation (membership of the Asteron Life Superannuation Fund (ALSF) only)

Please tick for Personal Superannuation

Please complete the application for membership of the Asteron Life Superannuation Fund (ALSF) on page A19 of this application as well. The Policy Owner will be the Trustee of Asteron Life Superannuation Fund (ALSF).

OR

For Other Superannuation

Name of Superannuation Fund

Name of Trustee/s

Please complete the Trustee Declaration on page A19 of this application as well.

Recovery Insurance

Stand Alone Recovery Insurance

Title Mr Mrs Miss Ms Dr

Name Surname or company name Given names

Relationship to the Person to be Insured

Postal Address Postcode

Phone No.s Home () Work () ABN

Income Protection Insurance and Business Expenses Insurance

The Policy Owner for an Income Protection and/or Business Expenses policy will be the same as the Person to be Insured unless it is owned by a Family Trust or Company which the Person to be Insured controls. If so, please give details:

Family Trust or Company as Policy Owner for: Secure™ Income Income Reserve Business Expenses

Trustee Name OR Full Company Name

ABN

Postal Address Postcode

Phone No.s Home () Work ()

C. Nomination of Beneficiaries

For Term Life Insurance (non-superannation) and Recovery Insurance (death benefit payment only) policies. Only complete if the Person to be Insured is the Policy Owner

I nominate the following beneficiaries to receive the specified proportion of the sum insured payable on my death. The payment is subject to the terms and conditions of the Policy and any limitations imposed by law at the time of payment. I understand that this nomination will be void if the Policy Owner changes.

Name of Nominated Beneficiary (individual, charitable foundation or company)	Address	Relationship to Person to be Insured	Date of birth (of beneficiary)	Proportion of sum insured
			/ /	%
			/ /	%
			/ /	%
			/ /	%
			/ /	%
				Total 100%

D. Policy Details (Please include a copy of your quote)

Term Life Insurance

Options selected

Premium Options	Automatic Increase Option	Waiver of Premium	Type of TPD	TPD Definition
Stepped <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Single <input type="checkbox"/>	Any <input type="checkbox"/>
Level <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Double <input type="checkbox"/>	Own <input type="checkbox"/>
				Modified <input type="checkbox"/>

	Sum Insured	Annual Premium
Term Life	\$	\$
Total & Permanent Disablement (TPD)	\$	\$
TOTAL		\$

Start Premium Freeze Now

If this Term Life Insurance is being taken out through a Superannuation fund, who will pay the premiums?

Yourself
 Your Employer
 Your Spouse

Recovery Insurance

Recovery Insurance Options

Premium Options	Automatic Increase Option	Waiver of Premium	TPD Definition#
Stepped <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Modified <input type="checkbox"/>
Level <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	

Additional TPD Options

TPD Payout	TPD Definition
Single <input type="checkbox"/>	Any <input type="checkbox"/>
Double <input type="checkbox"/>	Own <input type="checkbox"/>
	Modified <input type="checkbox"/>

	Sum Insured	Annual Premium
Recovery	\$	\$
Additional Term Life	\$	\$
Less \$40 discount for Add. Term		\$
Additional TPD	\$	\$
Child 1 Name	\$	\$
Child 2 Name	\$	\$
Child 3 Name	\$	\$
TOTAL		\$

Start Premium Freeze Now

Stand Alone Recovery Insurance

Stand Alone Recovery Insurance Options

Premium Options	Automatic Increase Option	Waiver of Premium	TPD Definition#
Stepped <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Modified <input type="checkbox"/>
Level <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	

	Sum Insured	Annual Premium
Stand Alone Recovery	\$	\$
Child 1 Name	\$	\$
Child 2 Name	\$	\$
Child 3 Name	\$	\$
TOTAL		\$

Start Premium Freeze Now

The Recovery and Stand Alone Recovery Own Occupation TPD Definition

The TPD benefit within the Recovery Insurance or Stand Alone Recovery Insurance policy is usually issued with an Own Occupation definition (unless you have selected the Modified definition in the options above). In some cases, due to risk factors, we may not provide you with the Own Occupation definition. If this applies, we may provide either the Any Occupation or Modified TPD definition in its place. Please tick one of the boxes on the right. By doing so you are acknowledging that, if risk factors mean we can only offer you the Any Occupation or Modified TPD definition or no TPD cover, your policy will be issued with the applicable definition or no TPD cover. All TPD definitions are fully explained in the Recovery Insurance and Stand Alone Recovery Insurance sections of the current Asteron Life Insurance Customer Information Brochure.

Any	<input type="checkbox"/>
Modified	<input type="checkbox"/>
No TPD	<input type="checkbox"/>

Income Protection Insurance

Secure™ Income Policy

Options selected

Contract Type	Premium Options	Indexation Option	Optional Benefits	Payment Period	Waiting Period	Monthly Amount	Annual Premium
Agreed Value <input type="checkbox"/>	Stepped <input type="checkbox"/>	Increasing Claim <input type="checkbox"/>	Booster <input type="checkbox"/>	2 yrs <input type="checkbox"/>	14 days <input type="checkbox"/> 90 days <input type="checkbox"/>	\$	\$
Indemnity <input type="checkbox"/>	Level <input type="checkbox"/>	Indexation <input type="checkbox"/>	Bed Care <input type="checkbox"/>	5 yrs <input type="checkbox"/>	21 days <input type="checkbox"/> 180 days <input type="checkbox"/>		
		None <input type="checkbox"/>	Day One Accident <input type="checkbox"/>	to age 65 <input type="checkbox"/>	30 days <input type="checkbox"/> 365 days <input type="checkbox"/>		
					60 days <input type="checkbox"/> 730 days <input type="checkbox"/>		

Income Reserve Policy

Options selected

Contract Type	Total Disability Definition	Premium Options	Optional Benefits	Payment Period	Waiting Period	Monthly Benefit Amount	Annual Premium
Agreed Value <input type="checkbox"/>	1-Duty/Duties <input type="checkbox"/>	Stepped <input type="checkbox"/>	Increasing Claim <input type="checkbox"/>	1 year <input type="checkbox"/> to age 55 <input type="checkbox"/>	14 days <input type="checkbox"/> 180 days <input type="checkbox"/>	\$	\$
Indemnity <input type="checkbox"/>	10-Hours <input type="checkbox"/>	Level <input type="checkbox"/>	Retirement Protector <input type="checkbox"/>	2 years <input type="checkbox"/> to age 60 <input type="checkbox"/>	30 days <input type="checkbox"/> 360 days <input type="checkbox"/>		
			Disability Plus <input type="checkbox"/>	5 years <input type="checkbox"/> to age 65 <input type="checkbox"/>	60 days <input type="checkbox"/> 720 days <input type="checkbox"/>		
					90 days <input type="checkbox"/>		

Business Expenses Insurance

Options selected

Severe Disability Definition	Premium Options	Indexation Option	Waiting Period
1-Duty/Duties <input type="checkbox"/>	Stepped <input type="checkbox"/>	Yes <input type="checkbox"/>	14 days <input type="checkbox"/> 60 days <input type="checkbox"/>
10-Hours <input type="checkbox"/>	Level <input type="checkbox"/>	No <input type="checkbox"/>	30 days <input type="checkbox"/> 90 days <input type="checkbox"/>

Maximum Monthly Amount*	Annual Premium
\$	\$

*Please also complete page A17 ("Business Expenses Insurance")

Total Premium for all Policies

If you are selecting one product only, or more than one product but the same method of payment, please tick the appropriate box. If different products with different methods of payment, please write product name in appropriate box.

	Yearly	Half Yearly	Quarterly	Monthly
Direct Debit*				
Credit Card▼				
Cash/Cheque			Not available	

Total Annual Premium \$

Premium Instalment Payable \$

* Please fill out the Direct Debit Request on page A21 ▼ Please fill out Credit Card Payments form on page A21

E. Insurance History

1. Do you have with us or any other company or are you currently applying to any other company for any of the following types of insurance:
- | | | | |
|--|--------------------------|--------------------------|--|
| a) Life/death cover (including superannuation) | <input type="checkbox"/> | <input type="checkbox"/> | If 'yes' please give details in table below. |
| b) Trauma/Recovery/Critical Illness | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Lump sum disablement | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Income Protection/Business Expenses/Salary Continuance through superannuation | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Will this new policy replace any other policy on your life? | <input type="checkbox"/> | <input type="checkbox"/> | |
3. Has any application for insurance ever been refused, postponed, accepted with an increased premium or on modified terms? Yes No

Insurance Company	Type of Insurance	Insured Benefit	Details eg. loadings, exclusions, etc.	Risk Commencement Date	Is policy to be discontinued/replaced?
		\$			Yes* <input type="checkbox"/> No <input type="checkbox"/>
		\$			Yes* <input type="checkbox"/> No <input type="checkbox"/>

*This application will be considered on the understanding that on acceptance of this application, these existing policies will be immediately cancelled.

4. Are you claiming or have you ever claimed benefits from any source eg. an insurance policy, workers compensation, social security (including unemployment benefits), veterans affairs, sickness benefits, invalid pension, third party etc? Yes No
- If 'yes', please provide:
- Dates Source
- Reasons Outcome
- Has the claim been settled or the benefits ceased? Yes No
5. Is this application for Term Life Insurance only? . . . Yes If 'yes', please go to section H. No If 'no', please complete section F.

F. Occupational Details

(for Recovery, Stand Alone Recovery, Total & Permanent Disablement, Income Protection and Business Expenses only)

1. Name and address of present employer or business if self-employed
- Name
- Address (not PO Box)
2. Are there any business or related entities, Service or Management company, other than your main operating entity? Yes No
- If 'yes', please provide name, relationship and principal function:
3. Are you self-employed (Sole Trader, Partner or employed by own company)? Yes No
- If 'yes': (i) How many people do you employ (excluding you and your spouse)? Fulltime Part time
- (ii) What percentage of your work is: Freelance % Contract %
- (iii) What percentage of the business do you own? %
- (iv) Will the business continue to operate if you are unable to work? Yes No
- If 'yes', will you continue to receive or be entitled to receive your share of net profit? Yes No
- If 'yes', amount per month \$ Expected duration

4. Please give details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying etc. If you have a second occupation please give details in question 10 on the next page.

	From	To	Occupation	Industry	Tick which is applicable			
					Employed by own company	Self-employed	Employed	Partnership
Current Occupation	/ /	Present						
Previous Occupations	/ /	/ /						
	/ /	/ /						

5. What are the principal duties of your occupation and where do you perform these duties?
- | Duties (eg office work, site inspections, supervision, selling etc) | Percentage of time | Location (eg office, on site, at home, driving etc) | Percentage of time |
|---|--------------------|---|--------------------|
| | % | | % |
| | % | | % |
| | % | | % |
| | 100% | | 100% |

6. Do you perform manual work either regularly or occasionally in your occupation? ... Yes No Percentage of time %
 If 'yes', describe activities:

7. Do you travel overseas in your job? Yes No
 Countries Purpose
 Duration Frequency

8. How many hours do you work per week? How many weeks do you work per year?

9. Do you hold any tertiary qualifications or trade licensing certification relevant to your occupation and/or are you a member of a professional body? (If 'yes', give details) Yes No
 Qualifications Membership

10. Do you earn income from a second occupation or part-time work? Yes No
 If 'yes', what are your duties
 Hours per week Annual income from this work \$
 How long have you been doing this second job

11. Do you intend to change your occupation or duties, employment status or take extended leave in the next 12 months? Yes No
 If 'yes', details of change Date of change / /

12. Is this application for Income Protection and/or Business Expenses? Yes If 'yes', please complete Section G.
 No If 'no', please go to Section H.

G. Income Details (for Income Protection and Business Expenses only)

If you have selected the Indemnity Contract Type in Section D go directly to question 2.

Insurable income is the income earned by your own personal exertion (less expenses incurred in earning that income) before tax, which will cease if you are unable to work.

1a. To be completed by employed person with no ownership interest in the business, otherwise go to 1b.

Please give details of your remuneration package from all sources currently and for the last 2 financial years.

Please include any additional benefits eg. packaged motor vehicle, pre-tax superannuation contributions, fringe benefits etc.

Current	30 / 6 /	30 / 6 /	
\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	Go to question 2

b. To be completed by self employed (sole trader, partner or employee of own company).

(i) Please provide business income details in the table below for the last 2 financial years for which tax returns, assessment notices and accounts are available.

Year ending	Gross income from business	Less all expenses incurred in earning that income	Equals net income before tax	Your share of net income	Add back any personal salary, wages, directors' fees, super contributions, payments to spouse (income splitting only), share of depreciation, share or profit from trust or supporting service company	Total net earned income
30 / 6 /	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	% <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
30 / 6 /	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	% <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>

(ii) Are you currently generating a total monthly net earned income at the same rate as shown for the most recent financial year in (i) above? Yes No

If 'no', reasons for change Current monthly total net earned income \$

2. Will your income continue if you become disabled? Yes No

If 'yes', source (eg sick pay, directors' fees, salary, wage, salary continuance insurance, superannuation scheme etc?)

For how long will it continue? Amount of income (per month) \$

3. Do you receive income (including income paid to third parties from investments under your control) from investments (eg interest, dividends, rent) which exceeds 25% of your insurable income? Yes No

If 'yes', amount of income \$ and source of income

4. Do your net assets including assets under your control exceed \$1 million (excluding family home, car and contents)? Yes No

If 'yes', type of assets What is the net value of these assets? \$

5. Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No

If 'yes', when / / Date of discharge / /

H. Residence and Travel

1. Were you born in Australia? Yes No If 'yes' go straight to question 3
2. Are you an Australian citizen or do you hold an Australian Permanent resident visa? Yes No
 How long have you lived in Australia? Country of Birth Visa type
3. Do you have definite plans to live or travel for more than 3 months overseas? Yes No
 If 'yes', date leaving / / Date returning / /
 Countries to be visited Reason for trip

I. Medical History (If a medical examination is required you do not need to complete this section.)

1. What is your height and weight? Height cm Weight kgs
2. Are you left handed or right handed? Left Right
3. Have you ever had any investigation or treatment for, or received a diagnosis for:
- | | YES | NO |
|---|--------------------------|--------------------------|
| a. Heart attack, angina, chest pain or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Asthma, bronchitis, emphysema? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Depression, anxiety, panic attacks, stress (requiring advice from a doctor or counsellor), psychosis, schizophrenia or any other mental illness or nervous disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Epilepsy, fainting attacks or fits of any kind? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Recurrent indigestion, ulcer, hepatitis (A,B,C or D)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Cancer, tumour or growth of any kind or breast lumps (even if you have not seen a doctor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any impairment of sight or hearing including symptoms such as tinnitus or blurred vision? (This does not include long or short sightedness corrected by glasses) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Back or neck pain or strain, sciatica or any other disorder of the spine or neck or any disorder of the joints, muscles, ligaments, cartilage or limbs? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI or any regional pain syndrome or Chronic Fatigue? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Diabetes or abnormal blood sugar? | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Psoriasis, Eczema or any other disorder of the skin, or any allergic or chemical sensitivity reaction? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'yes' to any of the conditions above please also complete a SPECIAL HEALTH QUESTIONNAIRE (on page A8 or A9) for each condition.

4. Other than those conditions stated in question 3, have you ever had any investigation or treatment for, or received a diagnosis for:
- | | | |
|--|--------------------------|--------------------------|
| a. High blood pressure, heart murmur or any other heart or blood vessel disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tuberculosis or any other lung or respiratory system disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Paralysis, multiple sclerosis, recurrent headaches or any other disorder of the nervous system? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Passage of blood from the bowel, vomiting of blood or any other disorder of the liver, gall bladder, bowel, intestine, stomach or pancreas? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Prostate disorder, sexually transmitted disease, renal colic or stone, blood in the urine or any other disorder of the kidneys, bladder or reproductive organs? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Sleep apnoea or any sleeping disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Thyroid disorder or any other glandular disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Any illness, injury or physical impairment not previously mentioned? | <input type="checkbox"/> | <input type="checkbox"/> |
5. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)?
6. During the last 3 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, been in hospital, had an operation or had any tests (eg x-ray, ECG etc)?
7. Have you ever had a genetic test?
8. Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation?

If you answered 'yes' to any question in 3, 4, 5, 6, 7 or 8 please provide details in the following table

Question No.	Illness, injury or tests	Test results	Date commenced	Time off work	Degree of recovery (%)	Date of last symptoms	Treatment received	Full name and address of doctor or hospital
			/ /			/ /		
			/ /			/ /		
			/ /			/ /		
			/ /			/ /		

9. Has your mother or father, or any brother or sister had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, polycystic kidney or any other hereditary disease? Yes No
 If 'yes', please provide details in the following table.

Family Member (relationship to you)	Condition/illness (for cancer/heart disease, specify type)	Age at onset (approx)	Age at death (if applicable)

10. Females only

- a. Have you ever had an abnormal pap smear or breast ultrasound or mammogram? Yes No
 If 'yes', please give details of test(s), result(s) and date(s)
- b. Are you currently pregnant? Yes No If 'yes', due date / /
 Have there been or are there expected to be any complications? Yes No
 If 'yes', please give details

J. HIV

1. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immunodeficiency Virus (HIV) or are you carrying antibodies to HIV? **YES** **NO**
2. In the last 3 years have you or do you intend to:
- a. Work as or engage in sexual intercourse with a prostitute?
- b. Engage in male to male anal sexual intercourse?
- c. Have sexual intercourse with an intravenous drug user?
- d. Have sexual intercourse with someone you suspect or know to be HIV positive?

If you have answered 'yes' to any of the above, our underwriters will contact you for further information.

K. Habits (If a medical examination is required you do not need to complete this section.)

1. Have you ever smoked tobacco or any other substance, or, in the last 12 months, used any nicotine replacement therapy product? Yes No
 If 'yes', type (eg. cigarettes, gum, patches)? Daily Quantity? How many years? Date ceased? / /
 Other
2. Do you drink alcohol? Yes No Number of standard drinks per day? Per Week?
Standard drink = 1 nip spirits, 1 wineglass, 1 sherry glass liqueur, port/sherry, 10oz/285ml beer.
3. Have you ever used or injected yourself with any illegal or illicit drugs? Yes No
4. Have you ever received advice, counselling or treatment for the use of drugs or alcohol? Yes No

If you answered 'yes' to question 3 or 4 please provide details in the following table

Question No.	Date from	Date to	Type of usage (alcohol, heroin etc)	Name and address of doctor who has full details
	/ /	/ /		
	/ /	/ /		

L. Doctor's Details

(If you do not have a usual doctor, answer these questions with reference to your most recent medical consultation.)

1. Name of your usual doctor
 Address Postcode
 Phone number Work () Fax number ()
2. How long have you been a patient of this doctor? Date of last consultation / /
 Reason and outcome of last consultation
3. If you have been attending your current doctor for less than 2 years, please provide the following details:
 Name of previous doctor/medical centre
 Address
 Please provide date, reason and outcome of last consultation(s).
4. Have you consulted any other doctor or attended any other medical centre in the last 2 years? Yes No
 Name and address of those consulted
 If 'yes', please provide date, reason and outcome of last consultation(s).

Note: A medical report is not routinely obtained. Medical reports are obtained, however, on a random basis, to check the validity of the medical information provided.

M. Activities

1. In the last 12 months have you taken part or do you have definite intentions to take part in any organised sport or hazardous activity eg. football, parachuting, hang gliding, motor sport of any kind, underwater diving, rock climbing, paragliding, caving, mountaineering, ocean racing, martial arts, rodeo, aviation other than as a fare paying passenger on a licensed public service (eg Qantas)? Yes No
 If 'yes', please answer questions 2 and 3
2. Type of activity
3. Do you want to be considered for cover while taking part in this activity? Yes No
 (Please note that the activity will usually be excluded for disability type coverages) If 'yes', please complete the Activities Questionnaire on page A10.
 If 'no', please complete the Sports and Activities Exclusion Acknowledgement on page A11.

N. Special Health Questionnaires

Asthma

1. Date asthma first diagnosed.....
2. How often do you experience symptoms? eg. wheezing, breathlessness, chest tightness.
3. When did you last experience symptoms?
4. Are you woken during the night with symptoms? Yes No
If 'yes' how often and date of last occurrence.
5. Have you ever been off work due to your asthma? ... Yes No
If 'yes' advise when and for how long.
6. What is your current treatment? Include type of medication and dosage.
7. Have you ever required use of oral steroids? Yes No
If 'yes' when and for how long?
8. Have you ever been in hospital or received emergency treatment for asthma? Yes No
If 'yes' when, for how long and where?
9. Do you ever measure your peak flow? Yes No
If 'yes' advise your highest and lowest readings in the past 6 months.
10. Have you ever consulted a specialist for this condition? Yes No
If 'yes' advise name and address of doctor and date of last consultation.
11. Please provide details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

Anxiety/Depression/Nervous Disorder

1. Nature of condition and underlying cause.
2. Describe your symptoms
3. Date symptoms commenced.....
i) Are you still experiencing symptoms? Yes No
ii) If 'no' when did you last experience symptoms?
4. Have you taken regular or occasional medication for this condition? Yes No
If 'yes' advise type, dosage and frequency.
5. Are you still taking this medication? Yes No
If 'no' advise date ceased.
6. Have you had any other treatment (eg counselling, hospitalisation, ECT)? Yes No
If 'yes' advise type, dates, hospital and name and address of treating doctor.
7. Have you ever been off work or your normal daily activities restricted in any way due to this condition? Yes No
If 'yes' when and for how long?
8. Have you any ongoing effects or restriction in your activities of any kind? Yes No
If 'yes' please give details.
9. Have you ever consulted a psychiatrist, psychologist, or counsellor or any other therapist? Yes No
If 'yes' advise dates and name and address of all persons consulted.
10. Please provide details of your most recent visit for this condition. Include date and name and address of doctor consulted.

N. Special Health Questionnaires

Back/Neck

- Area of spine affected? Neck, upper or lower back?
- Date of first symptoms / /
- What was the cause?
- Have you had any diagnostic investigations eg CT Scans, X-Rays etc?..... Yes No
 If 'yes', please give details of test(s), result(s) and date(s)
- Are you still experiencing symptoms? Yes No
 If 'no' date of last experienced symptoms? / /
- Do you have or have you ever had pain, numbness or 'pins and needles' in your arm, shoulders, buttocks or legs? Yes No
- Have you ever been off work due to your spinal symptoms or unable to perform your normal day to day activities? Yes No
 If 'yes' when and for how long.
- What is the nature of the treatment?

 i) Are you still receiving treatment? Yes No
 ii) If 'no' when did you cease treatment? / /
- Have you ever consulted a specialist for this condition? Yes No
 If 'yes' advise name and address of doctor and date of last consultation.
- Please provide details of your most recent visit to any other doctor or therapist for this condition. Include date, name and address of doctor or therapist consulted.
- Have you had any ongoing effects of any kind?
 Eg, pain, discomfort or limitations of movement etc? Yes No
 If 'yes' please give details
- Is it necessary to avoid lifting or to restrict your daily activities in any way? Yes No
 If 'yes' please provide details

Any other condition

- Name of condition (exact diagnosis)
- The cause
- a. Describe symptoms
 b. Date symptoms commenced / /
 Date symptoms ceased / /
 c. How often do/did you have symptoms?
- Have you ever been off work or your normal daily activities restricted in any way related to this condition? Yes No

Date	Duration	Reason/Restriction
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
- Have you any residual, on-going effects or restriction in your daily activities? Yes No
 If 'yes' please give details.
- Have you taken regular or occasional medication for this condition? Yes No
 If 'yes' advise names of medication(s), dosage(s), frequency

 Are you still taking this medication? Yes No
- Have you had any other treatment for this condition (eg, physiotherapy, operation, alternative remedies)? . Yes No
- Have you had any diagnostic investigations (eg, scope, scan, x-rays, EEG, ECG etc)? Yes No
- Have you ever been in hospital or received emergency treatment for anything related to this condition? Yes No
- If 'yes' to 7, 8 or 9 please advise details including date, type of treatment and tests.
- Details of your most recent visit to a doctor or other therapist for anything related to this condition.

Date	Reason for Consultation, Investigations, Findings, Advice
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

 Doctor/Therapist name and specialty
- Has further treatment been recommended for this condition? Yes No
 If 'yes', please give details
- Does your usual doctor have details of this condition? Yes No
 If 'no', please provide name and address of doctor who has full details.

O. Activities Questionnaire

Please complete this section if you answered 'Yes' to question 3 in section M.

1. Please describe the activity
2. How long have you been doing this activity?
3. How many times per year/hours per week do you participate in this activity?
4. Give details of your experience and/or qualifications for this activity
5. What class of license do you hold?
6. Geographical location
7. Do you ever participate in this activity alone? Yes No
If 'yes' give details:
8. Do you intend to change the scope of your license/qualification or your current participation in this activity? Yes No
If 'yes', give details:

Underwater Diving (please also complete questions 1 to 8 above)

- Type (scuba, hookah etc)
- Maximum depth of dives Average depth of dives
- Do you dive in wrecks, potholes or caves? Yes No
- Do you dive at night? Yes No
- Have you ever had a diving accident or diving sickness? (eg. blackout, needed decompression etc) Yes No
- If 'yes', please give details:

Motor Sports (please also complete questions 1 to 8 above)

- Type (car, bike etc) Events (speedway, off road etc)
- | Category eg. touring cars | Class eg. AA/D | Vehicle & type of fuel | Engine capacity | No. of vehicles in event | Max speed km/hour |
|---------------------------|----------------------|------------------------|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Flying – power-driven aircraft or conventional glider (please also complete questions 1 to 8 above)

- What type of flying do you do (private, agricultural, ultralight etc)?
- Total number of hours flown as a pilot? Number of hours in the past 12 months? Fixed Wing Helicopter
- Number of hours expected in the next year? Fixed Wing Helicopter

Abseiling, Caving, Mountaineering, Rock Climbing (please also complete questions 1 to 8 above)

- Activity
- Maximum altitude/depth Equipment used
- Maximum grade of climb Type (top roping etc)

Football (eg. Rugby, Soccer, Australian Rules)

- Code and Grade Times p.a.
- Income received per season \$ Professional/Amateur

P. Sports and Activities Exclusion Acknowledgement

Please complete this section if you answered 'No' to question 3 in section M.

To be completed by the proposed Policy Owner(s)

This form applies to the following activities only:

- Abseiling
- Aviation (includes conventional gliding)
- Caving
- Diving
- Football (all codes)
- Martial Arts (incl boxing)
- Motor boat racing
- Motor car racing
- Motor cycle racing
- Mountaineering
- Parachuting
- Rock Climbing
- Sports Aviation (eg Hang Gliding)

Is the type of activity you noted in Section M on page A7 listed above?

Yes If 'yes', please complete this acknowledgment form.

No If 'no', you do not need to complete this form. We will send you a separate Sports and Activities Exclusion Acknowledgment form for you to complete and return to us.

Term Life

No benefit will be paid if death or terminal illness results directly or indirectly from

engaging in

Name of Person to be Insured

Insert key words from list below

Recovery Insurance/Stand Alone Recovery Insurance

No benefit will be paid if any recovery condition results directly or indirectly from

engaging in

Name of Person to be Insured

Insert key words from list below

Income Protection/Business Expenses/Total and Permanent Disablement/Waiver of Premium

No benefit will be paid for any disablement which results directly or indirectly from

engaging in

Name of Person to be Insured

Insert key words from list below

Key word

Exclusion wording

Abseiling, Mountaineering, Rock Climbing, Caving

Participation in or preparation for abseiling, caving, pot holing, rock climbing or any form of mountaineering.

Aviation (includes conventional gliding)

Participation in aviation activities, other than as a fare paying passenger in a fully licensed standard type of aircraft operated by a recognised airline over an established air route.

Diving

Participating in or preparation or practice for diving activities using a scuba or any other form of diving equipment.

Football (eg. Rugby Union, Rugby League, Australian Rules and Soccer)

This wording will be included as a special condition if you are applying for Income Protection and/or Business Expenses Insurance.

Amateur – Occupation Classes AA, A1, A2

• Participation in or preparation or practice for football activities during the first 30 days that the insured person is unable to work.

Amateur – Occupation Classes B, C, S

• Participation in or preparation or practice for football activities during the first 90 days that the insured person is unable to work.

Sports Aviation (eg Hang Gliding)

Participation in or preparation or practice for hang gliding, ballooning, paragliding, para ascending activities or any other form of flight by any means other than aeroplane.

Martial Arts (including boxing)

Participation in or practice for boxing, wrestling or any martial arts activities.

Motor boat and power boat racing

Participation in or preparation or practice for motor boat or power boat-racing activities.

Motor car racing

Participation in or preparation or practice for motor racing activities.

Motor cycle racing

Participation in or preparation or practice for motor cycle racing activities.

Parachuting

Participation in or preparation for making a parachute descent or any happening in or to an aircraft in connection with parachuting.

Declaration

- I/We have read the full exclusion wording that applies to each activity that I/we wish to exclude, and
- I/We understand and accept the limits this places on the insurance cover, and
- I/We accept that the exclusion wording for each activity that I/we wish to exclude will be included as a special condition in my/our policy.

Signature of Policy Owner(s)

Date

Signature of Person to be Insured

Date

This page has been left blank intentionally.

Q. Important Facts about AIDS and Testing for HIV Antibodies

Please do not complete this section unless requested to do so by your adviser or by Asteron Life

For Asteron Life to consider your insurance application, we need you to have blood tests for HIV antibodies and Hepatitis B and C. Your blood sample will also be tested for other matters like cholesterol, glucose and the functioning of your kidneys and liver. The following information will help you to make an informed decision about whether to have these tests.

About HIV and AIDS

HIV stands for Human Immunodeficiency Virus. Following infection with HIV, there may be mild flu-like symptoms, or no symptoms at all. The body, however, will produce antibodies to the virus, usually within 8 to 12 weeks following infection. The presence of these antibodies can be detected by a blood test. When these antibodies are detected the person is said to be HIV positive. It is possible for an infected person to remain free of symptoms for years, although still able to pass the infection on to others. Ultimately the serious manifestations of HIV will develop.

AIDS (Acquired Immune Deficiency Syndrome) is the end result of infection with HIV. HIV destroys the body's defence mechanisms which protect against infections and cancer. The virus will persist in the body indefinitely and causes progressive damage. People infected with HIV may suffer severe infections and cancer as well as organ damage. As yet there is no cure or vaccine for AIDS but in many cases particularly with current antiviral drugs, infected individuals may survive for 10 or more years.

What does a positive HIV result mean?

1. You have been infected by HIV.
2. You can pass this infection to:
 - any unprotected sexual partner,
 - anyone receiving your blood, donated organs or semen,
 - an intravenous drug user by sharing a needle, or
 - a baby during pregnancy, or at birth, or by breast feeding.

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:

- If you work in an occupation where there is a risk of transmitting HIV, there is a possibility that you will be excluded from your current employment.
- HIV and AIDS are notifiable to government authorities. (This notification would not identify you.)
- Life and disability insurance is not normally available to anyone infected with HIV because, as HIV positive people will develop AIDS, the long-term outlook is uncertain.
- 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.

What does a negative HIV result mean?

A negative HIV result means that:

- a) you are not infected with HIV or,
- b) you have been infected recently and your body has not yet manufactured the antibodies.

Important Facts about Hepatitis B and C

What is Hepatitis B?

Hepatitis B is liver inflammation caused by the Hepatitis B Virus (HBV). Many people who get Hepatitis B either don't become ill or recover completely and the virus disappears from the blood. However, between 5% and 10% of people who are infected, remain infectious and can infect other people. Chronic Hepatitis B infection can lead to cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis B test result mean?

If the result of the Hepatitis B test is positive this means you have been infected by the Hepatitis B Virus and you can pass this infection to:

- any unprotected sexual partner,
- anyone receiving your blood, donated organs or semen,
- an intravenous drug user by sharing a needle, or
- a newborn baby from a Hepatitis B positive mother.

What is Hepatitis C?

Hepatitis C is liver inflammation caused by the Hepatitis C Virus (HCV). Many people have no symptoms. Some people may feel tired, have mild abdominal discomfort, or feel nauseous. The Hepatitis C Virus is usually spread by blood-to-blood contact with someone who is already infected. People infected with the Hepatitis C Virus will either clear the virus from their body or develop chronic hepatitis with or without symptoms. About 50% of people with Hepatitis C will develop chronic hepatitis. Some people with chronic hepatitis will develop cirrhosis of the liver and/or liver cancer.

What does a positive Hepatitis C test result mean?

A positive Hepatitis C test result means that you have Hepatitis C antibodies in your blood indicating present or past infection and you can pass this infection to:

- an intravenous drug user by sharing a needle, or
- anyone receiving your blood or donated organs.

If you test positive for Hepatitis B or C, the laboratory that tests your blood is required by law to inform the state health department. This information is treated confidentially and used only for statistical purposes. People with Hepatitis B or C are not necessarily refused life insurance but may expect to pay higher annual premiums.

The Choice is Yours

Having considered this information, you may choose not to have the tests done. If you decide not to, Asteron Life will not be able to consider your application for insurance. Alternatively, you may choose to obtain more information first. If so, we recommend you discuss this with your own doctor. If you do not have your own doctor, or would prefer advice from elsewhere, you could see a specialist counsellor on the subject. Government or community organisations provide AIDS and hepatitis counselling services.

What to do when asked to have a test

1. You will need to make an appointment at a participating pathology practice. These are listed on page A16.
2. To ensure that the results are accurate you should fast for 12 hours (overnight) before the test. You may drink water, but no other food or beverage should be consumed prior to the test.
3. The consent on page A15 must be signed in the presence of your pathology collector.

Instructions for the adviser

Complete the following details in section R on page A15:

1. Insured's details
2. Test required (tick boxes)
3. Insured's doctor
4. Adviser's details

Consent of Person to be Insured

I, (full name of Person to be 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 HIV, Hepatitis B and Hepatitis C, and I have read the Important Facts about HIV and AIDS and Hepatitis B and C and understand the significance of these tests.

If any of the tests are positive, I request that the Asteron Life Chief Medical Officer communicate this result to:

- me directly and in confidence or,
- my doctor or a government approved Education and Counselling Service named below, for communication to me.

Doctor or Service

Address of Doctor/
Service

Signature of Person to be Insured

Date

R. Pathology Request (it is essential to present this form for testing)

Please do not complete this section unless requested to do so by your adviser or by Asteron Life

Participating pathology practices are listed on the back of this sheet.

Important:

- Please confirm your appointment prior to attendance.
- It is essential to present this form for testing.
- This form is to be signed only in the presence of the pathology collector.

Details of Person to be Insured

Surname	<input type="text"/>			
Given Names (In Full)	<input type="text"/>			
Postal Address	<input type="text"/>		Postcode	<input type="text"/>
Date of Birth	<input type="text" value=" / /"/>			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Phone No.s	Home (<input type="text"/>)	Work (<input type="text"/>)	Mobile <input type="text"/>	

Tests Requested (Please tick)

Please note that further blood tests may be performed automatically if some results are abnormal.

<input type="checkbox"/>	MBA 20 including HDL/LDL cholesterol		
<input type="checkbox"/>	HIV Antibodies		
<input type="checkbox"/>	Hepatitis B & C Serology		
<input type="checkbox"/>	Full Blood Count / ESR		
<input type="checkbox"/>	Other (please specify) <input type="text"/>		
Nominated Pathology Practice	<input type="text"/>		
Additional Report to Doctor	<input type="text"/>		
Address	<input type="text"/>		

Consent of Person to be Insured

(not to be signed prior to attendance)

I,

- request and authorise the Pathologist mentioned above to perform the tests requested by Asteron Life in connection with my application for insurance and forward such report to the Chief Medical Officer, Asteron Life.
- consent to having my blood tested for the presence of antibodies to HIV and Hepatitis B and C, where requested by Asteron Life. I have read the information provided by Asteron Life on the implications of the HIV and Hepatitis B and C tests and understand their significance.
- acknowledge that a copy of the results may be forwarded to my family doctor named above.

Signature of Person to be Insured	<input type="text" value="X"/>	Date	<input type="text" value=" / /"/>
(to be signed only in the presence of the pathology collector)			

Adviser's Details

Adviser's Name	<input type="text"/>	Number	<input type="text"/>
Phone Number	<input type="text"/>		

PLEASE SEND REPORT & ACCOUNT TO:
THE CHIEF MEDICAL OFFICER
C/- Asteron Life
In your state – refer overleaf for State Office addresses.

Participating Pathology Practices

NSW & ACT

	Telephone No.	Fax No.
Hampson & Associates	(02) 9005 7000	(02) 9005 1050
Douglas Hanly Moir & Assoc.	1800 222 365	(02) 9878 5077
SDS Pathology	(02) 9941 6416 Mobile service	(02) 9941 6438
Capital Pathology (ACT)	1800 807 556 Mobile service	(02) 6285 2946
Mayne Health	1800 770 001 Mobile service	1800 770 002
Lifescreeen	1800 686 000 Mobile service	1800 804 758
Pathrec	1800 066 895 Mobile service	1800 631 582
LifeCheck	1800 003 350 Mobile Service	1800 003 349

QLD

Queensland Medical Laboratories (QML)	1800 677 491 Mobile service	
Sullivan & Nicolaidis Pathology	1800 777 877	(07) 3371 9277
Lifescreeen	1800 686 000 Mobile service	1800 804 758
Pathrec	1800 066 895 Mobile service	1800 631 582
LifeCheck	1800 003 350 Mobile Service	1800 003 349

VIC

Lifescreeen	1800 686 000 Mobile service	1800 804 758
Pathrec	1800 066 895 Mobile service	1800 631 582
Gribbles Pathology	(03) 9538 6777	(03) 9538 6778
Health 4 Life	(03) 9532 9444	(03) 9523 1118
LifeCheck	1800 003 350 Mobile Service	1800 003 349

WA

Western Diagnostics	(08) 9317 0999 Mobile service	(08) 9317 1536
St John of God	(08) 1300 367 674 Mobile service	
Pathcentre	(08) 9346 3000 or 1800 672 274	
Clinipath	(08) 9476 5222	
Lifescreeen	1800 686 000 Mobile service	1800 804 758
Pathrec	1800 066 895 Mobile service	1800 631 582
LifeCheck	1800 003 350 Mobile Service	1800 003 349

SA

Gribbles	(08) 8372 5000	(08) 8272 0768
Clinipath	(08) 8366 2000	
Lifescreeen	1800 686 000 Mobile service	1800 804 758
Pathrec	1800 066 895 Mobile service	1800 631 582
LifeCheck	1800 003 350 Mobile Service	1800 003 349

Asteron Life State Office Postal Addresses

NSW

PO Box 300, Chatswood NSW 2057

QLD

PO Box 5229, West End QLD 4101

VIC

PO Box 515, Box Hill VIC 3128

WA

PO Box 444, West Perth WA 6872

SA

PO Box 429, Unley Business Centre, Unley SA 5061

S. For Business Expenses Insurance

1. What percentage of total business income is derived by your personal exertion? %

2. Please provide details of **ALL** employees, including insured person and other parties in the business.

Employee's Name	Position / Duties	Monthly Remuneration	Income Generating Y/N	% Interest in Business

3.	BUSINESS EXPENSE ITEMS	ALLOWABLE EXPENSES		MONTHLY FIXED EXPENSES (INSURED'S SHARE) \$
		For separate office	For office at residential address	
PREMISES	Rent or interest/fees on loan to finance premises	Yes	No	.....
	Insurance of premises (fire, etc.)	Yes	No	.....
	Property rates/taxes	Yes	No	.....
	Security costs	Yes	No	.....
	Repairs and maintenance	Yes	No	.....
SERVICES	Telephone	Yes	No	.....
	Gas	Yes	No	.....
	Electricity	Yes	No	.....
	Water	Yes	No	.....
	Mobile Telephone	Yes	Yes	.....
	Cleaning & Laundry	Yes	No	.....
EQUIPMENT	Lease or financing costs (excluding payments attributable to the initial cost) on equipment excluding any taxi or truck which can and will be let out while you are unable to work	Yes	Yes	.....
	Car lease (excluding taxi)	Yes	Yes	.....
	Registration & insurance of vehicles and equipment	Yes	Yes	.....
	Repairs and maintenance of equipment	Yes	No	.....
SALARIES & RELATED COSTS	Salaries and related costs of employees who do not generate any business income	Yes	Yes	.....
	Payroll tax on the above salaries	Yes	Yes	.....
	Compulsory Superannuation in respect of the above salaries	Yes	Yes	.....
OTHER	Regular advertising costs	Yes	Yes	.....
	Accounting and auditing fees	Yes	Yes	.....
	Bank fees/charges and account transaction taxes	Yes	Yes	.....
	Interest/fees on loan to finance this business	Yes	Yes	.....
	Professional association dues and subscriptions	Yes	Yes	.....
	Business insurance (liability, etc.)	Yes	Yes	.....
	Postage	Yes	Yes	.....
	Other (please specify)			.....
Total allowable monthly fixed expenses				\$ (A)

Non-allowable Business Expenses are listed in the Business Expenses section of the current Asteron Life Insurance Customer Information Brochure.

4. If you were unable to work would you be likely to employ a locum or replacement? Yes No

If 'yes', please advise:

Estimated cost of the locum	\$	(B)
Estimated monthly income the locum is likely to generate	\$	(C)
Total allowable locum monthly expense (Net cost of employing a locum)	\$	(D)

5. **Total Allowable Insurable Monthly Amount (A+D)** \$

NB: For amounts in excess of \$10,000 per month please provide Balance Sheet and Profit and Loss Statement for the last 2 years.

T. Application for Child Recovery Insurance

Personal Details of the Children to be Insured

Refer page A3 for sum insured details.

1. Surname

2. Given Names (In Full)

3. Date of Birth / /

4. Sex Male Female

5. Place of Birth

6. Home Address

1. Surname

2. Given Names (In Full)

3. Date of Birth / /

4. Sex Male Female

5. Place of Birth

Postcode

	YES	NO
7. Has either child ever been admitted to a hospital or clinic or had any surgical procedure or blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has either child ever had any abnormal blood tests or other abnormal investigation results?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does either child suffer from any medical condition or disability?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'yes' to 7, 8 or 9 above please provide details in the following table.

Child	Condition, Dates, Treatment, Results	Full name and address of doctor or hospital

10. Has either child's mother or father, or any brother or sister had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, polycystic kidney or any other hereditary disease, and/or died from any cause?

YES NO

If 'yes' complete the table below:

Relationship to the Child	Condition suffered	Age at diagnosis

11. Name and address of the Children's usual Doctor

Doctor's Name

Doctor's Address Postcode

Phone Number () Fax Number ()

Date of last consultation	Reason	Results
/ /		

Relationship between you and the child/children

Have you cared for the child/children continuously since birth? YES NO

U. Superannuation Term Life Insurance Policies Only

Application for Membership of the Asteron Life Superannuation Fund (ALSF)

- I hereby apply for membership of the Asteron Life Superannuation Fund (the Fund) and agree to be bound by the Trust Deed constituting the Fund.
- I confirm that my full name, address, date of birth and occupation details appear on the form.
- I declare that I am eligible to join the Fund and that my contributions will be paid by a person entitled to make the contributions to the Fund.
- I request the Trustee to effect a life insurance policy on my life in accordance with the information contained in this Application for Life Insurance Products.
- I understand that if contributions made on my behalf cease Asteron Life Limited will cancel the life insurance policy effected by the Trustee and my membership of and entitlement to benefits from the fund will also cease.
- I will notify the Trustee in writing immediately if I am no longer eligible to contribute to the fund.

- In relation to the payment of my death benefits, I acknowledge that:
- I have read and understood the information contained in this Customer Information Brochure.
 - I understand that if I change my nominations in the future, I will need to contact either my financial adviser or Customer Service to obtain the relevant form.
 - I cannot bind the Trustee as to how the benefit (i.e. lump sum, allocated pension or a combination of both) will be paid to each nominee, but I understand that the Trustee will consider my request.
 - I understand that if my direction is invalid or a nominated beneficiary is not a dependant or otherwise not permitted to receive a benefit under superannuation law, my death benefit (or the relevant part of it) will be paid as a lump sum in accordance with the Fund rules.
 - I understand that if I choose a Binding Direction, I should review my selections at least every three years because the direction lapses three years after its signing (or subsequent confirmation).
 - I understand that I should regularly review my selection as my personal circumstances may change.

Signature of Member

Trustee Acceptance

Date

Nominations for Payment of Death Benefits

Please refer to "How are Benefits Paid on Death?" in the "Term Life Insurance through a Superannuation Fund" section of the current Asteron Life Insurance Customer Information Brochure for full details.

Do you wish to have a Binding Direction to the Trustee? Yes Please complete Section 1 below No Please complete Section 2 below

1. Binding Direction to the Trustee

I wish to give the Trustee a binding direction to pay my death benefit in the manner set out below. The death benefit payable, in the event of my death, is to be paid to the following, in the percentages that I specify (must be dependants or estate). I understand that the Trustee is only bound by whom the benefit is paid to and that any nomination as to how the benefit is to be paid to each nomination is not binding. I understand that if any of the people specified immediately below are not dependants of mine at the time of my death, or for any other reason the Trustee cannot pay the person, the benefit (or the relevant part of it) will be paid to my estate.

Please note: If you wish for the same nominated dependant to receive a portion of your death benefit as a lump sum and allocated pension, please nominate them separately.

Full name and address of binding nominated dependant or estate	Relationship to member	Date of birth of dependant	Benefit paid as a Pension* (P) or Lump Sum (L)	Proportion of benefit
				%
				%
				%
				100%

* Allocated Pension must be at least \$10,000 of the death benefit.

Signature of Member

Date

Declaration by two witnesses required for binding directions

I hereby declare that this form was signed by the member in the presence of both witnesses. I confirm that I am at least 18 years old and am not a person nominated above to receive a percentage of the death benefit.

Name of Witness (please print)

Signature of Witness

Date

Name of Witness (please print)

Signature of Witness

Date

2. Non-binding Direction to the Trustee

I do not wish to give the Trustee a binding direction as to whom my death benefit will be paid. I understand that the effect of ticking this box is that the Trustee has the discretion to decide to whom to pay my benefit, how to pay my benefit and in what proportions, in the event of my death. My preference is for the benefit to be paid to the following dependants of mine in the manner and percentage specified.

Please note: If you wish for the same nominated dependant to receive a portion of your death benefit as a lump sum and allocated pension, please nominate them separately.

Full name and address of nominated dependant or estate	Relationship to member	Date of birth of dependant	Benefit paid as a Pension* (P) or Lump Sum (L)	Proportion of benefit
				%
				%
				%
				100%

* Allocated Pension must be at least \$10,000 of the death benefit.

Trustee Declaration - for other superannuation

I hereby declare, in respect of the Superannuation Fund through which the policy is to be issued, that:

1. I am one of the Trustees or an officer of the Trustee Company, and I am authorised by the Trustee(s) to make this application on its behalf.
2. The fund is a "complying" regulated superannuation fund in accordance with the requirements of the Superannuation Industry (Supervision) Act 1993 and Regulations (or any subsequent additional or replacement legislation) and continues to comply with them.
3. I will inform Asteron Life Limited if the fund ceases to be classified as a complying fund.
4. I will make available to Asteron Life Limited a copy of the executed Trust Deed and Rules on request and will notify Asteron Life Limited of amendments to the Trust Deed and Rules as soon as practicable after they take effect.

Trustee's Signature

Name

Position

Date

V. Declaration for Cancellable Contract Rider - 'S Category only'

(only relevant for Income Reserve Policy)

Cancellable Contract Rider

In some cases the Income Reserve Policy will be issued on a cancellable basis due to specific risk factors. Please sign below to indicate that you agree to the following.

I understand the following modification will be made to my policy:

At any time after the policy has been in force for at least 3 years, Asteron Life Limited may, at its discretion, cancel the policy.

We will tell you in writing before doing this.

Signature of the Person
to be Insured

Date

Signature of Policy Owner
(if not same as Person to be Insured)

Date

Signature of Policy Owner
(if not same as Person to be Insured)

Date

W. Declaration by the Person to be Insured and Policy Owner(s)

I acknowledge that

- I have read this application form and confirm that the answers given are my true and complete answers, even if the answers have been written by someone else.
- I have read my Duty of Disclosure and have not withheld any information material to the insurance and understand that this duty continues to apply and that the insurance applied for will not become effective until Asteron Life Limited advises that the risk has been accepted.
- I have read and understood the Key Features Statement of the insurance I have applied for in the current Asteron Life Insurance Customer Information Brochure.
- I have read, understood and signed the Medical History Authorisation which enables Asteron Life Limited, at its discretion, to obtain full details of my medical records and I understand that Asteron Life Limited may obtain, on a random basis, a report from my usual doctor or any doctor whom I have consulted.
- I will cancel each policy listed as a policy to be replaced or discontinued in the INSURANCE HISTORY section of this application as soon as possible after a new policy is issued on the basis of this application.
- Any statements I have made on or with an application to another insurer and which I have presented to Asteron Life Limited are intended by me as declarations and representations to Asteron Life Limited and I acknowledge that Asteron Life Limited will use them in assessing this application for insurance.

I acknowledge that

(Tick one)

I have provided all the information requested by my adviser for undertaking a complete Fact Finder and needs analysis. I have decided to buy the life policies recommended by my adviser.

I chose not to provide all the information requested by my adviser. I understand that by not providing sufficient information I risk making a financial commitment to a life policy that may not be appropriate to my needs.

I decided to:

a) buy a different life policy from the one recommended by my adviser, or

b) obtain advice only about a limited range of products. I understand that by making this decision I risk making a financial commitment to a life policy that may not be appropriate to my needs.

I was not given any advice or no Fact Finder or needs analysis of my circumstances was undertaken. I understand that by making this decision I risk making a financial commitment to a life policy that may not be appropriate to my needs.

I have received a disclosure of capacity/advisory services guide from my adviser..... Yes No

I have read the Privacy Statement on page 56 of the current Asteron Life Insurance Customer Information Brochure and I consent to:

- The use of my personal information by Asteron Life Limited and the Trustee (if I am applying for membership of the Fund) for the purposes outlined in the Privacy Statement.
- The disclosure of my personal information to, and obtaining information from, other parties (including those parties listed in the Privacy Statement) for these purposes.

Signature of the Person
to be Insured

Date

Signature of Policy Owner
(if not same as Person to be Insured)

Date

Signature of Policy Owner
(if not same as Person to be Insured)

Date

X. Direct Debit Request

Personal details

Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
Surname	<input type="text"/>	Given Name(s)	<input type="text"/>
Address (No. & street)	<input type="text"/>		
	<input type="text"/>		
	Post Code		
Phone Numbers	Home () <input type="text"/>	Work () <input type="text"/>	

Payment details

Policy numbers	Initial premium amount (please refer to section 4d of the Service Agreement on page A22)	Frequency
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Quarterly
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Half Yearly
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yearly

PART A DIRECT DEBIT (BANK, BUILDING SOCIETY, CREDIT UNION)

Details of account to be debited:

This form is to authorise Asteron Life Limited (user ID 130) to debit premiums from your account with another financial institution.

Name of financial institution	<input type="text"/>		
Name of account to be debited	<input type="text"/>		
BSB Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I/We acknowledge that this Direct Debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my Asteron Life policy.

Account Holder's Signature	<input type="text" value="X"/>	Date	<input type="text" value="/ /"/>	<input type="checkbox"/> First payment
Account Holder's Signature	<input type="text" value="X"/>	Date	<input type="text" value="/ /"/>	<input type="checkbox"/> All payments

PART B CREDIT CARD (ONLY MASTERCARD, VISA, BANKCARD AVAILABLE)

I authorise Asteron Life Limited to charge my:

(tick one) Visa Mastercard Bankcard

Card Holder's Name

First payment

All payments

Card Number

Expiry Date

Card Holder's Signature

Date

Y. Medical History Authorisation by the Person to be Insured

To Doctor

I authorise any doctor, hospital, clinic and other medical or related facility, or any other person who has attended me, to provide Asteron Life Limited with any information with respect to any sickness, injury, consultation, tests (including genetic test(s)), prescriptions or treatment and copies of all hospital records.

I authorise the Health Insurance Commission to release to Asteron Life Limited, at their request, a copy of my medical history records.

I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Name of Person(s) to be Insured	<input type="text"/>		
or Insured Children	<input type="text"/>		

Signature

Date

Signature of Insured Person or their guardian (if under 18).

ACT residents please note: If you are an ACT resident, this authority only authorises us to seek information from doctors and other medical personnel and facilities named in this form. You have the right to request a copy of any report we obtain from your doctor in the ACT under the Health Records (Privacy and Access) Act.

Direct Debit Request Service Agreement

This Direct Debit Request Service Agreement is only applicable if you choose to authorise Asteron Life Limited to debit premiums in relation to your policy from your nominated financial institution account. This agreement must be read when completing the DDR Form on the previous page.

This Direct Debit Request (DDR) Service Agreement is issued by Asteron Life Limited (ABN 64 001 698 228).

You should direct all enquiries about your direct debit to Customer Service on 9978 9999 or if outside Sydney on 1800 221 727.

1. Our Commitment to You

- a) Asteron Life will give you at least 14 days notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.
- b) Asteron Life will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution.
- c) Where the debiting date is not a business day, Asteron Life will draw from your nominated financial institution account on the next business day.

2. Your Commitment to Us

It is your responsibility to:

- Ensure your nominated financial institution account can accept direct debits.
- Ensure there are sufficient funds available in the nominated financial institution account to meet each instalment.
- Advise us if the nominated account is transferred or closed, or the account details change.
- Ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

3. Your Rights

- a) Subject to the terms and conditions of your Asteron Life policy, you may alter the debiting arrangements. Such advice should be received by us at least 7 working days before the debiting date for any of the following:
 - altering the Direct Debit Request (DDR).
 - deferring a drawing.
 - suspending the DDR.
 - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts.

- b) Where you consider that a debit has been initiated incorrectly, you should contact Asteron Life on 9978 9999 or if outside Sydney on 1800 221 727. In the unlikely event of a complaint not being resolved satisfactorily, you can address a formal complaint to:
"The Complaints Manager, Asteron Life Limited, Locked Bag 5000, Chatswood NSW 2057".

4. Other Information

- a) The details of your debiting arrangements are contained in the DDR.
- b) Asteron Life reserves the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.
- c) The terms and conditions of your Asteron Life policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.
- d) Asteron Life may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days notice to you, in writing. All future amounts payable by you under the policy will be debited to the bank account shown in the DDR unless you tell us you wish to cancel the arrangement.
- e) Financial institution fees (including dishonour charges) may also apply to this debiting arrangement.

Intermediary's Report

I acknowledge that the information shown on this application accurately and completely records the information given by the Policy Owner & Person to be insured.

Quote Attached Yes No

Intermediary's Name	<input type="text"/>	Intermediary's Signature	<input type="text"/>
Phone Number	(<input type="text"/>)	Name of Agency or Life Brokerage	<input type="text"/>
Fax Number	(<input type="text"/>)	Mobile	(<input type="text"/>)
		Email	<input type="text"/>

Servicing Intermediary		Code	%
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the customer has indicated that they have not received a disclosure of capacity/advisory services guide, please provide reasons:

Customer Advice Record Attached Yes No Broker Agent

Who completed this application form (ie whose handwriting?)

Is this a same day sale? Yes No

If 'Yes', provide details

Additional Requirements

Medical Arranged Yes No Blood Test Arranged Yes No

Other

Underwriters Reference No.

STATE SIGN OFF
 Initials
 Date / /

ASSESSMENT
(Office Use)

Intermediary's Notes	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Small Groups

Group Name

New Group Addition to existing Group

Member's Surname

Policy No. (office use only)

State Group relationship and other comments

OFFICE USE ONLY

Product	Policy No.	Amount Collected	Commencement Date	
Term Life	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Scheme No: <input type="text"/>
Recovery	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Stand Alone Recovery	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Secure™ Income	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Income Reserve	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Business Expenses	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Total	\$ <input type="text"/>		Collected on: <input type="text"/> / <input type="text"/> / <input type="text"/>

Directory

New South Wales & ACT

Level 21, 2 Market Street
Sydney NSW 2000
Telephone (02) 9978 2888
Fax (02) 9978 2323
NSW callers outside Sydney 1800 805 241

Victoria & Tasmania

Level 2, 818 Whitehorse Road
Box Hill Vic 3128
Telephone (03) 9896 8500
Fax (03) 9896 8525
Victorian callers outside Melbourne 1800 803 628

Queensland

67 Grey Street
South Brisbane Qld 4101
Telephone (07) 3011 8600
Fax (07) 3011 8611
Queensland callers outside Brisbane 1800 177 716

South Australia & Northern Territory

66 Greenhill Road
Wayville SA 5034
Telephone (08) 8373 0177
Fax (08) 8357 1504

Western Australia

Level 2, 15-17 William Street
Perth WA 6000
Telephone (08) 9211 4077
Fax (08) 9211 4078

Head Office

465 Victoria Avenue
Chatswood NSW 2067
Telephone (02) 9978 9999
Fax (02) 9978 9798

www.asteron.com.au

