

Supplementary Product Disclosure Statement ('SPDS')

Date of issue: 11 April 2005

This is an SPDS for the Aviva Protection*first* Product Disclosure Statement ('PDS') dated 27 September 2004.

You must read this SPDS together with Aviva Protection*first* Product Disclosure Statement ('PDS') dated 27 September 2004.

This SPDS and PDS cover two separate financial products: life insurance and superannuation.

The life insurance product is called the Aviva Protection*first* Range and is issued by Norwich Union Life Australia Limited ABN 34 006 783 295 AFSL number 241686.

The superannuation product is called the Norwich Union Superannuation Trust and is issued by NULIS Nominees (Australia) Limited ('The Trustee') ABN 80 008 515 633 AFSL number 236465.

This SPDS highlights the following:

- (i) Changes to the features and definitions,
- (ii) Changes to exclusions under Stand Alone Recovery Money,
- (iii) Changes to level of cover under Recovery Money and Income Protection contracts,
- (iv) Changes to the policy fee, and
- (v) Replacement of certain Medical Definitions under Personal Recovery and Income Protection contracts.

Changes to the Features and Definitions

Replace the corresponding section(s) on page 4 with the section(s) below

"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. 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.

Definition up to policy anniversary preceding age 65.

The definition of Total and Permanent Disability changes at the policy anniversary preceding age 65.

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.

The own occupation test is only available to certain occupations.

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 (3) months due to bodily injury or illness and are so disabled that you are unlikely ever to be able to perform your own occupation or other occupation for which you are suited by education training or experience, or

- (c) as a result of a disease, illness or injury, you are totally and permanently unable to perform at least two of the following five "Activities of Daily Living":
- (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

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, or

(c) as a result of a disease, illness or injury, you are totally and permanently unable to perform at least two of the following five "Activities of Daily Living":

- (i) bathing and showering,
- (ii) dressing and undressing,
- (iii) eating and drinking,
- (iv) using a toilet to maintain personal hygiene,
- (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

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 Disability can be described as 'Home Duties', then Total and Permanent Disability shall mean that you have, for an uninterrupted period of three (3) 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

For the purposes of the own occupation definition if your occupation is classified as a Specialist Surgeon, then part (b) of the definition above will be replaced by "you have been absent from employment through injury or illness for an uninterrupted period of six months and, have become incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation".

Definition after policy anniversary preceding age 65.

At the policy anniversary preceding your 65th birthday the above definition of Total and Permanent Disability shall cease to apply. Instead Total and Permanent Disability shall mean Loss of Independent Existence as defined on page 45. This definition shall apply irrespective of your occupation and whether you have selected the 'any occupation' or 'own occupation' test."

Reduction of benefits for payments under Flexible Recovery Money policies

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

- 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, if applicable, will continue upon payment of the appropriate premium.

Replace the corresponding section(s) on page 5 with the section(s) below

"Future Insurability (standard)

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

The death and/or disability Sum Insured may be increased without having to provide further medical evidence on the occurrence of any of the following defined events:

1. You marry
2. You divorce
3. You have a child or legally adopt one
4. Your child starts secondary school
5. You take out a mortgage to buy your first home
6. You receive an increase in your annual salary of at least 10%.

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.

Premium for option increases

Premiums will be based on those rates applicable at the time of exercising an option increase and will be based on your then age next birthday.

Conditions

You may only increase the death and/or disability Sum Insured once under this option in any 12-month period. You may increase the death and/or disability Sum Insured by 25%, \$200,000 or 5 times the salary increase (if applicable), whichever is the lesser. The maximum total amount by which you can increase the death and /or disability Sum Insured under this benefit over the life of the Policy is the lesser of:

- The amount of death and/or disability Sum Insured under the Policy, excluding CPI increases and increases effected under this option, and
- \$1,000,000.

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

- you are older than 55 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 entitled to make a claim for Terminal Illness or Critical Illness Benefit under any Policy that you hold with us.

Any increase in the disability Sum Insured as a result of exercising this option cannot result in the disability Sum Insured exceeding the death Sum Insured.

The option to increase the disability cover only applies where the initial disability Sum Insured is \$1,500,000 or less.

For the first six months following an increase in cover under this benefit the portion of the Sum Insured increased by the Future Insurability will only be payable in the event of accidental death or disability (caused by violent, accidental, external and visible means)."

Replace the corresponding section(s) on page 11 with the section(s) below

"Future Insurability Critical Illness (standard)

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

The critical illness Sum Insured may be increased on the occurrence of any of the following defined events:

1. You marry
2. You divorce
3. You have a child or legally adopt one
4. Your child starts secondary school
5. You take out a mortgage to buy your first home
6. You receive an increase in your annual salary of at least 10%.

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.

Premium for option increases

Premiums will be based on those rates applicable at the time of exercising an option increase and will be based on your then age next birthday.

Conditions

You may only increase the critical illness Sum Insured once under this option in any 12 month period. You may increase the critical illness Sum Insured by \$25,000 or the original Sum Insured, whichever is the lesser. The maximum total amount by which you can increase the critical illness Sum Insured under this benefit over the life of the Policy is the lesser of;

- The amount of critical illness Sum Insured under the Policy, excluding CPI increases and increases effected under this option, and
- \$1,000,000.

The benefit 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 entitled to make a claim for Terminal Illness or Critical Illness Benefit under any Policy that you hold with us.

This option is only available where the initial critical illness Sum Insured is \$1,000,000 or less.

In respect of Recovery Money and Flexible Recovery Money the critical illness Sum Insured cannot exceed the amount of death Sum Insured.

For the first six months following an increase in cover under this benefit the portion of the Sum Insured increased by the Future Insurability will only be payable in the event of accidental critical illness (ie. caused by violent, accidental, external and visible means)."

"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 without providing further medical evidence. This feature provides critical illness sufferers with a second level of protection and peace of mind.

You can exercise this option 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) you do not have to provide further medical evidence,
- (b) the critical illness Sum Insured must not exceed 50% of the Critical Illness Benefit paid,
- (c) an additional premium will be charged at the appropriate rate for the then attained age next birthday based on the then current published term insurance rates,
- (d) Consumer Price Indexation will not be available, and
- (e) any original exclusions or special conditions applicable under your Policy will be maintained.

If you are subsequently diagnosed with a critical illness, we will pay a claim under the reinstated cover provided the critical illness event arose after the critical illness cover was reinstated, subject to the conditions below.

We will not pay a claim under the reinstated cover if the critical illness claimed:

- (a) is the same as the original critical illness event, or
- (b) has occurred as a direct or indirect result of the original critical illness event, or
- (c) is a Cardiovascular Related Illness and the original critical illness event was also a Cardiovascular Related Illness, or
- (d) is a Stroke (including Paralysis as a result of a Cerebrovascular Accident) and the original critical illness event was a Cardiovascular Related Illness.

In the above paragraph, Cardiovascular Related Illness means any of Coronary Artery By-Pass Surgery, Heart Attack, Heart Surgery, Cardiomyopathy, Open Heart Surgery, Out of Hospital Cardiac Arrest, Primary Pulmonary Hypertension (as defined).

This option cannot be exercised where:

- (a) a Disability or Terminal Illness Benefit is paid; or
- (b) a partial benefit is paid for Coronary Artery Disease or Multiple Sclerosis.

This option ceases at the policy anniversary preceding age 65."

Replace the corresponding section(s) on page 24 with the section(s) below

"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 of one-thirtieth of the monthly Sum Insured or \$250.00 per day for a maximum of 30 days."

“Maximum benefits payable offset

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

For Agreed Value Policies only

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 pre-existing disability insurance or salary continuance policy from us or any other insurer which you had not disclosed when applying for 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:

- (a) 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;
- (b) 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 Monthly Benefit will be calculated taking this figure into account;
- (c) 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 benefits are 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 Monthly Benefit; and “B” is your average monthly premium over the twelve (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 twelve (12).

For Indemnity Policies Only

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:

- (a) 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;
- (b) 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 Monthly Benefit will be calculated taking this figure into account; and
- (c) 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.”

Page 26 Include the following

Monthly Benefit

Means the amount of benefit as noted in the policy schedule, but also includes increases or reductions that apply under the Indexation Benefit and the Maximum Benefits provisions of the policy.

Replace the corresponding section(s) on page 29 with the section(s) below

“Extension of benefit period

If Total Disability Benefits have been paid for a period of 12 months, the Benefit Period may be extended if the total amount paid does not equal 12 times the current Monthly Benefit.

The period of extension will be:

- for 12 months, or
- until Total Disability ceases, or
- until the total amount paid equals 12 times the current Monthly Benefit, or
- until the Expiry Date as shown on your policy,

whichever occurs first."

Replace the corresponding section(s) on page 32 with the section(s) below

“1. General conditions

No benefit is payable if:

- the policy applied for is to replace insurance cover or another application on your life;
- the death, critical injury or total disability arises from suicide, attempted suicide or other intentional self-inflicted injury;
- either you or the proposer has failed to comply with the Duty of Disclosure as set out on the Application Form,
- the event leading to the claim occurs while you are outside Australia, or
- the application is one we would not normally accept under our standard underwriting rules.

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."

“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.

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 for Income Business Expenses, taking into account all other disability benefits payable."

Changes to Exclusions for Stand Alone Recovery Money

Replace the corresponding section(s) on page 17 with the section(s) below

“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 and have not been declared either dead or brain dead, after diagnosis of the Critical Illness.

No payment will be made for Heart Attack, Cardiomyopathy, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery Bypass 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 this Recovery Money policy is to replace an existing similar 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. This will only apply up to the lesser of the Sum Insured under the policy being replaced and the Sum Insured under this policy. It will also only apply where the life to be insured is the same under both policies and where the policy being replaced has been in force for at least three months.

In the event of a claim within the first three months of this policy, evidence of:

- a) the conditions and procedures covered under the replaced policy, and
- b) the currency of the replacement policy at the Commencement Date of this policy, and
- c) cancellation of the replaced policy from the previous reinsurer,

must be provided by the Policyowner to enable the three month exclusion of payments to be waived.

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

Changes to Level of Cover (Pages 12,15, 17 & 27 - Amendments to the Level of Cover sections only)

Replace the corresponding section(s) on page 12 with the section(s) below

"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 \$2,000,000 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. The critical illness Sum Insured cannot exceed the amount of death Sum Insured."

Replace the corresponding section(s) on page 15 with the section(s) below

"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 policy cannot exceed the death Sum Insured under the Aviva Protection – Life policy."

Critical Illness Sum Insured: The maximum level of critical illness cover is \$2,000,000 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 policy.

Replace the corresponding section(s) on page 17 with the section(s) below

"Minimums/Maximums

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

In addition minimum premium and premium loadings do apply, refer to pages 35 and 36.

The maximum Sum Insured is \$2,000,000 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. "

Replace the corresponding section(s) on page 27 with the section(s) below

"Maximum Sum Insured

75% of first \$250,000 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 \$24,000 per month."

Replace the corresponding section(s) on page 31 with the section(s) below

"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 can be indexed is \$1,000,000, with indexation automatically cancelled once the critical illness Sum Insured becomes \$1,750,000.

Where the Business Protection Option has been selected the Indexation Benefit is not available. "

Changes to the policy fee

Replace the corresponding section(s) on page 36 with the section(s) below

"Policy fee

An annual policy fee applies to the policies, with the current fee applying until 31/03/2006. 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	\$91.90
Recovery Money	\$91.90
Flexible Recovery Money	\$0.00
Stand Alone Recovery Money	\$91.90
Income (all policies)	\$91.90"

Medical Definitions (commencing page 44)

Replace the corresponding section(s) on page 44 with the section(s) below

"Benign Intracranial Tumour

Means a non cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a consultant Neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI (Magnetic Resonance Imaging). 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."

Replace the corresponding section(s) on page 45 with the section(s) below

"Encephalitis

Means severe inflammation of the brain resulting in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, as certified by a consultant neurologist, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

Encephalitis as a result of HIV infection is excluded."

Replace the corresponding section(s) on page 46 with the section(s) below

"Major Head Trauma

Means a cerebral injury resulting in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, as certified by a consultant Neurologist, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid."

"Medically Acquired HIV Infection

Means accidental infection with Human Immunodeficiency Virus ("HIV") where the virus was acquired in Australia by the Life Insured from one of the following necessary events conducted by a recognised and registered medical practitioner:

- A blood transfusion;
- Transfusion with blood products;
- Organ transplant to the life insured;
- Assisted reproductive techniques;
- A medical procedure or operation performed by a medical practitioner

Any event that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant state health service or equivalent including, at a minimum, baseline screening with regular screening at 6 weeks, 12 weeks and 6 months post event. This screening will require a supporting negative HIV Test performed on material taken after the event date. Blood product will need to be made available for independent testing.

Exclusion

No payment will be made where a Cure has become available prior to the event causing the infection or where the Life Insured has 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 to produce immunity to the Human Immunodeficiency Virus."

"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, resulting in either:

- (a) at least a 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association; or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

The diagnosis will be based on confirmatory neurological investigations eg: lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central nervous system.

A partial benefit is payable under this condition based upon unequivocal diagnosis confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 10% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association. The partial benefit is limited to ten (10) percent of the Sum Insured as stated on the Policy Schedule or \$25,000 whichever is the lesser. A partial benefit is only payable if the Sum Insured is \$100,000 or more.

Partial 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."

Replace the corresponding section(s) on page 47 with the section(s) below

"Occupationally Acquired HIV Infection

Means Human Immunodeficiency Virus contracted where the virus was acquired due to an accident occurring whilst engaging in the Life Insured's 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 treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service, including, at a minimum, baseline screening with regular screening at 6 weeks, 12 weeks and 6 months post event. This screening 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

No payment will be made where a Cure has become available prior to the accident causing the infection or where the Life Insured has 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 the Life Insured's occupation to produce immunity to the Human Immunodeficiency Virus."

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Amendment to Aviva Protection Range application form



I/We have received and read the Supplementary Product Disclosure Statement dated 11/04/2005, to the Aviva Protection*first* Product Disclosure Statement dated 27 September 2004.

Life Insured (Name)

Signature

Date

Policy Owner (Name)

Signature

Date

Please return with your application or as otherwise instructed.

Norwich Union Life Australia Limited ABN 34 006 783 295 AFSL number 241686.

Norwich Union Superannuation Trust: NULIS Nominees (Australia) Limited ('The Trustee') ABN 80 008 515 633 AFSL number 236465.

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