



AMP **Firstcare** Insurance – Superannuation

Insurance to protect your lifestyle



Product Disclosure Statement

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AFSL No. 233060 the trustee of the AMP Personal Superannuation Fund

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This Product Disclosure Statement (PDS) is issued by AMP Superannuation Limited. No other company in the AMP Group is responsible for any statements or representations made in this document. Investment in this product within the AMP Personal Superannuation Fund ("the Fund") are not bank deposits with AMP Superannuation Limited or any other company in the AMP Group. No other company in the AMP Group guarantees performance of AMP Superannuation Limited's obligations to members of the Fund nor assumes any liability to members in connection with this product.

The PDS is an important document. You should read all of it before you complete the application form.

Within this PDS:

- your interest in the fund is referred to as "your plan"
- "we", "us", "our" and "the trustee" mean AMP Superannuation Limited
- amounts you pay to us and which we pay to AMP under the policy will be referred to as "premiums"
- "AMP" means AMP Life Limited.

Changes to this Product Disclosure Statement

We may update the information in this Product Disclosure Statement. Normally, you can obtain updated information simply by asking your financial planner, visiting www.amp.com.au or calling us on 133 888 (you can also ask us for a free paper copy of the updated information). However, if the change to the information is materially adverse, we will issue a Supplementary Product Disclosure Statement.

This product is only available to persons receiving it (including electronically) within Australia. Applications from outside Australia will not be accepted.

Plan at a glance

About AMP

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

Purpose of Firstcare Insurance – Superannuation

AMP Firstcare Insurance – Superannuation offers a range of different types of cover you can choose from. Depending on the types you apply for, we will help you maintain your lifestyle by paying you a lump sum if you:

- become totally and permanently disabled; or
- die.

You can choose either of these covers separately or in combination.

Please note that this product is not a savings product. If you end the plan at any time you will not get anything back.

What is AMP Firstcare Insurance – Superannuation?

By applying for this product, you become a member of the AMP Personal Superannuation Fund ('the Fund'). AMP Superannuation Limited is trustee of the AMP Personal Superannuation Fund and will apply to AMP Life Limited for a new policy to provide you with these benefits. AMP Life Limited administers many operations of the plan on our behalf. The owner of this policy will be the Trustee and all benefits payable under the terms of the policy will be payable to the Trustee. The Trustee can only pay you these benefits where it is permitted to do so under superannuation legislation and the governing rules of the Fund.

All contributions made by members will be credited as premiums towards the policy the Trustee has taken out on behalf of the member with AMP Life Limited.

Secured by AMP's Australian No.1 Statutory Fund

The policy held by the Trustee with AMP Life is backed by AMP Life's Statutory No.1 Fund. The market value of the statutory fund was \$22.5 billion as at 30 September 2003.

Eligibility

Generally available for applicants aged between 15 and 64 years of age. However, before we can accept premiums from you, superannuation eligibility rules outlined on page 5 must also be satisfied.

Premiums and Fees

The premium you pay depends on a number of factors including a plan fee. The fees charged for your plan and information on premiums are set out on page 6. It is important you read this page.

Taxation

There may be some tax concessions that apply to contributions to fund premiums. Amounts we pay may also be taxable in accordance with superannuation taxation rules. Please refer to page 7 for further details.

We recommend you discuss your own circumstances with your tax adviser.

Provide for your dependants

If you have selected death cover, you may nominate one or more beneficiaries to receive the death benefit from your plan when you die. See page 8 for further details.

Plan at a glance

Interim Accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. This interim cover is different to the insurance being applied for and is subject to terms and conditions. See page 11 for further details.

Cooling Off

If you are not satisfied with your plan, you can return it within the 14 day cooling off period and have your premium paid to another superannuation entity. See page 10 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan. See page 10 for further details.

Complaints Handling

We have internal processes to manage complaints. However, if we are unable to resolve the complaint to your satisfaction, you may be able to refer the matter to the Superannuation Complaints Tribunal. See page 14 for further details.

Any information contained in this document is general only and not based on your personal objectives, financial situation and needs. You are encouraged to consult a financial planner before investing to consider how appropriate this product is to your objectives, financial situation and needs.

If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of our premium rates or a premium quotation.

Risks in taking out this insurance

- Insurer becomes financially unable to pay your claim
- You may select a product that does not provide the type of cover you need
- You may choose an inadequate amount of cover
- You may be unable to get cover or increases due to your particular health or circumstances
- Trustee may not release funds
- You may not comply with your Duty of Disclosure, which may result in your insurer not paying all or part of your claim or cancelling this plan.

See page 10 for further details.

Cover available

You can choose the following types of cover:

- a) death;
- b) disablement lump sum; or
- c) both.

You can also choose to take out Waiver of Premium as an option.

Should you select both death and disablement lump sum, you will then need to decide whether the benefits should be taken as stand-alone or linked (see page 4 for further details).

Death cover

We pay a lump sum if you die. Death cover automatically includes the following two features.

- **Terminal Illness cover**

If you are diagnosed as having less than 12 months to live, we may advance up to 100% of the death cover (this depends on superannuation rules – see “What has to happen before we pay?” on page 4). The maximum we'll pay in advance (under all plans) is \$2 million. If there is a balance of death cover we will pay this on death.

- **Guaranteed Future Insurability** – specified events increase

You may increase your death cover without providing further evidence of health if:

- you marry;
- your child is born or you legally adopt a child;
- a housing loan is granted by a financial institution for you to buy your first home; or
- you complete your first undergraduate degree at a recognised Australian university.

Premiums will be based on those rates applicable at the time of exercising an increase option. You can only increase the death cover amount once under this option in any 12 month period. Each time, you may increase the death cover amount by 25% of the original sum insured or \$100,000, whichever is the lesser.

The maximum total amount by which you can increase the death cover under this benefit over the life of the plan is the lesser of:

- the initial amount of death cover under the plan, excluding CPI increases and increases effected under this option and
- \$1,000,000.

You cannot take up this option if at the time of your request:

- you are older than 55 years of age;
- your plan has a premium loading or special terms;
- the premiums are being waived under the Waiver of Premium option; or
- you are entitled to make a terminal illness or crisis claim under any plan that you hold with AMP.

You must apply for the increase within 30 days of the first renewal date following the nominated event and provide proof of that event. Should this plan become closed to new business, the option may only be taken up on a similar AMP plan current at the time on the same terms.

Disablement Lump Sum (DLS) cover

We pay a lump sum if you become totally and permanently disabled (TPD). Our definition of totally and permanently disabled is set out on page 15.

Basically our TPD definition relates to:

- your inability to do any regular remunerative work for which you are reasonably fitted by education, training or experience; or
- those doing home duties, your inability to do home duties or care for invalid members of your immediate family; or
- the total loss of use of more than one limb or eye; or
- your inability to do certain key activities of daily living.

If you are not in regular remunerative work or doing home duties, the circumstances when we will pay are very narrow.

- **Own Occupation cover (Optional)**

If you select this option, a revised definition of totally and permanently disabled will be adopted for your plan. Under this definition, we will pay you a lump sum where we consider you are unable to ever work in the primary full-time occupation you were engaged in for at least 12 months prior to the date of your illness or injury. This replaces the above first point of being able to do any regular remunerative work under the DLS cover heading.

This option is at an additional cost.

Up to \$2million of DLS cover can be taken under this option. Any cover above this is based on the standard definition ie inability to do any regular remunerative work for which you are reasonably fitted by education, training or experience.

Plan details

Waiver of Premium (Optional)

If you select this option, we will waive further payment of premiums under this plan after you have been 'totally disabled' for a period of more than 6 months. Our definition of 'totally disabled' is set out in full on page 16 and is different from the definition of totally and permanently disabled that might apply under your plan.

You can choose Waiver of Premium as an option at an additional cost.

Stand Alone cover or Linked cover

When you apply for Firstcare Insurance – Superannuation, and you select more than one type of cover you need to decide whether:

- you want your remaining cover to stay at the same amount after we pay a claim. We call this Stand Alone cover; or
- you want your remaining cover to reduce after we pay a claim. We call this Linked cover.

For example, imagine you were covered for:

- Disablement Lump Sum (DLS) cover of \$150,000; and
- Death cover of \$300,000.

Then you have a car accident and we paid a \$150,000 DLS claim. On payment of this claim your DLS cover will cease.

If you had chosen Stand Alone cover:

- Your death cover would continue unchanged at \$300,000.

However, if you had chosen Linked cover:

- Your death cover would reduce to \$150,000.

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 \$450,000.

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 which your financial planner can help you make.

How much cover you can buy

We have limits on the amount of cover you can buy. These limits are based on why you need the insurance and your circumstances. Generally, the upper limits on the amount of cover are based on what you earn. In most cases, they will not constrain you.

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 Consumer Price Index (CPI) or 3%, whichever is higher. If you don't want this increase, in full or in part, then you need to tell us.

The following is the maximum initial amount that we will apply CPI to:

Death Cover	\$2 million
Disablement Lump Sum Cover	\$1.5 million

For example, if the initial amount of death cover is below \$2 million, it can rise above \$2 million over time with each year's CPI adjustment. If the initial amount of death cover is greater than \$2 million, any sum insured amount over \$2 million will not be indexed.

When we won't pay

We won't pay the death cover or any increase in the death cover if you die (or become terminally ill) by your own hand within one year and 30 days of the date the cover starts or restarts, or the increase in cover starts or restarts (respectively).

We won't pay the DLS cover if the total and permanent disablement was caused (directly or indirectly) on purpose by you.

What has to happen before we pay?

We can only pay the terminal illness cover and DLS cover to you in accordance with superannuation rules. So before we can pay you, those rules require that, in addition to meeting the definitions in the Plan Rules, you must generally demonstrate to the Trustee:

- you have had to retire from the workforce before your normal retirement date because of ill health; and
- the Trustee is reasonably satisfied you are unlikely to ever again, because of the ill health, be engaged in gainful employment for which you are reasonably qualified by education, training or experience.

These rules also apply if you have chosen the 'own occupation' option or if contributions are made on your behalf by your spouse.

As the superannuation rules are different from the definition of "total and permanent disablement" under the insured cover, there may be some instances where we will not be able to pay to you your DLS cover.

In this case, we will transfer the benefit to an account in the AMP Eligible Rollover Fund set up on your behalf, or to a similar complying superannuation fund that you nominate.

Eligibility

The age ranges we cover and how long your cover can continue are shown in the table below. Note that you must also satisfy the contribution conditions under the heading 'Who can pay premiums?' on this page.

	Entry age ranges	Cover continues
Death cover	15 to 64	to a maximum age of 75*
Disablement lump sum cover	15 to 54	until you turn 65
Waiver of Premium	15 to 54	until you turn 60

*A continuation option is available for ages above 75 until age 99.

Who can pay premiums?

Premiums can be paid in the circumstances below. If you do not satisfy these requirements we will not be able to accept your premiums from you. Your interest in the AMP Personal Superannuation Fund will cease and your cover, unless it is transferred to another AMP product, will lapse.

You and your employer can pay premiums to your plan if:

- You are under age 70 and gainfully employed for at least 10 hours each week; or
- You are under age 65 and:
 - have been gainfully employed for at least 10 hours in any week, within 2 years of the premium being made to your plan; or
 - you are on authorised parental leave for less than 7 consecutive years for the purpose of raising children. You must be a member of the fund before starting the leave; or
 - you have stopped working because of ill health and, at the time the premium is paid, can no longer do the kind of work you were engaged in when you became ill.

You can pay premiums if you are over age 70 but under age 75, and gainfully employed for at least 10 hours each week.

Your spouse can pay premiums into your plan if you are under age 65, and up to age 70 (if you are working at least 10 hours in the week the premium is paid).

Continuation Option

If you wish to continue your death cover after age 75 or after you retire, you must transfer to a non-superannuation plan. You can transfer to a similar AMP plan current at the time, based on the terms and conditions available at the time.

Premiums and fees

Costs associated with this plan are comprised of premiums and fees. Both are described in this section.

How we calculate premiums

The premium you pay depends on a number of factors including the level and type of cover you choose, your age, state of health, sex, smoking habits, occupation and pastimes.

Generally, your premium will increase as you get 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.

Your premium

The number of variables means that we cannot give you an exact premium without knowing your circumstances. Copies of the premium rates we use to calculate your premium are available on request. Should you choose to consult a financial planner they can help you work out the insurance cover you require and provide you with a quote for the cost of cover. This will be the premium you pay, unless your circumstances (such as your health) require us to increase your premium. We will tell you if you have to pay more than the quote after we have assessed your circumstances, and your plan will show the total premium payable.

If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a copy of our premium rates or a premium quotation.

Current minimum premium

The current minimum premium is \$250 a year. This includes the annual plan fee.

What is paid to your financial planner?

If you consult a financial planner to sell you this product they may receive payment (remuneration) for the sale. Your planner has to meet their expenses from this remuneration and also relies on it to provide them with an income. This remuneration is paid from the premiums you pay – it is not an additional cost to you. Also, if you do not have a financial planner, the same premiums and fees will continue to be payable. Details of the remuneration your financial planner receives will be contained in the Statement of Advice that they will give to you.

Guarantees

AMP has guaranteed to us to continue the plan if you pay premiums on time. AMP also guarantees 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, AMP can change premium rates in the future as they are not guaranteed. Such a change would apply to all plans similar to yours.

If you stop paying premiums

If you don't pay each premium 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. You can end the plan by giving us notice in writing. We will refund the premium (less plan fee, stamp duty and government charges) for any unused complete months, to another superannuation entity.

Plan Fee

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The plan fee for 2004 is \$68.50 a year.

Your premium payment options

You can pay premiums yearly, half-yearly or monthly by direct debit. You may also pay yearly or half-yearly by cheque, BPay or Post Billpay. Direct debit payments can be from your bank, building society or credit union, or your Mastercard, Visa, Bankcard or American Express card.

Premium Frequency Fee

If you pay more often than yearly, we charge an extra fee because our costs are higher. 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 can change the percentages at any plan anniversary in circumstances relating to the commercial operation of our business.

Taxation

We have outlined below our general understanding of current legislation and rules as at the date of preparation of this document. Taxation laws and their interpretation may change from time to time. We will keep you informed of any changes that could affect your plan. We recommend you consult your tax adviser if you need advice.

Contributions

Tax deductions for employers or self employed individuals

Contributions made by employers to fund premiums to secure cover for the benefit of their employees are generally tax deductible within age related limits. In some circumstances individuals (eg a self-employed person not in receipt of employer superannuation support) may be able to claim a tax deduction for their personal contributions.

Other tax concessions

Contributions by employees on lower incomes and contributions made by a spouse may attract tax concessions. Your financial planner can provide you more details about these.

Superannuation Surcharge

A surcharge tax may apply to contributions to fund premiums paid by an employer, and by individuals when they personally claim them as a tax deduction. The maximum rate of the tax is currently 14.5%. This is being progressively reduced to 13.5% for the 2004/05 financial year and 12.5% for the 2005/06 financial year onwards. It broadly applies when your taxable income plus reportable fringe benefits plus the contributions subject to the surcharge exceed \$94,691 for the 2003/04 financial year (indexed), or if you do not supply your Tax File Number. If the surcharge tax applies to you, we will tell you the amount and when you have to pay it for us. 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).

Benefits

Tax on death claims

Death benefit lump sums paid to dependants as defined for tax purposes (eg, spouse, de facto spouse, your child under age 18, or people financially dependent on you at the time of death) are generally tax free within the deceased's available pension Reasonable Benefit Limit (RBL).

Where death benefit lump sums within the deceased's available pension RBL are paid to a person who is not a tax dependant they are generally taxed at a rate of up to 15% (30% in certain circumstances) plus the Medicare levy. Death benefit lump sum amounts in excess of the deceased's available pension RBL are taxed at the top marginal rate plus the Medicare levy.

Tax on disablement claims

Where the lump sum disablement benefit that is paid satisfies certain rules, a system of tax concessions applies. The concessions effectively mean very little tax may be paid on disablement benefits received at younger ages. The closer to age 65 that disablement occurs, the more the tax payable will be similar to that applying to retirement lump sums (ie a maximum rate for amounts within the applicable RBL of 15% plus Medicare levy if you are 55 and over, or 20% plus Medicare levy if under 55).

Nominating a beneficiary

You can nominate a dependant or your Legal Personal Representative (your Estate) to receive the death benefit if you die while a member of the Fund.

If you nominate a beneficiary

If you nominate beneficiary/ies, we are obliged to decide who will receive your benefit in the event of your death. We will generally pay who you have nominated, however, depending on your circumstances at the time of your death, may decide not to do so.

You may cancel or change your nominated beneficiary/ies at any time.

It is very important that you keep your nomination up to date in line with your personal circumstances.

You can nominate a beneficiary by completing the relevant section of your application form.

Who can I nominate as a beneficiary?

Under superannuation law, you can nominate your Legal Personal Representative (your Estate) or a person who is a dependant to receive your benefit in the event of your death. A dependant includes:

- your spouse (including a de facto spouse)
- your children (including an adopted child, a step child, or ex-nuptial child)
- anyone who is financially dependent upon you at the time of your death.

The assessment on whether a person is a dependant is made at the time of your death.

Please note that this definition of dependant is different from the definition under the tax legislation. You may wish to discuss its implications for you with a financial planner.

No nomination

If you don't nominate a beneficiary, we must pay your death benefit to your estate. This means that if you do not have a nomination, you should consider making a Will or altering your Will.

Other important information

The Trustee

AMP Firstcare Insurance – Superannuation is part of the AMP Personal Superannuation Fund. AMP Superannuation Limited is the Trustee of this Fund. We are a wholly owned subsidiary of AMP.

All contributions to your plan will be credited by us as premium payments to a life insurance policy we hold with AMP Life Limited to secure the plan's benefits.

What is the legal structure of Firstcare Insurance – Superannuation

Your plan is issued under the Trust Deed of the AMP Personal Superannuation Fund. The Trust Deed explains:

- your rights and obligations relating to Firstcare Insurance – Superannuation, and
- our rights and obligations as the Trustee, such as the right to be indemnified, the right to terminate the trust and the limits on our liability. The rights and obligations of a Trustee are also governed by laws affecting superannuation and general trust law.

Contact us if you wish to obtain a copy of the trust deed.

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 offence 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.
- 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 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 insurance

We have liability insurance which provides cover in respect of any claim for loss against us or the AMP Personal Superannuation Fund.

All our directors are also covered by Directors' and Officers' Liability Insurance.

Award superannuation contributions and superannuation guarantee contributions

We 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. 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:

- ceases to be a resident regulated superannuation fund or
- becomes subject to a direction under Section 63 of the SIS Act.

S. Ingelmo – on behalf of AMP Superannuation Limited, 1 January 2004

Information on your insurance

Significant risks in taking out Life Insurance

There are significant risks associated with life insurance. The most important are:

- **Insurer becomes financially unable to pay your claim** – Our obligations to you under the plan are supported by a life insurance policy issued by AMP. An insurer may become insolvent and therefore your claims cannot be paid. Life insurers are supervised by the Australian Prudential Regulation Authority and are regulated under the Life Insurance Act 1995. As at the 30th June 2003, the reserves in AMP Life Limited's Australian No. 1 Statutory Fund, which backs this product were more than 50% higher than the Life Act requires. The financial statements of AMP are audited annually.
- **Selection of a product that does not provide the type of cover you need** – you may choose an insurance product that does not meet your needs. You should read the PDS for an insurance product carefully to prevent this. It is advisable to consult a financial planner for assistance.
- **Inadequate amount of cover** – you may select the correct insurance product for your needs, but you might not choose enough cover. This might cause you to still suffer financial hardship after receiving your benefit payment. You will need to assess your needs carefully to ensure that this does not occur. Again, a financial planner will be able to help you.
- **Inability to get cover or increases in cover due to your particular health or circumstances** – you may not be able to obtain the cover that you need because of your particular health or circumstances, now or in the future. You should therefore not relinquish any existing cover you may have until new insurance cover is firmly in place. You should also think about your future insurance needs while you are still healthy.
- **Trustee may not release funds** – the Trustee will not release funds if it is prevented from doing so by superannuation law or by the governing rules of the Fund.
- **You may not comply with your Duty of Disclosure** – as a result, your insurer may not pay your claim, may pay only part of your claim, or cancel your plan.

Duty of Disclosure

You have a duty of disclosure to tell AMP, when you apply, anything you know to be relevant to their decision whether to provide your cover and on the terms which they do so, or a reasonable person in the circumstances would know to be relevant. This is the Duty of Disclosure.

If you don't, AMP may be able to treat the plan as if it never existed and pay nothing or keep the plan going but reduce the amount it pays.

How to apply

The only way to apply for this plan is to complete the application at the back of this PDS. Before you apply you may wish to obtain your individualised quote from your financial planner who can help you assess your needs and explain the details of the plan to you. If you do not have a financial planner, you can contact AMP on 1300 360 838 to obtain a premium quotation.

We keep you informed

- **Certificate and Plan Rules**

If we agree to issue the plan, we will send you a Certificate and a copy of the Plan Rules which we effect with AMP Life Limited. These documents will set out the details of who owns the plan, options selected, the amount of cover, and other important information.

Please read this document carefully to make sure the plan meets your needs.

- **Annual Statement**

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

Annual Report

The Annual Report of the AMP Personal Superannuation Fund can be obtained by contacting AMP Customer Service. We will send you a copy annually.

Cooling off period

We want this financial product to meet your needs. But if, after taking out this product you then decide you don't want it, you can return it by contacting us by letter, email or facsimile. You have a limited time to do this. You have 14 days starting on the earlier of:

- the date you receive the Certificate and Plan Rules or
- five days after the date of the Certificate and Plan Rules.

However, you cannot return the product if you have exercised rights or powers under it. The refund of any premiums paid under cooling off can be returned to you in cash on those amounts that are unrestricted non-preserved. All other money must be paid to another superannuation entity. If we are not advised of a fund within a month of your request to cancel the plan, we will make the payment to the AMP Eligible Rollover Fund.

Interim accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. This interim cover is different to the insurance being applied for, and is subject to the terms and conditions below.

This cover will start when we receive your completed application form and the first premium payment or we receive a valid Direct Debit mandate at an AMP registered office. Cover is subject to the premium payment not being dishonoured.

Interim cover is not available if you have ever:

- withdrawn an application; or
- applied for a similar type of plan, and had the application declined; or
- you are currently applying for similar cover outside of AMP.

Interim cover will cease on the earliest of:

- 90 days from the date this interim cover starts; or
- the date your application is approved, declined, withdrawn; or
- the date we advise that your interim cover is cancelled.

During consideration of your application, we may choose to modify the cover we offer. If this occurs, interim cover will also be adjusted to incorporate the changed terms, including any adjustments to the premium.

Important note

When assessing your application for insurance, we will take into account any claim you have made on this interim cover.

We may impose special conditions or decline your application for the insurance under these circumstances.

When we will pay

If you die

We will pay if you have applied for death cover and die solely as a result of an accident during the Interim Cover period.

OR

If you become totally and permanently disabled

We will pay if you have applied for Disablement Lump Sum (DLS) cover and as a result of an accident during the interim cover period, you are disabled and 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 sight of one eye, where a limb means an entire arm or leg.

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

How much we pay

We will only pay once for interim cover under Firstcare Insurance – Superannuation.

We will pay the lesser of:

- \$600,000; or
- the sum insured applied for.

When we won't pay

We will not pay any benefits if the application is one which AMP would not normally accept under our standard underwriting rules and exclusions. Also, we will not pay when death or disablement is caused by:

- intentional self-inflicted injury or suicide; or
- any physical condition relating to your health for which you have had any symptoms, or received advice or treatment for, before applying for this cover; or
- engaging in any sport, pastime or occupation which would not normally be covered under AMP's standard terms.

Accident refers to bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

AMP's approach to insurance

Insurance is all about sharing risk. To ensure that this risk is shared fairly, AMP needs to be careful about deciding:

- whom to insure;
- how much to charge each person; and
- whether special conditions should apply to a particular insured person.

To make the right decisions, AMP needs to have all the relevant information. That is why AMP asks for information in the application and personal statement. Asking these questions enables AMP to:

- be confident that it will be able to build reserves of money to pay future claims; and
- help protect your interests and the interests of all policyholders.

How to claim

If you are unfortunate enough to claim, AMP will assist you through the process. Either you or someone close to you can simply contact your financial planner or call 131 267. AMP will then advise you what to do next.

Claims should promptly be lodged after the event that entitles you to claim. Failure to do so may affect the amount payable to you.

Privacy

AMP Superannuation Limited has adopted the AMP Group's policy on Privacy. A description of how your personal information will be collected and used by us and AMP is set out below.

Your privacy is important to AMP.

Our primary purpose in collecting personal information from you is to enable us to establish and manage this product – one of AMP's broad range of financial services.

The information may be used for related purposes, such as to provide you with ongoing information about the range of financial services that may be useful for your financial needs. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP Group, or by your financial planner.

We need this information in order to establish and manage this product and, if you choose not to provide the information necessary to process your application, we may not be able to process it.

We usually disclose information of this kind to:

- other companies in the AMP Group;
- your employer if you are part of an employer sponsored plan;
- the financial planner or broker responsible for the plan (if any);
- the owner of your plan;
- external service suppliers who supply administrative, financial or other services to assist the AMP Group in providing AMP financial services;
- anyone you have authorised.

When health information is collected, additional restrictions apply. Our primary purpose for obtaining this information is to assess the application for new or additional insurance for AMP. We may also use this information for directly related purposes such as deciding whether we need more information; arranging reinsurance; assessing future applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application and, if consent is not provided, we may not be able to process the application.

We may disclose this type of health information to:

- if your insurance is part of a superannuation fund, the trustee of that fund;
- the financial planner or broker responsible for the plan (if any);
- AMP's reinsurers;
- medical practitioners;
- any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints;
- anyone you have authorised.

Aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard Plan Rules are varied.

The AMP Privacy Policy Statement sets out the AMP Group's policies on management of personal information. A copy may be obtained from AMP, your AMP Financial Planner or our web site.

Under the National Privacy Principles, you may access personal information about you held by the AMP Group and you may let us know if you think any of it is inaccurate, incomplete or out of date. There are some limited situations, that are set out in the National Privacy Principles, where you will not have this right.

You can contact us by calling 131 267.

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 AMP 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 to deduct from your nominated account the amount and frequency shown on the Certificate, 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 AMP Customer Service (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 three days before the due date.
 - Cancel this agreement or an individual payment, you need to contact us at least three days before the due date.
 - Dispute a debit that has been made from your account, AMP will respond to your initial dispute within five business days.

Enquiries and complaints

If you need assistance

We want you to remain totally satisfied with us and your plan. If you require any additional information, or have a concern or complaint about your Firstcare Insurance – Superannuation Plan, or the operation or management of the AMP Personal Superannuation Fund contact your financial planner or AMP Customer Service.

Customer Service Officer

AMP Life Limited
PO Box 300
Parramatta NSW 2124
Telephone: 131 267
Facsimile: 1300 301 267
Email: polinfo@amp.com.au

Complaints resolution

We have established procedures to deal with any complaints. If you make a complaint, we will:

- acknowledge its receipt and ensure an appropriate person properly considers the complaint, and
- respond to you as soon as we can, and give you information on any further action available to you.

If your complaint is not resolved to your satisfaction within 90 days, you may have the right to lodge a complaint with the Superannuation Complaints Tribunal (the 'Tribunal'). You can call the Tribunal's secretariat on 1300 884 114 or write to:

Superannuation Complaints Tribunal
Locked Bag 3060
GPO Melbourne VIC 3001

The Tribunal reviews the decisions of superannuation trustees as they affect an individual member. It is independent from us.

If the Tribunal decides to review your complaint, it will attempt to resolve the matter through conciliation – that is helping you and us to reach a mutual agreement. If conciliation is unsuccessful, the Tribunal will issue a binding determination on the matter.

Definitions and descriptions

Disablement Lump Sum

You are **totally and permanently disabled** if your disability meets the definition of disablement in either Part 1, Part 2 or Part 3, in this definition and the disability:

- commences while you are engaged in **regular remunerative work** (or within six months after you cease **regular remunerative work**); or
- commences while you are engaged in **home duties** (or within six months after you cease **home duties**); or
- commences while you are engaged in your **own occupation**; or
- results directly from accidental bodily injury caused directly and solely by violent, external and visible means and independent of all other causes.

Part 1 (unable to work)

You are disabled if you suffer an illness or injury and:

- the illness or injury wholly prevents you from engaging in **home duties, regular remunerative work**, or your **own occupation** for at least six months in a row; and
- since you became ill or injured, you have been under the regular care and attention of a **doctor** for that illness or injury; and
- in our opinion, the illness or injury means that you are unlikely to ever work in or attend to:
 - i. **home duties**; or
 - ii. **regular remunerative work** for which you are reasonably fitted by education, training or experience; or
 - iii. where "own occupation" cover has been selected, your **own occupation**;

whichever you were engaged in when you suffered the illness or injury.

Please note, for us to consider a claim under Part 1, you must also survive the six month period in the first bullet point.

Part 2 (loss of use of limbs and/or sight)

You are disabled if you 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 sight of one eye, where a limb means an entire arm or entire leg.

Please note, in addition to this the loss must be unable to be remedied and you must have survived for 14 days after the loss.

Part 3 (loss of independent living)

You are disabled if you become totally and permanently unable to perform at least two of the **activities of daily living*** without assistance from someone else.

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

Terms specifically defined within Disablement Lump Sum.

Regular remunerative work

You are engaged in regular remunerative work if you are doing work in any employment, business, or occupation for at least 10 hours per week. You must be doing it for reward – or the hope of reward – of any type.

Home duties

You are engaged in home duties if you are on a full-time basis:

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

*Refer to activities of daily living on page 16.

Definitions and descriptions

Own Occupation

Your 'Own Occupation' is the primary full-time occupation which you have performed in the twelve months immediately prior to becoming disabled. For this part of the definition to apply it must be shown in your certificate. This option is only available to class A occupations which include professional and white collar workers. This option comes at an extra cost.

Specialist Medical and Legal Professional occupations will not be eligible for 'own occupation' cover on the basis of their specialised duties alone. A broader definition of 'own occupation' will be used. For example Surgeons are categorised as Medical Practitioners and Barristers as Legal Practitioners.

Definition of totally disabled – applies to Waiver of Premium

You are totally disabled while you are unable to engage in any regular remunerative work for which you are reasonably fitted by your education, training or experience. You must be unable to do that because you have suffered an illness or injury.

***Activities of daily living:**

Activities of daily living refers to: –

1. Washing: you can wash yourself by some means.
2. Dressing: you can put clothing on or take clothing off.
3. Feeding: you can get food from a plate to your mouth.
4. Continence: you can control both your bowel and your bladder function.
5. Mobility: the insured person can:
 - a) get in and out of bed
 - b) get on or off a chair/toilet
 - c) move from place to place without using a wheelchair



AMP Firstcare Insurance - Superannuation Application

Before you sign this application form, be aware that AMP Superannuation Limited or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to this plan. This information will help you to understand the plan and to decide whether it is appropriate to your needs.

Office Use Only -

Application number

Plan number

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

1 APPLICATION DETAILS

Type of application

- New business
 Transfer of cover from existing plan
 Multiple lodgement
 Increase
 Continuation / Replacement cover option from AMP Superannuation Plan



2 INSURED PERSON

Title

Surname

Given names

Previous surname

Sex

 Male Female

Date of birth

Age next birthday

Country of birth

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

 Yes No

Marital status

 Married
 Single
 Widowed
 Divorced
 De facto

Residential address

Unit no.		Street no.		Street name				
Suburb					State		Postcode	

Do you want AMP to change the address for other products you have with us?

 Yes No

3 ADDRESS FOR COMMUNICATIONS

PO Box		Street no.		Street name				
Suburb					State		Postcode	

4 REASONS INSURANCE IS NEEDED

- Family protection

Other

5 NOMINATION OF PREFERRED BENEFICIARIES (Optional)

The nomination you make will replace any previous nomination and applies to all your benefits under the AMP Personal Superannuation Fund (including benefits under other plans). The person(s) you nominate must be dependent on you at the time of your death. We will decide who will receive benefits on your death but we will generally pay the nominated beneficiaries. See page 8 of the PDS for details on the nomination of preferred beneficiaries.

I nominate the following preferred beneficiaries to be paid the total benefit from this plan on my death:

Full name	Address	Relationship to applicant	Date of birth (of beneficiary)	Proportion of total benefit
				%
				%
				%

Total 100%

6 PLAN COVER

Type of cover Linked Stand alone



Current sum insured applied for	Death cover*	Disablement lump sum cover*
	\$ <input type="text" value=""/> , <input type="text" value=""/> .	\$ <input type="text" value=""/> , <input type="text" value=""/> .
Existing cover with AMP +	\$ <input type="text" value=""/> , <input type="text" value=""/> .	\$ <input type="text" value=""/> , <input type="text" value=""/> .
Total new cover =	\$ <input type="text" value=""/> , <input type="text" value=""/> .	\$ <input type="text" value=""/> , <input type="text" value=""/> .
Other details	N/A	Own occupation definition to apply?*
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Waiver of premium* Yes

Indexation* through CPI is automatically included. If indexation is not required, mark this box. No Indexation

*Refer to Product Disclosure Statement for details and availability

7 PAYMENT DETAILS

Are the premiums paid by your employer? Yes No

Total premium \$, , per Year Half year Month

Direct debit from financial institution account or credit card account (Please complete the authority on page 23) Go to 8
We will deduct the initial premium within 5 days of our acceptance of your application for insurance.

Direct to AMP Life (AMP sends a notice) Note: monthly is not available. Please send your first premium payment with this application
If you wish to pay your initial premium by credit card, please complete the details below.

Type of credit card VISA MasterCard Bankcard Amex

Credit card number Expiry date

Name on credit card

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

Signature of cardholder

Date

8 TAX FILE NUMBER

See information on the Collection of Tax File Numbers on Page 9 of the Product Disclosure Statement.

Tax File Number

9 TRANSFER/CONTINUATION OPTION FROM AN AMP PLAN

Complete this section if you are transferring from an existing AMP plan and AMP has approved the conversion

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

Yes No

I/we, as owner(s) of the plan below (the 'old' plan):

Existing plan number(s)

Continuation option from an AMP Superannuation Fund-Plan number

Replacement cover stamp required - OFFICE USE ONLY

- 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 previous plan owner(s)

Date

Date

Signature of insured person

Date

10 DUTY OF DISCLOSURE

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 being asked to have insured. Information will be provided to AMP Life Limited (AMP Life). This helps them to decide:

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



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

As well, you must tell us about anything:

- you know which will be relevant to AMP Life's decision to insure you, or
- anything which a reasonable person in the circumstances could be expected to know would be relevant to AMP Life's decision to insure you.

This duty continues until AMP Life issues the insurance. Therefore, you must tell us about any changes to your 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 a copy of the Plan Rules to you.

If you don't tell us

If you don't tell us what you are supposed to tell us, AMP Life may be able to:

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

11 AGREEMENT AND DECLARATION

Please complete these details if death cover is NOT applied for:

I agree and declare that I have chosen NOT to apply for death cover.

I acknowledge AMP will not pay me any money under this plan should I die.

Your signature

Date

I agree that:

- i I have received and read the AMP Firstcare Insurance – Superannuation Product Disclosure Statement Preparation Date 1 January 2004;
- ii Where I am applying to become a member of the AMP Personal Superannuation Fund with the assistance of a financial planner, my financial planner may use the information provided to me in this application and any other form relevant to AMP Life Ltd to complete and submit an electronic application on my behalf.
- iii I have read my duty of disclosure. I have kept my duty of disclosure in mind when completing my application form, and I understand insurance cover issued by AMP Life will be based on the information I give in my application form;
- iv All the information provided in my application form is complete and correct. If any information has been written by someone else, I have reviewed this information and confirm it is complete and correct;
- v I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP Life;
- vi I understand that terminal illness cover (and where I have selected it, disablement lump sum cover – including cover for persons who have chosen the ‘own occupation’ cover) can only be paid to me in accordance with superannuation rules as set out on page 3 of the AMP Firstcare Insurance – Superannuation Product Disclosure Statement Preparation Date 1 January 2004;
- vii 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 or your employer are going to pay the premium, then you agree the following is correct:

viii I am currently;

- under age 65 and I am or have been gainfully employed or for at least 10 hours per week at any time during the last two years or
- between age 65 and 70 and I am gainfully employed for at least 10 hours per week and



If you are over age 70 and you are going to pay the premium, then you agree the following is correct:

- ix I am under age 75 and am gainfully employed for at least 10 hours per week; and
- x 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;
- xi If my employer is paying the premium, I will write and tell the Trustee if my employer stops paying.

If your spouse or de facto spouse is going to pay the premium, then you agree the following is correct:

- xii 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
- xiii 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
- xiv 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.

xv When I decided to apply for this plan, I did this based on: (Cross one of the following)

- My financial planner completed a fact find and needs analysis based on information I have provided at his/her request. My financial planner recommended I/we purchase this plan. I have been provided with a copy of the Statement of Advice; 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.
- I did not seek or obtain any advice in relation to this plan or my decision to purchase it. I therefore understand that there is a risk that this plan may not be appropriate to my situation, needs and objectives. I am aware that if I want more information on products or if I want to have my needs analysed I should speak to an adviser / financial planner or call AMP on 133 888.

Your signature

Date

X

Notes: 1. Register: Unless otherwise requested, this plan will be registered in a State or Territory of the insured persons address.



Risk Products Personal Statement

OFFICE USE ONLY		
Financial planner name	Financial planner no.	Telephone

This Personal Statement can be used for new applications, increases or additions to:

- Death and Disablement Lump Sum (including Firstcare and FLS)
- Crisis Cover
- Income Continuation, Business Overheads or Temporary Salary Continuance.

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

DETAILS

Application or Plan Number

Title

Surname

Given names

Date of birth

Sex

 Male Female

Height

cm or

ft

ins

Weight

kg or

st

lbs

May we phone or email you if we need to clarify any details contained in this statement?

No

Yes

If 'Yes' please provide preferred contact details:

Phone number

Preferred contact time

8am – 10am

10am – 12pm

12pm – 2pm

2pm – 4pm

4pm – 6pm

Any

Preferred contact day

Mon

Tue

Wed

Thur

Fri

Any

Email address

Important Note

This Personal Statement must be complete and correct because it will be the basis on which AMP Life Limited (ABN 84 079 300 379) may agree to insure you. You must therefore read and understand your DUTY OF DISCLOSURE explained below.

If you are unsure of anything in the statement, please ask your Financial Planner or AMP to explain it.

If you require more room to provide your answers than has been allocated on this form, please provide a separate signed and dated page(s) and attach this page(s) to your application.

YOUR DUTY OF DISCLOSURE



What you must tell us

You must answer all the questions in the Personal Statement completely and accurately. This helps us to decide whether to provide the insurance, how much to charge and whether any special rules should apply. You must also tell us anything else you think may be relevant to our decision about insuring you, or anything a reasonable person in the circumstances could be expected to know would be relevant to our decision. This may include giving us information we do not specifically ask for; e.g. if you have a medical problem which your doctor cannot explain or diagnose; if you are involved in any criminal activity; if you are facing bankruptcy; etc.

This duty continues until we issue the Certificate of Insurance and Plan Rules to the plan owner(s), or for FLS members, until we advise you that we have accepted your application for insurance. Therefore, you must tell us about any change in your health, occupation, pastimes or any other relevant matter which happens after this Personal Statement has been completed up until the time the plan owner(s) receive the Certificate of Insurance and Plan Rules, or for FLS members, up until we notify you that we have accepted your application for insurance.

If you don't tell us

If you don't tell us what we need to know to complete our assessment of the risk, we may be able to treat your cover as if it never existed and pay nothing, or keep your policy going but reduce the amount we pay.

1 RESIDENCE AND TRAVEL

- a. Are you a Non-Australian citizen or resident, or living in Australia on a temporary visa of any kind? No Yes
- b. Do you have any definite plans to travel or reside overseas, or are you currently residing overseas? No Yes
- If 'Yes', has the Australian government issued a travel warning for the country you intend to visit/reside? No Yes

If 'Yes', to any of the above questions, please provide full details (including reason for visit, country, when and duration):

2 INSURANCE DETAILS

- a. Are you applying for, or do you have in force, any personal insurance with AMP or with any other insurer? No Yes

If 'Yes', please provide details of other insurances, and current or prior proposals, insuring your life:

Name of insurer	Life cover	Total & Permanent Disability cover	Trauma (Crisis) cover	Monthly disability cover	Is this cover to be cancelled?*
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
	\$	\$	\$	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes

*Important Note: Your application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do so may render invalid a claim on your AMP plan. If this application is to replace a current AMP plan, the plan to be replaced will cease and a new plan will start.

- b. Have you ever made any claim, received any benefits (e.g. under an insurance policy, Workers Compensation, Motor Accident, Veterans Affairs or Social Security – not relating to unemployment) or has any insurer ever indicated that they would NOT insure you, or offered you insurance cover on special/modified terms? No Yes

If 'Yes', please provide full details:

3 SPORTS ACTIVITIES

- a. Do you currently participate, or intend to participate, in any hazardous activity such as aviation (other than as a regular fare paying passenger), caving, motor racing (land or water), hang gliding, parachuting, climbing, diving, football, off-road trail bike riding, martial arts, boxing, wrestling, competitive skiing or any extreme sport? No Yes

If 'Yes', please complete one of the supplementary questionnaires on page A12

4 DOCTOR INFORMATION

Name of your usual doctor (if you do not have a usual doctor, then the last doctor that you saw)

Address of your usual doctor

Unit no.		Street no.		Street name			
Suburb				State		Postcode	

Phone number

How long have you been a patient of this doctor?

 years months

Date of last consultation with any doctor

Name of doctor that you saw (if same as above, write 'As above')

Reason for consultation

What was the result/outcome of the consultation?

- Receiving medication/treatment and/or condition improving* Being referred for further tests, investigations or to a specialist*
- No ongoing treatment, complete cure and recovery Test performed, with completely normal result Other*

* provide details

5 HABITS

- a. Have you smoked tobacco or any other substance within the last 12 months? No Yes

If 'Yes', quantity per: day week month

- b. Have you regularly consumed alcohol within the last 12 months? No Yes

If 'Yes', number of standard drinks* per: day week month

*a standard drink = 1 nip spirits, 1 wine glass of wine, sherry glass port/sherry, 10oz/285ml glass of beer

6 MEDICAL HISTORY

- If you answer 'Yes' to any of the bold conditions, complete the relevant Medical Questionnaire on page A10 or A11.
- If you answer 'Yes' to conditions which are not bold, provide details in the Additional Information table below.

To the best of your knowledge, have you ever had, been told you had, received advice or treatment for any of the following:

- a. High blood pressure, **chest pain**, high cholesterol, stroke or any **heart or vascular disorder**? No Yes
- b. **Asthma**, bronchitis, tuberculosis or any **other lung disorder**? No Yes
- c. Neurological disorder such as **epilepsy**, multiple sclerosis, paralysis, **migraine**, dizziness or neuritis? No Yes
- d. Kidney or bladder disorder such as **kidney stones**, nephritis or passing blood in the urine? No Yes
- e. Hepatitis, cirrhosis or any liver or gall bladder disorder? No Yes
- f. **Diabetes**, sugar in urine, thyroid or pancreatic disorder? No Yes
- g. Indigestion, **ulcer**, **hernia**, colitis, passing blood from the bowel or any other bowel disorder? No Yes
- h. Blood disorder, such as anaemia, haemophilia, leukaemia or received a blood transfusion? No Yes
- i. Cancer, **cyst**, **skin lesion** or tumour of any kind? No Yes
- j. **Strained back**, sciatica, **whiplash**, **disc**, **vertebral** or any other form of back or neck problem? No Yes
- k. **Arthritis**, **rheumatism**, **gout**, **tendonitis**, **repetitive strain injury**, **chronic fatigue syndrome**, **fibromyalgia** or any disorder of the joints or muscles? No Yes
- l. A **mental health condition**, including but not limited to **depression**, **anxiety**, **stress** or **psychosis**? No Yes
- m. Any other disorder or physical impairment, including any skin condition or impairment of sight or hearing? No Yes
- n. To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS; or are you experiencing any unexplained night sweats or unintentional weight loss; or do you/have you engage/d in any activity(ies) reasonably accepted as having an increased risk of exposure to the virus? No Yes
- o. Have you within the last 3 years, taken any drugs or medication of any kind (whether prescribed or otherwise); undergone or intend undergoing any medical tests or investigations: been referred to a specialist; suffered from any illness or injury not mentioned above; or been off work for more than 7 consecutive days due to any illness or injury? No Yes

Females only

- p. Have you had an abnormal pap smear or mammogram; any gynaecological condition; complication with a past or current pregnancy or any breast lump (even if you have not seen a doctor about it)? No Yes
- q. Are you currently pregnant? No Yes If 'Yes', expected delivery date:

Additional information (required if 'Yes' answered for conditions not bold)

Question letter	Condition/Test/Reason	Date first started	Date of last symptoms	Degree of recovery	Full details of treatment	Full name and address of doctor or hospital
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		
		/ /	/ /	%		

If you need more room to provide your answers, please provide a separate signed and dated page(s) and attach to your application.

7 FAMILY HISTORY

- a. Has any blood related family member (father, mother, brother, sister) had diabetes, heart problem, stroke, high cholesterol or haemochromatosis, familial polyposis; breast, cervical, ovarian, colon or other cancer; cystic fibrosis, depression or other mental health condition, polycystic kidney disease, Huntington's chorea, or any condition which may be inheritable? No Yes

If 'Yes', please complete the table below

Relation	List ALL conditions and cause of death if applicable (if cancer, please give type and site)	Age at onset	Age at death (if applicable)
Mother			
Father			
Brothers			
Sisters			

9 FINANCIAL PLANNER INFORMATION To be completed by financial planner

If this application has been discussed with an Underwriter prior to submission, provide the following:

Underwriter's name Date

Discussion details

Pre-arranged medical tests
Doctor Medical Exam Paramedical Exam Blood Test
Specialist Medical Exam Resting ECG Stress ECG
Other (please specify)

Financial Planner notes

THE FOLLOWING THREE SECTIONS MUST BE COMPLETED IN ALL CIRCUMSTANCES

10 AGREEMENT AND DECLARATION

I, the insured person, agree and declare that:

- a. I have read my duty of disclosure. I have kept my duty of disclosure in mind when completing my Personal Statement, and I understand any plan issued by AMP will be based on information I give in my Personal Statement, any additional questionnaire(s), form(s), and statement(s), as well as telephone underwriting (if applicable).
- b. I understand I must tell AMP of any change in my health, occupation or pastimes and of any other thing that happens to me which may in any way affect the risk of insuring me, where this change occurs after I have completed this Personal Statement right up to the time that AMP issues the plan.
- c. All the information provided in my Personal Statement is complete and correct. If any information has been written by someone else, I have reviewed this information and confirm it is complete and correct. I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP.
- d. I authorise any doctor, hospital or other health service provider that I have or may attend to release details of my personal medical history, including referrals to or treatment by other practitioners, to AMP. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. I understand that, under Government Privacy legislation, I may access a copy of these reports from AMP. I have been advised by AMP of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
- e. I have read the Privacy Information on page A13 and agree to the various uses and exchanges of my personal information and acknowledge my right to access personal information held about me by the AMP Group.
- f. I have read the HIV Antibodies Test Information on page A13 and I agree that if an HIV test is required to assess my application for insurance, that I consent to such a test being performed and that I will provide advice at the time of blood collection as to whom I wish to be notified in the event of a positive HIV antibody result.

IMPORTANT This agreement and declaration must be signed after you have read your duty of disclosure and privacy information and completed your Personal Statement. Only sign this agreement and declaration if you agree to make the declaration.

My signature to this declaration confirms my agreement to all of the above Date

Insured person

Signature of my parent/guardian if I am under age 16 Date

Parent/guardian if applicable

11A AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

I (full name of insured person) hereby authorise you to release at any time details of my personal medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person Date

11B AUTHORITY FOR MEDICAL REPORT To be completed and signed by the insured person

I (full name of insured person) hereby authorise you to release at any time details of my personal medical history, including referrals to or treatment by other Practitioners, to AMP Life Limited ABN 84 079 300 379. The purpose is to allow AMP to assess my application for new/additional/reinstated insurance (as applicable) and assess any claim that might arise. A photocopy of this authorisation shall be as valid as the original. Under Government Privacy legislation, I may access a copy of your report from AMP. Furthermore, I have been advised by AMP of the ways this information may be used and to whom it may be disclosed, and approve those purposes.

Signature of insured person Date

12 HEALTH QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page/s and attach to your application.

MENTAL HEALTH CONDITION

Please indicate (✓ the appropriate box/es) the mental health condition/s you have had, or received treatment for?

- Anxiety (including generalised anxiety, panic or phobic disorder)
- Eating disorder (including anorexia nervosa and bulimia)
- Depression (including major depression and dysthymia)
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenia or any other psychotic disorder
- Stress, sleeplessness or chronic tiredness
- Other (please describe)

Date your condition first began Date of last symptoms

Have you ever been prescribed any medication? No Yes

If 'Yes', please provide details including the name of all drugs, dosage and how frequently taken

Medicine (e.g. Zolofit)	Dose	Frequency

Are you still taking medication for your condition? No Yes

If 'No', date ceased?

Have you ever been absent from work, referred to a specialist, hospitalised or had your lifestyle restricted in any way, as a result of your condition/s? No Yes

If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other therapist for anything related to your condition

Date	Medical provider	Address
/ /		

GENERAL MEDICAL

Name of condition

Cause if known

Date your condition first began Date of last symptoms

How often do you have symptoms?

What makes symptoms start or worsen?

What part(s) of your body are affected? Left Right

Describe your symptoms

Do you experience any residual or ongoing effects? No Yes

If 'Yes', please provide details

Have you ever taken medications for this condition? No Yes

If 'Yes', please provide details (including name, dose & frequency)

Have you ever had any other treatment (e.g. physiotherapy, surgery etc.) or been in hospital or received emergency treatment for this condition? No Yes

If 'Yes', please provide details

Have you ever been absent from work, incapacitated or had your lifestyle restricted, as a result of this condition? No Yes

If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other therapist for anything related to your condition

Date	Medical provider	Address
/ /		

If you need more room to provide your answers, please provide a separate signed and dated page/s and attach to your application.

RESPIRATORY DISORDERS (e.g. asthma, bronchitis etc.)

Name of condition

Date your condition first began Date of last symptoms

How often do you have symptoms?

What makes symptoms start or worsen?
(e.g. exercise, stress and allergy)

Do you measure your peak flow? No Yes
If 'Yes', please provide details of the lowest, highest and average readings obtained over the last 3 months

Lowest	Highest	Average
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you, or have you ever used any inhalers or taken any medication for this disorder? No Yes
If 'Yes', please provide details including the name of all drugs, dosage and how frequently required

Medicine (e.g. Ventolin)	Dose	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever required treatment with oral steroids, been admitted to hospital or been absent from work for more than 2 consecutive days as a result of this disorder? No Yes
If 'Yes', please provide details

CYST/MOLE/SKIN LESION

Please indicate (✓ the appropriate box/es) the condition/s you have had, or received treatment for?

Basal Cell Carcinoma (BCC)

Hyperkeratosis or solar keratosis

Melanoma

Mole or naevi

Sebaceous (fatty) Cyst

Squamous Cell Carcinoma (SCC)

Other (please describe)

Site/s

Date diagnosed

Has the lesion(s) been removed? No Yes
If 'Yes', by what method (eg 'burnt off' or surgically removed)

Were you advised of the 'pathology' result(s) No Yes
If 'Yes', please provide details of results or attach a copy

Give details of your most recent visit to a doctor, hospital or other medical provider for anything related to this condition

Date	Medical provider	Address
/ /	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BACK OR NECK OR OTHER MUSCULOSKELETAL DISORDER

Name of condition

Exact location

Date your condition first began Date of last symptoms

How often do you have symptoms?

How long do symptoms last?

What makes symptoms start or worsen?

Do your symptoms radiate to other areas? No Yes
If 'Yes', please provide details

Have you ever had, or are you contemplating having investigations such as CT or MRI scans? No Yes
If 'Yes', please provide details (doctor, date and result etc.)

Please provide details of all treatment that you have had, e.g. physiotherapy, chiropractic treatment, medications and surgery

Have you ever been absent from work, incapacitated or had your lifestyle restricted, as a result of this condition? No Yes
If 'Yes', please provide details

DIABETES

Age when your diabetes was diagnosed

Do you take insulin? No Yes
If 'Yes', please provide details

Type of Insulin	Number of units per day
<input type="text"/>	<input type="text"/>

Do you test your blood sugar levels? No Yes
If 'Yes', please provide details of the lowest, highest and average readings obtained over the last 12 months

Lowest	Highest	Average
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever suffered from a diabetic or insulin coma, or required hospitalisation due to your diabetes or any related condition? No Yes
If 'Yes', please provide details

Do you have any complications as a result of your diabetes (e.g. eye, kidney or nerve problems, high blood pressure or vascular disease etc.)? No Yes
If 'Yes', please provide details

Give details of your most recent visit to a doctor, hospital or other medical provider for anything related to this condition

Date	Medical provider	Address
/ /	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

13 SPORTING ACTIVITIES QUESTIONNAIRES

If you need more room to provide your answers, please provide a separate signed and dated page/s and attach to your application.

DIVING

Please state all diving qualifications you have obtained:

How many years have you been diving?

Number of dives in the last 12 months

Estimated number of dives in next 12 months

Maximum depths dived (in metres)

Average number of dives per annum deeper than 30m

Do you dive:

- in ocean caves No Yes in wrecks No Yes
 in dams or lakes No Yes at night No Yes
 in inland caves No Yes alone No Yes
 using:
 enriched air No Yes mixed gases No Yes
 Have you ever had a diving accident or illness? No Yes

If 'Yes', please provide details

MOTOR SPORT on land or on water

Please indicate (✓ the appropriate box/es) the activity/ies you take part in:

- | | |
|---|---|
| AUSCAR/NASCAR <input type="checkbox"/> | Rallies <input type="checkbox"/> |
| Boats <input type="checkbox"/> | Road/circuit (cycles) <input type="checkbox"/> |
| Drag (cars/cycles) <input type="checkbox"/> | Sedans (circuit) <input type="checkbox"/> |
| Historic <input type="checkbox"/> | Speed (lap dash/hill climb etc.) <input type="checkbox"/> |
| Karts/go karts <input type="checkbox"/> | Speedway (cars/cycles) <input type="checkbox"/> |
| Motorkhana <input type="checkbox"/> | Sports cars <input type="checkbox"/> |
| Off road (cycles) <input type="checkbox"/> | Stunts <input type="checkbox"/> |
| Off road (cars) <input type="checkbox"/> | Trucks <input type="checkbox"/> |
| Open wheel <input type="checkbox"/> | Other (specify below) <input type="checkbox"/> |

Provide details of your involvement

Category	<input type="text"/>	<input type="text"/>
Class	<input type="text"/>	<input type="text"/>
Vehicle	<input type="text"/>	<input type="text"/>
Fuel	<input type="text"/>	<input type="text"/>
Engine capacity	<input type="text"/>	<input type="text"/>
No. of events last 12 mths	<input type="text"/>	<input type="text"/>
No. of events next 12 mths	<input type="text"/>	<input type="text"/>
Max speed	<input type="text"/>	<input type="text"/>
No. of vehicles per event	<input type="text"/>	<input type="text"/>
Competition licence type	<input type="text"/>	
Issuing body	<input type="text"/>	Years held <input type="text"/>

Are you a professional or sponsored driver? No Yes

Do you have definite plans to compete overseas? No Yes

Have you ever had a motor sport accident, or has your competition licence ever been suspended? No Yes

AVIATION

Licence type Years held

Type of flying*	Fixed wing or helicopter	No. of hours past 12 months	No. of hours next 12 months
<input type="text"/>			
<input type="text"/>			

*Type of flying as defined by the Aviation Authorities: e.g. Aerobics, Stunt, Agricultural, Airline operations, Charter, Commuter operations, Private/Business commuting, Training others/instructing, Gliding, Ultralights, Gyroplanes, Other (specify)

Type of aircraft that you usually fly

Name of your pilot's club or association

Air Navigation Order under which your flying is controlled

Do you have any definite plans to upgrade or change your licence; flying undertaken outside of Australia; take offs or landings from anywhere that is not a registered airfield; previous flying accident/s and/or charges relating to violating Aviation Regulations No Yes

If 'Yes', please provide details

OTHER ACTIVITIES

Please indicate the activity/ies you take part in:

Frequency of participation? per annum

Duration of participation? years

Details of any licences or qualifications

Name of any club or organisation that you are a member of

Location/s where you undertake or participate in this activity

Maximum altitude/depth or speed etc.

Do you participate in competition? No Yes

If 'Yes', please provide details

Details of any injury/ies as a result of participating in this activity

Details of any definite plans to change from what you stated above

Details of any other relevant features of your involvement in this activity

PRIVACY INFORMATION

Your privacy is important to us and further information about AMP's collection of personal information is provided in our Product Disclosure Statement.

Our primary purpose in collecting information about your health is to assess the application for new or additional insurance from AMP. We may also use this information for directly related purposes such as deciding whether we need more information from you; arranging reinsurance; assessing future applications for new or altered insurance; and assessing and administering claims.

We will generally collect health information from someone else, such as a doctor, with consent. We need this information to assess the insurance application and, if you choose not to provide such consent, we may not be able to process the application.

We may disclose this type of information to:

- if your insurance is part of a superannuation fund, the trustee of that fund,
- the Financial Planner or broker responsible for the plan, (if any),
- AMP's reinsurers,
- medical practitioners,
- any person AMP considers necessary to assist in either the assessment of claims under your plan or the resolution of complaints, and
- anyone you have authorised.

Aspects of your health information may be provided to the owner of the Plan in resolving or explaining terms of acceptance or if the standard Plan Rules are varied. You have the right to access personal information held about you by the AMP Group, as explained in your Product Disclosure Statement.

HIV ANTIBODIES TEST INFORMATION

For AMP Life to consider your insurance application, you may need to have a blood test for Human Immunodeficiency Virus (HIV) antibodies. Depending on the type of insurance you have applied for, the blood sample may also be used to determine other matters like your serum cholesterol and kidney and liver functions.

AIDS – Acquired Immune Deficiency Syndrome is the final stage of the illness caused by HIV. HIV destroys some of the defence mechanisms which protect us against infections and cancers. As a result, people infected with HIV may suffer severe infections and cancer as well as organ damage. The most recent evidence suggests that the virus stays in the body indefinitely and causes progressive damage. There is still no cure or vaccine for AIDS but in many cases those infected may survive 10 or more years.

A positive HIV antibody test can have major social, medical, psychological and legal consequences which you should consider before having this test done. These include:

- possible ill-informed discrimination
- possible lawful exclusion from employment if you work in one of a very limited range of occupations where there is a risk of transmitting HIV
- HIV and AIDS are notifiable to government authorities, but your identity would not be reported
- as HIV positive people will develop AIDS and long term outlook is uncertain, life and disability insurance is not normally available to people with HIV
- some countries restrict the entry of people with HIV
- it is an offence to knowingly transmit HIV or to put other people at risk of infection.

You may choose to not have the test done. If you decide not to have the test, AMP can't consider your application for insurance. You may choose to arrange your own HIV antibody test and have the results sent to AMP.

If you choose to have AMP arrange the test, the results will be sent under confidential cover to the AMP's medical officer/chief underwriter to protect your privacy. In the event of a positive result, this will be communicated to you via the doctor you have specified in your authority for HIV test. Otherwise, acceptance of your insurance application will indicate that your HIV antibody test was negative.

AUTHORITY FOR PATHOLOGY TESTS

I have recently applied to AMP Life Ltd ABN 84 079 300 379 for Life Insurance/Income Continuation cover and, as part of their standard underwriting requirements, I am to undertake the following blood tests:

- Multiple Biochemical Analysis (MBA) • HDL/LDL Cholesterol • Hepatitis B & C serology • HIV Antibodies

I hereby provide authorisation for the above blood tests to be performed in connection with my insurance application and the results to be forwarded to: **The Chief Medical Officer, AMP Life Limited, PO Box 300, Parramatta NSW 2124**

I also provide my consent and authorisation for the HIV antibodies test and in the event of a positive result, request that the following doctor be advised of the result, to enable appropriate counselling to be conducted:

Doctor's name

Doctor's address

Unit no.		Street no.		Street name			
Suburb				State		Postcode	

Name of Insured Person

Signature of insured person

Date

AUTHORITY FOR PATHOLOGY TESTS

Instructions to the insured person when blood tests are required

You can choose from the following alternatives to get your blood tests done.

1. Via your own or usual doctor. You will need to take the 'Test' details (on page A13) along to your doctor to ensure the correct blood tests are completed.
2. Via a paramedical facility*. Your financial planner will contact one of these service providers who will then contact you to arrange an appointment at a time and place convenient for yourself for a nurse to visit you to take blood.
3. Via a local pathology collection centre*. As per your own or usual doctor, you will need to take the 'Test' details along to the collection centre to ensure the correct blood tests are completed.

* You will need to confirm your identification at the time of providing the blood sample for 2 or 3 above.

You must fast for 8 hours (you may drink water) before having blood tests done. An early morning appointment may help make fasting easier for you.

Instructions to the financial planner when blood tests are required

1. If your client chooses to attend their own or usual doctor to have the required blood tests done, you will need to ensure that they take the 'Test' details (on page A13) with them.
2. If your client is comfortable using a paramedical facility, you will need to complete a 'Health Request' form for the particular provider to be able to follow up with your client. AMP's recommended paramedical service provider is:

Lifescreeen Phone: 1800 686 000 Fax: 1800 804 758

If you do not have one of these forms available, contact Lifescreeen and they will immediately fax one to you. When you return this form to them, they will then look after everything for you.

3. If your client chooses to attend a local pathology collection centre, you will need to provide your client with the address and arrange an appointment accordingly.

You will need to ensure that your client takes the 'Test' details to their appointment



Direct Debit Request

For Risk Products

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

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

Planowner's name*	
-------------------	--

Telephone <i>(daytime)</i>	
-------------------------------	--

* For AMP Firstcare Superannuation – Insurance plans please insert the insured person's name.

1 DEBIT DETAILS

Plan/Application number	Amount	Frequency	Deduction Date*
	\$, .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	
	\$, .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	
	\$, .	<input type="checkbox"/> Mth <input type="checkbox"/> 1/2 year <input type="checkbox"/> Year	

*Deduction date cannot be nominated for Income Continuation and Business Overheads.

Bank/credit union/building society deduction – Complete Section 2.

Credit card deduction – Complete Section 3. You must complete either Section 2 or 3.

Deduct initial payment by Direct Debit from the credit card/bank account below Yes No +
 We will deduct the initial premium within 5 days of our acceptance of your application for insurance.

2 DEDUCTION FROM BANK ACCOUNT *Form of request for debiting amounts to accounts by the direct debit system – DDR*

Details of your financial institution (e.g. bank, credit union) Authority number (Office use)

Name of institution	Authority number
Branch location	State
Account holder name	
Telephone (if different to planowner's contact no.) <i>(daytime)</i>	
BSB number	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 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. I/We have read and agree to the terms of the direct debit service agreement in the Product Disclosure Statement page 13.

Signature(s) of Accountholder	X	Date	
	X	Date	

3 DEDUCTION FROM CREDIT CARD

Type of credit card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Amex		
Credit card number			Expiry date
Name on credit card			
Telephone (if different to planowner's contact no.) <i>(daytime)</i>			

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

Signature of cardholder	X	Date	
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AMP Firstcare Insurance – Superannuation Electronic Application

Before you sign this application form, be aware that AMP Superannuation Limited or your financial planner is obliged to provide you with a Product Disclosure Statement, containing a summary of the important information in relation to this plan. This information will help you to understand the plan and to decide whether it is appropriate to your needs.

Mark boxes with (X) where appropriate, otherwise use block letters. Leave a box between words.

1 APPLICATION DETAILS

My application includes:

- my electronic application on the computer which has Application Number and Verification Number on it; and
- this Agreement and Declaration.

Member name	
-------------	--

Application number	
--------------------	--

Verification number	
---------------------	--

+

Plan number	
-------------	--

Type of application

<input type="checkbox"/> New business	<input type="checkbox"/> Increase	<input type="checkbox"/> Transfer of cover for existing plan	<input type="checkbox"/> Continuation/Replacement cover option from AMP Superannuation Plan	<input type="checkbox"/> Multiple lodgement
---------------------------------------	-----------------------------------	--	---	---

2 CONVERSION/CONTINUATION OPTION DETAILS

Complete this section if you are transferring from an existing AMP plan and AMP has approved the conversion

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

<input type="checkbox"/> Existing plan number(s)		
--	--	--

<input type="checkbox"/> Continuation option from an AMP Superannuation Fund - Plan number	
--	--

Replacement cover stamp required – office use only

- 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 life insured 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 life insureds 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 *previous* planowner(s)

X

Date	
------	--

X

Date	
------	--

Signature of *new* planowner

X

Date	
------	--

Continues over page

3 AGREEMENT AND DECLARATION

Please complete these details if death cover is NOT applied for:

I agree and declare that I have chosen NOT to apply for death cover.

I acknowledge AMP will not pay me any money under this plan should I die.

Your
Signature

X

Date

I agree that:

- i I have received and read the AMP Firstcare Insurance – Superannuation Product Disclosure Statement (PDS) Preparation Date 1 January 2004;
- ii Where I am applying to become a member of the AMP Personal Superannuation Fund with the assistance of a financial planner, my financial planner may use the information provided to me in this application and any other form relevant to AMP Life Ltd to complete and submit an electronic application on my behalf.
- iii The Application Number and Verification Number shown above appear on my electronic application on the computer screen;
- iv I have read my duty of disclosure. I have kept my duty of disclosure in mind when completing my application form, and I understand insurance cover issued by AMP Life will be based on the information I give in my application form;
- v All the information provided in my application form is complete and correct. If any information has been written by someone else, I have reviewed this information and confirm it is complete and correct;
- vi I understand that if I do not comply with my duty to disclose all information completely and accurately, the insurance might be cancelled or the terms may be altered by AMP Life;
- vii I understand that terminal illness cover (and where I have selected it, disablement lump sum cover – including cover for persons who have chosen the 'own occupation' cover) can only be paid to me in accordance with superannuation rules as set out on page 3 of the AMP Firstcare Insurance – Superannuation Product Disclosure Statement Preparation Date 1 January 2004;
- viii 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 or your employer are going to pay the premium, then you agree the following is correct:

ix I am currently;

- under age 65 and I am or have been gainfully employed or for at least 10 hours per week at any time during the last two years or
- between age 65 and 70 and I am gainfully employed for at least 10 hours per week and

If you are over age 70 and you are going to pay the premium, then you agree the following is correct:

x I am under age 75 and am gainfully employed for at least 10 hours per week; and

xi 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;

xii If my employer is paying the premium, I will write and tell the Trustee if my employer stops paying.

If your spouse or de facto spouse is going to pay the premium, then you agree the following is correct:

xiii 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

xiv 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

xv 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.

xvi When I decided to apply for this plan, I did this based on: (Cross one of the following)

- My financial planner completed a fact find and needs analysis based on information I have provided at his/her request. My financial planner recommended I/we purchase this plan. I have been provided with a copy of the Statement of Advice; 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.
- I did not seek or obtain any advice in relation to this plan or my decision to purchase it. I therefore understand that there is a risk that this plan may not be appropriate to my situation, needs and objectives. I am aware that if I want more information on products or if I want to have my needs analysed I should speak to an adviser / financial planner or call AMP on 133 888.

Your
Signature

X

Date

4 FINANCIAL PLANNER DECLARATION

I agree and declare that:

- The applicant received an AMP Firstcare Insurance – Superannuation Product Disclosure Statement Preparation Date 1 January 2004.
- The applicant has authorised me to use the information provided by them in this form and any other form relevant to AMP Personal Superannuation Fund to complete and submit an electronic application on their behalf.
- The Application Number and Verification Number were written on this form before the applicant signed it.
- I read aloud to the applicant 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 confirmed that the answers are true and complete.

Signature of
financial planner

X

Date

Planner's name

Phone number

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Contact AMP

Directory

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Registered Office

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NEW BUSINESS ENQUIRIES

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WHERE TO SEND APPLICATION FORMS – NEW BUSINESS

AMP Operations Centre

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AMP CUSTOMER SERVICE CENTRE

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Contact

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