

Life Insurance

ACCELERATED PROTECTION POLICY (SUPER)

Policy Document

READ THIS ÷ KEEP IT SAFE



The Accelerated Protection Policy (Super)
is issued by TOWER Australia Limited
TOWER Australia Limited
ABN 70 050 109 450 AFSL 237 848
80 Alfred Street Milsons Point NSW 2061

PLEASE READ THIS POLICY DOCUMENT + KEEP IT IN A SAFE PLACE

Congratulations on your new Policy.

Important Notice

Please read your Policy Document and Policy Schedule carefully to ensure that the details are correct and that the policy provisions meet your needs.

If for any reason you're not completely satisfied, you can return it to us within 28 days and you will receive a refund as described under the "Cooling Off Period" on page 4.

Always keep your Policy Document and Policy Schedule in a safe place, because you will need this if you ever have to make a claim.

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About the Policy

Important information

This document is issued by TOWER Australia Limited to the trustee of the superannuation fund shown on the Policy Schedule as the Policy Owner. If the trustee of the superannuation fund and owner of the Policy is TOWER Australian Superannuation Limited, then TOWER Australian Superannuation Limited holds the original Policy Document and Policy Schedule and this document is deemed a copy of the original.

The Policy is an asset of the Fund. Any benefit payable under the Policy will be paid by TOWER Australia Limited to the trustee. The trustee will pay a benefit from the fund in accordance with the governing rules of the fund.

Superannuation law generally prohibits a trustee of a superannuation fund giving a charge over, or in relation to, an asset of the fund or recognising, or in any way encouraging or sanctioning, a charge over, or in relation to a member's benefits.

Part A About the Policy

A.1 The Policy Document

This is an important document

This Policy Document, together with the Policy Schedule, sets out the terms of a contract of insurance between the Policy Owner ("you/your") and TOWER Australia Limited ("we/us/our").

The Policy Owner at the date the Policy is issued is shown in the Policy Schedule. Cover is provided for the Life Insured shown in the Policy Schedule.

This is an important document and should be kept in a safe place. You will need to provide this Policy Document and the Policy Schedule to us if you want to make a claim under the Policy.

The structure of the Policy Document

This Policy Document is divided into 7 parts:

- Part A About the Policy
- Part B Life Plan Benefits
- Part C Limitations and exclusions
- Part D Premiums and charges
- Part E Making a claim
- Part F Definitions
- Part G Other information

Some words and expressions used in this Policy Document have a particular meaning. These words and expressions are explained in Part F "Definitions" or in the Policy Schedule.

A.2 Twenty-eight day "cooling off" period

We want you to be completely satisfied with your Policy.

If you feel that it does not meet your needs and as long as you have not made a claim for benefits, you can return the Policy Document and Policy Schedule to us and request that it be cancelled. Your premium will be promptly refunded in full. Your request must be in writing and be made within 28 days of the Policy being issued.

A.3 Coverage

The Policy provides cover 24 hours a day world-wide.

A.4 Australian Currency

All premiums and benefits payable under the Policy must be paid in Australian currency.

A.5 Guarantees

Guaranteed renewal of cover

As long as you and the Life Insured have complied with the Duty of Disclosure which is set out in the Product Disclosure Statement, answered all questions we have asked accurately and completely, and paid the premiums when due, the Policy continues until the cover ends (see clause A.8). This guarantee applies regardless of any change in the Life Insured's health or personal circumstances.

Premium rates

Your Policy cannot be singled out for an increase in premium rates because of an adverse change in the health or circumstances of the Life Insured. More information about premiums, including the circumstances in which we can change premium rates, is set out in Part D.

A.6 Commitment to upgrade policies

We will always look to upgrade existing policies with future developments and improvements to benefits. When improvements to benefits are made to new policies without increasing the premium rates, then those improvements will be offered to existing policy owners wherever possible.

Should a situation arise where a policy owner is disadvantaged in any way as a result of an upgrade, then the previous conditions will prevail.

A.7 Who we pay

If you've nominated one or more beneficiaries to receive the Life Plan Benefit, we will pay the benefit in accordance with your valid nomination.

Otherwise, all payments made by us under the Policy will be made to you, or if you have died, to your legal personal representative or a person we are permitted to pay under the Life Insurance Act.

Life Plan Benefits

A.8 When does cover start and end?

The cover provided for each Life Insured and the date that the Policy starts for that Life Insured is shown in the Policy Schedule.

Cover for some benefits does not start immediately and a waiting period may apply. This is explained in the information about each benefit in Part B of this Policy.

If this Policy is to replace an existing policy, you must cancel that other policy as soon as we issue this Policy. If you do not cancel that other policy, in the event of a claim, the sum insured for any benefits under this Policy will be reduced by the sum insured for the equivalent benefits under the other policy.

Cover for a Life Insured under the Life Plan will end on the earliest of:

- the date we receive your written request to cancel the Policy or cover in respect of the Life Insured,
- when the Policy lapses due to non-payment of premiums,
- the Life Insured's 75th birthday (at which point the Policy Owner can effect a Life Plan under the Accelerated Protection Policy by contacting us in writing);
- the death of the Life Insured, or
- the Life Plan Benefit, in respect of the Life Insured, is reduced to nil because the Terminal Illness Benefit or the Total and Permanent Disability Benefit becomes payable.

Cover for a particular benefit provided for a Life Insured may end earlier. If so this is explained in Part B, where we set out the terms applying to particular benefits.

Part B Life Plan Benefits

Standard Benefits

There are some circumstances in which we will not pay a benefit. These circumstances are set out in Part C "Exclusions".

You must also satisfy our claim requirements before we pay you a benefit, as set out in Part E "Making a claim".

Subject to that, we will pay you a benefit in the circumstances set out in this Part B.

B.1 Life Plan Benefit

We will pay the Life Plan Benefit if a Life Insured dies while covered under the Policy.

The amount we pay under the Life Plan Benefit is the Life Plan Benefit sum insured at the date of death. The Life Plan Benefit sum insured is shown in the Policy Schedule, as varied in accordance with the terms of the Policy.

B.2 Terminal Illness Benefit

Where a Life Insured is diagnosed as being Terminally Ill, the Life Plan Benefit may be paid prior to the date of death subject to your agreement.

Two Medical Practitioners must certify the extent of the Sickness or Injury, one being the Medical Practitioner treating the condition and the other being a Medical Practitioner nominated by us who must confirm the diagnosis and likelihood of death.

The amount we pay under the Terminal Illness Benefit is the Life Plan Benefit sum insured at the date of Terminal Illness.

B.3 Advanced Payment Benefit

The Advanced Payment Benefit is an advance payment of \$10,000 from the Life Plan Benefit. This Benefit will be paid when the death certificate of the Life Insured is provided to us.

Where the Policy is owned directly by you the benefit will be paid to the person who is entitled to receive the Life Plan Benefit on the death of the Life Insured.

It should be noted that any payment of the Advanced Payment Benefit will reduce the final amount payable under the Life Plan Benefit.

The Advanced Payment Benefit will not apply in the first three years if the Life Insured's death was not the result of an Accident.

Thereafter, the benefit will apply regardless of the cause of death.

Payment of the Advanced Payment Benefit does not mean any admission or acceptance of any claim or liability regarding current or future payments under the Policy.

Should our claims assessment find that the Life Plan Benefit will not be paid due to a breach of the duty of disclosure or the operation of Part C.1 of this Policy, you will be required to repay the Advanced Payment Benefit.

B.4 Financial Planning Benefit

If we pay 100% of the Life Plan or Total and Permanent Disability Benefit, we will also reimburse the costs associated with preparation of a financial plan by a financial adviser for the person to whom we paid 100% of the Life Plan or Total and Permanent Disability Benefit.

The following conditions apply to the Financial Planning Benefit:

- The maximum total amount we pay under the Financial Planning Benefit is \$1,000.
- The Financial Planning Benefit is only payable for the reimbursement of fees actually paid to the financial adviser for the preparation of the financial plan where the fees were paid by the person(s) to whom we paid 100% of the Life Plan or Total and Permanent Disability Benefit. (It does not apply to any commissions which may be received by the financial adviser as a result of decisions to implement recommendations made in the financial plan).

Life Plan Benefits

- We must receive evidence, which is acceptable to us, of the financial planning advice received before the Financial Planning Benefit is payable and the financial plan must be received within 12 months of the payment of 100% of the Life Plan or Total and Permanent Disability Benefit.
- The Financial Planning Benefit is not payable in relation to the Advanced Payment Benefit and is only payable once.
- The Financial Planning Benefit will only be paid once per Life Insured across all policies issued by us in respect of that Life Insured. The financial adviser who provides the financial plan must be an Australian Financial Services Licensee or an Authorised Representative of an Australian Financial Services Licensee.

B.5 Accommodation Benefit

If we pay 100% of the Terminal Illness or Total and Permanent Disability for a Life Insured, and a Medical Practitioner certifies that the Life Insured must remain confined to bed due to the reason for which we paid 100% of the Terminal Illness or Total and Permanent Disability, and:

- the Life Insured is more than 100 kilometres from their home and an Immediate Family Member is required to travel from their home to be with the Life Insured, or
- an Immediate Family Member is required to travel more than 100 kilometres from their home to be with the Life Insured,

we will reimburse the accommodation costs of the Life Insured's Immediate Family Member up to a maximum of \$150 per day for each day that the Life Insured remains confined to bed and their Immediate Family Member remains away from their home, for a maximum of 14 days.

The reimbursement of accommodation costs must be claimed within six weeks of 100% of the Terminal Illness or Total and Permanent Disability Benefit being paid. We must receive evidence which is acceptable to us of the Life Insured's confinement to bed and of the payment of the accommodation costs.

B.6 Guaranteed Future Insurability Benefit

Under the Guaranteed Future Insurability Benefit, you can increase the Life Plan Benefit and Total and Permanent Disability Benefit (if applicable) for a Life Insured subject to:

- an application in writing for an increase being made within 30 days of an Allowable Event (as described below) or within 30 days of the Policy anniversary following an Allowable Event,
- the Life Insured being less than age 55 at the time of the Allowable Event,

- the increase being up to the lesser of:
 - 25% of the original Life Plan and Total and Permanent Disability Benefit (as applicable),
 - \$200,000,
 - five times the annual amount of salary increase (if applicable), or
 - the amount of mortgage being taken out (if applicable)
- total death cover on the Life Insured (including the cover with TOWER and any other organisation) being less than \$2,500,000,
- total Total and Permanent Disability cover on the Life Insured (including the cover with TOWER and any other organisation) being less than \$2,500,000, and
- evidence, satisfactory to us, of the Allowable Event being provided.

Using this benefit, the maximum amount by which you can increase the Life Plan and Total and Permanent Disability Benefit over the life of the Policy is the lower of:

- the original Life Plan and Total and Permanent Disability Benefit, and
- \$1,000,000

subject to total cover (with TOWER and any other organisation) not exceeding \$2,500,000 for death and Total and Permanent Disability.

If the Total and Permanent Disability Benefit is attached to the Life Plan, the Total and Permanent Disability Benefit cannot exceed the Life Plan Benefit and must be within the above limits.

Only one Guaranteed Future Insurability Benefit (either Personal or Business) may be exercised in any 12 month period.

The premium for the new Life Plan and Total and Permanent Disability Benefit (if applicable) will be calculated in line with the original policy terms at the date that the Guaranteed Future Insurability is exercised.

If cover increases as a result of the Guaranteed Future Insurability Benefit, changes in the health, occupation or pursuits of the Life Insured will not be taken into account.

Allowable Events are:

Personal

- the birth of a child where the Life Insured is a parent,
- the adoption of a child by the Life Insured,
- a dependent child of the Life Insured starts secondary school,
- marriage of the Life Insured,
- a change in employment status of the Life Insured where the Life Insured's salary increases by at least \$10,000 a year, and
- taking out a mortgage by the Life Insured (either alone or jointly with another person) on the purchase of a new home which is the primary residence of the Life Insured.

Business

- an increase in the Life Insured's value to the business, where the insured person is a key person in that business,
- an increase in the Life Insured's financial interest in the business, whether as a partner, shareholder or unit holder, and the Policy forms part of a buy-sell, share purchase or business succession agreement, and
- an increase in the loan liability of the business, and for which the Life Insured is the primary guarantor.

During the first six months after exercising the Guaranteed Future Insurability Benefit, the increased portion of the Life Plan and Total and Permanent Disability Benefit (if applicable) will only be paid in the event of the Life Insured suffering:

- Accidental Death, or
- Total and Permanent Disability that is caused by Accident (if applicable).

It should be noted that the Guaranteed Future Insurability Benefit cannot be exercised while premiums are being waived under the Waiver of Premium Option. If a loading or exclusion has been applied to the cover for the Life Insured, this benefit is not available.

B.7 Inflation Protection Benefit

Unless otherwise stated in the Policy Schedule, we will, on each Policy anniversary before the Life Insured's 75th birthday, increase the sum insured for each benefit shown in the Policy Schedule, under the Life Plan, for each Life Insured by the greater of:

- an annual rate determined by us based on the Indexation Factor, or
- 5%.

You have the option of not accepting any increase as long as such option is exercised in writing within 30 days of the date on which the option takes effect.

Optional Benefits

The following optional benefits only apply under the Life Plan if they appear in the Policy Schedule:

- Total and Permanent Disability Benefit,
- Death Buy Back on Total and Permanent Disability,
- Waiver of Premium on Total Disability.

B.8 Total and Permanent Disability Benefit Option

We will pay the Total and Permanent Disability Benefit if a Life Insured becomes Totally and Permanently Disabled while covered under the Total and Permanent Disability Option.

The amount we pay under the Total and Permanent Disability Benefit is the Total and Permanent Disability Benefit sum insured which is shown in the Policy Schedule, as varied in accordance with the terms of the Policy.

The meaning of Total and Permanent Disability depends on which of the following definitions applies to the Life Insured under the Policy:

- 'Any Occupation' definition (see Part B.7.1),
- 'Long Term Care' definition (see Part B.7.2).

From the Life Insured's 65th birthday, the meaning of 'Total and Permanent Disability', and 'Totally and Permanently Disabled' will automatically change to the 'Long Term Care' definition.

B.8.1 Any Occupation definition

Where the 'Any Occupation' definition applies, 'Total and Permanent Disability' and 'Totally and Permanently Disabled' means that we are satisfied that:

- solely because of a Sickness or Injury, the Life Insured has not worked in Any Occupation for three consecutive months and is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience which would pay remuneration at a rate greater than 25% of the Life Insured's earnings during their last twelve months of work, or
- solely because of a Sickness or Injury, the Life Insured has suffered at least a permanent 25% impairment of Whole Person Function and has not been working in any occupation, and is incapacitated to such an extent as to render the Life Insured unlikely ever to be able to work in any occupation for which they are reasonably suited by training, education or experience, or
- the Life Insured suffers the loss of:
 - both feet, both hands or sight in both eyes, or
 - any combination of two of, a hand, a foot or sight in an eye.'Loss' in this instance means the total and permanent loss of:
 - the use of the hand or foot from the wrist or ankle joint, or
 - sight to the extent that visual acuity in the eye, on a Snellen Scale after the correction by a suitable lens, is less than 6/60, or
- the Life Insured is totally and permanently unable to perform at least two of the five Activities of Daily Living without the physical assistance of another person.

From the Life Insured's 65th birthday, the meaning of 'Total and Permanent Disability', and 'Totally and Permanently Disabled' will automatically change to the 'Long Term Care' definition.

Life Plan Benefits

B.8.2 Long Term Care definition

Where the 'Long Term Care' definition applies 'Total and Permanent Disability' and 'Totally and Permanently Disabled' means that we are satisfied that the Life Insured has become so disabled by Sickness or Injury that he or she is unlikely ever to be able to perform at least two of the following five numbered activities of daily living, without the physical assistance of another person:

1. Bathing – the ability to shower and bathe,
2. Dressing – the ability to put on and take off clothing,
3. Toileting – the ability to get on and off, and use, the toilet,
4. Mobility – the ability to get in and out of bed and a chair, and
5. Feeding – the ability to get food from a plate into the mouth.

B.8.3 Single Benefit

The Life Plan Benefit sum insured for the Life Insured who is Totally and Permanently Disabled will be reduced by any amount payable under the Total and Permanent Disability Benefit. If the amount payable under the Total and Permanent Disability Benefit is the same or greater than the Life Plan Benefit sum insured, all cover for the Life Insured will end when the Total and Permanent Disability Benefit becomes payable.

B.8.4 Death Buy-Back on Total and Permanent Disability

The Death Buy-Back on Total and Permanent Disability option is not applicable if "Double Benefit" Total and Permanent Disability is shown in the Policy Schedule.

The Death Buy-Back on Total and Permanent Disability option can be exercised after a Total and Permanent Disability Benefit has been paid. The amount of cover that you may purchase is the amount of the Total and Permanent Disability Benefit paid.

Under the Death Buy-Back on Total and Permanent Disability option you can purchase death cover on the Life Insured under the Life Plan. If the Life Plan is no longer sold by us, you can purchase death cover under our life insurance product that replaces it. The Death Buy-Back on Total and Permanent Disability option can be exercised without having to provide evidence of health, occupation or pursuits.

You must notify us in writing of your intention to exercise the Death Buy-Back on Total and Permanent Disability option within 30 days of the 12 month anniversary of the full Total and Permanent Disability Benefit having been paid.

The Death Buy-Back on Total and Permanent Disability option will expire if not exercised before the earlier of:

- 30 days after its due date, which is 12 months after the Total and Permanent Disability Benefit has been paid, or
- the 65th birthday of the Life Insured.

The premium for the repurchased death cover will be based on our standard premium rates for the age of the Life Insured at the time the option is exercised and will take into account any extra premiums charged, and special provisions that apply to the original Life Plan Benefit.

The repurchased death cover will be not be eligible for increases under the Guaranteed Future Insurability Benefit.

B.9 Waiver of Premium Option on Total Disability

On the Total Disability of a Life Insured while covered under the Waiver of Premium Option on Total Disability, we will waive all future premiums falling due for that Life Insured until the earliest of:

- the Life Insured returning to work, or
- the Life Insured earning an income, or
- the Life Insured's 65th birthday.

Total Disability means we are satisfied that:

- the Life Insured has suffered total and irrecoverable loss of the:
 - sight of both eyes, or
 - use of two limbs, or
 - sight of one eye and the loss of the use of one whole hand, or whole foot,

OR

- the Life Insured becomes so disabled by Sickness or Injury that he or she is unable to perform his or her Own Occupation for a period of three consecutive months and is not working in any Gainful Occupation.

If the Life Insured is wholly engaged in full time unpaid home duties at the date of the event causing Total Disability, then Total Disability means we are satisfied that the Life Insured is so disabled by Sickness or Injury that he or she will never be able to perform at least two of the following five numbered activities of daily living, without the physical assistance of another person:

1. Bathing – the ability to shower and bathe,
2. Dressing – the ability to put on and take off clothing,
3. Toileting – the ability to get on and off, and use, the toilet,
4. Mobility – the ability to get in and out of bed and a chair, and
5. Feeding – the ability to get food from a plate into the mouth.

Exclusions

Part C Exclusions

C.1 Life Plan Benefit and Terminal Illness Benefit

We will not pay the Life Plan Benefit or the Terminal Illness Benefit if the Life Insured dies or is Terminally Ill as a result of:

- his or her intentionally self-inflicted act, which occurs within 13 months of:
 - the Policy Commencement Date,
 - an increase in cover other than increases under the Inflation Protection Benefit (but only in respect of the amount of the increase), or
 - the most recent reinstatement of the Policy, or
- any other specific event or cause agreed between you and us.

C.2 Total and Permanent Disability Benefit

We will not pay a Total and Permanent Disability Benefit if Total and Permanent Disability occurs as a result of:

- an intentionally self-inflicted act or Injury by the Life Insured, or
- any other specific event or cause agreed between you and us.

C.3 Waiver of Premium on Total Disability

We will not waive premiums under the Waiver of Premium Option on Total Disability if Total Disability occurs as a result of:

- war or any act of war, whether declared or not, or
- an intentionally self-inflicted act or Injury by the Life Insured, or
- any other specific event or cause agreed between you and us.

Part D Premiums and charges

D.1 Premium payments

D.1.1 Premium payable

Premiums are due and payable in advance.

The premium payable in the first year of the Policy is shown in the Policy Schedule.

We will inform you of the premium payable in subsequent years before each Policy anniversary.

D.1.2 Premium frequency

The premium frequency is shown in the Policy Schedule and is currently one of:

- yearly, or
- monthly.

D.1.3 Payment method

Currently, premiums may be paid by direct debit from a bank account or by credit card (Mastercard or Visa).

D.1.4 Changes to premium frequency or payment method

You may apply in writing at any time to change the method and frequency of payment.

Premiums and charges

D.1.5 Grace Period

A period of grace of 30 days beyond the premium due date will be allowed for payment, without interest, of each premium and during this period the Policy will continue.

D.1.6 Non-payment of premiums

If premiums are not paid by the premium due date, we will notify you in writing that we will cancel the Policy. In order to avoid cancellation, the overdue premium must be paid by the end of the Grace Period.

D.2 Premium rates

D.2.1 Stepped premium rates

Stepped premium rates apply. Stepped premiums are based on the Life Insured's then current age next birthday. On each anniversary of the Policy Commencement Date, the premium rate changes (usually increases) as the Life Insured gets older.

D.3 Can we change the premium rates?

We will only increase the rates if we have provided you with 30 days notice in writing.

No one individual policy can be singled out for an increase in premium rates because of an adverse change in the health or circumstances of the Life Insured.

D.4 Fees and charges

D.4.1 Policy Fee

A Policy Fee is part of each premium payable under the Policy. The amount of the Policy Fee depends on the premium frequency, as shown in the table below:

Premium Frequency	Policy Fee from 1 May 2007
Yearly	\$44.00
Monthly	\$3.85

The Policy Fee will be increased on each subsequent Policy anniversary to allow for inflation. The rate of increase in the Policy fee will be the greater of:

- an annual rate determined by us based on the Indexation Factor, or
- 3%.

D.4.2 Premium frequency

If premiums are paid monthly, a frequency loading will apply, as shown in the table below:

Frequency	Loading
Monthly	5%

We may increase these loadings. If we do this, we will give you at least 30 days' written notice.

Making a claim

Part E Making a claim

E.1 Life Plan

E.1.1 Notification of Claim

We must be notified in writing within 30 days or as soon as is reasonably possible after you become aware of any claim or potential claim under this Policy.

E.1.2 Benefits for Multiple Illnesses or Injuries

If a Life Insured suffers multiple Sickness or Injury, we will only pay the highest sum insured applicable to any one of the illnesses or injuries.

E.1.3 Our Requirements

We will only pay a claim once we are satisfied that the claim requirements under this Policy have been met.

For claims other than a death benefit, we may require the Life Insured to undergo a medical or other examination by a doctor of our choice.

When submitting a claim, we will require:

- satisfactory proof of the insured event,
- this Policy Document and Policy Schedule,
- proof of ownership of the Policy,
- proof of age of the Life Insured,
- any requirement we reasonably consider is necessary to properly assess the claim.

E.1.4 Misstatement of Age

In the event that the age of the Life Insured has been misstated then the sum insured, or the premium payable, will be adjusted, and the Policy varied, in accordance with the applicable legislative provisions.

E.1.5 Smoker/Non-Smoker Rates

If the Policy has been issued using non-smoker premium rates, then those premium rates have been based on the assumption that the Life Insured has not smoked or used any nicotine containing substance in the twelve months prior to the start of a benefit. If this is found to be incorrect, then the sum insured will be reduced to the amount of cover which the premium actually paid would have secured in respect of the Life Insured, having regard to the premium rates that would have been payable had full information been known.

Definitions

Part F Definitions

F.1 Policy Definitions

Accident or Accidental means an accident caused wholly by violent, accidental, external and visible means.

Activities of Daily Living are:

- Bathing – the ability to shower and bathe,
- Dressing – the ability to put on and take off clothing,
- Toileting – the ability to get on and off, and use, the toilet,
- Mobility – the ability to get in and out of bed and a chair, and
- Feeding – the ability to get food from a plate into the mouth.

Gainful Occupation means an occupation in which the Life Insured is working and as a result generates Monthly Earnings.

Immediate Family Member means spouse, partner, de facto, children, parents and siblings.

Indexation Factor is the percentage change in the Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics in respect of the 12 month period finishing on 30 September.

It will be determined at 30 November each year and applied, where indicated, for the following year. If it is not published by 30 November, the Indexation Factor will be calculated based upon a retail price index which we consider replaces it.

If the percentage change in the Consumer Price Index, or any substitute for it, is negative, the Indexation Factor will be taken as zero.

Injury means an accidental bodily injury suffered by the Life Insured.

Medical Practitioner means a person who is legally qualified and registered as a Medical Practitioner, other than:

- you or the Life Insured,
- a business partner of you or the Life Insured, or
- an Immediate Family Member of you or the Life Insured.

If practising other than in Australia, the Medical Practitioner must be approved by us and have qualifications equivalent to Australian standards.

Note: Chiropractors, physiotherapists and alternative therapy providers are not regarded as Medical Practitioners.

Own Occupation under the Life Plan is the occupation in which the Life Insured was working immediately prior to the Sickness or Injury causing disability.

If the Life Insured had been working in more than one occupation, 'Own Occupation' will include all of those occupations.

Part G

Other information

Sickness means an illness or disease suffered by the Life Insured, and is diagnosed by a Medical Practitioner.

Significant Cognitive Impairment means a deterioration or loss of intellectual capacity that results in a requirement for a full time permanent caregiver.

Terminally Ill and **Terminal Illness** means a Sickness or condition where, after having regard to the current treatment or such treatment as the Life Insured may reasonably be expected to receive, the Life Insured will not survive more than 12 months.

War or an act of war means armed aggression, whether declared or not, by a country or organisation, resisted by any other country or organisation.

Whole Person Function means where a payment depends on the Life Insured meeting criteria that are based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication entitled Guides to the Evaluation of Permanent Impairment.

Part G Other Information

G.1 Interpretation

Headings have been included in the Policy Document to assist you in reading the document but do not change the interpretation of the terms of the Policy.

Any words indicating the singular can also be taken to mean the plural and vice versa.

G.2 Legal Interpretation

The Policy will be interpreted under the law as it is applied in the State of New South Wales.

G.3 No cash value

The Policy is not a savings policy and has no cash value if it is cancelled. The premiums you pay represent the amount we charge you for undertaking the risk of an insured event occurring.

G.4 Statutory Fund

The Policy is issued under the TOWER Australia No 1 Statutory Fund and is a non-participating policy. You are not entitled to any allocation of operating profits or distribution of retained profits of the Statutory Fund.



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