



AVIVA

Aviva Protection Range

Product Disclosure Statement

Date of issue 1 October 2003

To acquire the Aviva Protection products you must complete the application form contained in this Product Disclosure Statement



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The Aviva Protection products offered in this Product Disclosure Statement (“PDS”) are administered and issued by Norwich Union Life Australia Limited (ABN 34 006 783 295).

Interests in the Norwich Union Superannuation Trust are issued by NULIS Nominees (Australia) Limited (ABN 80 008 515 633) (“NULIS”) and administered by Norwich Union Life Australia Limited.

Norwich Union Australia Limited (“our”, “us”, “we” or “Norwich Union”) and NULIS are subsidiaries of Aviva Australia Holdings Limited. Aviva Australia Holdings Limited is ultimately owned by Aviva plc, the world's seventh largest insurance and investment company.

Norwich Union and NULIS may change their names during the life of this document to reflect the change of name of their ultimate parent company Aviva plc.

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The information given in this document is of a general nature and has been prepared without taking into account your individual investment objectives, financial situation or particular investment needs. This PDS is not a statement of advice.

Protection to suit you

With Aviva Protection, you have peace of mind in knowing you and your family will be financially secure, should unforeseen situations arise.

If you are unable to work because of injury or illness, Aviva Protection –

Income can pay you a percentage of your regular income. Our Life and Recovery Money policies pay a lump sum benefit.

The following table provides an overview of the products and benefits we offer.

Policies providing a lump sum benefit

	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Level Premium	Disability Buy Back Option	Stepped Premiums	Superannuation Option	Terminal Illness Advance	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option
Aviva Protection – Life	B	O	B	O	B	B	B	B	B	O	B	B	B	B	O	N	N	N
Aviva Protection – Executive Life	B	O	B	O	B	B	B	B	N	O	B	B	B	B	O	N	N	N
Aviva Protection – Recovery Money	B	O	B	O	B	B	B	B	B	O	B	N	B	B	O	O	O	O
Aviva Protection – Executive Recovery Money	B	O	B	O	B	B	B	B	N	O	B	N	B	B	O	O	O	O
Aviva Protection – Flexible Recovery Money	N	N	B	O	B	N	B	B	B	O	B	N	N	B	O	O	O	O
Aviva Protection – Executive Flexible Recovery Money	N	N	B	O	B	N	B	B	N	O	B	N	N	B	O	O	O	O
Aviva Protection – Stand Alone Recovery Money	N	N	B	N	B	N	B	B	B	N	B	N	N	B	N	O	N	O
Aviva Protection – Executive Stand Alone Recovery Money	N	N	B	N	B	N	B	B	N	N	B	N	N	B	N	O	N	O

B = Benefit included in basic price

O = Option at additional cost

N = Not available

Protection to suit you continued

Policies providing income replacement

	Accident Benefit Option	Automatic CPI Linking Benefit	Critical Conditions Benefit	Death Benefit	Emergency Travel Benefit	Guaranteed Insurability Option	Guaranteed Yearly Renewable	Increasing Claim Benefit	Interim Accident Benefit	Nursing Care Benefit	Platinum Benefit	Level & Stepped Premiums	Recurrent Claim Benefit	Scheduled Injury Benefit	Spouse Accommodation Benefit	Rehabilitation Benefit	Rehabilitation Income Benefit	Total & Partial Disability Benefit	Unemployment Waiver	Waiver of Premium	Benefit Extension	
Aviva Protection – Income Gold	O	B	B	B	B	O	B	O	B	B	O	B	B	B	B	B	B	B	B	B	B	N
Aviva Protection – Income Excell	O	B	N	B	N	O	B	O	B	N	N	B	B	B	N	N	N	B	N	B	N	
Aviva Protection – Income Business Expenses	N	B	N	B	N	N	B	N	B	N	N	B	B	N	N	N	N	B	N	B	B	

B = Benefit included in basic price O = Option at additional cost N = Not available

You can combine products to create your own personal package of cover.

Note: more detailed descriptions of the products' benefits, risks, and charges are covered in the following sections.

Two reasons to protect your wealth with Aviva Protection

Strong history

Aviva Protection is underwritten by Norwich Union. Norwich Union is part of the Aviva plc group, one of the first insurance organisations in the world to protect personal wealth. Norwich Union Society for the Insurance of Houses, Stock and Merchandise from Fire was founded in 1797, at a time in the United Kingdom when cities were built largely of wood and the threat of fire was uppermost in people's minds. Over 200 years, the business has grown to be the world's seventh largest insurance group.

Financial strength

By choosing Aviva Protection you benefit from the financial strength and experience of Aviva plc. Aviva plc group has over \$488 billion of assets under management and 25 million customers worldwide.

Aviva Protection – Life

Aviva Protection – Life and Aviva Protection – Executive Life provide death cover. You can choose to include optional disability cover, for an additional premium. If you die or (if disability cover is added) are disabled during the term of the policy, you or your beneficiaries will receive a pre-determined lump sum.

Aviva Protection – Life, and Aviva Protection – Executive Life: a snapshot of what this cover includes

	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Level Premium	Disability Buy Back Option	Stepped Premiums	Superannuation Option	Terminal Illness Advance	Upgrade Guarantee	Waiver of Premium
Aviva Protection – Life	B	O	B	O	B	B	B	B	B	O	B	B	B	B	O
Aviva Protection – Executive Life	B	O	B	O	B	B	B	B	N	O	B	B	B	B	O

B = Benefit included in basic price O = Option at additional cost N = Not available

These policies are ‘guaranteed renewable’. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the ‘Sum Insured’. If you choose to add disability cover to your policy, you can choose a different Sum Insured for your Death Benefit and your Disability Benefit.

Aviva Protection – Executive Life Cover has the same benefits and features as Aviva Protection – Life, but has a minimum death Sum Insured of \$750,000.

Your policy can be held in one of two ways. You can hold the policy yourself, or arrange for the trustee of a complying superannuation fund to hold the policy, with you as the life insured.

1. Ordinary policy

You hold the policy directly. You can determine to whom the benefits are paid, by completing the form on page 65. Otherwise, benefits are paid to you or your estate.

2. Superannuation policy

Your policy may instead be held by the trustee of a complying superannuation fund. Holding your policy through a superannuation fund affects the tax treatment of premiums and benefit payments. You should discuss whether this structure is appropriate for you with your financial adviser.

If you choose this structure, we can arrange for your policy to be held in the Norwich Union Superannuation Trust (NUST), or you can instruct us to issue the policy to the trustee of another complying superannuation fund of your choice.

For details in respect of holding your policy within the NUST or another complying superannuation fund, refer to page 33.

The benefits

Payment of benefits

If you die, are diagnosed as being terminally ill, or (if the disability cover is added) are Totally and Permanently Disabled, the Sum Insured will be paid on the basis explained below. If the policy is held as an ordinary policy the Sum Insured is paid to you, as directed by you in your application, or to your estate. If the policy is held in a complying superannuation fund, the Sum Insured is paid to the trustee of the superannuation fund. The payment of benefits is subject to the exclusions explained on page 7.

Aviva Protection – Life continued

Death Benefit (standard)

If you die the agreed Sum Insured will be paid.

Terminal Illness Benefit (standard)

Under this benefit where you are diagnosed as being terminally ill and likely to die within twelve (12) months, the Sum Insured will be paid out early with the agreement of the policy owner as a Terminal Illness Benefit. A medical practitioner nominated by us will need to provide specified information about the nature of your illness or injury.

The maximum amount payable under the Terminal Illness Benefit, including all other amounts payable by us, is \$1,000,000 (or such other amount as advised by us from time to time). If the death Sum Insured under the policy is greater than \$1,000,000, then the unpaid balance of the death Sum Insured is payable on your death (provided the corresponding premiums have been paid). If a Disability Benefit is attached and, for Aviva Protection – Recovery Money policies (including Executive version) a Critical Illness Benefit is attached, the amount of Sum Insured provided by these benefits will be reduced by the amount paid.

If the cover is held through a superannuation fund, the availability of the Terminal Illness Benefit is subject to the superannuation legislation regarding the release of benefits on grounds of permanent incapacity. This usually means a person has stopped working, and is unlikely to ever work again. The taxation position may be less favourable than deferring payment until it is payable as a death benefit (see page 38 for further information).

Disability Benefit (optional at additional cost)

By taking this option, your policy is extended to include disability cover. If you become Totally and Permanently Disabled (as defined below), the disability Sum Insured will be paid to you as a lump sum.

When you apply for your policy, you can choose whether you want the 'any occupation' or 'own occupation' test of Total and Permanent Disability to apply. That choice affects the level of your premium, and you should discuss it with your Financial Adviser.

If you choose the 'any occupation' test, Total and Permanent Disability means either:

- (a) you have suffered total and irrecoverable loss of the:
 - sight of both eyes, or
 - use of two limbs, or
 - sight of one eye and the use of one whole hand, or one whole foot, or
- (b) you have been unable to perform your own occupation for a period of at least three months due to bodily injury or illness and are so disabled that you are unlikely to ever be able to perform your own occupation or other occupation for which you are suited by education, training or experience.

If you choose the 'own occupation' test, Total and Permanent Disability means either:

- (a) you have suffered total and irrecoverable loss of the:
 - sight of both eyes, or
 - use of two limbs, or
 - sight of one eye and the use of one whole hand, or one whole foot, or

- (b) you have been absent from employment through injury or illness for an uninterrupted period of three months and, have become incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation.

Your 'own occupation' for this purpose is your occupation at the time of proposing for this policy, unless you have been in your current occupation for a consecutive period of at least 18 months at the time of making a claim.

Home duties

If your occupation immediately prior to the commencement of Total and Permanent Disablement can be described as "Home Duties", then "Total and Permanent Disablement" means that you have, for an uninterrupted period of three months, been under medical supervision with complete inability to perform the majority of normal domestic duties, and are unlikely ever to recover.

Occupations of specialised nature

Specialist surgeons will be interpreted on the broader definition of 'medical practitioner' for the purposes of the own occupation definition.

Once a Disability Benefit is paid, the death cover ceases unless your death Sum Insured exceeds your Disability Benefit. Where it does, the excess death cover continues upon payment of the corresponding premium.

Reduction of benefits for payments under Flexible Recovery Money policies

Where this policy is written in conjunction with an Aviva Protection – Flexible Recovery Money or Aviva Protection – Executive Flexible Recovery Money policy:

- The amount of the Death Benefit payable on death or terminal illness under this policy will automatically be reduced by the amount of benefits actually paid under the Flexible Recovery Money policy.
- The amount of the Disability Benefit under this policy will be reduced by the amount by which the Critical Illness Benefit paid under the Flexible Recovery Money policy exceeds the Disability Sum Insured under the Flexible Recovery Money policy.

For example if you select the following policies

- Life with \$1,000,000 death Sum Insured and \$850,000 disability Sum Insured
- Flexible Recovery Money with \$250,000 critical illness Sum Insured and \$150,000 disability Sum Insured

then after a claim under the Flexible Recovery Money policy for \$250,000 the cover under the Life policy will be reduced to \$750,000 death Sum Insured and \$750,000 disability Sum Insured.

Any remaining benefit under the Aviva Protection – Life or Aviva Protection – Executive Life policy, if applicable, will continue upon payment of the appropriate premium.

The features

Aviva Protection – Life and Aviva Protection – Executive Life come with various standard and optional features, described below. These features help you manage the cost of your premiums and the level of cover over time.

Economiser (standard)

The cost of your insurance cover will change each year. With Economiser, you can freeze the premium at any time after your 30th birthday, enabling you to control the cost of your insurance.

1. At any time after your 30th birthday you can request the option to be applied.
2. Applying the Economiser means:
 - (a) Indexation (as defined on page 31) ceases; and
 - (b) except at policy anniversaries when benefits automatically reduce or cease for other reasons, or premium loadings cease, the Sum Insured will be automatically reduced in inverse proportion to the increase in premium rates that would have occurred had this reduction not been made.

This has the effect of ‘freezing’ the premium, apart from changes in the premium scale, or crossing below size adjustment bands.
3. You may cancel the Economiser at any time by notice in writing. Indexation, if applicable, is reinstated.

Future Insurability (standard)

When significant events happen in life, you can increase your death Sum Insured without having to provide further medical evidence.

The death Sum Insured may be increased when:

- You marry.
- You have a child or legally adopt one.
- You take out a mortgage to buy your first home.

You must apply for this increase within 30 days of the first renewal date following the defined event. We will require proof of the defined event.

You may only increase your death Sum Insured once under this feature in any twelve (12) month period. You may increase your Sum Insured by 25% or \$75,000, whichever is lower. The maximum total amount you can increase your death Sum Insured under this feature over the life of the policy is the lesser of:

- The amount of death Sum Insured under your policy excluding CPI increases and increases effected under this feature; and
- \$1,000,000.

The feature cannot be exercised if at the time of your request:

- You are older than 50 years of age
- You have previously been accepted by us with special conditions affecting the premium rates
- The premiums are being waived under the Waiver of Premium Option, or
- You are currently entitled to make a claim for a Terminal Illness or Critical Illness Benefit under a policy you currently hold with us.

Aviva Protection – Life continued

Disability Buy Back Option (optional at additional cost)

This option can be exercised twelve (12) months after the Disability Benefit has been paid. It enables purchase of death cover from us renewable to age 90, at a time when you have almost certainly become uninsurable. This option provides disability sufferers with a second level of protection and peace of mind.

For a period of thirty (30) days from the first anniversary of the payment of the Disability Benefit, we will accept a proposal provided:

- (a) the Sum Insured does not exceed the Disability Benefit paid; and
- (b) premiums will be charged at the appropriate rate for the then attained age based on the then current published term insurance rates; and
- (c) any original exclusions or special conditions will be maintained.

The option does not apply after payment of a Terminal Illness Benefit.

Waiver of Premium Option (optional at additional cost)

This option provides for future premiums to be waived while you are Totally Disabled for an extended period.

If you are Totally Disabled for at least three continuous months then, while Total Disability continues, subsequent

premiums falling due are waived up to the policy anniversary prior to your 65th birthday. Premiums for increases or policies effected as a result of Business Protection Option or the Buy-Back Option are not subject to this option.

For the purposes of the Waiver of Premium Option, you will be considered Totally Disabled if we are satisfied that:

- (a) you have suffered total and irrecoverable loss of the:
 - sight of both eyes, or
 - use of two limbs, or
 - sight of one eye and use of one whole hand, or one whole foot, or
- (b) you have been unable to perform your own occupation (or other occupation for which you are suited by education training or experience) for a period of at least three (3) months due to bodily injury or illness.

Where you are wholly engaged in full time unpaid domestic duties at the date of the event causing Total Disability, then the occupation for which you are suited by education, training or experience is taken to include unpaid domestic duties. In this case you must be disabled to such an extent that you are confined to your place of principal residence unless assisted.

Business Protection Option (optional at additional cost)

The Business Protection Option provides you with a right to apply for an annual increase in your death and (if applicable) disability Sum Insured without having to supply further medical evidence. The Business Protection Option may be used for the following purposes:

- Business succession planning
- Loan guarantor insurance
- Key person insurance

You will need to tell us in writing the purpose for which you want the Business Protection Option and provide us with a valuation from a qualified accountant or valuer of your business or key person, or evidence of the contractual guarantees, as the case may be, together with any other financial evidence that will satisfy us that the value of your financial interest is at least equal to the increased amount of cover. Any increase in the Sum Insured is subject to our approval.

The death Sum Insured may be increased subject to the following maximums:

- For business succession planning purposes – three times the Sum Insured when this option was first purchased or \$10 million – whichever is less.
- For loan guarantor or key person purposes – three times the Sum Insured when this option was first purchased or \$5 million – whichever is less.

You may increase the disability Sum Insured to three times the Sum Insured when this option was first purchased or \$2 million – whichever is less. However, the Sum Insured may not be increased to an amount in excess of your death cover under the policy.

You can exercise the right to apply for the increase within 30 days either side of your policy's renewal date up to the policy anniversary preceding your 65th birthday.

If the right to apply for an increase is not exercised on three consecutive policy renewals from the later of:

- the date the option was purchased, or
- the date of any previous election to exercise the right for an increase,

then the option will be automatically cancelled, unless you can demonstrate that the financial evidence relating to your business and the purpose identified by you, in respect of that period, did not support an increase in the Sum Insured.

The maximum age at which the option can be purchased is age 60 next birthday.

This feature is not available for superannuation policies.

Additional Features

The following additional features are explained on page 31:

- Indexation of benefit**
- Upgrade guarantee**
- 24 hour world wide cover**
- Interim Accident Cover**

Level of cover

Minimums

Aviva Protection – Life

There is no minimum Sum Insured requirement.

Aviva Protection – Executive Life

The minimum death Sum Insured is \$750,000.

Maximums

Death Sum Insured: There are no maximum limits in respect of death cover.

Disability Sum Insured: A maximum disability Sum Insured of \$2,500,000 applies.

While there is no maximum death Sum Insured for policies effected under superannuation arrangements, you should note that lump sum benefits are subject to higher taxation if Reasonable Benefit Limits (RBL) are exceeded (see page 38).

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Death Benefit is not payable if your death was caused by suicide within thirteen (13) months of commencement or reinstatement of the policy. If your death was caused by suicide within 13 months of an increase then the increase in the Sum Insured is not payable.

Neither the Disability Benefit nor the Waiver of Premium Option will be payable in the event of attempted suicide, self-inflicted illness or injury, participation in insurrection or as a result of any act of declared or undeclared war.

Where we agree to take over an existing policy from another insurer, the thirteen (13) month exclusion for suicide will not apply where the Sum Insured under the policy being replaced is greater than or equal to the Sum Insured under this policy, and the policy being replaced has been in force for at least twelve (12) months.

Aviva Protection – Recovery Money

Aviva Protection – Recovery Money and Aviva Protection – Executive Recovery Money provide death cover, with part or all of the benefit payable early if you are diagnosed with one of the critical illnesses covered by the policies. You may choose to include optional disability cover for an additional premium.

Aviva Protection – Recovery Money, and Aviva Protection – Executive Recovery Money: a snapshot of what this cover includes

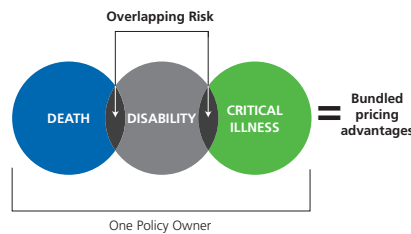
	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Level Premium	Disability Buy Back Option	Stepped Premiums	Superannuation Option	Terminal Illness Advance	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option
Aviva Protection – Recovery Money	B	O	B	O	B	B	B	B	B	O	B	N	B	B	O	O	O	O
Aviva Protection – Executive Recovery Money	B	O	B	O	B	B	B	B	N	O	B	N	B	B	O	O	O	O

B = Benefit included in basic price O = Option at additional cost N = Not available

Aviva Protection – Recovery Money is a bundled death and critical illness contract with the option to purchase disability cover.

One policy is issued covering all three events. Consequently there is one policy owner for all three components.

Being a bundled contract the pricing reflects the overlap of risks between the three covers and the fact that a claim for a critical illness or disability will reduce the death cover sum insured. The administration and establishment costs are also shared.



This policy is 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'. You can choose different levels of Sum Insured for the death, critical illness and disability parts of the policy.

The Critical Illness Benefit will only be paid on correct diagnosis of any one of the listed critical illnesses. Payment of Critical Illness Benefit is based upon the precise definitions shown in the 'Medical Definitions' section commencing on page 44.

Aviva Protection – Executive Recovery Money has the same benefits and features as Aviva Protection – Recovery Money, but has a minimum death Sum Insured of \$750,000.

The benefits

Payment of Benefits

If you die, are diagnosed as being terminally or critically ill, or (if disability cover is added) are Totally and Permanently Disabled, the Sum Insured will be paid to you, as directed by you in your application, or to your estate. The payment of benefits is subject to the exclusions explained on page 12.

Payment of one type of benefit automatically reduces the Sum Insured under the other types by a corresponding amount.

Death Benefit (standard)

If you die the agreed Sum Insured will be paid.

Terminal Illness Benefit (standard)

Under this benefit where you are diagnosed as being terminally ill and likely to die within 12 months, the Sum Insured will be paid out early with your agreement. The basis on which the Terminal Illness Benefit is paid under this policy is the same as under the Life policies, and is explained on page 4.

Critical Illness Benefit (standard)

If you are correctly diagnosed with one of the following critical illnesses (as defined), we will pay the critical illness Sum Insured as a lump sum.

The critical illnesses covered are:

Aplastic Anaemia
Benign Intracranial Tumour
Blindness
Cancer
Chronic Lung Disease
Coma
Coronary Artery By-Pass Surgery
Coronary Artery Disease
Deafness
Dementia
Diplegia
Encephalitis
Heart Attack
Heart Surgery
Hemiplegia
Idiopathic Cardiomyopathy
Liver Disease
Loss of Independent Existence
Loss of Speech
Major Burns
Major Head Trauma
Major Organ Transplant
Motor Neurone Disease
Multiple Sclerosis
Occupationally Acquired HIV Infection
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paraplegia
Parkinson's Disease
Pneumonectomy
Primary Pulmonary Hypertension
Quadriplegia
Renal Failure
Stroke

For Coronary Artery Disease the maximum amount payable is limited in the manner set out under 'Medical Definitions' commencing on page 44.

For Occupationally Acquired HIV Infection the Critical Illness Benefit may be excluded where a cure becomes available as set out under 'Medical Definitions' commencing on page 44.

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 44.

Disability Benefit (optional at additional cost)

By taking this option, your policy is extended to include disability cover. If you become Totally and Permanently Disabled (as defined on page 4), the disability Sum Insured will be paid to you as a lump sum.

Once the Disability Benefit is paid, the death cover and critical illness cover both cease, unless the Sum Insured in either case exceeds the Disability Benefit. Where it does, the excess death and critical illness cover continues upon payment of corresponding premiums.

Aviva Protection – Recovery Money continued

Critical facts showing the risk of death and critical illness for men and women aged 18–64.

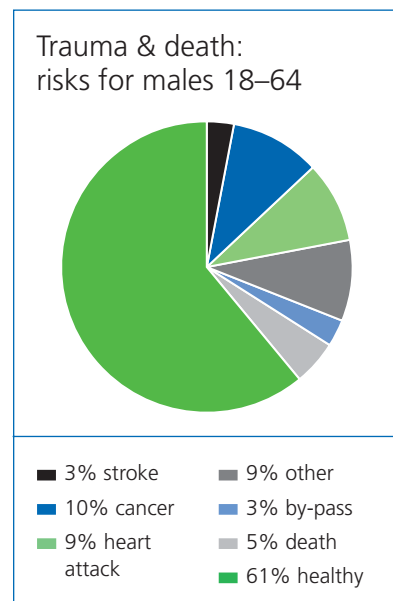
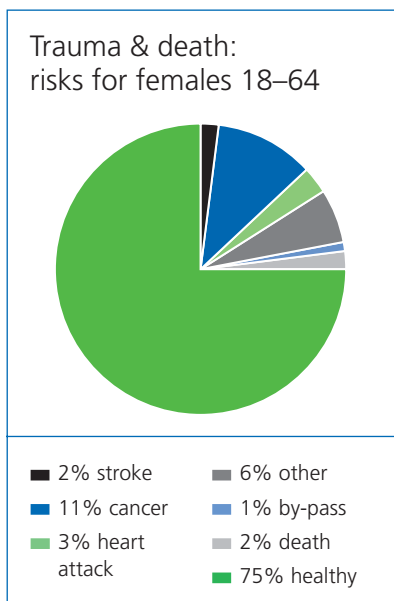
The facts of life are that many of us will suffer a major medical condition.

The following graph indicates the likelihood of an 18-year-old female suffering one of the listed major medical conditions which qualify for a critical illness benefit before she reaches 64.

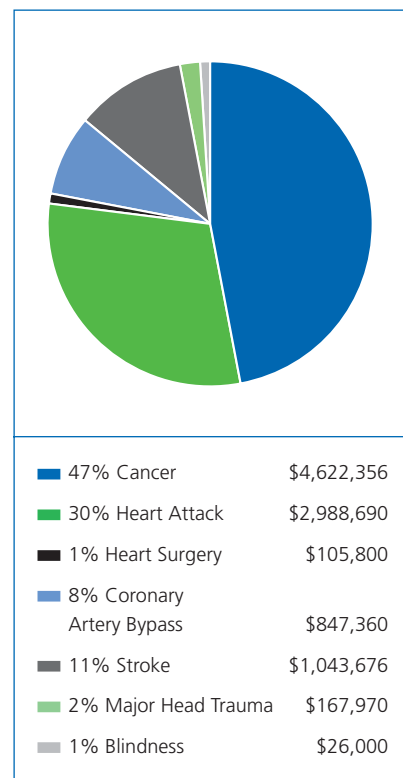
The probability of death is slim at 2%. However cancer is a major concern with a one-in-ten chance.

The following graph indicates the likelihood of an 18-year-old male suffering one of the listed major medical conditions which qualify for a critical illness benefit before he reaches 64.

The probability of death is a concern at 5%. However risk of heart attack is higher at 9%. This represents an almost one-in-ten risk.



Aviva's claims experience



Source: Fabrizio, E. and Gratton, W. K. – Pricing Dread Disease Insurance: Transactions of the Institute of Actuaries of Australia 1994, pages 292–468.

The Institute of Actuaries has consented to the statements attributable to them on this page being included in this PDS in the form and context in which they are included.

The above graph provides details of the critical illness claims paid by Norwich Union between 1 January 2001 and 31 December 2001.

The features

Each of the following features is provided on the terms set out on pages 4 to 6:

Economiser (standard)

Future Insurability (standard)

Waiver of Premium Option (optional at additional cost)

Business Protection Option (optional at additional cost)

Disability Buy Back Option (optional at additional cost)

Note that the Disability Buy Back Option is not available after a Critical Illness Benefit or Terminal Illness Benefit has been paid under this policy.

Critical Illness Buy Back Option (optional at additional cost)

One year after a Critical Illness Benefit has been paid, you can purchase an Aviva Protection – Life Policy (death only) without providing further medical evidence.

This option can only be exercised within a period of 30 days from the first anniversary of the payment of the Critical Illness Benefit. If your policy includes this option, we will provide death cover on the following basis:

- (a) the death Sum Insured may not exceed the Critical Illness Benefit paid;
- (b) premiums will be charged at the appropriate rate for the then attained age based on the then current published term insurance rates;

- (c) any original exclusions or special conditions applicable under this policy will be maintained.

Where the Critical Illness Buy Back Option is exercised in conjunction with the Critical Illness Reinstatement Option (see below), Indexation (as defined on page 31) will not be available.

Critical Illness Reinstatement Option (optional at additional cost)

One year after a Critical Illness Benefit has been paid, you can reinstate 50% of the critical illness cover renewable to age 65 without providing further medical evidence. This feature provides critical illness sufferers with a second level of protection and peace of mind.

This option can only be exercised within a period of 30 days from the first anniversary of the payment of the Critical Illness Benefit. If your policy includes this option, we will reinstate your critical illness cover on the following basis:

- (a) the critical illness Sum Insured may not exceed 50% of the Critical Illness Benefit paid;
- (b) premiums will be charged at the appropriate rate for the then attained age based on the then current published term insurance rates;
- (c) any original exclusions or special conditions applicable under this policy will be maintained.

Indexation (as defined on page 31) will not be available.

This option cannot be exercised after Critical Illness Benefits are paid for Coronary Artery Disease, or if Disability or Terminal Illness Benefits are paid.

We will pay a claim under the reinstated cover if you suffer from a Critical Illness and

- You have not claimed for the same or a related Critical Illness.
- It is not a condition that has occurred as a direct or indirect result of the original Critical Illness event.
- It is not a Stroke (including Plegias as a result of a Cerebrovascular Accident) and the original claim was for a Cardiovascular related condition.
- The critical event occurs after the cover has been reinstated.

For this purpose these Critical Illnesses are considered related:

Plegias: Diplegia, Hemiplegia, Paraplegia, Quadriplegia

Cardiovascular: Coronary Artery By-Pass Surgery, Heart Attack, Heart Surgery, Idiopathic Cardiomyopathy, Open Heart Surgery, Out of Hospital Cardiac Arrest, Primary Pulmonary Hypertension

Additional features

The following additional features are explained on page 31:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Aviva Protection – Recovery Money continued

Level of cover

Minimums

Aviva Protection – Recovery Money

A minimum critical illness Sum Insured of \$10,000 applies.

Aviva Protection – Executive Recovery Money

A minimum critical illness Sum Insured of \$10,000 and a minimum death Sum Insured of \$750,000 apply.

Maximums

Death Sum Insured: There are no maximum limits in respect of death cover.

Disability Sum Insured: A maximum disability Sum Insured of \$2,500,000 applies.

Critical Illness Sum Insured: The maximum level of critical illness cover is \$1,500,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Death Benefit is not payable if your death was caused by suicide within thirteen (13) months of commencement or reinstatement of the policy. If your death was caused by suicide within thirteen (13) months of an increase then the increase is not payable.

No Critical Illness Benefit or Disability Benefit will be payable in the event of self-inflicted illness or injury.

The Critical Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

Neither the Disability Benefit nor the Waiver of Premium Option will be payable in the event of attempted suicide, self-inflicted illness or injury, participation in insurrection or as a result of any act of declared or undeclared war.

No payment will be made for Heart Attack, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

Where we agree to take over an existing policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures were covered under the policy to be replaced, the sum insured under the policy being replaced is greater than or equal to the Sum Insured under this policy, and the policy being replaced has been in force for at least three months.

Where we agree to take over an existing policy from another insurer, the thirteen (13) month exclusion for suicide will not apply where the Sum Insured under the policy being replaced is greater than or equal to the Sum Insured under this policy, and the policy being replaced has been in force for at least twelve (12) months.

Aviva Protection – Flexible Recovery Money

Aviva Protection – Flexible Recovery Money and Aviva Protection – Executive Flexible Recovery Money provide a benefit if you are diagnosed with one of the critical illnesses covered by the policies. They are ancillary policies that can only be held in conjunction with an approved Aviva Protection – Life or Aviva Protection – Executive Life policy. The Flexible Recovery Money policies and the Life policies are linked. A benefit payable under one policy will reduce the benefit provided under the other. You may choose to include optional disability cover for an additional premium.

Aviva Protection – Flexible Recovery Money, and Aviva Protection – Executive Flexible Recovery Money: a snapshot of what this cover includes

	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Guaranteed Renewable	Interim Accident Insurance	Level Premium	Disability Buy Back option	Stepped Premiums	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option
Aviva Protection – Flexible Recovery Money	B	O	B	B	B	B	O	B	B	O	O	O	O
Aviva Protection – Executive Flexible Recovery Money	B	O	B	B	B	N	O	B	B	O	O	O	O

B = Benefit included in basic price O = Option at additional cost N = Not available

These policies are ‘guaranteed renewable’. This means that, provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the ‘Sum Insured’. You can choose different levels of Sum Insured for the critical illness and disability parts of the policy.

The Critical Illness Benefit will only be paid on correct diagnosis of any one of the listed critical illnesses. Payment of Critical Illness Benefit is based upon the precise definitions shown in the ‘Medical Definitions’ section commencing on page 44.

For benefits to be payable under this policy, an approved Aviva Protection – Life or Aviva Protection – Executive Life policy must have been in force throughout the period insured by this policy, with a death Sum Insured at least equal to the greater of the critical illness Sum Insured and the aggregate of the disability Sum Insured held under this and the associated Life or Executive Life policy.

Aviva Protection – Executive Flexible Recovery Money has the same benefits and features as Aviva Protection – Flexible Recovery Money, but is used where the death Sum Insured under the associated Life policy is at least \$750,000.

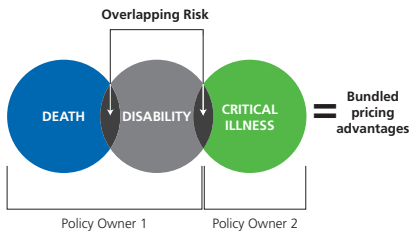
Aviva Protection – Flexible Recovery Money and Executive Flexible Recovery Money policies are critical illness policies with the option to purchase disability cover. They are designed to be bundled with the Aviva Protection – Life and Executive Life policies.

The flexibility exists in the innovative way we allow the critical illness cover to be owned by a different individual or entity from the death cover.

Two policies are issued, one for death and optional disability cover, and one for critical illness and optional disability cover. Each policy can have a different owner which can include a superannuation fund (see page 33). However the policies are priced as if they are one combined policy resulting in significant pricing efficiencies.

Aviva Protection – Flexible Recovery Money continued

As the policies are linked, the death cover must be maintained for the critical illness cover to remain in force. A claim for critical illness will reduce the death and disability Sum Insured.



The benefits

Critical Illness Benefit (standard)

If you are correctly diagnosed with one of the following critical illnesses (as defined), we will pay the Sum Insured as a lump sum.

If a Death Benefit or Terminal Illness Benefit is paid under the associated Aviva Protection – Life or Aviva Protection – Executive Life policy, the Critical Illness Benefit payable under this policy will be reduced by a corresponding amount.

If a Critical Illness Benefit is paid under this policy, the amount of Death Benefit, Terminal Illness Benefit and, if applicable, Disability Benefit payable under the Aviva Protection – Life or Aviva Protection – Executive Life policy will be reduced by a corresponding amount, as explained on page 5.

If a Disability Benefit is paid, the Critical Illness Benefit under this policy will be reduced by the aggregate amounts actually paid under this policy and the associated Aviva Protection – Life or Aviva Protection – Executive Life policy.

The critical illnesses covered are:

- Aplastic Anaemia
- Benign Intracranial Tumour
- Blindness
- Cancer
- Chronic Lung Disease
- Coma
- Coronary Artery By-Pass Surgery
- Coronary Artery Disease
- Deafness
- Dementia
- Diplegia
- Encephalitis
- Heart Attack
- Heart Surgery
- Hemiplegia
- Idiopathic Cardiomyopathy
- Liver Disease
- Loss of Independent Existence
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Occupationally Acquired HIV Infection
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Paraplegia
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Quadriplegia
- Renal Failure
- Stroke

For Coronary Artery Disease the maximum amount payable is limited in the manner set out under 'Medical Definitions' commencing on page 44.

For Occupationally Acquired HIV Infection the Critical Illness Benefit may be excluded where a cure becomes available as set out under 'Medical Definitions' commencing on page 44.

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 44.

Disability Benefit (optional at additional cost)

By taking this option your benefit is extended to include disability cover. If you become Totally and Permanently Disabled (as defined on page 4) the disability Sum Insured will be paid to you as a lump sum.

The features

Each of the following features is provided on the terms set out on pages 5 and 6.

- Economiser (standard)
- Waiver of Premium Option (optional at additional cost)
- Disability Buy Back Option (optional at additional cost)

Each of the following features is provided on the terms set out on page 11:

- Critical Illness Buy Back Option (optional at additional cost)
- Critical Illness Reinstatement Option (optional at additional cost)

Additional features

The following additional features are explained on page 31:

- Indexation of benefit
- Upgrade guarantee
- 24 hour world wide cover
- Interim Accident Cover

Level of cover

Minimums

Aviva Protection – Flexible Recovery Money

A minimum critical illness Sum Insured of \$10,000 applies

Aviva Protection – Executive Recovery Money

A minimum critical illness Sum Insured of \$10,000 and a minimum death Sum Insured of \$750,000 under the Aviva Protection – Life apply.

Maximums

Disability Sum Insured: A maximum Disability Benefit of \$2,500,000 applies, in aggregate between this and the Aviva Protection – Life policy. Also, the aggregate of the disability cover held under this policy and the associated Aviva Protection – Life or Aviva Protection – Executive Life policy cannot exceed the death Sum Insured under the Aviva Protection – Life or Aviva Protection – Executive Life policy.

Critical Illness Sum Insured: The maximum level of critical illness cover is \$1,500,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit. Further, the critical illness Sum Insured cannot exceed the death Sum Insured under the Aviva Protection – Life or Aviva Protection – Executive Life contract.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

Neither the Critical Illness Benefit nor the Disability Benefit will be payable in the event of self-inflicted illness or injury.

The Critical Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

Neither the Disability Benefit nor the Waiver of Premium Option will be available in the event of attempted suicide, self-inflicted illness or injury, participation in insurrection or as a result of any act of declared or undeclared war.

No payment will be made for Heart Attack, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

Where we agree to take over an existing policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures have been covered under the policy to be replaced, the sum insured under the policy being replaced is greater than or equal to the Sum Insured under this policy, and the policy being replaced has been in force for at least three months.

Aviva Protection – Stand Alone Recovery Money

Aviva Protection –Stand Alone Recovery Money and Aviva Protection – Executive Stand Alone Recovery Money provide a benefit if you are diagnosed with one of the critical illnesses covered by the policies. Unlike the Flexible Recovery Money policies which can only be held in conjunction with an approved Aviva Protection – Life or Aviva Protection – Executive Life policy, the Stand Alone Recovery Money policies can be held separately.

Aviva Protection – Stand Alone Recovery Money, and Aviva Protection – Executive Stand Alone Recovery Money: a snapshot of what this cover includes

	Indexation (CPI Linking)	Economiser Option	Guaranteed Renewable	Interim Accident Insurance	Level Premium	Stepped Premiums	Upgrade Guarantee	Critical Illness Benefit	Critical Illness Reinstatement Option
Aviva Protection – Stand Alone Recovery Money	B	B	B	B	B	B	B	O	O
Aviva Protection – Executive Stand Alone Recovery Money	B	B	B	B	N	B	B	O	O

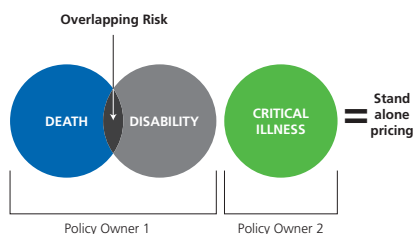
B = Benefit included in basic price O = Option at additional cost N = Not available

To complete the range of solutions and offer full flexibility Aviva Protection – Stand Alone Recovery Money provides critical illness cover independent of death and disability.

This is a more expensive way of providing critical illness cover because several risks are being covered in both individual contracts resulting in an overlap in the pricing. The benefits of a bundled contract are not achieved. However it does mean that a claim for critical illness will not affect the death and disability cover which is being held separately.

Stand Alone Recovery Money also means insurance can be provided

where death and disability cover are already in place with another provider.



These policies are 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you select the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'.

The Critical Illness Benefit will only be paid on correct diagnosis of any one of the listed critical illnesses. Payment of Critical Illness Benefit is based upon the precise definitions shown in the 'Medical Definitions' section commencing on page 44.

Aviva Protection – Executive Stand Alone Recovery Money has the same benefits and features as Aviva Protection – Stand Alone Recovery Money, but has a minimum critical illness Sum Insured of \$750,000.

The benefits

Critical Illness Benefit (standard)

If you are correctly diagnosed with one of the following critical illnesses (as defined), we will pay the Sum Insured as a lump sum.

The critical illnesses covered are:

Aplastic Anaemia
Benign Intracranial Tumour
Blindness
Cancer
Chronic Lung Disease
Coma
Coronary Artery By-Pass Surgery
Coronary Artery Disease
Deafness
Dementia
Diplegia
Encephalitis
Heart Attack
Heart Surgery
Hemiplegia
Idiopathic Cardiomyopathy
Liver Disease
Loss of Independent Existence
Loss of Speech
Major Burns
Major Head Trauma
Major Organ Transplant
Motor Neurone Disease
Multiple Sclerosis
Occupationally Acquired HIV Infection
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paraplegia
Parkinson's Disease
Pneumonectomy
Primary Pulmonary Hypertension
Quadriplegia
Renal Failure
Stroke

For Coronary Artery Disease the maximum amount payable is limited in the manner set out under 'Medical Definitions' commencing on page 44.

For Occupationally Acquired HIV Infection the Critical Illness Benefit may be excluded where a cure becomes

available as set out under 'Medical Definitions' commencing on page 44.

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 44.

Death Benefit (standard)

If you die within 14 days of the diagnosis of the critical illness, we will pay \$5,000 to your estate.

The features

The Economiser feature is provided on the terms as set out on page 5. The Critical Illness Reinstatement Option is available at an additional cost on the terms set out on page 11.

The following additional features are explained on page 31:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Level of cover

Minimums/Maximums

There are no minimum Sum Insured requirements for the Aviva Protection – Stand Alone Recovery Money contract, but for the Aviva Protection – Executive Stand Alone Recovery Money contract a minimum Sum Insured of \$750,000 applies.

The maximum Sum Insured is \$1,500,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Critical Illness Benefit will not be payable in the event of self-inflicted illness or injury

It will also not be payable if it is shown that you do not have the condition which has been diagnosed.

We will only pay the Critical Illness Benefit if you live for at least fourteen days without the aid of a life support system, after diagnosis of the Critical Illness.

No payment will be made for Heart Attack, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

Where we agree to take over an existing policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures have been covered under the policy to be replaced, the sum insured under the policy being replaced is greater than or equal to the Sum Insured under this policy, and the policy being replaced has been in force for at least three months.

The Death Benefit is not payable if you commit suicide within thirteen months of the commencement or reinstatement of the policy.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell

Aviva Protection – Income Gold and Aviva Protection – Income Excell provide income replacement while you are Totally Disabled or Partially Disabled and unable to work as a result of either sickness or injury. Payments are made until the end of the chosen benefit period.

The policies have the same basic structure, however Aviva Protection – Income Gold has several additional benefits and features.

Both policies offer you the choice of agreed value or indemnity cover. You have the choice of an agreed monthly Sum Insured (agreed value) or a Sum Insured limited to the lesser of a monthly value nominated by you, and 75% of your average monthly earnings for the 12 months preceding the date of Total Disablement (indemnity). The maximum Sum Insured is limited in the manner described on page 27. The premiums for agreed value and indemnity policies are different and you should discuss with your Financial Adviser which is the most appropriate for you.

Insuring your greatest asset

Many people consider their greatest asset to be their home, contents or in some cases an investment portfolio. The truth is these assets would simply not exist if the individual did not have a consistent, reliable income.

As well as being necessary for survival, your ability to earn an income is in fact your greatest asset. Just like your house and contents you should consider insuring this asset in the event of illness or injury.

Aviva Protection – Income provides monthly benefit payments to replace a significant portion of your income if you are ill or injured and unable to work.

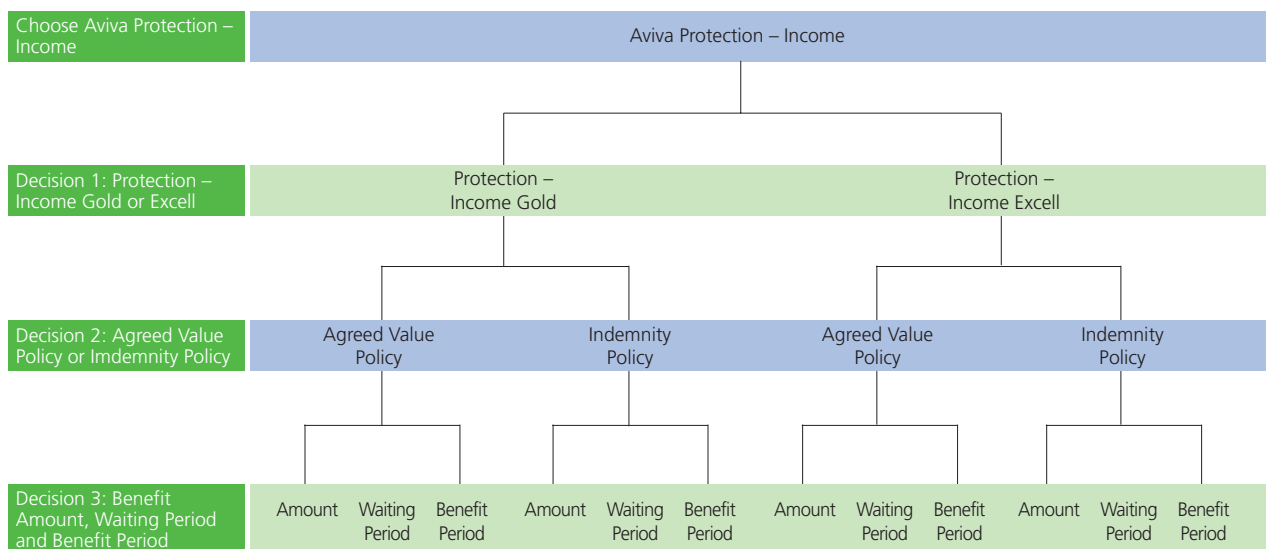
Flexible solutions

The Aviva Protection range of income protection solutions allows you to choose your own combination of cover to meet your personal needs. You select the type of contract you require and the options you want at the same time as having significant control over the premium that you will pay.

By selecting certain options you can limit the premium you pay, or you can maximise the benefits you receive by paying a higher premium.

It is important to discuss your options with your financial adviser to make sure you understand the implications of your decision.

The Aviva Income Protection decision tree



Aviva Protection – Income Gold & Aviva Protection – Income Excell: a snapshot of what your cover includes

	Accident Benefit Option	Automatic CPI Linking Benefit	Critical Conditions Benefit	Death Benefit	Emergency Travel Benefit	Guaranteed Insurability Option	Guaranteed Yearly Renewable	Increasing Claim Benefit	Interim Accident Benefit	Nursing Care Benefit	Platinum Benefit	Level & Stepped Premiums	Recurrent Claim Benefit	Scheduled Injury Benefit	Spouse Accommodation Benefit	Rehabilitation Benefit	Rehabilitation Income Benefit	Total & Partial Disability Benefit	Unemployment Waiver	Waiver of Premium	
Aviva Protection – Income Gold	O	B	B	B	B	O	B	O	B	B	O	B	B	B	B	B	B	B	B	B	B
Aviva Protection – Income Excell	O	B	N	B	N	O	B	O	B	N	N	B	B	B	N	N	N	B	N	N	B

B = Benefit included in basic price O = Option at additional cost N = Not available

The policies are ‘guaranteed renewable’. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you must choose the amount of income replacement payable on sickness or injury. This is called the monthly Sum Insured. In addition to selecting the Sum Insured, you must also select a Waiting Period.

	Agreed Value	Indemnity
Monthly Sum Insured	When you take out a policy, you nominate a monthly Sum Insured up to a maximum of 75% of your Monthly Earnings (the definition of Monthly Earnings is set out on page 26). You will be paid this benefit if you become Totally Disabled, subject to proof of Monthly Earnings and the limited circumstances under which this may be adjusted, as set out in “Benefit Reductions” on pages 24. For the proportion payable on Partial Disability, refer to page 21.	When you take out a policy, you nominate a monthly Sum Insured up to a maximum of 75% of Monthly Earnings (the definition of Monthly Earnings is set out on page 26). If you are Totally Disabled, subject to the limited circumstances under which this may be adjusted, as set out in “Benefit Reductions” on pages 24, you will be paid the lesser of this amount and 75% of your Pre-Disability Earnings (see the definition of Pre-Disability Earnings on page 26). For the proportion payable on Partial Disability, refer to page 21.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Waiting period

You must choose a waiting period when taking out your policy. The Waiting Period is the period you must wait before benefits become payable.

If you choose a two or five year benefit period, for stepped premiums you have the choice of waiting periods of 14 days, 30 days, 60 days, 90 days, and 180 days.

If you choose a benefit period to age 60, 65 or 70 years you also have the choice of waiting periods of 365 and 730 days. However if you choose a 365 days or 730 days waiting period, the Critical Conditions Benefit, Spouse Accommodation Benefit, Nursing Care Benefit, Scheduled Injury Benefit, Emergency Travel Benefit, Rehabilitation Income Benefit are not available.

For level premiums you have the choice of waiting periods of 14 days, 30 days, 60 days 90 days, and 180 days.

Generally speaking, the longer the waiting period, the lower the insurance premium.

The waiting period commences on the date that you receive advice of Total Disability from a medical practitioner. In circumstances where it can be substantiated that disability had begun earlier than the date of receiving advice from a medical practitioner, the date of commencement may be backdated by up to 7 days with medical certification.

Benefit period

The benefit period is the maximum period of time for which the monthly benefit is payable, whilst you are Totally or Partially Disabled due to injury or sickness.

Benefit Period:	Expiry at policy anniversary preceding age:
2 years for sickness and injury	65
5 years for sickness and injury	65
To age 60 years for sickness and injury	60
To age 65 years for sickness and injury	65
To age 70 years for sickness and injury	65

The benefit period to age 70 years is only available to people in certain occupational classes. Where the benefit period is to age 70 years, the expiry date of the policy is the policy anniversary preceding age 65 years. If the insured is Totally or Partially Disabled at the policy anniversary preceding age 65 then payment of benefits may continue to the policy anniversary preceding age 70 years, or until the insured ceases to be either Totally or Partially Disabled, which ever occurs first.

If the policy is an indemnity policy and you are receiving benefits as a result of Partial Disability then the claim payment will continue for a maximum of two years.

The benefits and features

Key terms used in this section are defined on pages 25 to 27; please read those definitions carefully.

Total Disability Benefit (standard)

If, as a result of Injury or Sickness, you sustain Total Disability while your policy is in force, we will pay your monthly Sum Insured. Payment will start from the first day after the Waiting Period has elapsed and continue while you are disabled up to the cessation of the Benefit Period for any one Injury or Sickness. We will pay one-thirtieth of the monthly Sum Insured for each day of Total Disability.

Partial Disability Benefit (standard)

If you are Partially Disabled, a proportion of the monthly Sum Insured will be paid to you.

If you have an **agreed value** policy and you are Partially Disabled, a proportion of the monthly Sum Insured will be paid to you. The proportion will be:

$$\frac{A - B}{A}$$

where A is your Pre-Disability Earnings and B is your Monthly Earnings for the month in which Partial Disability is claimed.

If, during the first three months of a continuous period of Partial Disability, your Monthly Earnings are 20% or less of your Pre-Disability Earnings, we will pay the full Monthly Benefit, during these months.

If you are no longer Totally Disabled but you are not working, then B will be calculated based on medical advice (which will include the opinion of your medical practitioner), and what you could reasonably be expected to earn if you were able to obtain work.

The Partial Disability Benefit begins to accrue from the day after you are no longer Totally Disabled or the day after the Waiting Period, whichever is the later. It is paid monthly in arrears and will stop at the end of the Benefit Period or when you cease to be Partially Disabled or when your Monthly Earnings equal your Pre-Disability Earnings, whichever is the earlier.

If you have an **indemnity policy** and you are Partially Disabled, a proportion of the monthly Sum Insured will be paid to you. The proportion will be:

$$\frac{A - B}{A}$$

where A is your Indexed Pre-Disability Earnings and B is your Monthly Earnings for the month in which Partial Disability is claimed.

If, during the first three months of a continuous period of Partial Disability, your Monthly Earnings are 20% or less of your Pre-Disability Earnings, we will pay the full Monthly Benefit during those months.

If you are no longer Totally Disabled but you are not working, then B will be calculated based on medical advice (which will include the opinion of your medical practitioner), and what you could reasonably be expected to earn if you were able to obtain work.

The Partial Disability Benefit begins to accrue from the day after you are no longer Totally Disabled, or the day after the Waiting Period, whichever is the later. It is paid monthly in arrears and will stop at the end of the Benefit Period, or when you cease to be Partially Disabled or when your Monthly Earnings equal your Pre-Disability Earnings, whichever is the earlier.

If you have an indemnity policy, the Partial Disability Benefit will be restricted to a maximum of two years in respect of any one claim, including benefits paid under the Recurrent Claim Benefit.

Waiver of Premium (standard)

After you have been disabled for longer than the Waiting Period, we will waive all premiums payable under your policy for the period you continue to receive either the Partial or Total Disability Benefit.

Recurrent Claim Benefit (standard)

Benefits will commence immediately if Total or Partial Disability from the same cause should re-occur within six months of you receiving your last benefit payment. No further Waiting Period applies, and the payments will be considered part of the same Benefit Period.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Scheduled Injury Benefit (standard)

If you sustain any of the following injuries, we will pay you a Scheduled Injury Benefit equal to your monthly Sum Insured for the number of months set out below, whether or not you are able to return to work.

Total and Permanent Loss of:	Payment period (months)
Use of your legs or your legs and arms due to spinal cord injury or disease resulting in paraplegia or quadriplegia	60
Use of one or both sides of the body due to brain injury, spinal cord injury or disease resulting in diplegia or hemiplegia	24
Both feet or both hands or sight in both eyes	24
Any combination of two of a hand, a foot and sight in one eye	24
One leg or one arm	18
One hand or one foot or sight in one eye	12
The thumb and index finger of same hand	6

Fracture of the:	Payment period (months)
Thigh	3
Pelvis	3
Skull (except bones of face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2
Forearm (above the wrist)	1½
Collarbone	1½

Schedule Injury Benefits commence upon receipt of the claim form verifying the Scheduled Injury. If you are Totally Disabled at the end of the payment period, you must wait until your Waiting Period expires before Total Disability benefits become payable.

Death Benefit (standard)

If you die while you are receiving a benefit from your policy, the Death Benefit will be paid to your estate.

The Death Benefit is six times the monthly Sum Insured subject to a maximum of \$60,000 and is paid upon proof of death. This will be paid monthly to your estate in six equal instalments over a period of six months. Payment of the Death Benefit means that no other benefits are payable.

Critical Conditions Benefit (standard for Aviva Protection – Income Gold only)

If you are first diagnosed as suffering from one of the conditions listed below after you have purchased the policy, you will be paid the monthly Sum Insured, even if you are working, provided the critical condition is diagnosed by a medical practitioner and is supported by histological and laboratory evidence as appropriate, depending on the circumstances.

- Aplastic Anaemia
- Benign Intracranial Tumour
- Cancer
- Chronic Lung Disease
- Coma
- Coronary Artery By-Pass Surgery
- Dementia
- Heart Attack
- Heart Surgery
- Liver Disease
- Loss of Independent Existence
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant
- Motor Neurone Disease
- Multiple Sclerosis
- Occupationally Acquired HIV Infection
- Parkinson's Disease
- Renal Failure
- Stroke

These critical conditions are defined in the 'Medical Definitions' on page 44.

The Critical Conditions Benefit is payable once for the same type of critical condition until the expiry date of your policy. It will only be paid for another type of critical condition if you recovered from your prior critical condition, returned to employment and have not been receiving any benefits from this policy for at least six months. The benefit is paid monthly in advance for a total of six months.

If you are disabled at the end of the Critical Conditions Benefit Period, your eligibility to be paid Disability Benefits is determined under the appropriate conditions of your policy.

The Critical Conditions Benefit will not be paid:

(a) If Heart Attack, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery or Coronary Artery By-Pass Surgery is diagnosed, or symptoms leading to the diagnosis become reasonably apparent within three months of the inception, increase or reinstatement of the policy. If this occurs within three months of an increase in benefits, the increase will not be payable.

or

(b) If it is shown that you do not have the condition which has been diagnosed.

Emergency Travel Benefit (standard for Aviva Protection – Income Gold only)

If, as a result of an Injury or Sickness, you require emergency transportation in an air, sea or land ambulance while you are outside Australia, we may, in our absolute discretion, refund the costs of emergency transportation within the country where the Injury or Sickness occurred.

If you become Totally Disabled whilst you are outside Australia and remain so for more than 30 days, then if Disability continues, and you choose to return to Australia, we will reimburse you the cost of a single economy airfare by the most direct route on a recognised airline.

This benefit is limited to a maximum of three times the monthly Sum Insured and is payable only once in any twelve (12) month period. Emergency Travel Benefits are not payable on costs for which you are insured, or entitled to seek reimbursement from another source.

Nursing Care Benefit (standard for Aviva Protection – Income Gold only)

If during the Waiting Period, you are Totally Disabled and confined to bed and certified by a doctor to require the continuing care of a registered nurse, other than an immediate family member, for a period of at least three days, we will pay an amount of one-thirtieth of the monthly Sum Insured for each day of confinement, commencing from the first day of such care, until the end of the Waiting Period, when you are no longer confined to bed, or you no longer require the care of a registered nurse or for a maximum of 90 days, whichever first occurs.

Rehabilitation Expenses Benefit (standard for Aviva Protection – Income Gold only)

Should you need to undergo a formal rehabilitation course whilst Totally Disabled or require special equipment to assist you to return to work or live at home, we will pay for such extraordinary expenses that you incur up to an amount equal to six times the monthly Sum Insured.

Rehabilitation Income Benefit (standard for Aviva Protection – Income Gold only)

When you are Totally Disabled and you choose to engage in rehabilitative employment we will increase the Total Disability Benefit by 50%, which will be paid while rehabilitative employment continues for up to 12 months for any one period of disability.

Spouse Accommodation Benefit (standard for Aviva Protection – Income Gold only)

If your spouse, partner or close relative needs accommodation more than 100 km from your home, so that he or she can be close to where you are hospitalised during a period of Total Disability lasting more than three days we will reimburse the cost of the accommodation, less amounts that are reimbursed from another source, to a maximum one-thirtieth of the monthly Sum Insured or \$200.00 per day for a maximum of 30 days.

Unemployment Waiver (standard for Aviva Protection – Income Gold only)

After this policy has been in force for six months, if you involuntarily become unemployed and register with Centrelink or a recognised employment agency we will waive premiums due or paid for the duration of your unemployment up to a cumulative maximum of twelve months during the life of the policy.

Increasing Claim Benefit (optional at additional cost)

After you have been receiving a benefit for 12 months, the amount of benefit will be increased by the lesser of 8% p.a. or the increase in the Consumer Price Index (CPI).

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Accident Benefit Option (optional at additional cost)

If during the Waiting Period you become Totally Disabled due to Injury for at least three days you will receive one-thirtieth of the monthly Sum Insured for each day of Total Disability during the Waiting Period up to a maximum of 90 days.

Guaranteed Insurability Option (optional at additional cost)

This option provides for an opportunity to increase your benefit up to 15% every three years without having to provide further medical evidence. Up to six option dates are available to age 50 next birthday.

Platinum Benefit (optional at additional cost for Aviva Protection – Income Gold only)

If you purchase the Platinum Benefit then any Critical Condition Benefit or a Nursing Care Benefit payable to you will be increased by one third. If death occurs while you are receiving a Platinum Benefit, the Death Benefit is determined using this increased monthly benefit.

The following additional features are explained on page 31:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Matters affecting payment of benefits

Unemployment

If you are unemployed, or on maternity or paternity leave, for more than twelve (12) months immediately before becoming Totally Disabled, then paragraph (a) in the definition of "Total Disability" set out on page 26 is replaced by "you are unable to perform any occupation for which you are reasonably suited by education, training or experience." If you are on sabbatical leave, study leave from your employer or long service leave this will not be considered as unemployment.

Maximum benefits payable offset

The maximum Total Disability Benefit and Partial Disability Benefit payable under the policy are reduced in certain circumstances.

If you have an **agreed value policy**, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

- (i) you are eligible to receive benefits from a disability insurance policy or salary continuance policy from us or any other insurer which you had not disclosed when applying for this policy, or a monthly benefit is received from a policy taken out after this policy and you did not disclose your entitlements to receive benefits under this policy; or
- (ii) the occupation class shown on your policy schedule is not AAA, MP or LP and a workers compensation payment or other legislated payment is received in respect of loss of income and in calculating the payment the relevant tribunal or authority did not or could not take into account entitlements under this policy.

In these circumstances:

- (i) your Total Disability Benefit may be reduced so that it, together with the aggregate of those monies, does not exceed 75% of your Pre-Disability Earnings;
- (ii) if a payment is a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a benefit is paid to you for a maximum of seven years, and the maximum benefit will be calculated taking this figure into account; and
- (iii) your Partial Disability Benefit may be reduced so that the total of your Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

- (i) lump sum or income benefits under other insurance policies, except as described above; or
- (ii) lump sum or income benefits under any retirement or superannuation fund (including government and statutory funds), provided that if these policies or funds existed at the time of the policy commencement date or its reinstatement, all details were fully disclosed.

When your Total Disability Benefit or Partial Disability Benefit is reduced in accordance with this condition, a proportionate refund of premiums paid will be made. The refund will be:

$$A \times B \times C$$

where: "A" is the percentage reduction in the benefit; and "B" is your average monthly premium over the 12 months prior to Total Disability; and "C" is the lesser of the number of months your policy was in force before your claim started and 12.

If you have an **indemnity policy**, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

- (i) you are eligible to receive benefits from a disability insurance policy or salary continuance policy from us or any other insurer or through a superannuation fund; or
- (ii) you are eligible to receive any income provided by or arranged by an employer, partnership or business including sick leave; or
- (iii) a workers compensation payment or other legislated payment is received in respect of loss of income and in calculating the payment the relevant tribunal or authority did not or could not take into account entitlements under this policy.

In these circumstances:

- (i) your Total Disability Benefit may be reduced so that it, together with the aggregate of those monies, does not exceed 75% of Your Pre-Disability Earnings;
- (ii) if a payment is a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a benefit is paid to you for a maximum of 7 years, and the maximum benefit will be calculated taking this figure into account; and
- (iii) your Partial Disability Benefit may be reduced so that the total of your Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

- (i) lump sum or income benefits under other insurance policies, except as described above; or
- (ii) lump sum or income benefits under any retirement or superannuation fund (including government and statutory funds), provided that if these policies or funds existed at the time of the policy commencement date or its reinstatement, all details were fully disclosed.

Concurrent benefits

Only one of the Total Disability Benefit, Partial Disability Benefit, Critical Conditions Benefit, Nursing Care Benefit, Accident Benefit or Scheduled Injury Benefit is payable at any one time.

Payment of benefits

Benefits are payable to you monthly in arrears except for the Scheduled Injury Benefit and the Critical Conditions Benefit which are payable in advance. Benefits for periods of less than one month will be paid pro rata based on a 30 day month.

Definitions

The following defined terms are used above:

Benefit Period ends on the first to occur of:

- the expiry of the Benefit Period shown on your policy schedule;
- the date on which your Disability ceases;
- the Expiry Date as shown on your policy schedule;
- the date of your death, or
- the termination of the policy.

Business Expenses are regular or continuing fixed expenses incurred by your business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or other entity from which you or your family derive a benefit. Your share of these payments will be that which is apportionable to you in line with the usual manner that the profits and/or losses of your business are divided.

Deemed Disability means that whilst the policy is in force you have suffered from one of the Scheduled Injuries (or a Critical Condition if your policy is Gold) and 14 days after the Scheduled Injury or Critical Condition occurs, for the purpose of being eligible for Partial Disability Benefits you are deemed to have been Totally Disabled for 14 days.

Disability or Disabled means Total Disability or Partial Disability as the context requires.

Injury means an accidental bodily injury you suffer whilst your policy is in force.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Monthly Earnings is

- (a) where you do not directly or indirectly own the business or professional practice from which you earn your regular income:

the total monthly value of your remuneration in respect of the performance of your regular occupation.

It includes:

salary,
fees,
commission,
bonuses,
regular overtime, and
fringe benefits.

It will be determined by calculating the amount you could be expected to receive if your total remuneration was received as a salary or wage (before income tax is deducted);

- (b) when you do directly or indirectly own all or part of the business or professional practice from which you earn your regular income:

the income earned by your business directly due to your personal exertion or activities less your share of the necessarily incurred Business Expenses and costs for that business or professional practice, calculated on a monthly basis.

Partial Disability or Partially Disabled

means after you have suffered from a Deemed Disability or you have been Totally Disabled for at least fourteen (14) consecutive days since Total Disability began, and in either case:

- (a) you are no longer Totally Disabled because you are performing at least one of the duties of your regular occupation, or you are working in another occupation or you are capable of returning to work in your own occupation on a partial basis but are not working; and
- (b) your Monthly Earnings are less than your Pre-Disability Earnings because of the sickness or injury which caused your Total Disability, and
- (c) you are following the advice of a medical practitioner.

If you are capable of returning to work on a partial basis but are not working then your Monthly Earnings will be calculated based on medical advice (which will include the opinion of your medical practitioner), and what you could reasonably be expected to earn if you were able to obtain work.

If you were unemployed for more than twelve (12) months immediately before becoming Totally Disabled, then “your own occupation” in part (a) will be replaced by “an occupation for which you are reasonably suited by education, training or experience.”

Pre-Existing Condition is a sickness, disease or physical condition for which symptoms existed, that would cause a reasonable person to seek diagnosis, care or treatment from a medical practitioner, before the commencement date, date of reinstatement or the date an improvement is offered under the upgrade guarantee.

For any Pre-Existing Condition to be covered under the policy you must have told us about it in your application.

Sickness means a sickness or disease you suffer and which becomes apparent after the commencement date, or which is disclosed in your application.

For agreed value policies, the following definitions apply:

Pre-Disability Earnings is the greater of:

- (a) your Monthly Earnings for the twelve (12) months immediately prior to the Commencement Date, and
- (b) your Monthly Earnings for any consecutive twelve (12) months in the three years immediately prior to the date Disability commences.

When you are disabled, this figure will be increased every twelve (12) months following the date of commencement of Disability by the percentage change in the Consumer Price Index.

Total Disability or Totally Disabled means that solely because of injury or sickness:

- (a) you are not capable of doing at least one of the important duties of your regular occupation, and
- (b) you are not working in any gainful occupation, and
- (c) you are following the advice of a medical practitioner.

An important duty is one that involves 20% or more of your overall tasks.

For indemnity policies, the following definitions apply:

Pre-Disability Earnings are calculated as follows:

Where you do not directly or indirectly own all or part of the business from which you earn your regular income, your average Monthly Earnings over the twelve months immediately preceding the date of Total Disability.

Where you do directly or indirectly own all or part of the business from which you earn your regular income, your average Monthly Earnings based on the financial evidence required for taxation purposes for the tax year prior to the date of Total Disability.

Total Disability or Totally Disabled means that solely because of Injury or Sickness:

- (a) you are not capable of doing at least one of the important duties of your regular occupation; and
- (b) you are not working in any gainful occupation; and
- (c) you are following the advice of a medical practitioner.

An important duty is one that involves 20% or more of your overall tasks.

However if you have been receiving payments under the Total Disability Benefit for two years (including as a result of the Recurrent Claim Benefit) or you were unemployed for more than six months prior to commencing to receive the Total Disability Benefit, then part (a) of the above definition is replaced by: "you are unable to work in any occupation for which you are reasonably suited by training, experience or education; and".

Making a claim

Notice of claim

Written notice of a claim for Total Disability Benefit must be given to us within 30 days of you becoming disabled. We will then send you the necessary claim form.

You and your doctor must complete the claim form and return it to us within 60 days of the beginning of a period of Total Disability for which benefits are being claimed. You will be responsible for any costs incurred in completing the claim form.

No benefit will be payable in respect of any period more than 60 days prior to us receiving the claim form or any progress claim form we may issue, unless your disability is such as to prevent you from informing us within the 60 day period.

Level of cover

Minimum Sum Insured

\$1,000 per month.

Maximum Sum Insured

75% of first \$200,000 p.a. of gross income after Business Expenses,

50% of next \$100,000 p.a. of gross income after Business Expenses, and

40% of gross income p.a. after Business Expenses thereafter.

Subject to a maximum Sum Insured of \$20,000 per month.

Termination of policy

Your policy terminates the earlier of: the Expiry Date shown on the schedule, or the death of the life insured, or when we receive your written request for cancellation, or when any premium remains unpaid for more than 30 days. Where the benefit period to age 70 has been chosen, the policy terminates at the policy anniversary prior to age 65, but claim payments may continue past that date, as explained on page 20.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The policy does not apply to or cover any disability caused by:

- (a) war, or an act of war; or
- (b) intentional self injury, or attempted suicide; or
- (c) pregnancy, childbirth or miscarriage unless Total Disability continues for more than three months after the end of the pregnancy. When this occurs the date of Disability will be taken as being the date of the end of the pregnancy;
- (d) your participation in a criminal activity or your incarceration.

In addition, regardless of whether or not there is a connection between your disability and your incarceration, benefits will not be paid in relation to any period during which you are incarcerated.

Criminal activity means any activity giving rise to your conviction and incarceration. Incarceration means confinement in a jail of any description (including a prison farm or remand centre).

If your policy is an indemnity policy, a further exclusion applies. Benefits in respect of any mental disorder will be restricted to a cumulative total of 2 years, excluding any period of confinement in a hospital or other health institution. Mental disorder includes, but is not limited to, anxiety, depression, stress, fatigue, exhaustion, fibromyalgia, physical complication of psychiatric disorders, drug or alcohol abuse, cognitive impairment, behavioural disorders, or complications of any of them.

Aviva Protection – Income Business Expenses

Aviva Protection – Income Business Expenses provides you with income cover for your business expenses if you are disabled. If you are unable to work because of a sickness or injury you will receive a monthly benefit for up to one year after the waiting period for any one claim.

This policy can only be held in conjunction with an approved Aviva Protection – Income Gold or Income Excell policy.

This policy is 'guaranteed renewable'. This means that, provided you pay the premiums, you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of income replacement you require. This is called the monthly Sum Insured. In addition to selecting the monthly Sum Insured, you must also select a Waiting Period.

Monthly Benefit

When you take out a policy, you nominate a monthly Sum Insured, which may be up to 100% of your Business Expenses listed in your application.

Waiting Period

You must choose a Waiting Period when taking out the policy. The Waiting Period is the period you must wait before benefits become payable. You can choose a Waiting Period of 14 or 30 days.

The benefits and features

Key terms used in this section are defined on pages 29; please read those definitions carefully.

Total Disability Benefit

If you are Totally Disabled, we will pay you a monthly Total Disability Benefit equal to the Business Expenses listed in your application that are actually incurred for that month, up to the Maximum Monthly Benefit. If you make a claim we need evidence of your Business Expenses incurred for that month.

Partial Disability Benefit

If you are Partially Disabled, a monthly Partial Disability Benefit will be paid to you if gross business income (that is, the income of the business before expenses and tax) falls below Business Expenses as a result of your Partial Disability.

The Partial Disability Benefit is the difference between the monthly gross business income (or what you could reasonably be expected, as agreed between you and us, to contribute to the monthly gross business income) and your monthly Business Expenses, up to the Maximum Monthly Benefit.

The Partial Disability Benefit begins to accrue from the day after you are no longer Totally Disabled. It is paid monthly in arrears and will stop at the end of the benefit period or when you cease to be Partially Disabled or when your monthly gross business income equals or exceeds your monthly Business Expenses, whichever first occurs.

Payment of the Total Disability Benefit and the Partial Disability Benefit will be monthly in arrears. The benefits will only be payable if gross business income has exceeded Business Expenses for the previous 12 months, and it would be reasonable to assume that would have continued to be the case if you had not suffered a disability.

If the Total Disability Benefit or Partial Disability Benefit payable under this policy, together with any benefit payable under any other disability policy deemed to be business expenses insurance, exceeds in any month the eligible Business Expenses which are incurred during that month then the Benefit will be reduced by the excess.

Death Benefit

If you die while you are receiving any benefit under policy, the Death Benefit will be paid.

The death benefit is twelve (12) times the monthly Sum Insured, less any amounts already paid in respect of the current claim, up to a maximum of \$60,000 and is paid upon proof of death. This will be paid as a lump sum to the policy owner. Payment of the Death Benefit means that no other benefits are payable.

Extension of benefit period

If Total Disability Benefits have been paid for a period of twelve (12) months, the benefit period may be extended if the total amount paid is less than twelve (12) times the monthly Sum Insured. The period of extension will be:

- for six (6) months; or
- until Total Disability ceases; or
- until the total amount paid equals 12 times the monthly Sum Insured; or
- until the benefit expiry date;

whichever occurs first.

Waiver of Premium

After you have been disabled for longer than the Waiting Period we will waive all premiums payable under your policy for the period you continue to receive either the Partial or Total Disability Benefit.

Recurrent Claim Benefit

The Recurrent Claim Benefit is described on page 21.

The following additional features are explained on page 31:

- Indexation of benefit
- Upgrade guarantee
- 24 hour world wide cover
- Interim Accident Cover

Definitions

The following defined terms are used above:

Benefit Period ends on the earlier of:

- the expiry of the Benefit Period shown on your policy;
- the date on which your disability ceases;
- the Expiry Date as shown on your policy;
- the date of your death; or
- the termination of the policy.

Business Expenses consist of the following expenses: rent, regular interest instalment payment on business mortgage or loan, electricity, gas, water, heat, laundry, telephone, cleaning, business property rates and taxes, non-income producing employees' salaries and costs directly related to salaries, (e.g. superannuation and other such fixed expenses which are normal in the operation of your profession, business or occupation). They do not include salary, fees, drawing account or any other remuneration for you or your replacement or members of your family or person who is not your employee or the salaries of employees who generate income for your business or the cost of goods or equipment used in your profession, business, or occupation, depreciation of real estate or payments of principal on business mortgages or loans.

Maximum Monthly Benefit payable under the policy is the lesser of:

- (i) the monthly Sum Insured, and
- (ii) one twelfth part of the Business Expenses actually incurred by you in the operation of your profession, business or occupation during the twelve months immediately preceding your Total Disability and which continue during that Total Disability.

Partial Disability or Partially Disabled

means after you have been Totally Disabled for at least fourteen (14) consecutive days since Total Disability began, and:

- (a) you are no longer Totally Disabled because you have returned to work and performing at least one of the duties of your regular occupation or you are working in another occupation; and
- (b) your gross business income or your share of the gross business income is less than your business expenses because of the sickness or injury which caused your Total Disability; and
- (c) you are following the advice of a medical practitioner.

Pre-Existing Condition is a sickness, disease or physical condition for which symptoms existed, that would cause a reasonable person to seek diagnosis, care or treatment from a medical practitioner, before the date the policy commenced, the date of reinstatement or the date an improvement is offered under the upgrade guarantee.

For any Pre-Existing Condition to be covered under the policy you must have told us about it in your application.

Aviva Protection – Income Business Expenses continued

Total Disability or Totally Disabled

means that solely because of injury or sickness:

- (a) you are not capable of doing at least one of the important duties of your regular occupation, and
- (b) you are not working in any gainful occupation, and
- (c) you are following the advice of a medical practitioner.

An important duty is one that involves 20% or more of your overall tasks.

Level of cover

Minimum sum insured

\$1000 per month

Maximum sum insured

Up to 100% of the eligible Business Expenses

Termination of policy

Your policy will automatically terminate on the earlier of the Expiry Date as shown on the policy schedule, the death of the life insured, when we receive your written request for

cancellation, or when you cease to be responsible for any expenses incurred by any business for a period of at least six months. We may also cancel your policy if you cease to have an Aviva Protection – Income Gold or Income Excell policy, or if any required premium or instalment is not paid by the due date. Your policy will cease thirty 30 days after we give you notice of cancellation, if the premium remains unpaid.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

This policy does not apply to or cover any disability caused by:

- (a) war, or an act of war; or
- (b) intentional self injury, or attempted suicide; or
- (c) pregnancy, childbirth or miscarriage unless Total Disability continues for more than three months after the end of the pregnancy. When this

occurs the date of disability will be taken as being the date of the end of the pregnancy;

- (d) your participation in a criminal activity or your incarceration.

In addition, regardless of whether or not there is a connection between your disability and your incarceration, benefits will not be paid in relation to any period during which you are incarcerated.

Criminal activity means any activity giving rise to your conviction and incarceration. Incarceration means confinement in a jail of any description (including a prison farm or remand centre).

Additional features – all products

Aviva Protection – Life, including Executive versions

Aviva Protection – Recovery Money, including Executive versions

Aviva Protection – Flexible Recovery Money, including Executive versions

Aviva Protection – Stand Alone Recovery Money, including Executive versions

Aviva Protection – Income Gold

Aviva Protection – Income Excell

Aviva Protection – Income Business Expenses

Indexation Benefit

Each policy automatically provides increases in the benefits by the greater of the percentage increase in the CPI or 3%, without further medical evidence.

The increases are applied on each policy anniversary. You have the right to refuse an increase in any year. You may cancel the Indexation Benefit at any time.

Unless specified below there are no restrictions upon the amount of cover that may be indexed.

The maximum initial death Sum Insured that can be indexed is \$3,000,000.

The maximum initial critical illness Sum Insured that can be indexed is \$1,000,000.

Upgrade Guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

(a) where the illness was diagnosed or investigated; or

(b) where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policyholder is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

24 hour world-wide cover

Each policy provides 24 hour worldwide cover.

Interim Accident Cover

Interim Accident Insurance cover provides cover against:

“Accidental Death” – for Aviva Protection – Life and Aviva Protection – Recovery Money applications, including Executive versions.

“Accidental Critical Injury” – for Aviva Protection – Recovery Money, Aviva Protection – Flexible Recovery Money and Aviva Protection – Stand Alone Recovery Money applications and Aviva Protection – Life with Disability benefit applications, including Executive versions.

“Accidental Total Disability” – for Aviva Protection – Income applications

What types of accidents are covered?

A benefit will only be available if the accident causing your death, critical injury or disability occurs after the commencement of the interim cover and prior to the termination date.

The death, critical injury or total disability must be caused solely and directly by violent accidental external and visible means, independently of other causes, and satisfy the conditions set out below.

Commencement of cover

Interim Accident Cover commences at the later of the date of receipt of a completed proposal by us; and the receipt of the first or deposit premium. In circumstances where our practice is that a deposit premium is not required, a completed and valid Periodical Debit Authority or Credit Card authority is required. Interim Accident Cover is not provided if payment authorities are not honoured.

Termination of cover

Interim Accident Cover ceases at the first to occur of:

- 90 days elapsing after commencement of the Interim cover
- the application is accepted by our underwriters and a policy document is issued
- you are notified that our underwriters have declined your application
- the application is withdrawn
- 21 days elapsing after you are offered cover on loaded or varied terms, if you haven't accepted those terms in writing.

Additional features – all products continued

Conditions of cover

1. General conditions

No benefit is payable if:

- the policy applied for is to replace insurance cover or another application on your life; or
- the death, critical injury or total disability arises from suicide, attempted suicide or other intentional self-inflicted injury; or
- either you or the proposer has failed to comply with the Duty of Disclosure as set out on the Application Form.

We will pay only one Interim Accident Benefit and the benefit will be reduced by any Interim Accident Benefits or similar payable under any other insurance proposals to other companies. If the client has proposed for both Income and Business Expenses cover, only one Interim Accident Benefit is payable.

2. Conditions specific to Accidental Death

Death must occur within 90 days of the accident.

The benefit payable is the lower of \$1,000,000 and the proposed death Sum Insured.

3. Conditions specific to Accidental Critical Injury

“Accidental Critical Injury” means you suffer one of the following critical injuries, for the first time, as a result of and within 90 days of an Accident:

Blindness, Diplegia, Hemiplegia, Major Burns, Major Head Trauma, Paraplegia, Quadriplegia, and total and irrecoverable loss of the use of two limbs, as defined on pages 44 to 47.

The benefit payable is the lower of \$500,000 and the proposed disability Sum Insured or critical illness Sum Insured, as appropriate. The Buy Back Options do not apply to Accidental Critical Injury.

4. Conditions specific to Accidental Total Disability

“Total Disability” has the same meaning as in the relevant policy document. No benefit is payable:

- if the Total Disability arises from an act of war, or
- in respect of any Pre-existing condition, or
- if the occupation or pastimes of the person to be insured would not be accepted for cover by us under our normal underwriting guidelines.

The benefit payable is the lower of \$5,000 per month and the proposed disability Sum Insured. The benefit is payable each month that you remain continuously Totally Disabled after the end of the applied for waiting period, up to a maximum of six months.

The total monthly benefit will not exceed 75% of Pre-Disability Earnings for Income Gold or Excell and the Life Insured's actual Business Expenses, taking into account all other disability benefits payable.

Holding your policy in your superannuation fund

In consultation with your financial adviser you may decide to hold your Aviva Protection – Life or Executive Life policy as part of your superannuation arrangements.

If you hold your policy through a superannuation fund, the policy will be owned by the trustee of the superannuation fund and you will be the life insured. Benefits will be paid to the trustee.

The trustee will determine how the benefits may be paid to you in accordance with the relevant trust deed and superannuation law. If any part of the superannuation benefit is required to be preserved, then it must be held in a superannuation fund until you reach the preservation age or satisfy a condition of release.

For superannuation policies, the death benefits may, at the discretion of the trustee and with the consent of the beneficiary, be payable as a pension.

We can arrange for your policy to be held by the trustee of the Norwich Union Superannuation Trust ABN 31 919 182 354 (“NUST”) which is a complying fund under the Superannuation Industry (Supervision) Act 1993.

To apply for membership of the NUST you will need to complete the application form contained on page 63.

Norwich Union is the administrator of the NUST. The trustee of the NUST is NULIS Nominees (Australia) Limited. There is no additional charge (above the applicable premium) for holding your policy through the NUST.

Alternatively you can arrange for your policy to be held in another complying superannuation fund of which you are a member. To do so you and the trustee of the fund will need to complete the application on page 64.

We do not provide insurance cover for non-complying superannuation funds. If your fund ceases to be a complying fund at any time you must notify us immediately, and we may cancel the policy. However, we will offer to cover the life insured under a non-superannuation policy owned by you or any alternative party you nominate.

Nomination of beneficiaries

You can direct the trustee of your superannuation fund as to how your benefits are to be distributed on your death. If you hold your policy in the NUST, you can make a Binding Death Nomination. You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of your benefits payable to each. If you wish to make a Binding Death Nomination, you must use the enclosed form on pages 73 to 76.

If you do not make a Binding Death Nomination the trustee of your superannuation fund must consider all known dependants and the legal personal representative when determining the distribution of death benefits. Dependants will include

a spouse, children or any person maintained by the member as his/her child, and any other person substantially financially dependent on the member at time of death.

If you hold your policy through NUST, you may elect to make a non-binding nomination using the enclosed form on page 63. The nomination will guide the trustee as to your wishes, but will not be binding on it. The trustee has absolute discretion to determine who will receive the death benefits.

Superannuation-owned life insurance

Using a superannuation fund to own a life insurance policy can provide a tax deduction or spouse rebate for the premiums in the right circumstances. However it is unlikely that critical illness cover will be owned by the superannuation fund and the ownership of the disability cover needs to be considered carefully based on individual circumstances.

The flexibility of the Aviva range of solutions provides three alternative ways of structuring the estate plan.

Continuation feature

If your Aviva Protection – Life policy has been set up under a superannuation fund it will usually expire by the policy anniversary before your 70th birthday. If you wish to continue your cover, you have 3 months to apply for a death cover under a new non-superannuation Aviva Protection – Life policy for the same Sum Insured without having to provide further medical evidence.

Charges

The basic concept used to determine what is paid for insurance is the matching of the cost to the risk. Equitably priced insurance is dependent on grouping together people with similar characteristics; age, sex, health, occupation and other factors, (such as amount of cover required and how long the benefits will be paid for).

That is why applications for insurance contain such a variety of questions and why insurers seek the most complete information on your medical history, occupation and pastimes – so that you pay the most equitable premium.

Aviva's Protection range gives you access to a wide range of features included in the standard price, together with many options that are available for an additional cost. Your Financial Adviser can provide exact costs for cover for your individual needs.

In these uncertain times it is prudent to spend a small amount of current income to help protect future wealth. In taking out Aviva Protection you help ensure your financial security, should the worst happen.

Premiums and charges

Premiums

We will determine your premium according to a scale of rates that applies to all clients with policies based on that scale. Your premiums will be based upon the type and level of cover you choose along with various factors such as your age, gender, health, lifestyle, occupation and whether or not you are or have been a smoker.

Where the Executive policy is available the premiums will be lower than an equivalent non Executive policy.

For more details about premiums or to obtain a quotation for insurance, please contact your Financial Adviser.

Application for the Aviva Protection range can only be made after you receive a premium quotation from your adviser, a copy of which must

accompany your application form. We will not accept an application that does not have the quotation attached to it.

The quotation is subject to underwriting review and risk assessment before issue of a policy. Consequently, we may issue to you a revised premium quotation and request you to submit an amended proposal for your application.

Where premium payments are received more frequently than annually, a loading of 5% of premium and policy fee for half yearly payments, and 8% of premium and policy fee for all other payments, is applied.

The premium scale is also adjusted by reference to the selected Sum Insured. A loading is applied where the Sum Insured is less than the amount set out below.

Product type	Sum insured	Premium loading
Life Protection	Death less than \$100,000	10%
Recovery Money	Death less than \$100,000	10%
Stand Alone Recovery Money	Critical Illness less than \$100,000	10%
Flexible Recovery Money	No loading applies	
Income Protection	Monthly Benefit less than \$1,500	5%

Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money (including Executive versions) policies only:

Two options are available:

Stepped Premiums

If you choose stepped premiums, your premium will be recalculated each policy anniversary based on your age and/or any increase in the Sum Insured as a result of indexation increases

Level Premiums

If you choose level premiums, your premium is calculated at the commencement of the policy. Your level premium may change if there is an alteration to your Sum Insured and will automatically change to a stepped premium at the policy anniversary preceding a certain age, which is nominated by you. The choices are any of the 55th, 60th or 65th birthday.

Note: Level premiums are not available for Executive policies. The minimum term for the level premium option is five years.

Income policies only:

Two options are available:

Stepped Premiums

If you choose stepped premiums, your premium will be recalculated each policy anniversary based on your age and/or any increase in the Sum Insured as a result of indexation increases

Level Premiums

If you choose level premiums, your premium is calculated at the commencement of the policy and may change if there is an alteration to your Sum Insured.

Minimum Premiums

The following minimum premium requirements apply:

Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money (including Executive versions) policies only:

Stepped premium \$200 plus policy fee. The minimum premium does not apply if the death Sum Insured (where applicable) is \$200,000 or greater

Level Premium \$500 plus policy fee. The minimum premium does not apply if the death Sum Insured (where applicable) is \$300,000 or greater

Income policies only:

Minimum premium requirements do not apply for Income policies.

Policy fee

An annual policy fee applies to the policies, with the current fee applying until 31/12/2003. The policy fee can be periodically amended, but never at a rate greater than the rate of increase in the Consumer Price Index (CPI) since any previous amendment in the policy fee for equivalent policies.

The policy fees are:

Life (including Executive version)	\$87.50
Recovery Money (including Executive version)	\$87.50
Flexible Recovery Money (including Executive version)	\$0.00
Stand Alone Recovery Money (including Executive version)	\$87.50
Income (all policies)	\$87.50

Review of rates

We may change the scale of rates but only if we do so for all clients with policies and premiums based on that scale.

If there are any changes to the non-government charges and fees detailed above, you will be given three (3) months advance warning.

We do not provide a premium rate guarantee.

Charges continued

Stamp duty rates

For Aviva Protection – Life, Aviva Protection – Executive Life, Aviva Protection Recovery Money, Aviva Protection – Executive Recovery Money, the State Government Stamp Duty rates are currently payable by us out of the premium and no separate fee is charged.

In respect of all other policies we will add the amount of these duties set out below to the premium payable.

State	% of premium
ACT	10%
Victoria	10%
South Australia	11%
Western Australia	10%
New South Wales	5%
Queensland	8.5%
Tasmania	8%
Northern Territory	10%

Government taxes and charges

We reserve the right to charge any government tax, licence fee, stamp duty or impost relating to your policy at any time during the life of the policy. We may also increase the premium rates as a result of changes to or the introduction of Government taxes and charges.

Goods and Services Tax

Goods and Services Tax ('GST') is not payable on the Premiums on your policy.

Termination for non-payment

If you have not made payment within 30 days from the due date or from the date of notice to pay, (whichever is later), your cover will cease with effect from when the premium was due and no benefits will be payable.

Surrender value

Premiums paid are used to cover the risks and expenses incurred in managing the policy and consequently the policies do not have a surrender or cash value.

Statutory Fund

The premiums for your Aviva Protection policy will form part of Norwich Union's Number 1 Statutory Fund and insurance claims will be paid from that fund.

Taxation

This section contains general information about significant tax implications relating to non-superannuation and superannuation Aviva Protection products.

The following taxation summary is a general statement only, and individual circumstances may be quite different. The following tax interpretation reflects our current understanding of the tax laws as at the issue date of this document.

Taxation – non-superannuation

Cover type	Tax treatment of premiums	Tax treatment of benefits
Death Benefits	Generally not deductible	Generally not taxable
Total & Permanent Disablement (TPD)	Generally not deductible	Generally not taxable
Critical Illness Benefit	Generally not deductible	Generally not taxable
Income Protection Benefit	Generally deductible	Generally treated as assessable income

We do not deduct tax from your income protection benefit payments, it is your responsibility to declare this as assessable income.

Taxation – superannuation

The following information is of a general nature only. For more details on your tax situation, please consult your financial adviser.

Tax deductions for contributions

All employer contributions are fully tax deductible up to limits set by the Government. These limits are set out in the following table:

Age	Maximum deductible contributions*
Under 35 years	\$13,233
35 to 49 years	\$36,754
50 years & over	\$91,149

If you are self-employed or substantially self-employed, you may be able to claim a tax deduction in respect of some or all of your contributions.

You should consult your financial adviser to determine your eligibility.

If your policy is held in the NUST, at the end of the financial year, Norwich Union (as administrator of the NUST) will ask you to complete a form (section 82AAT Notice) indicating the amount you intend to claim as a personal tax deduction. The trustee of the NUST will acknowledge receipt of this Notice in writing, in order for you to claim a tax deduction.

Rebate for contributions made in relation to a spouse

A rebate is available where both the taxpayer and the spouse are Australian residents and the assessable income of the spouse is less than \$13,800 in the financial year in which contributions are made.

Tax on contributions

All employer contributions or contributions which are being claimed as a tax deduction by the contributor,

less cost of insurance and certain other charges, are taxed at 15% as income of the superannuation fund. Where the policy is held in the NUST, the trustee will deduct appropriate amounts from the members' accounts. This will be nil for contributions used wholly for the payment of term insurance premiums.

Superannuation Contributions Tax (surcharge)

This tax applies to your 'surchargeable contributions' if your 'Adjusted Taxable Income' (ATI) exceeds \$94,691*.

As a general rule, ATI equals taxable income plus surchargeable contributions plus reportable fringe benefits. Surchargeable contributions are generally employer contributions, deductible personal contributions and a portion of a rolled over employer ETP (Golden handshake).

*These amounts apply to the 2003/2004 financial year and are indexed annually by Average Weekly Ordinary Time Earnings

Taxation continued

The portion of an employer ETP used to calculate your adjusted taxable income will vary depending on the form in which you take your benefit and the date on which you take your benefit.

The maximum tax rate of 15% is payable where ATI is \$114,981* or more. Between \$94,691* and \$114,981*, the 15% is phased in. The Tax Office calculates the surcharge.

The 'surcharge' tax is complicated and you should consult your financial adviser for more details about how it affects your situation.

If your policy is held in the NUST and the trustee receives an assessment in respect of contributions to pay term insurance premiums, the trustee will apply any tax against any other benefit accounts you have in the NUST, first. If sufficient funds are not available, we may seek reimbursement directly from you, so that premiums may continue to be paid by the trustee from contributions received.

When the policy is owned by a superannuation fund other than the NUST, it is the responsibility of the fund to ensure all requirements relating to contribution tax and surcharge are complied with.

Taxation of Death and Disability Benefits

Death Benefits

Concessional taxation may apply on Death Benefits paid to dependants.

Taxation legislation provides for an "anti detriment" addition to Death Benefits paid to dependants of a deceased member (including payment via the member's estate), to adjust the impact of tax on contributions. The amount and applicability of this addition varies from member to member.

All Death Benefit payments made on or after 1 July 1994 are subject to the Reasonable Benefits Limits (RBL). Death Benefits are tested against your pension RBL. The pension RBL for 2003/2004 is \$1,176,106. Some individuals may have a higher Transitional RBL.

Death Benefits paid as a pension receive concessional tax treatment.

Disability Benefits

If the trustee of the superannuation fund in which your policy is held is able to release your Disability Benefit because you fulfil the permanent incapacity requirements of superannuation legislation, your benefit may also qualify for concessional treatment as 'Invalidity Benefits'. A 'Post-June 1994 Invalidity Component' may be calculated. This component is tax-free. It can be rolled over but will not be counted against your RBL.

The remainder of the Disability Benefit is treated as an ordinary eligible termination payment and is taxed accordingly, dependent upon the various eligible termination payment components.

If the trustee is unable to release the Disability Benefit received from a particular policy, the moneys will be held in the fund until you retire after your preservation age, or leave any particular employment after age 60. At the time of payment, the benefit will be treated as an ordinary eligible termination payment and will be taxed accordingly dependent upon various eligible termination payment components.

Conditions of release

Benefits accruing in a superannuation fund cannot normally be paid out to you until:

- 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 on or between	Preservation age
Before 1 July 1960	55
1 July 1960 and 30 June 1961	56
1 July 1961 and 30 June 1962	57
1 July 1962 and 30 June 1963	58
1 July 1963 and 30 June 1964	59
On or after 1 July 1964	60

*These amounts apply to the 2003/2004 financial year and are indexed annually by Average Weekly Ordinary Time Earnings

A benefit may be paid before this if you die, suffer permanent incapacity, suffer severe financial hardship (as determined by law), or on compassionate grounds (determined by the relevant Government authority).

Please note that not all claims for Disability Benefits will necessarily meet the definition of permanent incapacity under superannuation law. Where this is the case the monies will be held in the fund until you satisfy another condition of release.

The preservation rules are unlikely to affect you if your superannuation benefits consist only of death cover.

The taxation position detailed is a general statement only and individual circumstances may be quite different. The above tax interpretation reflects our current understanding of the tax laws as at the date of this document. However, please be aware that the Government has announced wide ranging tax reform proposals. Whilst we will advise you of the broad tax changes affecting your policy, the specific impact of the proposed reforms may vary in individual circumstances. Accordingly, you should consult your financial and/or taxation advisers, in respect of your specific circumstances.

Tax File Numbers

Where your policy is held in the NUST, the trustee is required to request you to provide your Tax File Number.

If you do not provide the trustee with your Tax File Number:

- the trustee is required to deduct tax at the highest marginal rate, plus the medicare levy on both the pre-1 July 1983 component and the post-30 June 1983 component of any ETPs paid.
- it may be more difficult to find your superannuation benefits if you change address without notifying your fund or to amalgamate any multiple superannuation accounts.
- the superannuation 'surcharge' may apply to your superannuation contributions, even if your 'Adjusted Taxable Income' is below \$94,691 (see 'Superannuation Contribution Tax (surcharge)' on page 37).

Complaints

This section provides information about the dispute resolution system covering complaints and how the system may be accessed.

Client concerns – non-superannuation

Complaints should first be attempted to be resolved through us. We have set up formal internal procedures for dealing with complaints within 45 days. Our Client Support Team freecall phone number is 1800 037 022. We may be able to solve the problem over the phone, but if not, we will ask you to put it in writing.

If you are not satisfied with the outcome of any complaint, or the complaint is not resolved within 90 days, you may contact the Financial Industry Complaints Service. The Service is totally independent of us and provides free, expert and impartial advice. Inquiries can often be answered on the phone but complaints will need to be in writing.

The Service will investigate any complaint within its terms of reference and may help you resolve the problem with the company.

The Financial Industry Complaints Service can be contacted in Melbourne on 03 9629 7050 or on toll free 1300 780 808. The postal address is:

PO Box 579
Collins Street West
Melbourne Victoria 8007.

Fax: 03 9621 2291

Client concerns – superannuation

Complaints in relation to superannuation policies should first be attempted to be resolved through the relevant superannuation fund. For policies held in the NUST, the trustee has set up formal internal procedures for dealing with complaints within 90 days. Our Client Support Team phone number is 1800 037 022. We may be able to solve the problem over the phone, but if not, we will ask you to put it in writing.

If you are not satisfied with the outcome of any complaint, you may lodge a complaint in writing to the Superannuation Complaints Tribunal (SCT). The SCT is an independent body set up by the Commonwealth Government to help resolve complaints about decisions in relation to members (as opposed to decisions related to the management of the fund as a whole).

The SCT can also help you put the complaint in writing if required. A complaint can only be dealt with by the SCT after it has been dealt with by our internal process. It is located in Melbourne and its contact details are:

Locked Bag 3060
GPO Melbourne Victoria 3001
Telephone: 1300 884 114

Fax: 03 8663 5588

Other important information

This section covers important information with regards to eligibility ages for cover under superannuation and non-superannuation Aviva Protection products. This section also includes details about the Insurer and Administrator, and covers your rights under Privacy legislation.

Eligibility

Non-superannuation – are you eligible?

Cover type	Minimum entry age	Maximum entry age	Expiry age
Death Benefit	18	70	90
Disability Benefit (TPD)	18	60	65
Critical Illness Benefit	18	60	65
Income Protection Benefit	20	60	65

Superannuation – are you eligible?

Cover type	Minimum entry age	Maximum entry age	Expiry age
Death Benefit	18	65	70
Disability Benefit (TPD)	18	60	65

Generally, contributions to a superannuation fund can be received for any member under the age of 65 who is or has been employed in the last two years for at least 10 hours each week. This age is extended to 75 for members working at least 10 hours each week.

Information on your policy

If we approve your application, we will send you a confirmation of cover as required by law, copy of the policy document and the policy schedule. These are important documents – please read them carefully and store them with this PDS in a convenient place. Your insurance cover is effective as soon as we issue the policy.

About the Insurer

Norwich Union Life Australia Limited – Insurer

Norwich Union Life Australia Limited is the issuer of the policies offered in this PDS.

Norwich Union Life Australia Limited is proud to be to be part of the Aviva Australia Group, which is part of the worldwide investment and insurance group, Aviva plc.

Aviva plc was formed in May 2000 following the merger of UK companies Norwich Union plc and CGU plc.

With offices in 30 countries, Aviva plc manages assets in excess of \$488 billion and is the world's seventh largest insurance group and the biggest in the United Kingdom.

The Aviva Australia Group is made up of two specialist companies, Norwich Union Life Australia Limited and Navigator Australia Limited. Aviva Australia Group has a sister funds

management company Portfolio Partners, which operates independently in Australia. Together they manage or administer more than \$18.3 billion for over 300,000 customers.

By choosing Aviva Australia, you can benefit from the global strength and security of Aviva plc while still enjoying a partnership with a local financial organisation.

Postal Address:

GPO Box 2567W
Melbourne Vic 3001
Telephone: (03) 9829 8989

Facsimile: (03) 9820 1534

Cooling-off period

You have 14 days from the earlier of:

- when you receive confirmation of your policy from us, or
- the end of the 5th day after the day on which your policy was issued

to check that the policy meets your needs. This is known as the cooling-off period. Within this time you may cancel the policy (or, in the case of superannuation policies, ask the trustee of your fund to do so) without paying any charges if you notify us in writing or electronically that you wish to return the policy.

Note that if you cancel your policy more than 14 days after the relevant date you may not receive a refund of any premium you have paid.

Privacy statement

General Privacy Statement – Use and Disclosure

Privacy rules covering all personal information held by organisations regulate, among other matters, the way organisations collect, use, disclose, keep secure and give people access to personal information.

In this statement 'we' and us means any or all of the Norwich Union Australia Limited ABN 32 006 783 286 and each of its related companies within the Aviva Australia Group.

A privacy policy describing how we manage your personal information can be obtained through our website, avivagroup.com.au, or by writing directly to us at GPO Box 2567W, Melbourne, Victoria, 3001 (Attention: Privacy Officer).

Purpose and use of personal information

By maintaining your relationship with us, you consent to any personal information we collect about you being used and disclosed in the manner set out below.

The main reason we collect your personal information is to enable us to provide to you the financial products and services which you have asked us to provide. This also includes using your information:

- for our internal operations (including accounting, risk management, record keeping, archiving, systems development and testing, staff training and compliance monitoring);

- to help us develop, establish and administer arrangements with other organisations in relation to the administration and use of the products and services which you have asked us to provide;
- to help us develop, identify and inform you of enhancements to the products and services which you have asked us to provide (but not on the basis of any health or other sensitive information we may hold about you);
- for research in relation to financial products and services;
- where relevant, to enable your financial adviser to provide you with advice and ongoing service. The term 'financial adviser' means your current financial adviser (or any other financial adviser that you select), or where your financial adviser transfers his or her client register to another adviser, that other adviser.

- if your employer makes superannuation contributions on your behalf into a product we provide to you, to give your employer any necessary details of their total contributions on your behalf for superannuation guarantee, taxation and fringe benefit reporting purposes.

We may also use and disclose your personal information for the following additional purposes:

- to help us develop, identify and inform you of other financial products and services that may interest you (but not on the basis of any health or other sensitive information we may hold about you);

- to help us develop, establish and administer arrangements with other organisations in relation to the promotion, administration and use of such services;
- for marketing of financial products and services.

If you do not wish to consent to your personal information being used for these additional purposes you can call our Client Support Team on 1800 037 022 (toll free) or write to us at GPO Box 2567W Melbourne, Victoria 3001.

We may disclose your personal information to other members of the Aviva plc Group. We may also disclose your personal information to other financial institutions and to any person who carries out functions for us or to other organisations with whom we may have arrangements for promoting or marketing our respective financial products and services including the following (who will be bound by appropriate confidentiality obligations):

- your bank or other financial institution, for any direct debits or credits;
- if you are a member of a superannuation product, other entities for the purpose of rollover or transfer of benefits;
- entities we use for printing and/or mailing your regular statements and reports, newsletters and other correspondence;
- other entities we may use for outsourcing the administration of the financial products and/or services we provide to you;
- auditors, consultants, legal or accounting firms, reinsurers and financial services industry bodies and regulators;

- debt collection agencies;
- where relevant, your executor, administrator, trustee, guardian or attorney; and
- third parties for the purpose of following up outstanding information in relation to your application.

If you do not provide personal information we request, or do not consent to its use and disclosure as described above, this may affect our ability to provide to you the financial products and services you have asked us to provide.

Access to your personal information

You may request access to your personal information that we, or an outsourced service provider, hold in relation to your investment with us. You can request access to your personal information by writing directly to us at GPO Box 2567W, Melbourne, Victoria, 3001 (Attention: Privacy Officer).

Where it is established that personal information we hold about you is not accurate, complete or up-to-date, we will take all steps necessary to correct it.

You may be charged a fee for obtaining access to your personal information.

Personal information about third parties

If you supply us with information about another person, you agree to show them a copy of this statement and to tell the person that:

- we are holding personal information about that person;
- personal information collected about that person will be used for the primary purpose set out in this statement and without that personal information, this purpose cannot be fulfilled;
- personal information collected about that person will usually be disclosed to third party organisations described in this statement; and
- the person has the right to access and correct personal information we hold about him or her.

We have always treated your personal information with care, and have been careful to put in place adequate protection against inappropriate and authorised use. This now has force of law and you will have the right to complain to the Privacy Commissioner if you believe your privacy has been breached.

Insurance Reference Association Australia

Certain details of insurance business undertaken and claims received are provided to the Insurance Reference Association Australia for the purposes of maintaining a central reference bureau for use by insurers.

Medical Definitions

This section covers the precise medical definitions in relation to Critical Illness cover under the Recovery Money products.

Aplastic Anaemia

Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments:

- (a) marrow stimulating agents
- (b) bone marrow transplantation
- (c) blood product transfusions
- (d) immunosuppressive agents

Benign Intracranial Tumour

Means a life threatening*, non-cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms and seizures as confirmed by a consultant Neurologist. The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Life threatening means that in the opinion of the consultant Neurologist death is likely to occur within twelve (12) months.

Blindness

Means the complete and irrecoverable loss of sight of both eyes from any cause.

If the extent of sight loss is such that correction measures can achieve neither Visual acuity of 6/60 or greater in at least one eye, nor a field of vision of 10 degrees of arc or greater in at least one eye, then this will be accepted as Blindness.

Cancer

Means the presence of a malignant tumour, including leukaemia, malignant lymphoma and other haemopoietic malignancies.

The tumour must be confirmed by histological examination and must:

- Require major interventionist therapy including radiotherapy, chemotherapy, biological response modifiers or any other major treatment, or
- Be totally incurable

The following cancers are specifically excluded:

- Tumours treated only by endoscopic procedures.
- Carcinoma in situ. This includes Dukes' A Stage Colorectal Cancer and Ductal Carcinoma in situ of the breast. Papillary Carcinoma in situ of the breast is covered under the Policy.
- Prostatic cancers which are histologically described as TNM Classification T1 (including T1 (a) or T1 (b)) or are of another equivalent or lesser classification.

- All skin cancers other than malignant melanoma of greater than Clark Level 2 depth or invasion equal to or greater than 1.5mm thickness.

Chronic Lung Disease

Means end stage lung disease requiring permanent supplementary oxygen, with FEV1 test results of consistently less than one litre.

Coma

Means total and permanent failure of cerebral function characterised by total unarousable unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least ninety six (96) hours.

Coronary Artery By-Pass Surgery

Means coronary artery by-pass graft surgery performed in an open chest operation considered necessary by a cardiologist to treat coronary artery disease causing inadequate blood supply.

Coronary Artery Disease

Means the actual undergoing for the first time one of Angioplasty, Atherectomy, Laser Therapy, Laparoscopic Surgery or Insertion of a Stent, that is considered necessary by a cardiologist to treat coronary artery disease.

The amount of Benefit payable under this condition is limited to ten (10) percent of the Sum Insured as stated on the Policy Schedule or \$25,000 whichever is the lesser. A Benefit only applies where the Critical Illness Sum Insured is \$100,000 or more.

Benefits can only be paid once under this condition and the remaining Sum Insured for Death, Critical Illness or Disability Benefits will be reduced by the amount paid.

Deafness

Means the total, irreversible and irreparable loss of hearing – both natural and assisted, in both ears as a result of disease, illness or injury as measured by audiogram.

Dementia

Means a significant loss of brain function causing a permanent defect (e.g. Alzheimer's Disease), as diagnosed by a consultant Neurologist. There must be deterioration and loss of intellectual capacity on standard testing criteria and a need for continual care either professionally or as an in-patient. Alcohol and drug abuse are excluded as causes of the dementia condition.

Diplegia

Means total loss of function of both sides of the body where the loss of function is permanent due to brain injury or spinal cord injury or disease.

Encephalitis

Means severe inflammation of the brain resulting in permanent neurological deficit causing at least 25% impairment of whole person function, as certified by a consultant Neurologist. Encephalitis as a result of HIV infection is excluded.

Heart Attack

Means death of a portion of heart muscle as a result of inadequate blood supply to a relevant area. The basis for diagnosis shall include:

- (a) Electrocardiographic changes associated with the Myocardial Infarction, and
- (b) Elevation of cardiac enzymes consistent with the Myocardial Infarction

If in the insured's opinion the above tests are inconclusive we will consider other appropriate tests.

Heart Surgery

Means the actual undergoing of open heart surgery to replace or correct cardiac valves as a consequence of heart valve defects, or to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

Hemiplegia

Means total loss of function of one side of the body where the loss of function is permanent due to brain injury or spinal cord injury or disease.

Idiopathic Cardiomyopathy

Means a condition of impaired ventricular function of unknown aetiology resulting in significant physical impairment to the degree of at least Class 3 on New York Heart Association Classification of cardiac impairment.

Liver Disease

Means end stage liver failure. The diagnosis must be based on the following criteria:

- (a) a rapidly decreasing liver size; and
- (b) necrosis involving entire lobules; and
- (c) rapid degeneration of liver function tests; and
- (d) deepening jaundice

Liver damage secondary to alcohol usage or intravenous drug use is excluded.

Medical definitions continued

Loss of Independent Existence

Means a condition as a result of a disease, illness or injury whereby you are totally and irreversibly unable to perform at least two of the following five "Activities of Daily Living":

- (a) bathing and showering;
- (b) dressing and undressing;
- (c) eating and drinking;
- (d) using a toilet to maintain personal hygiene; and
- (e) moving from place to place by walking, wheelchair or with assistance of a walking aid.

Loss of Speech

Total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three (3) months after the ability to speak was first lost.

Major Burns

Means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the "rule of 9" of the Lund and Browder Body Surface Chart.

Major Head Trauma

Means a cerebral injury resulting in neurological deficit, causing at least 25% impairment of function as defined by the Guide to the Evaluation of Permanent Impairment Third Edition, American Medical Association, lasting more than six (6) weeks from the date of the trauma, and likely to persist, as certified by a consultant Neurologist.

Major Organ Transplant

Means the human to human organ transplant as a result of injury or disease from a donor to you of one or more of the following complete organs:

- kidney
- heart
- lung
- liver
- pancreas, or
- the transplantation of bone marrow

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

Motor Neurone Disease

Means an unequivocal diagnosis of motor neurone disease by a consultant Neurologist, with the Insured not necessarily confined to a wheelchair.

Multiple Sclerosis

Means a disease characterised by demyelination of nervous tissue. An unequivocal diagnosis has to be made by a consulting physician confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25% impairment of function as defined by the Guide to the Evaluation of Permanent Impairment Third Edition, American Medical Association. The diagnosis will be based on confirmatory neurological investigations e.g. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central nervous system.

Occupationally Acquired HIV Infection

Means Human Immunodeficiency Virus contracted where the virus was acquired due to an accident occurring whilst engaging in your normal occupation and the seroconversion to the HIV infection being demonstrated by testing within six (6) months of the accident. HIV infection acquired in any other manner is excluded.

Any accident that potentially may give rise to a claim must be reported to us in writing within thirty (30) days of the accident. This advice will require a supporting negative HIV Test performed on material taken after the accident date. Blood product will need to be made available for independent testing.

Exclusion – occupationally acquired HIV infection

No payment will be made where a Cure has become available prior to the accident causing the infection or where you have elected not to take any Vaccine available prior to the accident.

“Cure” means any Australian Government approved treatment which renders HIV inactive and non-infectious.

“Vaccine” means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use in your occupation to produce immunity to the Human Immunodeficiency Virus.

Open Heart Surgery

Means the undergoing of a thoracotomy for treatment of cardiac defect(s), cardiac aneurysm or benign cardiac tumour(s).

Out of Hospital Cardiac Arrest

Means cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- (a) Cardiac asystole; or
- (b) Ventricular fibrillation with or without ventricular tachycardia.

Paraplegia

Means the total loss of function of the lower limbs due to spinal cord injury or disease and where such functional loss is expected to be permanent.

Parkinson’s Disease

Means unequivocal diagnosis of Parkinson’s Disease where the disease:

- (a) prognosis indicates progressive and permanent impairment of you to dress, feed and bathe without assistance;
- (b) cannot be controlled with medication.

Pneumonectomy

Means the excision of an entire lung when deemed medically necessary by an appropriate specialist.

Primary Pulmonary Hypertension

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment.

Secondary Pulmonary Hypertension due to chronic lung disease is excluded.

Quadriplegia

Means the total loss of function of the lower limbs and total loss of function of the upper limbs due to spinal cord injury or disease and where such functional loss is expected to be permanent.

Renal Failure

Means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, requiring permanent regular renal dialysis.

Stroke

Means any cerebrovascular accident or incident producing neurological sequelae. Evidence of infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source is required. Transient ischaemic attacks, reversible ischaemic neurological deficit, cerebral symptoms due to migraine and any intracranial bleeding caused by a trauma are each excluded.

How do I get started?

1. Your financial adviser

Your Financial Adviser will help you work out what your needs are, so you can decide if any of the products in the Aviva Protection range are right for you.

Your Adviser will help you choose between the different product features, and help you to combine Aviva Protection policies with each other and with your other insurance arrangements.

Your Adviser will explain the information in this PDS to you.

2. How to apply

To apply for any of the policies in this PDS you must complete and sign the application form after you have obtained a quotation from your Adviser.

Your Adviser must explain to you what information you must give to us. It is important that you give that information carefully and accurately. You should refer to the description of your Duty of Disclosure on the Application Form.

Direct Debit Service Agreement

This document sets out the terms on which You will make payments by Direct Debit to Us.

1. Definitions and interpretation

1.1 Definitions

'BECS' means the Bulk Electronic Clearing System as managed by the Australian Payments Clearing Association Limited.

'Business Day' means a day which We are ordinarily open for business.

'Direct Debit' means a debit made from Your nominated bank account to Us in accordance with instructions contained in a Direct Debit Request.

'Direct Debit Request' means a request completed by You and addressed to Us authorising debits from Your nominated bank account to Us.

'We' 'Us' or 'Our' means Norwich Union Life Australia Limited ABN 34 006 783 295;

'You' means the customer who completes the Direct Debit Request in Our favour.

'Your Financial Institution' means the financial institution holding Your account nominated in the Direct Debit Request.

1.2 Interpretation

In this document, unless the contrary intention appears:

- (a) the singular includes the plural and vice versa and one gender includes the other genders;

- (b) a promise or agreement by two or more persons binds each person individually and all of them jointly;

- (c) a reference to a party includes that party's successors and permitted assigns;

- (d) a reference to a document or agreement includes an amendment, supplement to, replacement or novation of, that document or agreement;

- (e) a reference to a thing includes a part of that thing;

- (f) a reference to a person includes an individual, a corporation, a government body and any other entity that the law recognises; and

- (g) if a word or phrase is defined another grammatical form of the word or phrase has a corresponding meaning.

2. The arrangement

- (a) This document and the Direct Debit Request contain the terms under which periodic debits to Us will be made directly from Your nominated bank account, as specified in Your Direct Debit Request.

- (b) The amount of the debit to Us will equal the amount that We decide is payable to Us by You, or another amount that we both may agree, and that We notify to Your Financial Institution.

3. When will debits be made?

- (a) Debits by Your Financial Institution to Us under the instructions in the Direct Debit Request will be made on 4th day of each month.
- (b) If the day on which any debits are due falls at a weekend or on a public holiday, then the debit will be made on the next Business Day.

4. Queries

If You have any queries about the Direct Debit Request, including the date on which the debits will be processed, Your queries must be directed to Us, not to Your Financial Institution.

5. Available funds

You must ensure that there is always enough money, in cleared funds, in Your account to meet the required debit on the due date for the debit to occur.

Direct Debit Service Agreement continued

6. What happens if funds are not available?

- (a) If there is not enough money in cleared funds in Your account to meet any required debit, Your Financial Institution will not pay Us. If this happens We will not charge You a dishonour fee, although Your Financial Institution may do so. If You have any queries about fees which Your Financial Institution may charge You, You should contact Your Financial Institution.
- (b) If any debit requested by You is not made, You remain obliged to pay any amount owing to Us until We receive Your payment. Cancellation of Your Direct Debit Request does not affect any of Our accrued rights.

7. Alterations

- (a) If We want to make any changes to the terms of the Direct Debit arrangement, We will provide You with at least 14 days written notice of those changes.
- (b) If You want to make any changes to Your details contained on Your Direct Debit Request You may do so by sending Us a written notice describing those changes.
- (c) In order to process Your changes to Your Direct Debit Request, We must receive Your request at least 7 Business Days prior to the next scheduled debit.

8. Stopping debits

- (a) You may stop a payment to be made to Us pursuant to the Direct Debit Request by contacting Us, preferably in writing and requesting that the debit be stopped. We require 7 Business Days notice from the time that We receive notification from You to take action on this type of request.
- (b) We will confirm to You that the debit has been stopped.
- (c) You may defer or cancel a Direct Debit Request by contacting Us preferably in writing, at least 7 Business Days prior to the next scheduled debit.

9. Availability of accounts

- (a) Payment by direct debiting through the BECS is not available on all accounts. Before completing the Direct Debit Request, You must check with Your Financial Institution and confirm that it will be possible for Direct Debits to be made to Us through the account that You wish to select.
- (b) It is Your responsibility to ensure that You advise Us if Your nominated bank account is to be transferred or closed.

10. Complaints

- (a) If You have any complaint about the way Your Direct Debit has been administered by Us, You should contact:

Risk & Savings
Client Support Team
GPO Box 2567W
Melbourne Vic 3001
or
Freecall 1800 037 022

and provide full details of the complaint.

- (b) The complaint will be reviewed and We will endeavour to forward a response to You within 3 business days.
- (c) If any complaint referred to Us cannot be resolved in a manner satisfactory to You, You should contact Your Financial Institution who will then deal with the matter in the manner set out in the BECS rules.

11. Termination

We may terminate this arrangement by giving You 14 days notice in writing.

12. Privacy

We will not disclose any information about Your details contained in the Direct Debit Request except:

- (a) to You;
- (b) as required by any law, court or regulatory authority;
- (c) to any person nominated by You in writing; and
- (d) to the financial institution holding Our accounts.

By completion of the application form (attached to this brochure), you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be obtained through our website, avivagroup.com.au or by writing directly to us.

13. Assignment

- (a) You must get Our written consent before You can assign or deal with any of Your rights under this agreement.
- (b) We may assign any of Our rights under this document without Your consent.

14. Applicable Law

This agreement is governed by the laws of Victoria.

15. Notices

- (a) Notices to Us should include Your policy number and must be sent to:

Risk & Savings
Client Support Team
GPO Box 2567W
Melbourne Vic 3001
or
Freecall 1800 037 022
- (b) We will send notices to You at the last known address that You have provided to Us.
- (c) Notices may be left at or sent by pre-paid airmail post, hand delivery to that address, and will be treated as given to the recipient either:
 1. on the day of delivery; or
 2. three Business Days after the date of posting by pre-paid post, provided that if the time of delivery or receipt is on a non-Business Day or after 5 PM on a Business Day, delivery or receipt will be considered to have occurred on the next Business Day.

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Application for Aviva Protection

version 1.0



AVIVA

IMPORTANT INFORMATION

Before you sign this application form, be aware that your adviser is obliged to have provided you with the Aviva Protection Product Disclosure Statement containing a summary of the important information in relation to this product along with a premium quote. This information will help you to understand the product and to decide whether it is appropriate to your needs.

Issue date 1 October 2003

Please complete in blue or black ink, using BLOCK letters.

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 the 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 business ought to know;
- as to which 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 void the Contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may void the Contract at any time.

An insurer who is entitled to void 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.

FOR ADVISER COMPLETION:

New Business Application Replace Existing Policy Upgrade to current series Alteration to Existing Policy

Existing Policy number(s) to be altered/replaced

Adviser Name Adviser Number

Section 1 *Life to be Insured details*

Occupational rating of insured (Please tick)

AAA MP LP AA A B Other

Title Mr Mrs Miss Ms Dr Other

Surname

Maiden name (if applicable)

Given name/s

Home Address (not PO Box)

Suburb State Postcode

Telephone (home) - (mobile) -

(work) -

State register (if different from state of residence) Date of birth / / Age next birthday

Place of birth

Sex Male Female Proof of age Attached To follow Already submitted

What is your marital status?

Do you smoke or have you smoked within the last 12 months?

Yes If yes, please state form and daily quantity

No Reason/s for quitting (if applicable)

Date of cessation (if applicable) / /

(Complete Postal address **only** if insured is also the proposer of this application and postal address is different from home address)

Postal address

Suburb State Postcode

Section 2 **Cover details (Please attach a copy of the Aviva quotation)**

Aviva Protection – Life

Standard policy
 Executive policy*

Ordinary
 Superannuation (NUST owned)
 Superannuation (issued to another complying superannuation fund)

Options
 Waiver of premium
 Business protection option
 Disability buy back option

***(Executive policies must have a minimum of \$750,000 death cover)**

\$ Death benefit

\$ Disability benefit (if required) Link to **own** occupation definition (AAA, MP, LP & AA lives only)

Occupational loading of x standard rates on disability benefit (refer occupation rating guide)

Premium Stepped Level (not available for Executive policy) Age at which premiums convert to stepped 55 60 65

Frequency premium
 (must meet minimum premium levels)
 \$

Aviva Protection – Recovery Money

Note: Only one contract type in this section may be selected.

	Recovery Money	Flexible Recovery Money	Stand Alone Recovery Money
Death Benefit	\$ <input type="text"/>	\$ N/A	\$ N/A
Critical Illness Benefit	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Disability Benefit	\$ <input type="text"/>	\$ <input type="text"/>	\$ N/A

Link to **own** occupation definition (AAA, MP, LP & AA lives only)

Standard Policy
 Executive Policy

Options
 Waiver of premium*
 Business protection option**
 Critical illness buy back*
 Disability buy back*
 Critical Illness Reinstatement Option

Occupational loading of x standard rates on disability benefit (refer occupation rating guide)

* These benefits are not available where the Stand Alone Recovery Money contract has been selected.

** This benefit is not available for Flexible Recovery Money or Stand Alone Recovery Money contracts.

Premium Stepped Level (not available for Executive policy) Age at which premiums convert to stepped 55 60 65

Frequency premium
 (must meet minimum premium levels)
 \$

Aviva Protection – Income

Choose one Gold
 Excell

Choose one Indemnity
 Agreed Value

Monthly benefit \$

Waiting period 14 days 30 days
 60 days 90 days
 180 days (stepped premium only)
 365 days (available only for stepped premium with benefit periods to age 60, 65 or 70)
 730 days (available only for stepped premium with benefit periods to age 60, 65 or 70)

Options
 Platinum benefit (Gold only)
 Increasing claim benefit
 Accident benefit option
 Guaranteed insurability option

Benefit period for 2 years for 5 years
 to age 60 to age 65
 to age 70 (available only for AAA, MP, LP & AA lives only)

Premium Stepped Level

Frequency premium
 \$

Aviva Protection – Income Business Expenses

Monthly benefit \$

Waiting period 14 days 30 days
Premium Stepped Level

Frequency premium
 \$

Section 5 **Height and weight details**

What is your height? cm OR feet/inches

What is your weight? kg OR pounds

Section 6 **Habits**

	Yes	No	<i>If Yes, please give details</i>
Alcohol			
(a) Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Form and daily quantity <input type="text"/>
(b) If no, have you ever consumed alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Form, daily quantity & date <input type="text"/>
Drugs			
(c) Have you ever used or injected yourself with any drug not prescribed by a medical attendant?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes, please detail type of drug, frequency of use and when used</i> <input type="text"/>

Section 7 **Existing insurance details**

(a) Have you ever had an application on your life declined, postponed, accepted with a loading or otherwise than as submitted? Yes No
If yes, provide name of company, alteration, date and reason, if known

(b) Are you, upon disablement, entitled to a pension or other benefit from a superannuation plan or your employer? Yes No
If yes, provide full details

(c) Are you in receipt of or have you made a claim for disablement insurance, workers compensation, social security or veteran's affairs, sickness or invalid benefits? If yes, please give details below: Yes No

Date	Company/Source	Period of disability	Cause of claim

(d) Do you have, or have you recently applied for any life, disability and/or trauma insurance with any company, **including Aviva**, or from government employment? Yes, please complete table below. No, go to section 8

Company	Type of policy (eg. Death/TPD Inc. Prot.)	Date policy commenced	Insured amount	Policy number (if known)	To be replaced by this application? **

**For Norwich Union to consider waiving the three month waiting period for heart attack, coronary artery disease, benign intracranial tumour, stroke, cancer, heart surgery or coronary artery bypass surgery, we require a current policy schedule and evidence of currency for the policy to be replaced.

** Your application to replace a policy will be considered on the understanding that you will cancel your prior policy(ies). Failure to do so may render invalid a claim on your Aviva Protection policy.

If this application is to replace a current Norwich Union policy, the policy to be replaced will cease and a new policy will commence.

Section 8 **Sports and pastimes**

Do you or do you intend to engage in any of the following sports and pastimes? Yes No

- Aviation other than as a fare-paying passenger
- Body contact sports
- Football
- Hang-gliding, etc
- Motor sports
- Parachuting or sky diving
- Recreations involving heights
- Underground activity
- Scuba/Skin diving
- Water sports
- Other (eg boxing, competitive riding etc)

If 'Yes' to any of these activities, please complete the questionnaire on page 61.

Section 9 **Occupation**

(a) What is your present principal (i) occupation (ii) Industry

(b) Name and street address of place of employment

Suburb State Postcode

(c) What are your duties (Please give full details including % of manual work involved)

Type of Work	% of Time	Specific duties you perform
Sedentary/Administration		
Light Manual Work		
Heavy Manual Work		
Heights >5 metres, any underground or offshore work		
Other (please specify)		
Total	100	

(d) How long have you been in your current occupation? Years Months

(e) What qualifications do you have?
 Type Source

(f) Are you thinking of changing your occupation? Yes No
 If yes, please advise details

Do you require Income Protection Cover? Yes No If 'yes', complete (g) to (q) following. If 'no', go to section 11.

(g) How many hours do you work in your principal occupation? Hours per week

(h) Do you work at your place of residence? Yes No If 'yes', how many hours per week

(i) Do you have any other occupation? Yes No
 If yes, please specify type, hours worked per week, and full name and address of place of employment

Type
 Address
 Suburb State Postcode

(j) Have you ever been bankrupt? Yes No If 'yes', please provide details

(k) Please give details of your previous occupation/s over the last 5 years

From	To	Occupation	Employer name

(l) Are you self-employed or do you own any of the business in which you are employed? Yes No If 'no', go to section 10

(m) Do you operate as: Sole Trader Partnership Company Trust

(n) Please state what percentage interest/shareholding you have in the business %

(o) For how long have you been self-employed in this current business?

(p) How many employees (excluding yourself) do you have?

(q) Has your company had a net operating loss in the last two years Yes No If 'yes', please provide last two years trading accounts for all entities.

Section 10 **Income – Income Protection only**

What was your **monthly** income from personal exertion over the last two years from your **principal** occupation?

(a) Last 12 months \$

(b) 12 months prior to (a) \$

Income includes salary, fees, commission, bonuses, regular overtime and fringe benefits earned directly due to your personal exertion. Deduct any business expenses incurred in earning that monthly income, but not tax.

(c) Do you receive more than \$15,000 p.a. unearned income (e.g. from investments)? Yes No

If yes, how much? \$

Section 11 **Family history**

Has any parent, brother or sister living or deceased, had any of the following: Yes No

If adopted, please complete only if family history is known.

- Diabetes
- High blood pressure
- Bowel cancer
- Kidney trouble
- Huntington's chorea
- Heart trouble
- Breast cancer
- Other cancer
- Haemophilia
- Any other hereditary disorder

If yes, please complete the following schedule of family history

Family member	Condition	Age at diagnosis

Section 12 **Doctor's details**

(a) Please give full name and address of your usual medical attendant

Doctor

Address

Suburb State Postcode

Telephone (home) – (mobile) –

(b) When did you last attend him/her? / /

(c) For what reason did you attend him/her, and what was the result?

(d) For how long have you been his/her patient? years months

(e) If less than 12 months also give previous medical attendant

(f) If you have no usual medical attendant, please state date and reason why you last consulted any doctor, as well as the name and address of that doctor.

Section 14 **Health & Pastime Questionnaires**

Supplementary Health Statement

If you need to complete this Supplementary Health Statement for more than two underlined conditions under Section 13, please complete and attach a separate form titled "Additional Supplementary Health Statement".

If the purpose of the Supplementary Health Statement is joint related, ie. 13(d) please indicate the side of the body affected ie. left hand/right hand.

(a) 1. What is the nature of your condition?

2. Please give details of:

(a) Date of first symptoms / /

(b) Frequency of symptoms

(c) Severity of symptoms

(d) Date of last symptoms / /

3. Give details of treatment including surgery, physiotherapy and medication

(a) Previously received

(b) Now being received

4. Is any change to your treatment contemplated, including surgery? Yes No

5. Have you completely recovered? Yes No

6. Do you have any disability as a result of the illness? Yes No

7. Time off work as a result of this condition? Days

8. Please include any additional information you feel may assist us.

9. Please provide the full name and address of the doctor who treated you for this condition.
Doctor or
Clinic name

Address

Suburb State Postcode

(b) 1. What is the nature of your condition?

2. Please give details of:

(a) Date of first symptoms / /

(b) Frequency of symptoms

(c) Severity of symptoms

(d) Date of last symptoms / /

3. Give details of treatment including surgery, physiotherapy and medication

(a) Previously received

(b) Now being received

4. Is any change to your treatment contemplated, including surgery? Yes No

5. Have you completely recovered? Yes No

6. Do you have any disability as a result of the illness? Yes No

7. Time off work as a result of this condition? Days

8. Please include any additional information you feel may assist us.

9. Please provide the full name and address of the doctor who treated you for this condition.
Doctor or
Clinic name

Address

Suburb State Postcode

(c) Sports and pastimes

Only answer the question below if you answered 'yes' to any of the questions in Section 8.

(i) Motor sports

Vehicle type and make Engine capacity cc

Type of circuits raced on (eg road, off road) Number of events per year

Maximum speeds reached kms per hour

Are you a professional or Amateur

Have you ever suffered any injuries as a result of this sport/pastime? Yes No

If "Yes", please specify type of injury, when it occurred and degree of recovery.

(ii) Football/Soccer/Aussie rules, etc

Type	Professional/Amateur	Times per year
<input type="text"/>	<input type="text"/>	<input type="text"/>

(iii) Mountain climbing / abseiling / caving

Type	Location	Times per year
<input type="text"/>	<input type="text"/>	<input type="text"/>

(iv) Scuba / skin diving

Average depth	Maximum depth	Professional/Amateur	Dives per year
<input type="text"/> metres	<input type="text"/> metres	<input type="text"/>	<input type="text"/>

Do you dive in caves or potholes? Yes No

Diving qualifications

(v) Aviation

- Do you hold a Civil Aviation Authority Licence? Yes No
- Do you intend to change the scope of your present licence? Yes No
- Do you ever use other than recognised Civil Aviation Authority landing areas? Yes No
- Do you intend to engage in any form of aviation other than the above categories, eg ballooning, paragliding etc? Yes No
- Have you ever had an accident or been charged with violating Civil Aviation Regulations? Yes No

If "Yes", state type and period held

Please complete the following schedule

Indicate number of hours flown as follows	Last 12 months		Future annual average	
	Crew	Passenger	Crew	Passenger
Aero club/flying school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Agricultural	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Charter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial airline	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Helicopter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ultralight aircraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please elaborate on all "Yes" answers in *Additional information* below, ie type of sport, time spent training and participation, number of times per annum, receipt of fees or payments, any injuries sustained, etc.

Additional information

Section 15 **Business Expenses Cover Questionnaire** (only to be completed if a Business Expenses Policy is required)

Note: The following expenses cannot be included: Personal salary of the insured, remuneration to members of the insured's family, repayment of mortgage principal, costs of goods or merchandise, costs of implements of the insured's trade or profession, salaries of employees who would continue to produce income after the insured's disablement.

Name of business

Date business was started / / / / / Number of full-time employees

What percentage of business income is derived by your personal exertion? %

What type of business? Sole proprietor Company Partnership Other

Are business expenses shared with others? Yes No

If yes, please give details below.

Name of all such persons	Occupation	% Share of expenses	% Interest in business

Please provide a brief explanation of what downturn would occur to the business if the Life to be Insured were to become disabled.

Details of all employees (excluding family members)

Name of employee	Occupation	% of income generating duties	Hours worked per week

Please list the full annual expenses of the business.

Premises

Rent, or mortgage interest \$

Business insurance premiums (fire, liability, etc) \$

Property rates \$

Services

Telephone \$ Water \$

Electricity \$ Laundry \$

Gas \$ Cleaning \$

Equipment

Lease costs on equipment and motor vehicles \$

Registration and Insurance for motor vehicles \$

Maintenance \$

Salaries

Salaries and related costs for employees who do not generate any business income \$

Payroll tax \$

Professional

Accounting and auditing \$

Dues to professional bodies \$

Other

Please state details

Total annual

Monthly equivalent \$

Section 16 Superannuation NUST

To be completed for Aviva Protection – Life policies **owned** by the Norwich Union Superannuation Trust (NUST) only (the applicant for this policy is the trustee of the NUST)

Part A: Contributions

Please identify who is contributing:

Personal contributions only* (member or spouse) % Member % Spouse (must equal 100%)

Employer[†] only (including salary sacrifice)

Part personal and part employer[†] contributions % Spouse % Personal % Employer (must equal 100%)

* If personal contributions, are you eligible to claim tax deduction? Yes No

† Please complete the following only if the insured's employer is contributing to the Aviva Protection – Life policy. Note that the applicant for this policy is the trustee of the Norwich Union Superannuation Trust.

Employer details:

Full name of employer (co.name)

Contact name

Postal address

Suburb State Postcode

Telephone (home) – (mobile) –

Part B: Nomination of dependants: (A dependant is a spouse, child or financial dependant)

I nominate the following as my dependant(s) to receive benefits on my death. I acknowledge that the trustee is not bound by this nomination but will take it into account when paying out the death benefit (see page 33). If I require the trustees to be bound by my nomination I will complete the form contained on pages 73 to 76.

Person 1

Name % of benefit

Relationship to member Date of birth / /

Address

Suburb State Postcode

Telephone (home) –

Person 2

Name % of benefit

Relationship to member Date of birth / /

Address

Suburb State Postcode

Telephone (home) –

Note: You can revoke or change the nomination at any time prior to ceasing to be a member of the fund

Part C: Declarations and acknowledgements to NULIS Nominees (Australia) Limited, trustee of the NUST.

- (a) I hereby apply to become a member of the Norwich Union Superannuation Trust
- (b) I am eligible to make superannuation contributions, or I am eligible to receive contributions made on my behalf (see page 41)
- (c) I will be bound by the Trust Deed governing the Trust as it may be varied from time to time
- (d) I will make a full disclosure in writing of any superannuation benefits which are to be transferred to the Trust to enable the trustee to effectively administer all benefits secured on my behalf under the Trust
- (e) I will advise the trustee in writing if the contribution information provided above changes
- (f) I am aware that in the event of a claim under a Aviva Protection – Flexible Recovery Money policy written in conjunction with this policy the amount of death and, if applicable, disability cover payable under this policy will be reduced by the amount of benefit actually paid under the Aviva Protection – Flexible Recovery Money contract.

Member's signature X Date / /

Superannuation
Individual Tax File Number Notification
via Fund Trustee or Employer

This form may only be used to pass on your tax file number to your superannuation fund.

(Please print neatly in block letters with a black or blue pen only).

Fund name

NORWICH UNION SUPERANNUATION TRUST

Fund address

509 ST KILDA ROAD

MELBOURNE 3004

Fund telephone number

(0 3) 9 8 2 9 8 9 8 9

Employer name (if applicable)

Telephone number

()

Your surname/Family name

Given names

Date of birth / / Sex Male Female

Membership no/Policy no (if known)

My Tax File Number

Signature

Date / /

The Trustee is authorised to collect Tax File Numbers under the Superannuation Industry (Supervision) Act 1993. You do not have to provide your Tax File Number. Choosing not to provide it is not an offence, however if you do not provide your Tax File Number:

- you may pay more tax on your benefits than you have to (you can claim this back at the end of the financial year in your income tax return);
- it may be more difficult to locate or consolidate your superannuation benefits in the future when paying you any benefits you are entitled to; and
- you may become liable to pay the superannuation 'surcharge' on contributions made by your employer on your behalf, or by you (in some cases the 'surcharge' can be reclaimed through the Australian Taxation Office).

These consequences may change in the future.

If you provide your Tax File Number, the Trustee must safeguard it and only use it for lawful purposes, which currently include the following and may change in the future:

- calculating the tax on any benefit you may be entitled to;
- finding, identifying and consolidating your superannuation benefits where other information is insufficient;
- providing information to the Commissioner of Taxation; and
- in the future, providing it to another fund trustee or retirement saving account provider to whom your benefit is to be transferred (unless you instruct the Trustee in writing not to).

Section 17 **Superannuation – issued to another complying superannuation fund**

Please complete the following if the Aviva Protection – Life policy is to be owned by another complying fund (ie not Norwich Union Superannuation Trust)

Declaration

To be signed by two directors or company secretary and one director in the case of a company trustee, or by at least two of the individual trustees.

- 1. I am one of the Trustees or an officer of the Trustee Company.
2. That our Fund is a complying superannuation fund and is operated in accordance with the requirements of the Superannuation Industry (Supervision) Act 1993 and Regulations.
3. I undertake to promptly inform Norwich Union Life Australia Limited (Norwich Union) if the Fund ceases to be a complying superannuation fund or if the Life Insured ceases to be a member of the Fund.
4. The Trustee is authorised by the Fund's Deed to enter into insurance contracts providing life or disability cover.
5. There is nothing in the Fund's Deed which conflicts with the provision of any of the benefits selected for this insurance policy.
6. I undertake to promptly inform Norwich Union if there is a change of Trustee of the Fund.
7. I am aware that in the event of a claim under a Aviva Protection – Flexible Recovery Money policy written in conjunction with this policy the amount of death and, if applicable, disability cover payable under this policy will be reduced by the amount of benefit actually paid under the Aviva Protection – Flexible Recovery Money contract.

Name of Superannuation fund [grid]

APRA Regulated Fund Superannuation Fund Number (SFN) [grid]

ATO Regulated Fund Australian Business Number (ABN) [grid]

Postal address [grid]
Suburb [grid] State [grid] Postcode [grid]
Telephone [grid]

Trustee Details

Use this section if the Trustee is a company

I am a sole Director and the sole Secretary of this company Yes [] No []

EXECUTED for and on behalf of

[grid] PTY LIMITED



Please affix company seal here if required by the Company's Constitution

Date [] / [] / []

Signed [grid] Director

Title [grid] Surname [grid] Given name(s) [grid]

Signed [grid] Director/Secretary

Title [grid] Surname [grid] Given name(s) [grid]

OR Individual Trustee

Names (If more than 3 individuals, please attach further names. Note only two individual Trustees required to sign.)

First Individual Trustee

Title [grid] Surname [grid] Given name(s) [grid]

Signature [grid] Date [] / [] / []

Second Individual Trustee

Title [grid] Surname [grid] Given name(s) [grid]

Signature [grid] Date [] / [] / []

Third Individual Trustee

Title [grid] Surname [grid] Given name(s) [grid]

Signature [grid] Date [] / [] / []

Section 18 **Beneficiary Nomination Form/Third Party Interests** (Life and Recovery Money policies only)

Ordinary business only

I, (the policy owner) nominate the undermentioned persons to receive any proceeds that may become payable under this policy as a result of the death or the occurrence of an insured event affecting the life insured.

	% of Death benefit	% of TPD and/or Critical Illness benefit
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="text"/> Other <input type="text"/>		
Person 1 <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="text"/> %
Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>		
Contact Phone no <input type="text"/>		
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="text"/> Other <input type="text"/>		
Person 2 <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="text"/> %
Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>		
Contact Phone no <input type="text"/>		
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="text"/> Other <input type="text"/>		
Person 3 <input type="text"/> Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> %	<input type="text"/> %
Address <input type="text"/> <input type="text"/> State <input type="text"/> Postcode <input type="text"/>		
Contact Phone no <input type="text"/>		
Total (Must equal 100%)	<input type="text"/> %	<input type="text"/> %

Notes

Payment of benefits will be made on the basis of the latest nomination received by Norwich Union. If there is no nomination, or the nomination has been revoked, benefits will be paid to the policy owner (or their estate). The policy owner may vary the nomination at any time. If a nominated person pre-deceases the Life Insured and no replacement nomination has been received by Norwich Union, then that person's nominated account will be paid to the policyowner (or the policyowner's estate). Persons nominated should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received. Uncertainties about Capital Gains Tax implications exist for TPD and Critical Illness benefits if the recipient is other than the Life Insured or spouse or certain defined relatives.

Policyowner **A** signature Date / /

Policyowner **B** signature Date / /

(If applicable)

Section 19 **Financial authority**

Life Insured

I hereby authorise my accountant/financial adviser to release to Norwich Union Life Australia Limited (Norwich Union) and its group of companies, or its representatives all information which the Insurer requests for the purpose of assessing my application for insurance. A facsimile (or similar copy) of this authority will be as valid as the original.

Signature of the person to be insured Date / /

Please provide your accountant's name and address (if applicable). We may need to contact this person to assist with the financial assessment of your application.

Accountant's name

Address

Phone Facsimile

Norwich Union Life Australia Limited
ABN 34 006 783 295

Head office and Registered Office
509 St Kilda Road Melbourne Victoria 3004 GPO Box 2567W Melbourne Victoria 3001
Telephone client support freecall on 1800 037 022 Fax 03 9820 1534
avivagroup.com.au

Norwich Union Life Australia Limited
ABN 34 006 783 295

Head office and Registered Office
509 St Kilda Road Melbourne Victoria 3004 GPO Box 2567W Melbourne Victoria 3001
Telephone client support freecall on 1800 037 022 Fax 03 9820 1534
avivagroup.com.au

Section 20

Medical authority

Dear Doctor

Norwich Union Life Australia Limited (Norwich Union) is considering my application for insurance and I hereby authorise you or any other physician, surgeon or other person in your employ or associated with you to give Norwich Union or any third party engaged by Norwich Union any information which they may require and which you have acquired in a professional capacity in attending me. A photo copy of this Authority should be accepted as my personal authority.

Patient's full name

Patient's date of birth

/ /

Address

X

Date / /

S Signature

Medical authority

Dear Doctor

Norwich Union Life Australia Limited (Norwich Union) is considering my application for insurance and I hereby authorise you or any other physician, surgeon or other person in your employ or associated with you to give Norwich Union or any third party engaged by Norwich Union any information which they may require and which you have acquired in a professional capacity in attending me. A photo copy of this Authority should be accepted as my personal authority.

Patient's full name

Patient's date of birth

/ /

Address

X

Date / /

S Signature

Section 21 **Payment Authorities/Premium Receipt**

Deposit premium receipt

Received from

Name

Address

Suburb

Postcode

Total amount \$

For Norwich Union Life Australia Limited by

Norwich Union Life Australia Limited shall be on risk when the following conditions have been met.

Conditions

1. Payment of the first premium is received in full.
2. Norwich Union Life Australia Limited notifies the Policyowner that the Application is accepted.
3. If after signing the Application, but before the Policy is issued, the proposed Insured suffers any illness or injury or is refused life or disability insurance by another Insurer, Norwich Union Life Australia Limited is to be notified whereupon it will then confirm to the Policyowner the terms on which it will consider the risk.
4. This receipt is not valid unless signed by an Adviser, Broker or Employee of Norwich Union Life Australia Limited and unless the remittance, if made by cheque, is honoured on the first presentation. This receipt is to be issued only if payment is made at the time of signing the Proposal, otherwise it must not be detached.

If you are not contacted regarding the proposed Insurance within 30 days, please notify Norwich Union Life Australia Limited at its Head Office, 509 St.Kilda Road, Melbourne 3004, giving the name of the Adviser, Broker or Employee, date and amount paid.

Norwich Union Life Australia Limited
ABN 34 006 783 295

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Section 22 **Declaration**

I/We acknowledge that I/We have received, read and had explained to me a current Aviva Protection Product Disclosure Statement.

I/We acknowledge that (please tick)

I/We have provided information as requested by the life insurance adviser to do a complete fact find and needs analysis, and have elected to purchase the life policy(ies) recommended.

OR

I/We have chosen:

not to provide all information as requested by the life insurance adviser; or

to purchase a life policy that differs from the life insurance adviser's recommendation; or

to only receive advice about a limited range of products

not to have a complete fact find and was not given any advice.

I/We understand that by not providing sufficient information, electing to purchase a policy(ies) that differs from the life insurance adviser's recommendation or by not receiving advice that I/We risk making a financial commitment to a life policy which may not be appropriate to my/our needs and objectives.

If your adviser is a licensed securities dealer:

A copy of the customer advise record, or Financial Plan, or a Letter of Recommendation or similar was provided to me by my adviser.

If your adviser is an AFS licensee or an authorised representative of an AFS licensee:

A Financial Services Guide and a Statement of Advice was provided to me by my adviser.

Declaration and agreement

I/We, the person(s) proposed for the Insurance, declare that the statements concerning myself contained in this Application and in any Personal Statement subsequently signed by me are true and I/we hereby agree that any medical practitioner who has been, or who may hereafter be, consulted by me shall be and is authorised and directed by me to divulge at any time to Norwich Union Life Australia Limited, or to any legal tribunal, any information he may have acquired with regard to myself, and I expressly waive all professional confidence and provisions of law as to privilege or otherwise forbidding disclosure of such information.

I/We, the Policyowner, declare that all the answers to the questions and statements concerning the life to be insured, or myself, made in this form and any attachments are true and complete and details have been provided of all circumstances which might affect the risk of any insurance on the Life to be Insured.

I/We have read the duty of disclosure and the statement on non-disclosure set out on the front of this Application and I/We understand the contents. I/We understand that the information contained in this Application is relied upon by Norwich Union Life Australia Limited in assessing the risk and the insurance.

I/We have read the and understood the section on page 42 of the brochure titled 'Privacy Statement' and consent to the use, collection and disclosure of my personal information for all the purposes and uses described within that section.

I/We understand that if, after signing this Application and before the policy is issued, the Life to be Insured suffers any illness or injury or is refused life or disability insurance by another insurer, the duty of disclosure extends to notification to Norwich Union Life Australia Limited whereupon it will confirm to the Policyowner the terms upon which this application will be considered.

The Policyowner hereby warrants receipt of the Aviva Protection Product Disclosure Statement from which this application was taken, and expressly confirm that I have received a premium quotation in respect of the insurance product that I am applying for.

Life to be Insured to sign and date:

X

Date / /

Policyowner (if Ordinary business only and different from Life to be insured) to sign and date

X

Date / /

Section 23 **Adviser details**

To be completed by adviser

Please indicate to which one of the following categories you belong; Life Insurance Agent Life broker or Life Broker's Representative
 ASIC Licensed Securities Dealer or proper Authority Holder acting as a Sub-agent of an ASIC Licensed Securities Dealer to whom Norwich Union has delegated certain Customer Advice Record responsibilities.
 Authorised representative of an AFS licensee or AFS licensee

Company / Business name

Personal name

Telephone - Email

Fax -

Distribution fee format required (must be completed) Note: if transferring cover from an existing Norwich Union policy the format must remain the same.

	UpFront	No Renewal	Upfront Level	Level	Percentage of standard basis	(complete where distribution fee is being reduced)
Aviva Protection – Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%
Aviva Protection – Recovery Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%
Aviva Protection – Flexible Recovery Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%
Aviva Protection – Stand Alone Recovery Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%
Aviva Protection – Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%
Aviva Protection – Income Business Expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	%

Distribution fee split

Agency number	Initial distribution fee split	Production split	Agency number	Renewal distribution fee split (Upfront only)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
	Must = 100%	Must = 100%		Must = 100%

Adviser/Broker field underwriting report

If "No", please provide full details (if insufficient space provide separate summary)

- Is the proposer personally known to you? Yes No
- Did the proposer approach you for cover? Yes No
- Is the proposer able to fluently read and write in English? Yes No
- Has the application been fully completed and the declarations signed in your presence? Yes No
- Have the authorities on pages 65 to 69 been completed? Yes No
- Is the first premium attached to the application? Yes No
- Have all the relevant sections and declarations been completed in full and signed? Yes No
- Do you give permission for Norwich Union to contact your client direct to clarify any particular matter relevant to this application? Yes No
- Have all standard medical requirements been arranged? Yes No
- Are you utilising a paramedical service for the required medical information? Yes No
- If a HIV/MBA blood test is required, have you provided the client with the relevant brochure information? Yes No
- Even though this application is in respect of a risk policy, is this a "same day" sale, as defined in paragraph 11 of the Code of Practice? Yes No
- Is the Customer Advice Record or Statement of Advice (as applicable) attached? Yes No
- Are copies of the quotation attached? Yes No
- Have all adviser details including commission format, been completed? Yes No

Adviser notes (*special comments*)

Norwich Union Superannuation Trust

Application for Binding Nomination

(Please print neatly in **BLOCK LETTERS** with a black or blue pen only).

This nomination is in respect of the following product:

Aviva Protection – Life

Aviva Protection – Executive Life

(Please tick ✓)

Note: For Aviva Protection – Flexible Recovery Money clients, (including Executive versions), please nominate the associated Aviva Protection – Life. For an existing policy or plan, please show the policy number or plan and member number.

Member/Policy Number

Title

Surname

Given Names

Address

State

Postcode

Date of birth

/

/

Sex:

Male

Female

Type of Application

New

Amending

Revoking

(Please tick ✓)

Beneficiaries for Death Benefits

Please complete the details required for your nominated beneficiaries, and select from the following list to indicate their current relationship to you:

- Spouse (includes de facto spouse)
- Child
- Other person financially dependent on you
- Legal Personal Representative

Important: "Spouse" does not include a same sex partner or former partner. "Child" includes an adopted child, step child or an ex-nuptial child.

Full Name of Beneficiary

1.

Relationship to Member*

Address

State

Postcode

Date of Birth

Full Name of Beneficiary

2.

[Grid for Full Name of Beneficiary]

Relationship to Member*

[Grid for Relationship to Member*]

Address

[Grid for Address]

[Grid for Address]

State

Postcode

Date of Birth

[Grid for Date of Birth]

Full Name of Beneficiary

3.

[Grid for Full Name of Beneficiary]

Relationship to Member*

[Grid for Relationship to Member*]

Address

[Grid for Address]

[Grid for Address]

State

Postcode

Date of Birth

[Grid for Date of Birth]

Full Name of Beneficiary

4.

[Grid for Full Name of Beneficiary]

Relationship to Member*

[Grid for Relationship to Member*]

Address

[Grid for Address]

[Grid for Address]

State

Postcode

Date of Birth

[Grid for Date of Birth]

Full Name of Beneficiary

5.

[Grid for Full Name of Beneficiary]

Relationship to Member*

[Grid for Relationship to Member*]

Address

[Grid for Address]

[Grid for Address]

State

Postcode

Date of Birth

[Grid for Date of Birth]

*If you are nominating a person who is financially dependent on you, state "financial dependant" or, if your legal personal representative, state "legal personal representative" when completing the details under "Relationship to Member".

Declaration

I am a member or have applied to become a member of the Norwich Union Superannuation Trust. This Binding Nomination and benefit allocation applies only to the Norwich Union policy/interest to which this application form relates.

I understand that if this nomination is valid at the time of my death, the Trustee must pay the benefit as directed, regardless of any change in my personal circumstances or that of my beneficiary (except where they cease to be eligible to receive the benefits).

I understand that this form will become invalid and have no effect:

- on the expiry of 3 years after the date of the signature;
- on the termination of the policy/interest to which this nomination relates;
- on my ceasing to be a member of the Norwich Union Superannuation Trust;
- in any circumstances stated in this form;
- in such other circumstances as are stated in the notes attached to this form.

I understand that I should review this nomination regularly, or as my circumstances change (eg. new marriage, birth of a child).

By completion of this form, you consent to any personal and sensitive information we may collect about you in the course of our business being used and disclosed as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained through our website, avivagroup.com.au, or by writing directly to us.

DO NOT SIGN UNLESS YOU HAVE TWO ADULT WITNESSES PRESENT

Your signature

Date / /

Please print your full name

Two adult witnesses must sign and date this form at the same time as you have signed – but neither must be nominated as a beneficiary.

By witnessing this binding nomination I declare that I am over the age of eighteen years and witnessed the signing of this document by the investor whose signature appears above.

Witness 1

Signature

Date / / **This date must be the same as above.**

Print name

Print address

Witness 2

Signature

Date / / **This date must be the same as above.**

Print name

Print address

Please return this form to:

Norwich Union Life Australia Ltd
GPO Box 2567W
Melbourne VIC 3001

