

# AMP Firstcare Insurance



*To provide a cash lump sum on death, total and permanent disablement and certain medical crises*

## Customer Information Brochure

You should read this brochure carefully, especially the key features statement. This contains important information you should know about this product.

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## AMP Life Limited in profile

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

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

### How to apply

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

### Expiry

This brochure is current until 31 December 2001. It cannot be used after that date.

### Availability

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

plan characteristics	non-superannuation plan	superannuation plan
<b>types of cover</b>		
crisis cover	✓	✗
disablement lump sum cover – home duties cover	✓ ✓	subject to plan and superannuation rules
Waiver of Premium	✓	✓
death cover – (with inbuilt terminal illness cover)	✓	✓
<b>taxes</b>		
tax deduction/rebates may apply	✗	✓
surcharge may be payable	✗	✓
spouse contribution rebate may apply	✗	✓
<b>eligibility</b>	see page 5	see page 5 – but must be under age 70 and working at least 10 hours a week, or qualify under spouse contribution arrangements
<b>plan ownership</b>	how you specify	Trustee, for your benefit
Can I <b>nominate a preferred beneficiary</b> in case of my death?	✗	✓ nomination is not binding on the Trustee
Can I insure <b>more than one person</b> in the plan?	✓	✗

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# key features statement

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

## Important notice

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

## Purpose of this insurance

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

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

You can choose any of these separately or in combination.

## Premiums

### How we calculate premiums

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

Generally, your premium will increase as an insured person gets older. It will also increase as the amount of cover increases each year by the CPI, or if we increase the cover because you ask us to.

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

### Keeping pace with inflation

Each year, unless we agreed not to when the cover started, we increase the amount of your cover by any increase in the CPI. If you don't want the annual CPI increase, in full or in part, you need to tell us.

### If you stop paying premiums

If you stop paying premiums, or you don't pay one within 30 days of it being due, we will take steps to end the plan. We will remind you if we don't receive your premium.

### Current minimum premium

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

### How much cover you can buy

We have limits on the amount of cover you can buy and on the people you can insure. These limits are based on why you need the insurance, and the insured person's circumstances. Generally, the upper limits on the amount of cover are based on what the insured person earns. In most cases, they will not constrain you.

### Guarantees

We guarantee to continue the plan if you pay premiums on time.

We also guarantee that the premium won't increase between plan anniversaries unless you change your plan, or the government introduces a new tax, duty, or charge, or changes an existing one.

However, we can change the premium rates in the future. They are not guaranteed.

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# key features statement

## Lower premiums can apply

We offer the following premium reductions:

- non-smokers;
- death cover of at least \$200,000;
- insured people aged 45 or more – for up to 4 years on the death cover premium;
- plan continuation discount – builds from 2.5% in the second year to 10% in the fifth year and stays at 10% after that; and
- multiple plan discount – 2.5% of your premium each year for the first 4 years. This discount applies for this plan and one of AMP Life's disability income plans if you purchase them at the same time to cover the same insured person.

We can change, or withdraw, these premium reductions at any time. If we do that, we will tell you in your Annual Statement.

## Premium payment options

You can pay premiums either yearly, or half yearly, by cash, cheque or direct debit. You can also pay monthly by direct debit. The direct debit can be from your bank, building society or credit union; or your Mastercard, Visa, Bankcard or American Express. If you pay more frequently than yearly, a fee applies – *see page 5*.

## Benefits

### What has to happen before we pay?

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

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

We explain each of these types of cover on the following pages. You can apply for any one or more of them for each insured person. Additional rules apply for superannuation – *see page 7*.

## Stand alone cover or Linked cover

When you apply for Firstcare Insurance, and you select more than one type of cover for the same insured person, then you need to decide whether:

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

For example, imagine you were covered for:

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

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

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

However, if you had chosen:

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

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

This is why Stand alone cover is more expensive than Linked cover, because we may have to pay you more.

The decision between Stand alone and Linked is an important one. Your Financial Planner can help you make it.

## Secured by our Australian No.1 Statutory Fund

Your plan is backed by our Australian No.1 Statutory Fund. The market value of the assets of this fund are \$26.9 billion as at 30 September 2000.

## Optional crisis cover – adults

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

### Choose from 2 levels of cover

For each adult insured person you can choose from 2 levels of crisis cover – crisis cover advanced or crisis cover standard. Advanced covers more crisis conditions than standard does, and so it is more expensive.

### Cover is delayed

For conditions in the left-hand columns in the tables below, cover does not start for 3 months. If the cover or plan is restarted, the 3 months' delay starts again. If you increase the amount of the cover for crisis conditions, that increase is delayed for the conditions in the left-hand column of each table for 3 months.

### Crisis cover advanced covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for 3 months	Cover for the conditions in this column starts immediately
Aortic surgery	Alzheimer's Disease & other dementias
Benign tumour of the brain or spinal cord	Aplastic Anaemia
Cancer	Blindness
Coronary artery surgery	Coma
Heart attack – myocardial infarction	Kidney (renal) failure
	Liver failure
	Lung failure
Heart attack – out of hospital cardiac arrest	Loss of independent living
	Loss of speech
	Major head trauma
Heart valve surgery	Major organ transplant
Stroke	Motor Neurone Disease
	Multiple Sclerosis
	Occupationally acquired HIV
	Paralysis that is one of: <ul style="list-style-type: none"> <li>– Diplegia</li> <li>– Hemiplegia</li> <li>– Paraplegia</li> <li>– Quadriplegia</li> </ul>
	Parkinson's Disease
	Severe burns

If the insured person suffers one of these crisis conditions during the 3 months' delay we will never pay for it, even if they suffer the same crisis condition again later.

### We pay a crisis claim only once

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

### What must happen before we pay

We have special descriptions for each crisis condition.

We only pay if we agree that the insured person meets our full description. The descriptions are set out *on page 11*.

### Crisis cover standard covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for 3 months	Cover for the conditions in this column starts immediately
Aortic surgery	Kidney failure
Cancer	Major organ transplant
Coronary artery surgery	Paralysis that is one of: <ul style="list-style-type: none"> <li>– Diplegia</li> <li>– Hemiplegia</li> <li>– Paraplegia</li> <li>– Quadriplegia</li> </ul>
Heart attack – myocardial infarction	
Heart attack – out of hospital cardiac arrest	
Heart valve surgery	
Stroke	

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# key features statement

## Optional disablement lump sum cover – adults

We pay a lump sum if an insured person becomes totally and permanently disabled before they turn 65 and they survive 6 months. From age 60, the amount we pay reduces by 20% p.a. to zero at age 64. Our description of totally and permanently disabled is *on page 16*.

If a professional listed *on page 17* or a senior manager has been working full time in that profession or senior managerial duties for at least 12 months just before their claim, our description relates to their inability to do their particular professional occupation or senior managerial duties.

For others in remunerative work (or professionals or senior managers who haven't been working in their occupation full time for at least 12 months just before this claim), it relates to their inability to do any work for which they are reasonably fitted by education, training or experience. For those doing home duties, it relates to their inability to do home duties or care for invalid members of their immediate family.

If your disablement lump sum cover is part of your superannuation arrangements, you can only be paid if you meet both the plan definition and the superannuation rules set by the Federal Government – *see page 7*.

Also cover for home duties is subject to plan and superannuation rules.

For those people who are not doing regular remunerative work or home duties, the circumstances when we will pay are very narrow.

## Optional death cover – adults

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

## Terminal illness cover – adults

Terminal illness cover is included automatically with the insured person's death cover. If an adult insured person is diagnosed as having less than 12 months to live, we will pay 100% of the death cover (up to a maximum of \$1,000,000 from all AMP plans). If there is a balance of death cover we will pay this when they die.

Special rules apply for superannuation – *see page 7*.

## Children's crisis cover

We pay a lump sum:

- of \$50,000 (plus CPI indexation increases) if an insured child suffers one of the crisis conditions set out in the table below before they turn 17 and survives 14 days or;
- of \$5,000 if an insured child dies after age 2 but before they turn 17.

### Crisis conditions for which we cover children

– *please see page 14*

Cover for the crisis conditions in this column is delayed for 3 months	Cover for the conditions in this column starts immediately unless the child is less than 10. If the child is less than 10, cover is delayed until they turn 10.
Aplastic Anaemia	Major head trauma
Bacterial Meningitis	Major organ transplant
Cancer	Paralysis that is one of: – Diplegia – Hemiplegia – Paraplegia – Quadriplegia
Leukemia	
Subacute Sclerosing Panencephalitis	
Viral Encephalitis	Severe burns

### Cover is delayed

For conditions in the left-hand column above, cover does not start for 3 months. If the cover is restarted, the 3 months' delay starts again. If the insured child suffers one of the crisis conditions during the 3 months' delay (or one listed in the right-hand column before they turn age 10) we will never pay for it, even if the insured child suffers the same crisis condition again later.

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

### We pay only once for crisis

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

## Waiver of Premium

You can choose from 2 types of Waiver of Premium. One means that you don't have to pay the premium for a particular person if they are totally disabled. Under the other type, the premium for the entire plan – all insured people – is waived if a particular person is totally disabled. For both types of Waiver of Premium, we start waiving the premium after the insured person has been totally disabled for 6 months. Our definition of totally disabled is on *page 16*.

We won't pay for a crisis if the insured person dies within 14 days of the crisis.

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

	Entry age ranges	Cover continues:
<b>Crisis cover</b>	15 to 59	until they turn 64
<b>Death cover</b>	10 to 69	until they turn 84
<b>Death cover superannuation</b>	15 to 64	until they turn 84 (but not as part of your superannuation arrangements after age 70 or on earlier retirement or after age 65 if spouse contributions)
<b>Disablement lump sum cover</b> (both superannuation and non superannuation)	15 to 54	until they turn 64 (reduces from 60)
<b>Children's crisis cover</b>	1 to 12	until they turn 16 (then converts to death cover until they turn 84)

## When can people be insured?

You can apply to cover people in the age ranges shown in the table above. An insured person's cover can continue until the ages shown above.

## Ex gratia payment for accidental death – adult death cover

If the insured person suffers an accidental injury and dies while we are considering your application, we may consider paying you the death cover for that insured person (up to \$600,000) on an ex gratia basis. If this happens, you should contact us as we will consider each claim on an individual basis. If the insured person has more than one application for cover, we will only pay on an ex gratia basis once.

## More than one person

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

## When we won't pay

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

## What are the charges?

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

### Plan fee

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

The fee is currently \$63.20 a year for the first insured person, and a further \$12.60 for each other insured person you include in the plan. For plans starting after 31 December 2001, those amounts will be increased by one year's increase in the CPI.

### Premium frequency fee

If you pay more often than yearly, we charge an extra fee. That fee is included in your premium. It is a percentage of the premium rate, and of your plan fee. For monthly payments, we charge an extra 7.5%. For half-yearly payments, we charge an extra 3%. We do that because our costs are higher. We can change the percentages at any plan anniversary in circumstances relating to the commercial operation of our business. We will tell you of any change at least 3 months before the change.

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# key features statement

## Taxation

### Income Tax

We have outlined below our general understanding of current legislation and rules as at 1 March 2000.

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

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

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

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

- if a plan is arranged as superannuation – *see pages 7 to 10* for more details;
- where a business arranges Firstcare Insurance to cover loss of revenue (profits) after a key employee suffers a crisis condition, is totally and permanently disabled, terminally ill or dies. Then the premium will generally be tax deductible and amounts we pay are included in the business' assessable income.

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

### Cooling off period

If you are not happy with your plan, you can tell us to cancel it within 14 days, and we will refund everything you have paid us. The 14 days start from when you receive your Certificate and Plan Rules or should have received them via normal mail. To cancel your plan in the 14 day period, please send us:

- a written request; and
- the original Certificate and Plan Rules.

## Information on this insurance

### Certificate and Plan Rules

If we agree to issue the plan, we will send you a Certificate and Plan Rules which, together with your application, personal statement and all evidence provided at that time, form your contract with AMP Life. They will set out the details of who owns the plan, who is insured, the amount of cover, and other important information.

### Annual Statement

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

### If you need assistance

We want you to remain totally satisfied with us and your plan. If you need information or have concerns or a complaint, please contact your Financial Planner. Also our Customer Service people are keen to help. Their contact details are on the inside back cover of this brochure. If you contact us, we will acknowledge this within 5 days. We will investigate your query or complaint promptly. We will give you a written reply as soon as possible.

If you are unhappy about the way we have handled your complaint, you can refer it to the Financial Industry Complaints Service (FICS). FICS is independent and impartial. Contact details are on *page 18*. If your plan is a superannuation plan, or if you have a complaint about the superannuation fund you are a member of, you can refer your complaint to the Superannuation Complaints Tribunal. Contact details are also on *page 18*.



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# firstcare insurance as part of your Super

## Firstcare insurance as part of your Super

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

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

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

These rules also apply if you are in a professional occupation listed on *page 17*, or if contributions are made on your behalf by your spouse.

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

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

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

## Who can contribute?

You can pay premiums as superannuation contributions if you are under age 70 and you are working at least 10 hours a week. If you wish your plan to continue after age 70 or after you retire, you may transfer to a non superannuation plan.

## Your employer can pay premiums

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

## Your spouse can pay premiums

Your spouse or defacto spouse (the contributor) can contribute to your superannuation fund if you are under age 65, and the contributor earns at least \$1 dollar of income or capital gain during the tax year. There is no limit on the amount of the contribution. You need not be in the workforce. However, if you have chosen disablement lump sum cover, your spouse can only contribute if you are working at least 10 hours a week.

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# firstcare insurance as part of your Super

## Taxation

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

### Spouse contribution rebate

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

### Tax deduction/rebates

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

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

### Surcharge tax

A surcharge tax may apply to premiums paid by an employer, and by you personally when you claim them as a tax deduction. This tax can be up to 15% of the premiums paid. This tax generally applies when your taxable income plus reportable fringe benefits plus surchargable contributions subject to the surcharge exceed \$81,493 for the 2000/2001 tax year (indexed). If the surcharge tax applies to you, we will tell you the amount, and when you have to pay it to us. If you do not supply your Tax File Number, then the tax may apply to your premium regardless of your income. If you don't pay enough to cover the tax, we may reduce or terminate your cover (or reduce any other benefit you may have in the AMP Personal Superannuation Fund.)

### *Tax on death claims*

Please note that lump sum death claim proceeds payable under superannuation are taxable if the amount is paid to someone who is not dependent on you – that is, not paid to your spouse, de facto spouse, your children under age 18, or people who are financially dependent on you at the time of death. Also, if the total lump sum amount received from all your superannuation arrangements exceeds \$971,382 for the 2000/2001 tax year (indexed), or higher transitional pension benefit amount, any excess is taxable at the top marginal tax rate plus Medicare levy.

### *Tax on disablement claims*

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

## Nominating a beneficiary with AMP's superannuation arrangements

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

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

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

## Answers to some common questions about nominations

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

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

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

Your nomination becomes invalid if:

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

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

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

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

### *Can I cancel my nomination?*

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

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

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

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

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

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

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

### *Annual Report*

The Annual Report of the AMP Personal Superannuation Fund can be obtained free of charge by contacting our Customer Service Centre. If you purchase a personal superannuation plan, we will send you a copy annually.

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# firstcare insurance as part of your super

## Collection of Tax File Numbers (TFNs)

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

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

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

- You may have to pay more tax than you have to on benefits such as Eligible Termination Payments (ETPs). This additional tax could be re-claimed at your next tax assessment with the Australian Taxation Office.
- In addition, surcharge tax may apply to your superannuation contributions (which would otherwise not be payable).
- In the future, when we need to pay benefits to you, it may be more difficult for us to locate or amalgamate all the superannuation benefits you are entitled to.

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

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

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

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

## Trustee indemnity insurance

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

## Award superannuation contributions; and Superannuation Guarantee contributions

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

## Regulated Superannuation Fund Certification (to be shown to any contributing employer)

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

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

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

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



I Laughlin  
on behalf of AMP Superannuation Limited  
1 January 2001

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# firstcare insurance descriptions

For a full description – including claims requirements and a glossary of the terms used in these conditions – please see the Plan Rules.

## Crisis conditions which apply only to adults

Please note that to satisfy these descriptions you must survive 14 days without a life support system.

### Alzheimer's Disease and Other Dementias

We will pay if an insured person's brain function fails significantly and permanently. The failure must cause the insured person to:

- be unable to perform any one of the activities of daily living†; or
- require daily care on an ongoing basis.

We will not pay if the dementia is directly caused by alcohol or drug abuse.

### Aortic surgery

We will pay if an insured person has surgery performed through a thoracotomy or laparotomy to correct a structural abnormality of the thoracic or abdominal aorta. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment. We will not pay for surgery performed using catheter techniques.

### Benign tumour of the brain or spinal cord

We will pay if an insured person has a non-cancerous tumour in the brain or spinal cord which is histologically described and which produces neurological deficit causing permanent and significant functional impairment or requires radical surgery for its removal.

We do not cover any of the following:

- Cysts, granulomas and cerebral abscesses;
- Malformations in, or of, the arteries or veins of the brain;
- haematomas; or tumors in the pituitary gland.

### Blindness

We will pay if an insured person totally loses the sight of both eyes. That loss must be irreversible and unable to be corrected by glasses or any other means.

### Cancer

We will pay if an insured person suffers a malignant tumour which is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. We also cover sarcoma, Hodgkin's lymphoma, non-Hodgkin's lymphoma, malignant bone marrow disorders and leukemia with the exception of chronic lymphocytic leukemia, Binet stages A and B or Rai stages 0, I and II. We will not pay for any of the following:

- skin cancers other than melanoma at least 1.5mm thick or at least Clark level 3 depth of invasion; or
- prostatic tumours which are histologically described as equivalent to or less than TNM Classification T1 (including T1a and T1b); or
- tumours which are histologically described as pre-malignant or showing malignant changes of 'carcinoma in situ' and not requiring radical surgery; or
- AIDS related cancers.

### Coma

We will pay if an insured person is in a state of unconsciousness and does not react to external stimuli. The state of unconsciousness must score 6 or less on the Glasgow Coma Scale.

The state of unconsciousness must be either:

- continuous for at least 7 days, followed by new functional impairment producing neurological signs which last at least a further 14 days and the signs must be demonstrated clinically and by a cerebral CT scan, angiogram, MRI, PET, or other reliable imaging technique approved by AMP Life; or
- continuous for at least 90 days.

In all circumstances, we will not pay for any coma that is:

- artificially induced, deepened or sustained by medical intervention; or
- caused by the insured person's alcohol or drug abuse; or
- is the result of the insured person suffering another crisis condition for which we pay.

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# firstcare insurance descriptions

## Coronary artery surgery

We will pay if an insured person has coronary artery disease and as a result has open heart surgery involving bypass grafts to one or more coronary arteries.

In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We do not pay for procedures such as angioplasty, laser and intra-arterial techniques or other non-surgical procedures. The reasons we don't pay are that these procedures do not involve major operations via the chest or abdomen and recovery is usually quick and uncomplicated.

## Heart attack – myocardial infarction

We will pay if part of an insured person's heart muscle dies as a result of inadequate blood supply to the relevant area. A cardiologist must certify that a heart attack has occurred and confirm this by certifying the presence of:

- confirmatory new electrocardiographic changes; and
- elevation of cardiac enzymes above the upper limit of normal.

We will not pay for other causes of severe non cardiac chest pain, heart failure or angina.

## Heart attack – out of hospital cardiac arrest

We will pay if an insured person suffers a cardiac arrest which:

- is not associated with any medical procedure; and
- is documented by an electrocardiogram; and
- occurs outside a hospital; and
- is due to either cardiac asystole or ventricular fibrillation.

## Heart valve surgery

We will pay if an insured person has open heart surgery to correct, or replace, a cardiac valve. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

We will not pay for procedures such as valvotomy or angioplasty which do not require open heart surgery.

## Kidney (Renal) failure

We will pay if an insured person suffers irreversible failure of both kidneys which requires either:

- continuing renal dialysis; or
- transplantation of a human kidney.

In the opinion of an appropriate consultant medical specialist, the dialysis or transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay in the event of temporary renal dialysis for acute and reversible kidney failure.

## Liver failure

We will pay if an insured person suffers irreversible failure of the liver, and that failure requires a liver transplant.

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay if the liver failure is directly caused by alcohol or related to use of other drugs not prescribed by a doctor.

## Lung failure

We will pay if an insured person suffers irreversible failure of both lungs and that failure requires a transplant of the lungs.

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay if the lung failure is directly caused by smoking tobacco, or use of other drugs not prescribed by a doctor.

## Loss of independent living

We will pay if an insured person suffers total and permanent inability to perform at least two of the activities of daily living<sup>†</sup> without assistance from someone else.

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

### Loss of speech

We will pay if an insured person totally loses the ability to speak due to organic brain disease or accidental injury. The loss must be irreversible.

We will not pay for loss of speech which is caused directly by drug or alcohol abuse, or is due to any psychological cause.

### Motor Neurone Disease

We will pay if an insured person receives an unequivocal diagnosis of advanced Motor Neurone Disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living.<sup>†</sup>

### Multiple Sclerosis

We will pay if an insured person receives an unequivocal diagnosis of advanced Multiple Sclerosis. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living.<sup>†</sup>

### Occupationally acquired HIV

We will pay if an insured person becomes infected with the Human Immunodeficiency Virus (HIV) if the virus is acquired:

- as a result of an accident occurring during the course of the insured person's normal occupation; and
- while the insured person was carrying out their normal occupational duties; and
- sero conversion to the HIV infection must occur within 6 months of that accident.

Any accident giving rise to a potential claim must be reported:

- to the relevant authority or employer; and
- to us within 14 days of its occurrence; and
- be supported by a negative HIV antibody test taken after the accident.

We will only pay if we are able to:

- independently test all blood samples used;
- take further samples;
- obtain a copy of the report made to the relevant institution or employer, and
- obtain all evidence relating to the alleged source of infection.

We will not pay if:

- the HIV infection is acquired through any other cause including sexual activity, recreational intravenous drug use or deliberate self-infliction; or
- a cure was available before the accident; or
- if the insured person elected not to take any vaccine available before the accident.

### Parkinson's Disease

We will pay if an insured person receives an unequivocal diagnosis of advanced Parkinson's Disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living.<sup>†</sup>

### Stroke

We will pay if an insured person suffers a cerebrovascular episode producing neurological damage which lasts for more than 24 hours. The damage must be evidenced clinically by:

- cerebral CT scan, or
- an angiogram, or
- an MRI or PET, or
- other reliable imaging techniques approved by AMP Life.

We will not pay for transient ischaemic attacks, reversible ischaemic neurological deficit, major head injuries or symptoms due to migraine or headache.

### <sup>†</sup>Activities of daily living:

- *Dressing* – the ability to put on, or take off, clothing.
- *Toileting* – the ability to use the toilet, including getting on or off.
- *Mobility* – the ability to get in and out of a bed and a chair.
- *Continence* – the ability to control bowel and bladder function.
- *Feeding* – the ability to get food from a plate into the mouth.

Further adult conditions are defined on *page 14*.

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# firstcare insurance descriptions

## Crisis conditions which apply only to children

### Bacterial Meningitis

We will pay if an insured child suffers Bacterial Meningitis caused by a proven organism. The Meningitis must produce neurological deficit causing permanent and significant functional impairment.

### Cancer

We will pay if an insured child suffers a malignant tumour which is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue. We also cover sarcoma, Hodgkin's lymphoma and non-Hodgkin's lymphoma.

We will not pay for any of the following:

- skin cancers other than melanoma at least 1.5mm thick or at least Clark level 3 depth of invasion; or
- tumours which are histologically described as pre-malignant or showing malignant changes of 'carcinoma in situ' and not requiring radical surgery; or
- AIDS related cancers.

### Leukemia

We will pay if an insured child is diagnosed with leukemia.

### Subacute Sclerosing Panencephalitis

We will pay if an insured child suffers Subacute Sclerosing Panencephalitis.

### Viral Encephalitis

We will pay if an insured child suffers Encephalitis due to direct viral invasion of the central nervous system. The Encephalitis must produce neurological deficit causing permanent and significant functional impairment.

## Crisis conditions which apply both to adults and to children

### Aplastic Anaemia

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

### Major head trauma

We will pay if an insured person suffers an accidental head injury which produces neurological damage causing significant functional impairment which, in the opinion of an appropriate consultant medical specialist, is likely to be permanent.

### Major organ transplant

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

- kidney
- heart
- lung
- liver
- pancreas

In the opinion of an appropriate consultant medical specialist, the transplant must be required on medical grounds and must be the most appropriate treatment.

We will not pay in the event of a donation by the insured person of an organ for transplant.

### Paralysis – Diplegia

We will pay if an insured person suffers total and permanent paralysis of both arms or both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

### Paralysis – Hemiplegia

We will pay if an insured person suffers total and permanent paralysis of both the arm and the leg on the same side of the body due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.



**Paralysis – Paraplegia**

We will pay if an insured person suffers total and permanent paralysis of both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

**Paralysis – Quadriplegia**

We will pay if an insured person suffers total and permanent paralysis of both arms and both legs due to organic disease or accidental injury.

We will not pay for partial paralysis, for temporary post-viral paralysis, or for paralysis due to psychological causes.

**Severe burns**

We will pay if an insured person suffers third degree burns to 20% or more of their body surface area as measured by the Lund Browder Body Surface Chart. The burns can be caused by thermal, electrical or chemical agents.

The head (including the neck) and each arm (including the hand) are separately considered to be 9% of the total body surface. The front, back and legs (including feet) are each separately considered to be 18% of the total body surface, with the remaining 1% being the perineal area.

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# firstcare insurance descriptions

## Definition of totally and permanently disabled

An insured person is **totally and permanently disabled** if their disability meets the definition of disablement in either **Part 1**, or **Part 2**, in this policy definition and it:

- commences while the insured person is engaged in regular remunerative work (or within 6 months after they cease regular remunerative work); or
- commences while the insured person is engaged in home duties (or within 6 months after they cease home duties); or
- results from an illness or injury which commences while the insured person is engaged in the professional occupation or senior managerial duties in which they have been working for at least 35 hours per week for the 12 months immediately before suffering the illness or injury which led to the disability; or
- results directly from accidental bodily injury caused directly and solely by violent, external and visible means and is independent of all other causes.

## Part 1

The insured person is disabled if they suffer an illness or injury and:

- the illness or injury wholly prevents them from engaging in home duties or regular remunerative work, (whichever they were engaged in when they suffered the illness or injury) for at least 6 months in a row; and
- since they became ill or injured, they have been under the regular care and attention of a doctor for that illness or injury; and
- in AMP Life's opinion, the illness or injury means that they are unlikely to ever work in or attend to:
  - i home duties; or
  - ii regular remunerative work for which they are reasonably fitted by education, training or experience; or
  - iii own professional occupation with any employer or as a self-employed person
  - iv Senior managerial dutieswhichever they were engaged in when they suffered the illness or injury.

The insured person must have survived the 6 month period in the first bullet point of Part 1.

## Part 2

The insured person is disabled if they suffer from the total and irrecoverable loss of:

- the use of two limbs; or
- the sight of both eyes; or
- the use of one limb and the total and irrecoverable loss of the sight of one eye;

where a limb means an entire arm or entire leg.

The loss must be unable to be remedied and the insured person must survive at least 14 days after the loss.

### Professional occupation

Professional occupation means any occupation shown in the following group, where membership of a professional or Government body is necessary as a prerequisite for practising in that occupation. Duties involve no or minimal site supervision.

Accountant	Judge
Actuary	Lawyer
Architect	Medical Practitioner
Audiologist	Medical Specialist
Auditor	Optometrist
Barrister	Orthodontist
Chemist	Patent Attorney
Dental Surgeon	Professor, Associate Professor
Dentist	Psychologist
Doctor	Quantity Surveyor
Engineer	Solicitor
Industrial Chemist	Veterinary Surgeon

### Senior managerial duties

You are engaged in senior managerial duties if you are a senior member of your employer's management/executive team and:

- your duties do not involve manual work or the supervision of manual work
- you work in an office where the work is of a sedentary nature; and
- your net earnings from your employer before tax exceeded \$106,100 per annum in each of the three years immediately before you become disabled. This amount applies until 1 January 2002, when it will be indexed by any increase in the CPI.

### Home duties

An insured person is engaged in home duties if they are on a full-time basis:

- doing all duties related to running the family home; and
- either looking after their dependent children (who must either be 16 or less, or in full-time secondary education); or
- providing full-time care for invalid members of the insured person's immediate family.

### Regular remunerative work

An insured person is engaged in regular remunerative work if they are doing work in any employment, business, or occupation for at least 10 hours per week. They must be doing it for reward – or the hope of reward – of any type.

### Definition of totally disabled – applies to Waiver of Premium

An insured person is totally disabled while they are unable to engage in any regular remunerative work for which they are reasonably fitted by their education, training or experience. They must be unable to do that because they have suffered an illness or injury.

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# other information

## Enquiries and complaints

### Contact us

If you want to write to us our address is:

#### Customer Service Officer

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(NSW, QLD & ACT)	(VIC, SA, TAS, WA & NT)
AMP Life Limited	AMP Life Limited
PO Box 300	GPO Box 245B
Parramatta	Melbourne
NSW 2124	VIC 3001
Telephone: 131 267	Telephone: 131 267

### Independent complaint service

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

Their address is:

#### The Financial Industry Complaints Service

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PO Box 579  
Collins Street West Post Office  
Melbourne VIC 8007

Telephone: (03) 9629 7050  
Toll Free: 1800 335 405

### Independent complaint service for superannuation plans

#### Superannuation plans other than the AMP Personal Superannuation Fund

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

#### AMP Personal Superannuation Fund

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

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

(NSW, QLD & ACT)	(VIC, SA, TAS, WA & NT)
Customer Service Officer	Customer Service Officer
AMP Life Limited	AMP Life Limited
PO Box 300	GPO Box 245B
Parramatta	Melbourne
NSW 2124	VIC 3001

Telephone: 131 267

Telephone: 131 267

Your complaint will be acknowledged.

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

#### Superannuation Complaints Tribunal (SCT)

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

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

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

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

**The Secretariat**  
**Superannuation Complaints Tribunal**  
Locked Bag 3060  
GPO Melbourne VIC 3001

Telephone: 131 434

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# agreement & declaration

- i I have read the duty of disclosure below. I understand that any plan AMP Life issues will be based on the answers in this application and the personal statement, and that if I do not comply with my duty to disclosure information, that the insurance may be cancelled or altered;
- ii I also understand that I need to tell AMP Life of any change to my health, occupation or pastimes, or other things that happen to me after I complete this application and the personal statement that could alter AMP Life's decision to insure me, right up to the point that AMP Life issues the Certificate and Plan Rules;
- iii I understand that AMP Life may obtain information from any doctor or hospital I have been to, or may go to. AMP Life may provide any information it has about me to its reinsurers or legal tribunal;
- iv I understand that terminal illness cover (and where I have selected it, disablement lump sum cover – including cover for persons in professional occupations listed *on page 14* of the brochure), can only be paid to me in accordance with superannuation rules *as set out on page 7* of the brochure.
- v I am applying/have applied already to the Trustee of the AMP Personal Superannuation Fund, to be a member of that fund and agree to be bound by the provisions of the Trust Deed.

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

- vi I am currently;
  - under age 65 and I am or have been employed or have produced income for at least 10 hours per week at any time during the last 2 years; or
  - between age 65 and 70 and I am employed or are producing income for at least 10 hours per week; and
- vii I acknowledge that I may not be able to contribute to a superannuation fund and I will write and tell the Trustee if I no longer satisfy the above conditions; and
- viii If my employer is paying the premium, I will write and tell the Trustee if my employer stops paying.

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

- ix I am under age 65 and I understand that all contributions paid into the plan will be contributions from my spouse (including de facto spouse) whom I live with on a genuine domestic basis; and
- x If I have selected to include the disablement lump sum cover in the plan, I acknowledge that I am currently gainfully employed for at least 10 hours per week; and
- xi I acknowledge that if I or my spouse do not satisfy these conditions in future, we may not be able to contribute to the superannuation fund, and I will write and tell the Trustee if either of us no longer satisfies the conditions.

## Duty of Disclosure

### What you must tell us

When we are considering your application – or a request to change your cover, or to restart it – we need to know exactly what risk we are to insure. This helps us to decide:

- whether to provide the insurance; and
- how much to charge for it; and
- whether any special rules should apply.

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

As well, you and each insured person must tell us about anything:

- you, or they, know which will be relevant to our decision; or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to our decision.

This duty continues until we issue a plan by sending you the Certificate and Plan Rules. Therefore, you and each insured person must tell us about any changes to their health, occupation, pastimes, or other relevant matters which happen after the application and personal statement have been completed, but before we send the Certificate and Policy Rules to you.

### If you don't tell us

If either you don't, or any insured person doesn't, tell us what you, or they, are supposed to tell us, we may be able to:

- treat the plan as if it never existed and pay nothing; or
- keep the plan going but reduce the amount we pay.

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# notes

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# AMP Firstcare Insurance Application

Table CCI

**Before you sign this application, be aware that AMP Life or your Financial Planner is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.**

**Note:** This application forms part of the AMP Firstcare Insurance Customer Information Brochure Issue 7. It expires on 31 December 2001. Applications received after this date will be declined.

**Please use BLOCK letters and tick (✓) or cross (✗) wholly within the box provided.**

<b>Application for</b>	<input type="checkbox"/> New business – Complete sections A, B, C, D	Policy number
	<input type="checkbox"/> Increase – Complete sections A, B, C, D	Office
	<input type="checkbox"/> Conversion of existing plan – Complete sections A, B, C, D, E ( <i>further details in section E</i> )	Application number
		WF number
	<input type="checkbox"/> Replacement option – Complete sections A, B, C, D, E	
<input type="checkbox"/> Addition of insured person – Complete Sections A, B, C, D.		
Multiplan application (Lifeguard) <input type="checkbox"/> yes <input type="checkbox"/> no		Multiple lodgement <input type="checkbox"/> yes <input type="checkbox"/> no

## A: Ownership *If more than 2 owners please use an additional application*

<b>1st owner</b>	1. Will you also be an insured person on this plan? <input type="checkbox"/> yes <input type="checkbox"/> no	
	2. Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other	
	3. Surname	
	4. Given names	
	5. Date of birth / /	
	6. Country of birth	7. Sex <input type="checkbox"/> M <input type="checkbox"/> F
	8. Address <input type="checkbox"/> Residential <input type="checkbox"/> Business	
	9. Town/Suburb	
	10. Postcode	
	11. Phone: Home ( )	12. Bus. ( ) Mob.
	<b>2nd owner (if applicable)</b>	13. Will you also be an insured person on this plan? <input type="checkbox"/> yes <input type="checkbox"/> no
14. Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		
15. Surname		
16. Given names		
17. Date of birth / /		
18. Country of birth		19. Sex <input type="checkbox"/> M <input type="checkbox"/> F
20. Address <input type="checkbox"/> Residential <input type="checkbox"/> Business		
21. Town/Suburb		
22. Postcode		
23. Phone: Home ( )		24. Bus. ( ) Mob.
<b>Address for communications</b>		as for: <input type="checkbox"/> 1st owner <input type="checkbox"/> 2nd owner
	or: <input type="checkbox"/> Other ( <i>specify</i> ) Name	
	Address	
	Town/Suburb	Postcode
<b>Purpose of this insurance</b>	What is the need covered by this plan? <input type="checkbox"/> Personal <input type="checkbox"/> Business	

### Notes

- Joint owners.** If the plan is issued to joint owners they will be treated as joint tenants and ownership will pass to the surviving owner.
- Proof of age.** Evidence of age of an insured person may be required by us before we pay under this plan.
- Personal statement.** A personal statement must be completed by each insured person.
- Register.** Unless otherwise requested, this plan will be registered in the State or Territory of the first owner's address.

## B: Payment detail

Premium \$

Method and frequency (✓ or ✗ one)

Direct debit from a financial institution account or credit card account\*  monthly  half-yearly  yearly  
 \*(complete authority on page 15)

Direct to AMP Life (AMP Life sends a notice)  half-yearly  yearly

## C: Insurance cover

Please enter sum insured and tick (✓) or cross (✗) each type of cover required. If more than 2 insured persons, and 2 insured children, please use an additional application.

### 1st insured person – ADULT

Surname

Given names

Date of birth / / Age next birthday Sex  M  F

Type of cover	Amount of cover*	Office use only		
<input type="checkbox"/> Linked <input type="checkbox"/> Stand alone		Table code	Entry ages (next)	Expiry age (next)
<b>Death cover (Includes terminal illness cover)</b>	\$	DB	11-70	85
<b>Crisis cover</b> <input type="checkbox"/> Advanced <input type="checkbox"/> Standard	\$	CC	16-60	65
<b>Disablement lump sum cover</b>	\$	DLSC	16-55	65
<b>Optional benefit</b> <b>Waiver of Premium (see notes)</b> <input type="checkbox"/> <b>Individual Life</b> If Individual Life Waiver of Premium is selected, the cover waives the premiums and plan fee just for that person if they become totally disabled. Any adult insured person can select this cover. <input type="checkbox"/> <b>Nominated Life</b> If Nominated Life Waiver of Premium is selected, the cover waives all the premiums and plan fees for all people included in the plan. Only one person can be nominated per plan. If that person becomes totally disabled, we will waive all premiums and plan fees. The cover can only be selected for a family.		WP	11-55	60 (if no claim) 70 (if on claim)

### 2nd insured person – ADULT

Surname

Given names

Date of birth / / Age next birthday Sex  M  F

Type of cover	Amount of cover*	Office use only		
<input type="checkbox"/> Linked <input type="checkbox"/> Stand alone		Table code	Entry ages (next)	Expiry age (next)
<b>Death cover (Includes terminal illness cover)</b>	\$	DB	11-70	85
<b>Crisis cover</b> <input type="checkbox"/> Advanced <input type="checkbox"/> Standard	\$	CC	16-60	65
<b>Disablement lump sum cover</b>	\$	DLSC	16-55	65
<b>Optional cover</b> <b>Waiver of Premium (see notes)</b> <input type="checkbox"/> <b>Individual life</b> See notes first insured person <input type="checkbox"/> <b>Nominated life</b> See notes first insured person		WP	11-55	60 (if no claim) 70 (if on claim)

**Note** \* – if new business, please show sum insured  
 – if Increase, please show total sum insured after increase.



**1st Insured CHILD** – Please note, to have any insured child, there must be an insured adult under this plan.

Surname

Given names

Date of birth / /

Age next birthday

Sex  M  F

Type of cover	Amount of cover	Office use only		
		Table code	Entry ages (next)	Expiry age (next)
<b>Children's crisis cover</b> <b>An insured child is not eligible for extra DB, DLSC, CC and WP</b>	\$50,000 (includes \$5,000 DB)	CCC	2-13	17 (DB to 85)

**2nd Insured CHILD**

Surname

Given names

Date of birth / /

Age next birthday

Sex  M  F

Type of cover	Amount of cover	Office use only		
		Table code	Entry ages (next)	Expiry age (next)
<b>Children's crisis cover</b> <b>An insured child is not eligible for extra DB, DLSC, CC and WP</b>	\$50,000 (includes \$5,000 DB)	CCC	2-13	17 (DB to 85)

**D: Agreement and declaration**

The owner(s) agree and declare that:

I/We have chosen NOT to apply for death cover for:

Name of 1st insured person

Name of 2nd insured person

My/Our Financial Planner has made it clear that AMP will not pay me/us any money under this plan if the person/people nominated above die/s.

**Signature of owner(s)**

Owner 1

Date / /

Owner 2

Date / /

I agree that:

- i. I/We have received and read the AMP Firstcare Insurance Customer Information Brochure (CIB) Issue 7 dated 1 January 2001;
- ii. I have read and agree with the Agreement and Declaration Statements (including the Duty of Disclosure) on page 16 of the CIB;
- iii. All the information provided in this form is complete and correct even if the information has been written by someone else;
- iv. When I/we decided to apply for this plan, I/we did this based on: (please tick (✓) or cross (✗) one of the following)
  - My/our Financial Planner completed a fact find and needs analysis, based on the information I/we provided at his/her request. My/Our Financial Planner recommended that I/we purchase this plan. I/we have been provided with a copy of the Customer Advice Record; or
  - I/We decided not to provide my/our Financial Planner with all the information they requested. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - I/We decided to purchase a plan different from the one my/our Financial Planner recommended. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - I/We only wanted advice on a limited range of products. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - My/Our Financial Planner did not complete a fact find or needs analysis on me/us and my/our circumstances. Nor did my/our Financial Planner give me/us any advice. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs

**Signature of owner(s)**

Owner 1

Date / /

Owner 2

Date / /

**E: Conversion/Continuation Option details** (only fill this in if you are transferring from an existing AMP plan)

I/We, as owner(s) of the plan below (the "old" plan):

<input type="checkbox"/> Existing Policy number	OR
<input type="checkbox"/> Continuation Option from an AMP Superannuation Fund	Plan Number

Replacement cover stamp required – office use only

Have you smoked tobacco or any other substance within the last 12 months?  yes  no  
(If yes, give details of substance and daily quantity)

Type	Average daily quantity	Date ceased (if applicable)

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.
- understand that the provision in the new Plan Rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

**Signature of owner(s) of new plan**

	Date / /
--	----------

**Signature of owner(s) of old plan**

	Date / /
--	----------

**Financial Planner and office use only**

Date	Notes

**Office use only**

Customer Information Brochure Issue 7 – Current 1 January 2001 to 31 December 2001

**Receipt details**

Date	Amount	Receipt number	Accounting details
	\$		
	\$		

**Financial Planner information** to be completed by Financial Planner

Accredited Financial Planner number	Accreditation Segment (✓ or ✗ one)	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Retirement and Investment	<input type="checkbox"/> Small Business
	<input type="checkbox"/> Estate Planning (Personal)	<input type="checkbox"/> Estate Planning (Business)	<input type="checkbox"/> Risk Business	

Name	Financial Planner no:	Telephone	Init. Comm. Split	Servicing Financial Planner (✓ or ✗ one)
		( )	%	<input type="checkbox"/>
		( )	%	
		( )	%	
			100 %	

Staff application?  yes  no

If yes, 100% initial commission must be credited to Financial Planner number 92XSP-Q (where "X" = state of register)

**Sale within previous 24 hours**

The ISC Code of Practice restricts "same day sales" to "related" parties. If you have sold a plan(s) on this basis in the past 24 hours please complete the table below. If none, write NIL.

Applicant	Date, place and time signed	Relationship to this application



# AMP Firstcare Insurance Personal Superannuation Plan Application

Table CCI

Before you sign this application, be aware that AMP Life or your Financial Planner is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.

**Note:** This application forms part of the AMP Firstcare Insurance Customer Information Brochure Issue 7. It expires on 31 December, 2001. Applications received after that date will be declined.

Please use **BLOCK** letters and tick (✓) or cross (✗) wholly within the box provided.

<b>Application for</b>	<input type="checkbox"/> New business	Policy number
	<input type="checkbox"/> Increase	Office
	<input type="checkbox"/> Continuation option from AMP Superannuation Plan (Section F also to be completed)	Application number
	<input type="checkbox"/> Replacement option	WF number
Multiplan application (Lifeguard) <input type="checkbox"/> yes <input type="checkbox"/> no		Multiple Lodgement <input type="checkbox"/> yes <input type="checkbox"/> no

## A: Ownership and Insured Person

<b>Owner</b>	AMP Superannuation Limited as trustee of the AMP Personal Superannuation Fund (PSF)			
<b>Applicant and Insured Person</b>	1. Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other			
	2. Surname			
	3. Given names			
	4. Date of birth / /	5. Age next birthday		
	6. Country of birth	7. Sex <input type="checkbox"/> M <input type="checkbox"/> F		
	8. Address <input type="checkbox"/> Residential <input type="checkbox"/> Business			
	9. Town/Suburb	10. Postcode		
	11. Phone: Home ( )	12. Bus. ( )	Mob.	
	<b>Address for communications</b>	as for: <input type="checkbox"/> Applicant		
		or: <input type="checkbox"/> Other (specify) Name		
		Address		
	Town/Suburb	Postcode		
<b>Tax File Number</b>	<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"/>			
I have read the information on the Collection of Tax File numbers on page 9 of the brochure.				

## B: Payment detail

Premium	\$	
Method and frequency (✓ or ✗ one)		
Direct debit from a Financial Institution Account or Credit Card Account*	<input type="checkbox"/> monthly	<input type="checkbox"/> half-yearly <input type="checkbox"/> yearly
*(complete authority on page 15)		
direct to AMP Life (AMP Life sends a notice)	<input type="checkbox"/> half-yearly	<input type="checkbox"/> yearly
Is your employer going to pay the premium? If yes, please complete section F below. <input type="checkbox"/> yes <input type="checkbox"/> no		

- Notes**
- Register.** Unless otherwise requested, this plan will be registered in the State or Territory of the applicant's address.
  - Proof of age.** Evidence of age of the insured person may be required by us before we pay under this plan.
  - Personal statement.** A personal statement must be completed by the insured person.

**C: Insurance cover** Please enter sum insured and tick (✓) or cross (✗) each type of cover required.

Type of cover	Amount of cover	Office use only		
<input type="checkbox"/> <b>Linked</b> <input type="checkbox"/> <b>Stand alone</b>		Table code	Entry ages (next)	Expiry age (next)
<b>Death cover (Includes terminal illness cover)</b>	\$	DB	16-65	85
<b>Disablement lump sum cover</b>	\$	DLSC	16-55	65
<b>Waiver of Premium</b> <input type="checkbox"/> yes <input type="checkbox"/> no		WP	16-55	60 if no claim (65 if on claim)

**D: Nomination of beneficiary** to the Trustee, AMP Superannuation Limited

**Completion of this nomination is optional. If you complete it, it will replace any previous nomination and applies to all your benefits under the AMP Personal Superannuation Fund (including benefits under other plans) – page 8 of the brochure gives more information.**

Dependant beneficiary nomination	I hereby nominate that the total benefit payable on my death shall be paid as follows:		
	Name in full	Proportion of total benefit	%
Relationship to applicant	Date of birth	/ /	
Name in full	Proportion of total benefit	%	
Relationship to applicant	Date of birth	/ /	

**Important note** The person(s) you nominate must be dependent on you at the time of your death. If they aren't, or if a nomination has never been made or becomes invalid, the Trustee will pay the total benefit to your estate.

**E: Agreement and Declaration**

*(please complete this if you have applied for Disablement Lump Sum cover by itself)*

I have chosen NOT to apply for death cover on my life. My Financial Planner has made it clear that AMP will not pay any money under this plan if I die.

**Signature of applicant** \_\_\_\_\_ Date / /

I agree that:

- i. I have received the AMP Firstcare Insurance Customer Information Brochure (CIB) Issue 7 dated 1 January 2001;
- ii. I have read and agree with the Agreement and Declaration statements on page 16 (including the Duty of Disclosure) of the CIB;
- iii. All the information provided in this form is complete and correct even if the information has been written by someone else;
- iv. When I decided to apply for this plan, I did this based on: (please tick (✓) or cross (✗) one of the following)
  - My Financial Planner completed a fact find and needs analysis, based on the information I provided at his/her request. My Financial Planner recommended I purchase this plan. I have been provided with a copy of the Customer Advice Record; or
  - I decided not to provide my Financial Planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
  - I decided to purchase a plan different from the one my Financial Planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
  - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
  - My Financial Planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my Financial Planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.

**Signature of applicant** \_\_\_\_\_ Date / /

**F: Employer's Declaration** *(Complete this section only where an employer is to contribute all premiums to a personal superannuation plan)*

Many State and Federal Awards and Enterprise Agreements require an employer to contribute to specified industry funds to meet superannuation requirements. Some awards and enterprise agreements permit a freedom of choice, for example section 124 of the NSW Industrial Relations Act 1996 permits the employee to nominate an alternative complying superannuation fund.

i. Are you covered by a State or Federal Award or Enterprise Agreement?  yes  no

ii. If yes, a) Name of your Award or Enterprise Agreement

b) Does this Award or Enterprise Agreement allow contributions to be paid to the AMP Personal Superannuation Fund?  yes  no

I understand this plan is not designed to meet my Superannuation Guarantee obligations and that I may also need to invest in other products to meet my Superannuation Guarantee obligations.

**Signature of employer**

Date / /

**G: Conversion/Continuation Option details** *(only fill this in if you are transferring from an existing AMP plan)*

I/We, as owner(s) of the plan below (the "old" plan):

Existing Policy number OR

Continuation Option from an AMP Superannuation Fund Plan Number

Replacement cover stamp required – office use only

Have you smoked tobacco or any other substance within the last 12 months?  yes  no  
*(If yes, give details of substance and daily quantity)*

Type Average daily quantity Date ceased (if applicable)

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.
- understand that the provision in the new Plan Rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

**Signature of insured person**

Date / /

**Signature of owner(s) of old plan**

Date / /

**Financial Planner and office use only**

Date	Notes

**Office use only**

Customer Information Brochure Issue 7 – Current 1 January 2001 to 31 December 2001

**Receipt details**

Date	Amount	Receipt number	Accounting details
	\$		
	\$		

**Financial Planner information** *to be completed by Financial Planner*

Accredited Financial Planner number	Accreditation Segment (✓ or ✗ one)		
	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Retirement and Investment	<input type="checkbox"/> Small Business
	<input type="checkbox"/> Estate Planning (Personal)	<input type="checkbox"/> Estate Planning (Business)	<input type="checkbox"/> Risk Business

  

Name	Financial Planner no:	Telephone	Init. Comm. Split	Servicing Financial Planner (✓ or ✗ one)
		( )	%	<input type="checkbox"/>
		( )	%	
		( )	%	
			100 %	

Staff application?  yes  no

If yes, 100% initial commission must be credited to Financial Planner number 92XSP-Q (where "X" = state of register)

**Sale within previous 24 hours**

The ISC Code of Practice restricts "same day sales" to "related" parties. If you have sold a plan(s) on this basis in the past 24 hours please complete the table below. If none, write NIL.

Applicant	Date, place and time signed	Relationship to this application



# AMP Firstcare Insurance Electronic Application

Table CCI

**Before you sign this application, be aware that AMP Life or your Financial Planner is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.**

**Note:** This Application forms part of the AMP Firstcare Insurance Customer Information Brochure Issue 7.

It expires on 31 December 2001. Applications received after this date will be declined.

**Please use BLOCK letters and tick (✓) or cross (X) wholly within the box provided.**

My application includes: <ul style="list-style-type: none"> <li>• My electronic application on the computer which has Application Number and Verification Number shown opposite; and</li> <li>• this Agreement and Declaration</li> </ul>	<b>Office use only</b>	Plan No.
	Member name	WF No.
<b>FINANCIAL PLANNER MUST</b>	Application No.	Verification No.

## A: Application for

<input type="checkbox"/> New business	
<input type="checkbox"/> Increase	
<input type="checkbox"/> Conversion of existing plan	
<input type="checkbox"/> Replacement option	
<input type="checkbox"/> Addition of insured person	
Multiplan application (Lifeguard) <input type="checkbox"/> yes <input type="checkbox"/> no	Multiple Lodgement <input type="checkbox"/> yes <input type="checkbox"/> no

## B: Agreement and Declaration

The owner(s) agree and declare that:  
I/We have chosen NOT to apply for death cover for:

Name of 1st insured person

Name of 2nd insured person

My/Our Financial Planner has made it clear that AMP will not pay me/us any money under this plan if the person/people nominated above die/s.

**Signature of owner(s)**

Owner 1	Date / /
Owner 2	Date / /

I agree that:

- i. I/we have received and read the AMP Firstcare Insurance Customer Information Brochure (CIB) Issue 7 dated 1 January 2001;
- ii. The Application Number and Verification Number shown above appear on my electronic application on the computer screen.
- iii. I have read (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out.
- iv. I have read and agree with the Agreement and Declaration Statements (including the Duty of Disclosure) on page 16 of the CIB;
- v. All the information provided in this form is complete and correct even if the information has been written by someone else;
- vi. When I/we decided to apply for this plan, I/we did this based on: (please tick (✓) or cross (X) one of the following)
  - My/our Financial Planner completed a fact find and needs analysis, based on the information I/we provided at his/her request. My/Our Financial Planner recommended that I/we purchase this plan. I/we have been provided with a copy of the Customer Advice Record; or
  - I/we decided not to provide my/our Financial Planner with all the information they requested. I/we understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - I/we decided to purchase a plan different from the one my/our Financial Planner recommended. I/we understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - I/we only wanted advice on a limited range of products. I/we understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
  - My/Our Financial Planner did not complete a fact find or needs analysis on me/us and my/our circumstances. Nor did my/our Financial Planner give me/us any advice. I/we understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs

**Signature of owner(s)**

Owner 1	Date / /
Owner 2	Date / /

**Notes**

1. **Joint owners.** If the plan is issued to joint owners they will be treated as joint tenants and ownership will pass to the surviving owner.
2. **Proof of age.** Evidence of age of an insured person may be required by us before we pay under this plan.
3. **Personal statement.** A personal statement must be completed by each insured person.
4. **Register.** Unless otherwise requested, this plan will be registered in the State or Territory of the first owner's address.

**C: Conversion/Continuation Option details** (only fill this in if you are transferring from an existing AMP plan)

I/We, as owner(s) of the plan below (the "old" plan):

Existing Policy number

OR

Continuation Option from an AMP Superannuation Fund

Plan Number

Replacement cover stamp required – office use only

Have you smoked tobacco or any other substance within the last 12 months?

yes  no

(If yes, give details of substance and daily quantity)

Type

Average daily quantity

Date ceased (if applicable)

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.
- understand that the provision in the new Plan Rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

Signature of  
owner(s) of  
new plan

Date / /

Signature of  
owner(s) of  
old plan

Date / /

**D. Financial Planner Declaration**

I agree and declare that:

- The applicant received a current AMP Firstcare Insurance Customer Information Brochure.
- The Application Number and Verification Number were written on this form before the applicant signed it.
- I read aloud to the applicant(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of  
Financial Planner

Date / /





# AMP Firstcare Insurance Personal Superannuation Plan Electronic Application

Table CCI

**Before you sign this application, be aware that AMP Life or your Financial Planner is obliged to have provided you with a brochure containing a summary of the important information in relation to this product. This information will help you to understand the product and to decide whether it is appropriate to your needs.**

**Note:** This application forms part of the AMP Firstcare Insurance Customer Information Brochure Issue 7. It expires on 31 December 2001. Applications received after this date will be declined.

**Please use BLOCK letters and tick (✓) or cross (✗) wholly within the box provided.**

My application includes: <ul style="list-style-type: none"> <li>• My electronic application on the computer which has Application Number and Verification Number on it; and</li> <li>• this Agreement and Declaration</li> </ul>	<b>Office use only</b>
	Plan number
	Member name
	WF number
FINANCIAL PLANNER MUST COMPLETE ▶	Application Number
FINANCIAL PLANNER MUST COMPLETE ▶	Verification Number

## A: Application for

<input type="checkbox"/> New business	
<input type="checkbox"/> Increase	
<input type="checkbox"/> Conversion of existing plan	
<input type="checkbox"/> Replacement option	
<input type="checkbox"/> Addition of insured person	
Multiplan application (Lifeguard) <input type="checkbox"/> yes <input type="checkbox"/> no	Multiple Lodgement <input type="checkbox"/> yes <input type="checkbox"/> no

## B: Agreement and Declaration

*(please complete this if you have applied for disablement lump sum cover by itself.)*

I have chosen NOT to apply for death cover on my life. My Financial Planner has made it clear that AMP will not pay any money under this plan if I die.

**Signature of applicant**

Date / /

I agree that:

- i. I have received the AMP Firstcare Insurance Customer Information Brochure (CIB) Issue 7 dated 1 January 2001;
- ii. The Application number and Verification number shown above appear on my electronic application on the computer screen.
- iii. I have read (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out.
- iv. I have read and agree with the Agreement and Declaration statements (including the Duty of Disclosure) on page 16 of the CIB;
- v. All the information provided in this form is complete and correct even if the information has been written by someone else;
- vi. When I decided to apply for this plan, I did this based on: (please tick (✓) or cross (✗) one of the following)
  - My Financial Planner completed a fact find and needs analysis, based on the information I provided at his/her request. My Financial Planner recommended I purchase this plan. I have been provided with a copy of the Customer Advice Record; or
  - I decided not to provide my Financial Planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
  - I decided to purchase a plan different from the one my Financial Planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
  - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
  - My Financial Planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my Financial Planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.

**Signature of applicant**

Date / /

**Notes**

1. **Register.** Unless otherwise requested, this plan will be registered in the State or Territory of the applicant's address.
2. **Proof of age.** Evidence of age of the insured person may be required by us before we pay under this plan.

**C: Conversion/Continuation Option details** (only fill this in if you are transferring from an existing AMP plan)

I/We, as owner(s) of the plan below (the "old" plan):

Existing Plan number

OR

Continuation Option from an AMP Superannuation Fund

Plan Number

Replacement cover stamp required – office use only

Have you smoked tobacco or any other substance within the last 12 months?  yes  no

(If yes, give details of substance and daily quantity)

Type

Average daily quantity

Date ceased (if applicable)

- request that the old plan be converted effective from the issue date of the new plan being applied for.
- acknowledge that all cover for the insured person under the old plan will end when the new plan is issued.
- acknowledge that this new plan is issued on the basis that I/we complied with the Duty of Disclosure at the time of issue of the old plan and on the basis that any statements made by me/us and all insured persons under the old plan were true and complete.
- acknowledge that any special conditions applying to the old plan will continue under the new plan.
- understand that the provision in the new Plan Rules 'When we won't pay' on death or terminal illness will not apply to my new plan for the same amount of cover, provided the one year and 30 day period under my old plan has finished.

Signature of insured person

Date / /

Signature of owner(s) of old plan

Date / /

**D: Employer's Declaration** (Complete this section only where an employer is to contribute all premiums to a personal superannuation plan)

Many State and Federal Awards and Enterprise Agreements require an employer to contribute to specified industry funds to meet superannuation requirements. Some awards and enterprise agreements permit a freedom of choice, for example section 124 of the NSW Industrial Relations Act 1996 permits the employee to nominate an alternative complying superannuation fund.

i. Are you covered by a State or Federal Award or Enterprise Agreement?  yes  no

ii. If yes, a) Name of your Award or Enterprise Agreement

b) Does this Award or Enterprise Agreement allow contributions to be paid to the AMP Personal Superannuation Fund?  yes  no

I understand this plan is not designed to meet my Superannuation Guarantee obligations and that I may also need to invest in other products to meet my Superannuation Guarantee obligations.

Signature of employer

Date / /

**E: Financial Planner Declaration**

I agree and declare that:

- The applicant received a current AMP Firstcare Insurance Customer Information Brochure.
- The Application Number and Verification Number were written on this form before the applicant signed it.
- I read aloud to the applicant(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of Financial Planner

Date / /



# First Premium Payment Request

For new plans and formal increases

## Client details

Title  Mr  Ms  Mrs  Miss Other

Surname  Initials

## Card account schedule

Debit my: (please tick (✓) appropriate box) Visa  Mastercard  Bankcard  AMEX  with the amount payable below.

Card account number  -  -  -

Name on card  Card expiry  /

Signature of card holder  Date  /  /

Financial Planner name

Financial Planner No.

Type of insurance	Application Number (Office use only)	Amount payable
		\$
		\$
		\$
		\$
		\$
		Total

Cashier's initials and date stamp

Authorisation Number

Receipt Number

This acknowledges your first premium payment request. It does not bind AMP to issue any insurance.

## Client record

This is the client's record that they authorised AMP Life to debit their credit card account with the following amount as the provisional first premium on a life insurance application to AMP Life.

Card type Visa  Mastercard  Bankcard  AMEX

Account name

Amount \$  Date  /  /

This page has been left blank intentionally

# Direct debit request for risk products

(Business Overheads, CrisisCare, Firstcare, Income Continuation, Term Life, Yearly Renewable Term)

## A: Debit information

Plan number(s)	Amount	Frequency (monthly, half-yearly or yearly)	Deduction date *
	\$		
	\$		
	\$		
	\$		

\*Deduction dates are fixed in line with your premium due date, unless you indicate a specific date for deductions to occur.

Credit card account deduction – Please complete section B

Bank, credit union or building society deduction – Please complete section C. **You must complete either section B or C**

Does this authorise contributions to be paid into a Personal Superannuation Plan?  yes  no

If yes, will the contribution be paid by an employer? (complete Employer's Notification form)  yes  no

## B: Visa Card Mastercard Bankcard American Express debit request

Type of credit card tick (✓) or cross (✗) one  Visa  Mastercard  Bankcard  American Express

Credit card number  -  -  -  Expiry /

Name on card

- I/We • Request AMP to debit the above card account any amounts that the AMP may debit or charge me/us through the direct debit system.
- Understand that AMP or I/we may terminate this request at any time by notice in writing.

Signature of cardholder

Date / /

## C: New direct debit request

### Form of request for debiting amounts to accounts by the direct debit system – DDR

Name, address and postcode of **your financial institution** (eg bank, credit union)

  
  



Office use only

Authority number

Account in name of

Bank/credit union/financial institution number (BSB)  -

Account number

**Note:** Direct debiting is not available on the full range of accounts. If in doubt, please refer to your bank/financial institution.

I/We

Surname of account holder

Given names

Address

Town/Suburb

Postcode

Phone ( )

- Request AMP Life Limited (user ID000103), until further notice in writing to debit my/our account, as outlined above, any amounts which they may debit or charge me/us through the direct debit system.

- Have read and agree to the terms of the direct debit service agreement.

Account holder signature(s)

Date / /

# Your AMP payments can be paid automatically with direct debit

Just think, no more wasted time organising yourself to make those regular payments. No finding stamps or writing cheques or waiting in queues. You can forget about all those hassles. We'll do everything for you. Our direct debit service takes the burden of having to remember to make your regular payments.

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<b>Discover the easy way to pay</b>	Direct debit, by definition, is the authorisation you give to AMP Life Limited to automatically withdraw funds for regular payments precisely when they are due. It saves more than just time. It eliminates the worry when making your regular AMP payments – so you can sit back and relax.
<b>You choose the account</b>	AMP can arrange a direct debit service with practically any financial institution and for practically any account. The service extends to most bank and financial institution saving and cheque accounts as well as to credit card accounts such as Bankcard, Visa, Mastercard and American Express.
<b>All your regular AMP payments</b>	<p>You can use AMP's direct debit service to settle a wide range of payments. These include:</p> <ul style="list-style-type: none"><li>• Savings and protection plans</li><li>• Term insurance and disability premiums</li><li>• Superannuation contributions</li><li>• Loan repayments (policy loans)</li></ul> <p>Our AMP General Insurance company operates on the same principle, but provides a separate direct debit service. All you need to do is request a direct debit request from your nearest AMP Customer Service Centre.</p>
<b>Simply fill out the form</b>	<p>To arrange for direct debit payments, complete the reverse side of this form and return it to AMP. We'll do the rest. The request form is your authorisation to AMP Life Limited to debit the account from which payments have to be made. All you have to do is ensure you have funds in your account.</p> <p>Banks and other financial institutions usually charge a fee for transfer of funds. Because we want to make your life a little easier, AMP pays these fees for you.</p>
<b>We're flexible</b>	If the need ever arises for you to change your bank/financial institution, it's not difficult to transfer your direct debit. Or if you'd like to cancel the service, it's easily done.
<b>Customer enquiry service</b>	Telephone 13 1267 (local call fee nationally) Postal address: Residents of NSW, QLD, PNG, Fiji, ACT – PO Box 300 PARRAMATTA NSW 2124 VIC, SA, WA, TAS - GPO Box 245B MELBOURNE VIC 3001

## Direct debit request service agreement

### The following provides more information about direct debit and how it works

1. Before you complete the direct debit request form, you must check that the account you want to nominate can have direct debit (eg some passbook savings accounts and credit cards cannot have direct debit). To find out if we can debit from your account, contact your financial institution or our Customer Service area by:
  - phone 131 267 (local call fee)
  - fax 1300 301 267
  - email polinfo@amp.com.au
  - mail AMP Life Limited, PO Box 300, PARRAMATTA NSW 2124.
2. When you complete the form, please double-check the account details are correct by comparing them with a recent statement from your financial institution.
3. This agreement allows AMP Life Customer Service Division to deduct from your nominated account the amount and frequency shown on the Policy Document, or the amount as modified annually due to CPI increases.
4. If we want to change this agreement, we will notify you 14 days in advance. If you disagree with this change, please notify us within these 14 days.
5. AMP will keep your financial institution account details confidential. However, we will disclose these details:
  - If you give permission.
  - If a court order applies.
  - To settle a claim.
  - If our financial institution needs information.
6. If the due date is on a weekend or public holiday, we will process your payment on the next business day.
7. You should make sure that sufficient cleared funds are available in your account on the due date for payment. If there are not sufficient funds and your financial institution dishonours the payment, any charges incurred by:
  - your financial institution may be debited from your account.
  - AMP may be debited from your plan.
8. If you want to change or cancel this agreement or dispute a debit, contact our Customer Service area (the contact details are listed in point 1). In particular, if you want to:
  - Change this agreement, eg the amount you pay, how often you pay, account number, deferring payment due to unforeseen circumstances. You need to contact us at least 3 days before the due date.
  - Cancel this agreement or an individual payment. You need to contact us at least 3 days before the due date.
  - Dispute a debit that has been made from your account. AMP will respond to your initial dispute within 5 business days.

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

***Please keep this agreement in a safe place for future reference***

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# Directory

## AMP Life Limited

### Registered Office

Level 24  
AMP Building  
33 Alfred Street  
Sydney Cove NSW 2000  
Telephone: (02) 9257 5000  
Fax: (02) 9257 7886

### Directors

P J Batchelor (Chairman)  
A M Mohl  
P D Leaming  
P G Trill

## AMP Customer Service Centre

### Telephone

131 267  
Monday to Friday  
8.00am to 8.00pm EST

### Fax

1300 301 267

## New business enquiries

### Telephone

133 888  
Monday to Friday  
8.00am to 8.00pm EST  
Saturday  
9.00am to 5.00pm EST

### Address

AMP Financial Services  
8th Floor, 9-13 Young Street  
GPO Box 4134  
Sydney NSW 2000

## Internet Address

### Website

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

### Email

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

## Adviser Services

### Telephone

National service for Advisers is available on 1800 066 785.

For submission of business by non-AMP Advisers

### NSW, QLD, SA & WA

Adviser Services Lodgement Team  
Locked Bag 5027  
Parramatta NSW 2124

### VIC & TAS

Adviser Services Lodgement Team  
GPO Box 4583SS  
Melbourne VIC 3001

## Customer Service "Walk-In" Centres

### New South Wales

Ground Floor  
33 Alfred Street  
Sydney Cove  
Ground Level Plaza  
31-39 Macquarie Street  
Parramatta

### Victoria

Shop 1, St James Bldg  
AMP Square  
Cnr Bourke & William Streets  
Melbourne

### Queensland

Ground Floor  
AMP Place  
10 Eagle Street  
Brisbane

### South Australia

Ground Floor  
1 King William Street  
Adelaide

### Western Australia

1st Floor  
140 St George's Terrace  
Perth

### Tasmania

Ground Floor  
27 Elizabeth Street  
Hobart

## Other office

### Australian Capital Territory

1 Hobart Place  
Canberra City

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1

contact your adviser or financial planner



2

or call us on



133 888



Monday to Friday  
8am to 8pm EST  
Saturday 9am to 5pm EST

3

or visit our website  
or email us



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

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