



Risk Protection

AMP Firstcare Insurance – Ordinary
AMP Income Continuation Insurance
AMP Business Overheads Insurance

Insurance to protect your lifestyle

Product Disclosure Statement

Preparation date 1 January 2004

AMP Firstcare Insurance – Ordinary, Income Continuation Insurance and Business Overheads Insurance are issued by AMP Life Limited ABN 84 079 300 379. AFSL No. 233671

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Important note:

This Product Disclosure Statement (PDS) is issued by AMP Life Limited. No other company in the AMP Group is responsible for any statements or representations made in this document. Investment in this product is not a bank deposit with AMP Limited or any other company in the AMP Group. No other company in the AMP Group guarantees performance of AMP Life Limited's obligations to investors nor assumes any liability to investors in connection with this product.

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 this updated information). However, if the change to the information is materially adverse, we will issue a Supplementary Product Disclosure Statement.

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

Risk Protection – Overview

This document describes a range of insurance products offered by AMP to protect yourself, your family and your business in times of death, crisis or when you become unable to work due to illness or injury.

Three products are available, each covering different aspects of risk in a person's life.

Firstcare Insurance

Pays you (the planowner) a specified lump sum if the insured person dies, suffers a crisis condition or is totally and permanently disabled (TPD).

Income Continuation Insurance

Pays you a monthly amount while you are so ill or injured that you are unable to work.

Business Overheads Insurance

Reimburses you for eligible business overheads while the insured person is so ill or injured that they are unable to work.

Please note that these products are not savings products. If you end the plan at any time, you will not get anything back.

This Product Disclosure Statement (PDS), describes all three of these products and is in 4 parts:

1. Firstcare Insurance
2. Income Continuation Insurance
3. Business Overheads Insurance
4. Information common to all products

An Application for insurance has also been inserted inside the back cover.

Important note: This PDS is an important document. You should read each relevant product component (parts 1-3) together with part 4, before you complete the application forms to start this plan.

About AMP

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

AMP Life Limited was formed in 1998. Its ultimate holding company is AMP Limited. Firstcare Insurance, Income Continuation Insurance and Business Overheads Insurance are issued by AMP Life Limited.

In this PDS:

- 'AMP Life', 'we', 'us', 'our', and 'AMP' mean AMP Life Limited.
- 'you', 'your', and 'yourself' means the plan owner(s).
- 'plan', means the policy of life insurance issued by AMP.

Other terms will be shown on your Plan Certificate.

Secured by our Australian No.1 Statutory Fund

Your plan is backed by our Australian No. 1 Statutory Fund. The market value of the assets of this fund is \$22.5 billion as at 30 September 2003.

1. Firstcare Insurance – **Plan** at a glance

Purpose

Provides you with a lump sum if the insured person:

- Suffers one of the range of crisis conditions we cover; or
- Becomes totally and permanently disabled; or
- Dies.

You choose which of these types of cover you wish to be insured for. Additional options can also be selected. These are more fully described below.

In addition, if an insured child is covered under children's crisis cover, we pay a lump sum if they suffer a crisis condition or die.

You can also select our Waiver of Premium benefit, which can waive payment of premiums on a particular insured person, or on the entire plan where the insured person has been totally disabled for six months.

Each option can be chosen for an additional premium.

Who can be insured?

You can apply to cover people in the age ranges shown in the table below. The insured person's occupation, pastimes and health may restrict their available options. This will be determined when your application is being considered.

TYPE OF COVER	ENTRY AGE RANGES
Crisis Cover	15 to 59
Death Cover	10 to 69
Disablement lump sum cover	15 to 54
Children's crisis cover	1 to 12
Waiver of premium	10 to 54

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 9. It is important you read these pages.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Firstcare Insurance – ordinary plans is that generally premiums are not deductible and amounts we pay do not attract income tax or capital gains tax (CGT). However:

- when we pay the Death Cover amount, CGT may apply if the plan owner is not the same as the owner when the plan began. CGT also applies to Disablement Lump Sum and Crisis Cover amounts we pay if received by those other than the insured person, or a relative (as defined for taxation purposes) of the insured person,
- where a business arranges the plan to cover loss of revenue (profits) should a key employee suffer a crisis condition, is totally and permanently disabled, becomes terminally ill or dies, premiums may be tax deductible and the amounts we pay attract income tax.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

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. Please see page 8 for further details.

Plan ownership

The plan can be owned by a person other than the insured person and the plan can also be owned by multiple persons but as joint tenants only.

Number of insured persons

You can insure more than one person (including children) on the same plan.

Interim accident cover

While your application is being considered, we will provide you with interim accident cover at no extra cost. The interim cover is different to the insurance being applied for, and is subject to the terms and conditions on page 28.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

Complaints handling

We have internal processes to manage complaints. If we are unable to resolve your complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service. See page 32 for more 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 don't 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 a 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
- 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 27 for details.

Cover available

Death cover

We pay a lump sum if an insured person dies. Cover continues until the insured person turns 99. Death cover automatically includes the following three features.

- **Terminal Illness cover**

If an adult insured person is diagnosed as having less than 12 months to live, we will advance up to 100% of the death cover. The maximum we'll pay in advance for this insured person (under all plans) is \$2 million. If there is a balance of death cover we will pay this when the insured person dies.

- **Funeral Benefit**

We will advance you up to \$10,000 on the death of an insured person. The death benefit payable will be reduced by the amount of the advance.

- **Guaranteed Future Insurability –**

specified events increase

You may increase an insured person's death cover without providing further evidence of health if:

- the insured person marries
- the insured person's child is born or they legally adopt a child
- a housing loan is granted by a financial institution for the insured person to buy their first home or
- the insured person completes their 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:

- the insured person is older than 55 years of age
- the insured person's plan has a premium loading or special terms
- the premiums are being waived under the Waiver of Premium option or
- the insured person is entitled to make a terminal illness or crisis claim under any plan held with us.

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 an insured person becomes totally and permanently disabled (TPD) before they turn 65. Our definition of totally and permanently disabled is set out on page 38 and 39.

Basically, our TPD definition relates to:

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

- **Own Occupation cover (Optional)**

If you select this option, a revised definition of totally or permanently disabled will be adopted for your plan. Under this definition, we will pay you a lump sum where we consider the insured person is unable ever to work in the primary full-time occupation they were engaged in for at least 12 months prior to the date of their illness or injury. This replaces the above first point of being able to do any regular remunerative work. 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 i.e. inability to do any regular remunerative work for which the insured person is reasonably fitted by education, training or experience.

Business Safeguard

If Death and/or DLS cover is taken up, you can also choose Business Safeguard.

This option can be used for business purposes such as:

- Business succession planning (buy/sell agreement);
- Loan guarantor insurance; or
- Key person insurance.

It will be available from 19 January 2004. It allows you to increase the level of death cover or disablement lump sum cover, or both death and disablement lump sum covers, without further medical evidence. This gives you the flexibility to structure your insurance in line with your growing business.

You can apply for this option up to the insured person's age of 59 for death cover and 54 for disablement lump sum cover.

The option is only available when the sum insured for death cover or disablement cover is greater than \$500,000. If both death and disablement covers are selected each level of cover must exceed \$500,000. It is not available if the insured person's plan has a premium loading, or exclusion, for health reasons.

You can apply to increase the cover under this option:

- If this policy forms part of a written buy/sell, share purchase or business continuation agreement, by the actual increase in the value of your interest in the business since the latter of the last time the option was exercised and the commencement of the option, or
- if the insured is a key person to the business, the actual increase in the value of the insured person to the business since the latter of the last time the option was exercised and the commencement of the option.

The maximum you can increase the cover in any 12 month period is the lower of:

- 25% of existing cover; or
- \$2m.

We will require financial evidence of the increase in the value of the business from an independent qualified accountant, business valuer, or other appropriate person, all of whom must be approved by us.

This option ceases when any of the following occurs:

- you do not exercise the option for five years;
- the death cover reaches \$15m or the disablement lump sum cover reaches \$2.5m;
- the death cover or disablement lump sum cover is five times the original amount;
- after 10 years from the commencement of the option;
- the insured person turns 65; or
- the insured person has received, or is eligible to receive, a benefit under this or another life insurance plan.

This option is available at an additional cost.

If increased cover is provided under this option, your premium will increase in line with the higher level of cover.

Crisis cover – adults

We pay a lump sum if the insured person suffers one of the crisis conditions set out on the tables on pages 6, and survives for 14 days without a life support system. We have specific definitions for each of the crisis conditions. These are set out in full on pages 33-39.

Certain crisis conditions are not covered for a period of three months from the commencement or recommencement of this cover. If you increase the amount of cover, we will not cover any increase amount for these crisis conditions, for a period of three months from the date of the increase.

If the insured person suffers one of these crisis conditions within the three month period we will never pay for that condition, even if they suffer the same crisis condition again later.

Once we have paid a claim under this cover, the crisis cover ends.

You can choose between two levels of Crisis Cover, being Standard and Premier. Standard covers 14 crisis conditions while Premier covers 45 and as a result is more expensive.

Cover continues until the insured person turns 74 for Standard plans and 84 for Premier plans (however, from the plan anniversary following the insured persons 64th birthday, for Standard plans, and 69th birthday for Premier plans, cover is more restricted, being limited to the crisis conditions Loss of Independent Living and Loss of use of Limbs and/or Sight).

Cover available *continued*

Crisis Cover Premier covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for three months	Cover for the conditions in this column starts immediately
Aortic surgery	Alzheimer's Disease and other dementias
Benign tumour of the brain or spinal cord	Aplastic Anaemia
Cancer	Blindness
Coronary Artery Angioplasty (10% partial payment)*	Cardiomyopathy
Coronary Artery Angioplasty – Triple Vessel	Coma
Coronary artery surgery	Deafness/loss of Hearing
Heart attack – myocardial infarction	Encephalitis
Heart attack – out of hospital cardiac arrest	HIV/AIDs – Medically Acquired
Heart valve surgery	HIV/AIDs – Occupationally Acquired
Open Heart surgery	Intensive Care
Pneumonectomy	Kidney Failure
Stroke	Liver failure
	Lung failure
	Loss of independent living
	Loss of speech
	Loss of use of limbs and/or sight
	Major head trauma
	Major Organ transplant
	Motor Neurone Disease
	Multiple Sclerosis
	Muscular Dystrophy
	Myelodysplasia
	Myelofibrosis
	Paralysis that is one of:
	– Diplegia
	– Hemiplegia
	– Paraplegia
	– Quadriplegia
	– Tetraplegia
	Parkinson's Disease
	Peripheral Neuropathy
	Primary Pulmonary Hypertension
	Severe burns
	Systemic Sclerosis

* limitations apply to this condition – refer to definitions and descriptions section.

Full definitions start on page 33.

Crisis Cover Standard covers the following crisis conditions for adults

Cover for the conditions in this column is delayed for three months	Cover for the conditions in this column starts immediately
Aortic surgery	Kidney failure
Cancer	Major organ transplant
Coronary artery surgery	Paralysis that is one of:
Heart attack – myocardial infarction	– Diplegia
Heart attack – out of hospital cardiac arrest	– Hemiplegia
Heart valve surgery	– Paraplegia
Stroke	– Quadriplegia
	– Tetraplegia

Full definitions start on page 33.

- **Premier with Buy Back option**

If you choose to take Crisis Cover Premier with Death cover linked (ie when one benefit is paid, the other benefit amounts for that insured person are reduced. See page 8 for further details), you can purchase the Premier with Buy Back option at the time you take out Crisis Cover Premier.

This option gives you the ability to choose to restore your death cover by the amount it was reduced upon a claim for crisis cover.

This option becomes exercisable one year after we pay the crisis cover claim, and is available for 30 days.

We will base the premium for the restored cover on our normal life cover rates and insured person's age at the time, taking into account the benefit amount and any special conditions or premium loadings applying to the original cover.

Children's Crisis cover

We pay a lump sum of:

- \$50,000 (plus CPI indexation increases) if an insured child suffers one of the crisis conditions set out in the table below before they turn 17 and survives 14 days without a life support system, or
- \$5,000 if an insured child dies after age 2 but before they turn 17.

We have specific definitions for each crisis condition. They are set out in full on page 33-39. Please note that some of the definitions are specific to Children's Crisis cover.

Certain crisis conditions are not covered for a period of three months from the commencement or recommencement of this cover or where the insured child is less than 10. See the table below for details. If the insured child suffers a crisis condition within this period of 3 months or before age 10 (whichever is relevant) we will never pay for that condition, even if they suffer the same crisis condition again later.

Once we have paid a claim under this cover, the crisis cover ends. On the plan anniversary following the insured child's 16th birthday their crisis cover ends. However the plan automatically converts the crisis cover at that date to death cover and the insured child thereafter is treated as an adult insured person.

Children's Crisis Cover covers the following crisis conditions for children

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

Full definitions start on page 33.

Financial Planning Benefit

We will pay up to \$500 to reimburse you for the cost of financial planning advice after a benefit payment on this plan.

This benefit is payable only once for each insured person on this plan, and must be claimed within twelve months of the benefit being paid. This benefit is automatically included in your plan. There is no additional cost for it.

Waiver of Premium (optional)

Waiver of Premium is an option under this plan. If you select this option it will be shown on the Plan Certificate you will receive from us and a higher premium will be charged. If you select this option, we will waive further payment of premiums under this plan after the insured person has been "totally disabled" for a period of more than 6 months. Our definition of "totally disabled" is set out in full on page 39 and is different from the definition of totally and permanently disabled that might apply under your plan.

You can choose from two types of Waiver of Premium.

- Individual Life – we waive the premium for a particular insured person should they become totally disabled.
- Nominated Life – we waive the premium for the entire plan – all insured people – if a particular person is totally disabled.

You should discuss with a financial planner which type is more appropriate to your circumstances.

Waiver of premium cover continues until the particular insured person turns 60.

Plan details

Stand Alone cover or Linked cover

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

- you want their remaining cover to stay the same after we pay a claim. We call this Stand Alone cover; or
- you want their 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
- Crisis cover of \$100,000 and
- Death cover of \$300,000.

Then you develop kidney failure and we paid a \$100,000 crisis claim. On payment of this claim your crisis cover will cease.

If you had chosen Stand Alone cover:

- your DLS and death cover would continue unchanged at \$150,000 and \$300,000 respectively;

However, if you had chosen Linked cover:

- your remaining cover would reduce by the \$100,000 we had paid. That is, your DLS cover would reduce to \$50,000 and your death cover to \$200,000.

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

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

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 Indexation (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:

Crisis Cover (Adult)	\$1 million
Death Cover	\$2 million
Disablement Lump Sum Cover	\$1.5 million

For example Crisis cover can rise above \$1 million over time with each year's CPI adjustment, if the initial amount of crisis cover is greater than \$1 million, any sum insured over \$1 million will not be indexed.

Please note that we do not increase the \$5,000 death cover under Children's Crisis cover.

When we won't pay

We won't pay the death cover or any increase in the death cover if the insured person dies (or becomes terminally ill) by their own hand within one year and 30 days of the date the cover starts, restarts, or the increase in cover starts or restarts (respectively).

We won't pay if the total and permanent disablement, total disablement or crisis condition was caused (directly or indirectly) on purpose by you or the insured person.

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

Also, we won't pay where an insured child's crisis condition is caused by any congenital condition, or where a crisis condition or death is caused by alcohol or drugs, or by someone connected to the child, or either of their parents, or a defacto spouse of either of their parents.

Nominating a Beneficiary

You may nominate one or more beneficiaries to whom payment of the lump sum death benefit is to be made. To make a nomination, there must be only one plan owner and they must be the insured person.

This nomination can be cancelled at any time in writing to AMP. If no nomination is made or if the nomination is cancelled, payment will be made to the estate of the plan owner. If there is a change in plan ownership, any nomination will be automatically revoked.

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, the insured person's age, state of health, sex, smoking habits, occupation and pastimes.

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

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 the 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 for the first adult insured person, and \$200 for each subsequent adult insured person. 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 is contained in the Statement of Advice that they will give to you.

Guarantees

We guarantee to continue the plan if you pay premiums on time. We also guarantee that the premium won't increase between plan anniversaries unless you change your plan, or the government introduces a new tax, duty, or charge, or changes an existing one. However, we can change the premium rates in the future as they are not guaranteed. If we do this, the change will 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.

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 for the first insured person, and a further \$13.70 for each other insured person you include in the plan.

Your premium payment options

You can pay premiums either yearly, or 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.

2. Income Continuation Insurance **Plan** at a glance

Purpose

Provide you with a regular income while you are unable to work because you are ill or injured. After you have been unable to work for a specified period and continue to be unable to work, we will pay you an income for a period you select that, when added to certain other income you receive, equals up to 75% of your income just before you became unable to work.

We also pay if, after being unable to work, you return to work but earn less because of your illness or injury.

Choosing your plan

This insurance is flexible and can be tailored to your circumstances. Amongst the options available under this insurance, you may select:

- How long you want to be paid for
 - When you want the plan to expire
 - How long you must have been unable to work before we start paying you.
 - The level of cover you want – Advanced, Standard or Basic.
-

Who can be insured?

When this insurance starts, you must be at least 19 years old, but have not turned age 50. However, you can qualify up to age 59 depending on the level of cover and benefit period you choose. Please refer to page 14 for details.

Your occupation, pastimes and health may restrict your available options. This will be determined when your application is being considered.

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 pages 18 and 19. It is important you read these pages.

Taxation

As at the preparation date of this document, our understanding of taxation law and how it is interpreted for Income Continuation insurance is that generally:

- Premiums are tax deductible; and
- The amounts we pay attract income tax.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

Plan ownership

Only one person can be insured under each plan. This person must also be the plan owner.

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 on page 28.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

Complaints handling

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Risks in taking out this insurance

- Insurer becomes financially unable to pay a 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
- 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 27 for details.

Choose from three levels of cover

You can choose from three levels of cover – Advanced, Standard and Basic

The table below sets out a brief summary of the coverage provided under each level.

The information on the following pages, is common to all 3 levels of cover except where stated.

Features offered under these plans are:		Advanced	Standard	Basic
Built-in features	Automatic CPI increase in benefit while not on claim	✓	✓	✓
	Automatic CPI increase in benefit while on claim	✓	–	–
	Option of CPI increase in benefit while on claim (extra cost)	–	✓	✓
	Guaranteed minimum income feature	✓	✓	✓
	Choice of waiting period	✓	✓	✓
	Recovery feature	✓	✓	✓
	Choice of benefit periods	✓	✓	✓
	Continuous cover to age 60 or 65	✓	✓	–
	Superannuation contribution option (extra cost)	✓	✓	✓
	Rehabilitation costs feature	✓	✓	✓
	Rehabilitation bonus	✓	✓	✓
	Cover guaranteed to continue	✓	✓	✓
	Variable and cancellable by AMP after it has paid a claim	–	–	✓
	14 day cooling off period	✓	✓	✓
	24 hour cover world-wide	✓	✓	✓
Up to 3 month's payment while overseas	✓	✓	✓	
Extra feature with Advanced	Crisis feature	✓	–	–
	Bedcare feature	✓	–	–
	Major fracture or loss feature	✓	–	–
	Domestic Transport Benefit	✓	–	–
	Accommodation Benefit	✓	–	–
	Family Support Benefit	✓	–	–
	Death feature	✓	–	–
	Chronic condition option (extra cost)	✓	–	–
Premiums	Tax deductible premiums	✓	✓	✓
	Choice of level or stepped premiums	✓	✓	–
	Pay no premium while we pay you*	✓	✓	✓
	Non-smoker discount	✓	✓	✓
	AIDS exclusion option	✓	✓	✓
	Choice of yearly, half yearly or monthly premiums	✓	✓	✓

*AMP will reimburse your premiums upon acceptance of your claim.

Plan details

How much you can insure

You choose the maximum monthly benefit. You can choose up to 75% of your monthly earned income from your own efforts (net of tax deductible expenses). The percentage is lower if you earn in excess of \$250,000 per annum. The minimum monthly benefit is currently \$1,250.

Keeping pace with inflation

Each year, we increase the maximum monthly benefit by any annual increase in the Consumer Price Index (CPI). If you don't want the annual CPI increase, in full or in part, you need to tell us.

Claim escalation

For Advanced plans, we continue to make CPI increases while we are paying under the plan. For Standard and Basic plans, we only do that if you have added the Claim Escalation Option to the plan.

If you do, when we pay a monthly amount, we automatically increase it on the claim anniversary each year by any increase in the CPI up to 10%. But after we have stopped paying under a Standard or Basic plan, the maximum monthly benefit reduces to what it was when you became unable to work. This option is at an additional cost for Standard and Basic plans.

We don't increase the monthly benefit by any increase in the CPI while we are using the Guaranteed minimum income feature to calculate how much we pay.

What we actually pay

We pay you up to 75% of what you earned just before you became unable to work. When we calculate the 75%, we base it on your highest income in any 12 month period in the last three years before you became unable to work.

We won't however, pay more than the maximum monthly benefit.

We will actually pay an amount that (when added to any other regular income amounts you receive because you are unable to work) is not more than 75% of what you earned when you were able to work. Income we take into account includes payments from your occupation, social security, government authorities, any compensation scheme or other insurance plans. We do not take investment income or other forms of unearned income into account.

- **Guaranteed minimum income feature**
If your income falls after the plan begins, our Guaranteed minimum income feature protects you. When we calculate how much we pay, we base it on the highest of your:
 - income when your plan started or
 - income when we last changed the maximum monthly benefit because you asked us to or
 - income in any period of 12 consecutive months, in the three years just before you became unable to work.

We divide that amount by 12 to get your monthly income.

Superannuation Contribution option

Superannuation Contributions is an option under this plan. If you select this option it will be shown on the Plan Certificate you receive from us and a higher premium will be charged. If you apply to include this option, we will pay you an extra amount if you are unable to work. The additional amount is 12% of the monthly benefit that we pay you, and must be paid into a complying superannuation fund (as defined by legislation).

We also pay you an extra amount if we are paying you under the Recovery feature or the Chronic condition option if you selected it – see page 17.

If you select the Superannuation Contribution option, we automatically increase the maximum monthly benefit set out in your plan to take account of the maximum additional amount we pay under this optional benefit. You have to pay extra for this option.

Rehabilitation costs feature

We reimburse rehabilitation costs we approve, for equipment or programs like:

- wheelchairs, home and motor car modifications
- prosthetic devices (for example, artificial limbs)
- rehabilitation program fees.

We do this while you are unable to work, both during the waiting period and while we are paying under this plan.

Your doctor must certify that the expense is necessary for your rehabilitation and we may reduce what we pay by amounts you receive from other sources.

We will pay up to 12 times the monthly benefit.

Plan details *continued*

Your plan options

How long we pay – the benefit period	The oldest you can be when you apply		Expires when you turn	Waiting periods available
	Level premium*	Stepped premium*		
Advanced and Standard levels of cover				
Until you turn 65	59	54	65	2, 4, 8, 13, 26, 52, 104
Until you turn 60	54	49	60	2, 4, 8, 13, 26, 52, 104
For 5 years	54	49	60	2, 4, 8
For 2 years	54	49	60	2, 4
For 1 year	N/A	49	60	4
Basic level of cover				
For 5 years	N/A	49	60	2, 4, 8
For 1 or 2 years	N/A	49	60	2, 4

*For a description of terms see 'How we calculate premiums' on page 18.

Rehabilitation bonus

We will pay an additional one third of the maximum monthly benefit for up to twelve months while you participate in a rehabilitation program approved by AMP. Before you commence the program, we must have approved it in writing.

We do this while the insured person is unable to work, both during the waiting period, and while we are paying under this plan. We may continue this benefit for up to three months after your return to continuous full time work.

When we pay

We start paying when you have been unable to work for a specified period. We call this the 'waiting period'. You choose the length of the waiting period when you apply for this insurance. There are a number of waiting periods to choose from, 2, 4, 8, 13, 26, 52 or 104 weeks. Your financial planner will be able to advise what waiting periods you are eligible for.

Because we pay in arrears, we make the first payment one month after the waiting period ends.

If you suffer a relapse up to 12 months after we stop paying and your benefit period is to age 60 or 65, we start paying again straight away. That is, you don't have to wait for the waiting period to finish all over again. Please note that if the benefit period you choose is any of one year, two years or five years, the relapse period we use is six months instead of 12 months.

How we decide if you are unable to work

We will pay if you are so ill or injured that you can't do your usual occupation. You must remain under the ongoing care of your doctor and not do any remunerative work.

However, if your occupation is classified as group B or C on your product quote, we stop paying after the first two years unless you are then unable to do any remunerative work for which you are reasonably suited by training, education or experience.

To help you understand our approach, when we assess the insured person's ability to do their usual occupation, the assessment is based on their capacity to carry out any one duty or combination of duties which is critical to the proper performance of their usual occupation.

Recovery feature

When you start work again and you can only earn at a reduced level because of your illness or injury, we pay you a reduced amount – we call this the Recovery feature.

To qualify, you must have been unable to work at all for at least two weeks. We start paying when the waiting period ends. If we are already paying you because you are unable to work, we keep paying you on the same dates.

We stop paying the Recovery feature as soon as either the benefit period ends or you are able to earn your full income again.

For Standard and Basic, the longest we will pay the Recovery feature while you earn less is two years.

How long we pay

When you apply for this insurance, you choose how long you want us to pay while you are unable to work. That period is called the 'benefit period'. You can choose from a range of benefit periods – see the table on page 14. We stop paying when the benefit period ends – even if you are still unable to work.

If you stop working

We continue to provide cover for 12 months after you temporarily stop working for reasons other than illness or injury. Then the cover ends – that is, we won't pay for any illness or injury which happens after that 12 months.

- **Guaranteeing insurability when you stop work**
You can ask us to put the plan 'on hold' within the first 12 months after you stop remunerative work. This means you will not be covered during this time. However this guarantees your entitlement to cover when you return to work. While the plan is on hold, you pay a reduced premium. We won't pay in relation to any illness or injury which happens while the plan is on hold.

You must tell us when you return to work and when you do return to work, the plan goes off hold. The premium will then be based on our premium rates which apply at the time. However, if you leave the workforce permanently for reasons other than illness or injury, the cover ends as soon as you leave work.

When we won't pay

We won't pay if you injure yourself on purpose, or if your injury or illness was caused by war.

We don't regard pregnancy or childbirth as either an illness or an injury, so we don't pay for this condition. However, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

How often you can claim

Provided that you meet the relevant benefit definitions and conditions described in this PDS, there are generally no limits on the number of times that you can claim.

We guarantee to continue the plan when the premium is paid on time. However, if you have selected Basic cover, we can either cancel the plan or change the rules if you have made a claim under it and we have stopped paying you.

Advanced cover – further details

Advanced

Advanced is our most comprehensive level of cover.

It includes the following features, which Basic and Standard don't have:

- we pay your monthly benefit for a specified number of months if you suffer a crisis condition, or a major fracture or loss – even if you are able to work after the waiting period ends
- we pay if you are bedridden for more than three days during the waiting period
- if you die while we are paying a monthly amount, we keep paying for three more months
- **Crisis feature**
We pay if you suffer any one of the following serious conditions (as defined in the definitions and description section on page 33) and the condition causes you to be unable to work for at least the length of the waiting period:
 - heart attack – myocardial infarction
 - heart attack – out of hospital cardiac arrest
 - coronary artery disease
 - kidney failure
 - certain cancers
 - major organ transplant
 - stroke.

Cover starts three months after your plan commences. We pay only once for each condition. We start to pay your monthly benefit after the waiting period. We pay even if you are able to work after the waiting period ends. We stop paying after 6 months or earlier if the plan ends for any reason.

- **Bedcare feature**

We pay you a benefit if you are unable to work and your doctor requires you to be under the full time care of a registered nurse, for more than three consecutive days during the waiting period. We pay 1/30 of the monthly benefit for each day, after the first three, that you are bedridden, up to the end of the waiting period.

We will pay for a maximum of 180 days. We pay the benefit until the first of the following occurs:

- at the end of the waiting period or
- the 180 days ends or
- you are no longer bedridden.

- **Major fracture or loss feature**

If you suffer certain fractures or losses (they are fully described in the Plan Rules) we pay your monthly benefit for the specified number of months (up to your benefit period). You must be unable to work for the waiting period. We pay from the end of the waiting period until the payment period ends, even if you return to work or cease to satisfy the definition of unable to work. The fractures and losses we cover and the period we pay are shown in the table below.

Fracture covered

We cover fracture of	Payment period
The spine causing paraplegia or quadriplegia	60 months
Thigh	3 months
Pelvis	3 months
Leg between the knee and foot	2 months
Knee cap	2 months
Upper arm	2 months
Shoulder blade	2 months
Forearm above the wrist	1 month
Collar bone	1 month

Losses covered

We cover permanent and irrecoverable loss of	Payment period
Both feet, or both hands	24 months
The entire sight of both eyes	24 months
Any two of, a foot, a hand, and the entire sight of one eye	24 months
One leg severed through the knee joint or above the knee joint	18 months
One arm severed through the elbow or above the elbow	18 months
One foot, or one hand, or the entire sight of one eye	12 months
Loss of the entire thumb, and index finger, of the same hand	6 months

- **Domestic Transport Benefit**

If you are in Australia but more than 150km from home when you become unable to work and require emergency transportation home, we will reimburse costs directly arising from your transportation other than:

- ambulance services within the meaning of s67(4) of the National Health Act, 1953 (Cwlth.) or
- costs reimbursed from other sources.

This benefit is payable only once in any 12 month period and will be limited to an amount equivalent to three times the maximum monthly benefit.

- **Accommodation Benefit**

We will reimburse the reasonable accommodation expenses of an immediate family member who accompanies you if:

- you are eligible for a Bedcare benefit and
- you became unable to work and remain over 150km away from home.

We will pay up to \$150 per day for a maximum period of 30 days.

- **Family Support Benefit**

We will pay an additional amount while you are unable to work if:

- we have been paying you the monthly benefit under this plan for more than one month, and
- you require the full-time assistance of either:
 - a registered nurse (not being an immediate family member of you), or
 - an immediate family member who was in full-time paid employment when you became disabled but who stops all paid employment to look after you.

Under this benefit we will pay an additional one half of your maximum monthly benefit for a maximum period of three months on any one claim.

- **Death feature**

If you die while we are paying monthly benefits to you, we will pay an additional amount equal to 3 times the monthly benefit you have selected under this plan.

We will not pay this amount where you die during the waiting period or where you are over 65 at the time of death.

Chronic Condition (Optional)

Chronic condition is an option under Advanced cover. If you select this option it will be shown on your Plan Certificate you will receive from us and a higher premium will be charged.

Chronic Condition option is intended to insure you against a situation where you suffer some progressive deterioration in health due to a chronic incurable physical condition which leads to an inability to work full time.

You can apply to add the Chronic condition option to Advanced, at an additional cost, if your benefit period is to age 60 or 65.

You have a chronic condition if:

- you have an illness or injury which is constantly present for life, and for which there is no known cure and
- both your income from work and your normal work hours reduce by more than 25% for at least three consecutive months and this reduction continues.

We start to pay you on the later of:

- when you lodge your claim or
- you have satisfied the above requirements.

We pay so that the total you earn (or could earn) from work plus what we pay equals the amount we would pay if you were totally unable to work.

We base our calculation on your highest income in any 12 month period in the three years before you claim.

We do not pay for conditions that are non-physical, psychosomatic or psychiatric in nature.

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 amount of the premium depends on the level of cover you choose, the maximum amount we agree to pay if you make a claim, your age, state of health, sex, smoking habits, occupation, pastimes, and our fees and the government stamp duty. Generally, your premium will increase as you get older. However, with Income Continuation Advanced and Standard levels of cover you can choose a level premium structure so that the premium rate does not increase each year just because you get older.

Level or Stepped Premium

A level premium will continue to be based on the age when you commenced the cover.

If you choose a stepped premium, your current age will vary the premium.

In the early years of the plan, the level method is more expensive than the stepped method. However, if you keep the plan for many years, the level method is likely to be cheaper than the stepped method. Your financial planner can explain the difference in more detail.

Please note that with both level and stepped methods, the premium will rise when the maximum monthly benefit increases. This can occur when you increase it and when we do so each year by any increase in the CPI.

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 the 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.

Premium reductions can apply

We offer the following premium reductions:

- Non-smokers - lower premiums for people who don't smoke; and
- AIDS exclusion option – premiums are reduced if you choose an AIDS Exclusion Option. This means that no benefit will be paid for disability arising from the presence of Human Immunodeficiency Virus (HIV) in your body, or any AIDS or AIDS-related illness. If you elect to take this option you may be required to undergo additional medical tests at the time of a claim.

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

Guarantees

We guarantee not to increase the premium between plan anniversaries unless:

- you change your plan in a way which increases your premium or
- the government introduces a new tax, duty, or charge, or changes an existing one.

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

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 is contained in the Statement of Advice that they will give to you.

If you stop paying premiums

If you don't pay each premium within one month of it being due, we will take steps to end the plan. We will remind you if we don't receive your premium.

When you don't have to pay

You do not have to pay premiums on this plan while we are paying a benefit under it. AMP will reimburse your premiums when we agree to pay your claim.

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 \$72.55 a year for the first plan. It is \$14.51 a year for any other AMP Income Continuation Insurance plan or Business Overheads Insurance plan taken out at the same time to cover yourself.

Premium payment options

You can pay premiums yearly or 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 the premium more often than yearly, an extra fee is included in the premium because our costs are higher. The fee is a percentage of the premium you would pay if you were paying yearly. For monthly payments it is 7.5% and for half-yearly payments it is 3%. We can change these percentages at any plan anniversary in circumstances relating to the commercial operation of our business.

3. Business Overheads Insurance

Plan at a glance

Purpose

This plan reimburses the insured person's eligible business overheads for up to one year, while they are unable to work because they are ill or injured. We start to pay after the insured person has been unable to work for either 2 or 4 weeks - the waiting period.

Who can apply?

When this insurance starts the insured person must be at least age 19, but not have turned age 60. Their principal residence must be in Australia, and they must be a citizen or permanent resident of Australia. The insured person's occupation, pastimes and health may restrict their available options. This will be determined when the application is being considered.

This plan ends on the insured person's 65th birthday.

For details on eligibility, please see page 22.

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 pages 25. It is important you read these pages.

Taxation

As at the preparation of this document, our understanding of taxation law and how it is interpreted for Business Overheads Insurance is that generally:

- Premiums are tax deductible; and
- The amounts we pay attract income tax.

How taxation law applies to you depends on your circumstances. We recommend you consult your tax adviser if you need advice.

Plan ownership

Only one person can be insured under each plan. This plan can be owned by the insured person or, in appropriate circumstances, a company.

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 on page 28.

Cooling off

If you are not satisfied with your plan, you can return it within the 14 day cooling-off period and receive a refund of the premiums you have paid on this plan. Please see page 27 for further details.

We keep you informed

We will keep you up to date with an Annual Statement for your plan.

Complaints handling

We have internal processes to handle complaints. If we are unable to resolve your complaint to your satisfaction, you may be able to refer the matter to the Financial Industry Complaints Service. See page 32 for more 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 don't 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 a 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.
- 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 27 for details.

Built-in features offered under this plan are:

Cover guaranteed to continue	✓
Tax deductible premiums	✓
Automatic CPI increase to insured benefit	✓
Monthly benefits can help meet peaks and troughs of your overheads	✓
24 hour cover world-wide	✓
3 months' maximum benefit period while overseas	✓
Pay no premium while we pay you*	✓
AIDS exclusion option	✓
Choice of waiting periods	✓
Non-smoker discount	✓
Choice of yearly, half yearly or monthly premiums	✓
Up to 6 months' benefit period extension (if benefits paid are less than 12 times the maximum monthly benefit)	✓
Net cost of hiring a locum if costs exceed income generated	✓

* AMP will reimburse your premiums upon acceptance of your claim.

Plan details

Eligibility

Please note that, to be eligible for this insurance, you need to show us that:

- the insured person's efforts are largely responsible for generating the business' cashflow (or their share of its cashflow) and
- if the insured person were unable to work, that cashflow would significantly decline, or even cease.

This plan is particularly appropriate for:

- small businesses, partnerships with five or less partners and sole traders. Generally, it does not matter how that business is structured or who owns it
- businesses where the cashflow is earned as a result of services rendered – eg professionals, consultants, tradespeople in their own business.

Generally it will not be suitable for businesses where cashflow is earned from the sale of goods, eg retail shopkeepers.

Location of the business

The part of the business the insured person is involved in needs to be managed from Australia. And the business must be liable to submit a taxation return in Australia. If the business does not meet these conditions, we may still agree to insure this person – but it is unlikely.

How much you can insure?

You choose the monthly benefit up to a maximum of \$10,000 per month.

However for amounts over \$10,000 per month, you can still choose the monthly benefit amount that you would like to insure for, however AMP may offer a lower amount based on the insured person's eligible expenses. The minimum you can choose is currently \$1,250 a month.

Keeping pace with inflation

Each year, we increase the maximum monthly benefit by any annual increase in the CPI. If you don't want the annual CPI increase, in full or in part, you need to tell us.

What we actually pay

We pay you the lower of:

- the monthly cover you choose, increased by any increases in the CPI and
- the eligible overheads the business has actually paid in the previous month.

What we pay may be reduced by:

- any amount the insured person or the business receives from any other business expense insurance they have and
- any amount which the person who replaces the insured person generates over and above the costs of employing them.

The types of overheads we pay

Some examples of the eligible overheads we pay include:

- salaries of most non-income producing staff
- workers' compensation and superannuation costs
- rent and mortgage interest on business premises – unless the premises are also the insured person's residence
- property rates and property taxes
- leasing costs of office equipment and motor vehicles
- electricity, water, gas or telephone bills
- cleaning and laundry bills
- general insurance premiums
- subscriptions to professional associations
- advertising costs
- accountants' and auditors' fees.

Please note that when the business employs someone to replace the insured person (eg a locum), if all of the reasonable costs of employing that replacement person (eg salary, travel, accommodation, superannuation, etc) exceed the business income the replacement generates, then we will treat that excess as an eligible business overhead.

The types of overheads we won't pay

Some examples of the overheads that we won't pay include:

- the insured person's remuneration or
- remuneration of people who earn income for the business (eg sales staff and locums – see note above) or
- remuneration of any member of the insured person's family who has been employed in the business for less than three months when the insured person becomes unable to work or
- the cost of stock, equipment or other assets of the business or
- rent or mortgage on a private residence even if it is used for business purposes or
- any tax the business has to pay or
- depreciation or
- expenses which the business does not incur regularly and
- expenses which are not normal and necessary for the business.

Coping with peaks and troughs

We aim to help you cope with peaks and troughs in the insured person's eligible business overheads from month to month, while the claim continues. Each month, we pay an amount which means that, since we started paying, we have paid the lower of:

- the maximum monthly benefit multiplied by the number of months we have been paying and
- the total amount of eligible business overheads the business has actually paid since the end of the waiting period.

The practical outworking of this is that, whilst the claim continues:

- the insured person's eligible business overheads are low in one month and we pay less than the maximum monthly benefit, and then if the claim continues, if
- the eligible business overheads are higher than the maximum monthly benefit in a later month then we will pay any amounts that we haven't had to pay in previous months, up to the amount of your eligible overheads in that later month.

When we pay

We start paying when the insured person has been unable to work for a specified period. We call this the 'waiting period'. You choose the length of the waiting period (two weeks or four weeks) when you apply for this insurance.

Because we pay in arrears, we make the first payment one month after the waiting period ends.

How we decide whether the insured person is unable to work

You can claim if the insured person is so ill or injured that they can't do their usual occupation. They must remain under the ongoing care of their doctor and must not do any remunerative work.

How long we pay

We pay for up to 12 months. If we have paid for the full 12 months we won't pay again unless:

- the insured person suffer a new illness or injury or
- the insured person has worked in their usual occupation for their usual income for at least six months since we stopped paying.

If they suffer a relapse up to six months after we stop paying, we will start paying for up to the remaining months of the 12 month period – the waiting period does not apply again.

Benefit period extension

If we have been paying you for a period of 12 months, we will extend the period we pay you if the total amount we have paid is less than 12 times the maximum monthly benefit.

The period of extension will be:

- six months or
- until the total amount we have paid equals 12 times the maximum monthly benefit; or
- until insured person is able to work or
- until the plan ends

whichever comes first.

24 hours a day world-wide cover

The insured person is covered world-wide, 24 hours a day, seven days a week. However, if we are paying while the insured person is outside Australia or New Zealand, payment beyond three months is at our discretion.

If the insured person has been out of Australia for more than 30 days when they become unable to work for at least 14 days, we will assist their return to Australia.

We will reimburse their out of pocket costs up to the cost of a single economy airfare.

If the insured person stops working

We continue to provide cover for 12 months after the insured person temporarily stops working for reasons other than illness or injury. Then the cover ends – that is, we won't pay for any illness or injury which the insured person suffers after that date.

• Guaranteeing insurability when the insured person stops work

You can ask us to put the plan 'on hold' within the first 12 months after the insured person stops remunerative work. This means they will not be covered at this time, however this guarantees their entitlement to cover when they return to work. While the plan is on hold, you pay a reduced premium. We won't pay in relation to any illness or injury which happens while the plan is on hold.

You must tell us when the insured person returns to work and when they do return to work, the plan goes off hold. Then the premium will be based on our premium rates which apply at the time. However, if the insured person leaves the workforce permanently for reasons other than illness or injury, the cover ends as soon as they leave work.

When we won't pay

We won't pay if you do, or the insured person does anything which causes the insured person to be unable to work, or if the insured person's injury or illness was caused by war.

We don't regard pregnancy or childbirth as either an illness or an injury, so we don't pay for this condition. However, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

How often you can claim

Provided that you meet the relevant benefit definitions and conditions described in this PDS, there are generally no limits on the number of times that you can claim. We guarantee to continue the plan when the premium is paid on 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 amount of the premium depends on the level of cover you choose and the maximum amount we agree to pay if you make a claim, the insured person's age, state of health, sex, smoking habits, occupation, pastimes, our fees and the government stamp duty. Generally, your premium will increase as the insured person gets older.

Your premium

The number of variables means that we cannot give you an exact premium without knowing the insured person's circumstances. Copies of the premium rates we use to calculate the 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 the cover. This will be the premium you pay, unless the insured person's 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 the insured person's circumstances, and your policy 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 premium rates or a premium quotation.

Keep pace with inflation

The premium will rise when the maximum monthly benefit increases. This can occur when you increase it and when we do so each year by any increase in the Consumer Price Index (CPI).

Lower premiums can apply

We offer the following premium reductions:

- Non-smokers – lower premiums for people who don't smoke and
- AIDS Exclusion Option – premiums are reduced if you choose an AIDS Exclusion Option. This means that no benefit will be paid for disability arising from the presence of Human Immunodeficiency Virus (HIV) in the insured person's body, or any AIDS or AIDS-related illness. If you elect to take this option the insured person may be required to undergo additional medical tests at the time of a claim.

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

If you stop paying premiums

If you don't pay each premium within one month of it being due, we will take steps to end the plan. We will remind you if we don't receive your premium.

Guarantees

We guarantee not to increase the premium between plan anniversaries unless:

- you change the plan in a way which increases your premium or
- the government introduces a new tax, duty, or charge, or changes an existing one.

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

Premiums and fees *continued*

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 is contained in the Statement of Advice that they will give to you.

When you don't have to pay

You do not have to pay premiums on this plan while we are paying a benefit under it. AMP will reimburse your premiums when we agree to pay your claim.

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 \$72.55 a year for the first plan. It is \$14.51 a year for any other AMP Income Continuation Insurance plan or Business Overheads Insurance plan taken out at the same time to cover yourself.

Premium payment options

You can pay premiums either 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 the premium more often than yearly, an extra fee is included in the premium because our costs are higher. That fee is a percentage of the premium you would pay if you were paying yearly. For monthly payments it is 7.5% and for half yearly payments it is 3%. We can change these percentages at any plan anniversary in circumstances relating to the commercial operation of our business.

Information common to all products

Significant risks in taking out Life Insurance

There are significant risks associated with life insurance:

- **Insurer becomes financially unable to pay a claim** – your insurer may become insolvent and therefore cannot pay your claims. 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 our Australian No. 1 Statutory Fund, which backs this product, were more than 50% higher than the Life Insurance 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, the most suitable type of cover, waiting period or benefit period (for Income Continuation and Business Overheads Insurance only). 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** – 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.
- **You do 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. Please read your Duty of Disclosure before providing us with information.

Duty of Disclosure

You have a duty of disclosure to tell us, when you apply, anything you know to be relevant to our decision whether to accept your application and on the terms which we do so, or a reasonable person in the circumstances would know to be relevant. This is the Duty of Disclosure. If you don't we may be able to treat the plan as if it never existed and pay nothing or keep the plan going but reduce the amount we pay.

How to apply

The only way to apply for these plans 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 Plan Rules which, together with your application, personal statement and all evidence provided at that time, form your contract with AMP Life. These documents will set out the details of who owns the plan, who is insured, the amount of cover, options selected and other important information.

Please read these documents 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.

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 refunds of any premiums paid under cooling off, will usually be paid in the form you've requested.

Information common to all products *continued*

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 either you or the insured person has 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 claims you have made on this interim cover.

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

When we won't pay

We will not pay any benefits if the application is one which we 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 the insured person's health for which the insured has 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 our standard terms.

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

You or **Your** refers to the person(s) applying for insurance.

Firstcare Insurance interim cover

If the insured person dies

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

OR

If the insured person is 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 the insured person, suffers 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 the insured person must survive at least 14 days after the loss.

OR

If the insured person suffers a crisis condition

We will pay if you have applied for Crisis cover and the insured person suffers one of the following crisis conditions during the Interim cover period, solely as a result of an accident:

- Blindness*
- Intensive care*
- Hemiplegia
- Quadriplegia
- Major head trauma*
- Coma*
- Diplegia
- Paraplegia
- Tetraplegia
- Severe burns*

*These conditions are not covered under Crisis cover Standard. The definitions of the above crisis conditions are set out in the Definitions and Descriptions section.

How much we pay

We will only pay once for interim cover under Firstcare.

We will pay the lesser of:

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

Income Continuation Insurance interim cover

We will pay under the Income Continuation Insurance plan if the insured becomes totally disabled solely as a result of an accident occurring during the interim cover period. This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of 12 months.

How much we pay

The amount paid will be the lesser of:

- \$5,000 per month or
- the sum insured applied for.

Business Overheads Insurance interim cover

We will pay under Business Overheads Insurance if the insured becomes totally disabled solely as a result of an accident occurring during the interim cover period. This benefit is paid monthly while the insured person is unable to work, starting from the end of the waiting period selected, for a maximum of six months.

How much we pay

The amount paid will be the lesser of:

- \$5,000 per month or
- the sum insured applied for or
- your share of the allowable business expenses actually incurred during the period of total disability.

AMP's approach to insurance

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

- whom to insure; and
- 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 we handle Income Continuation Insurance claims

Our aim is to provide timely financial assistance to insured persons who suffer a significant illness or injury that prevents them from working.

If you have the misfortune to need to make a claim we have specially trained claims staff who will be pleased to answer any questions and assist you with completion of any necessary paperwork associated with your claim.

We also endeavour to be proactive in our claims management strategies to expedite information from treating doctors and specialists to ensure that your claim is progressively managed.

We pride ourselves on providing an excellent claims service.

We endeavour to assist your return to work with a minimum of disruption to your normal life, wherever practical.

We are committed to paying genuine claims and we appreciate your feedback on the level of claims service we are providing.

How to claim

If you need 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 be made promptly after the event that entitles you to claim. Failure to do so may affect the amount payable to you.

Privacy

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
- 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 from 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 website.

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 our Customer Service area by:
 - phone 131 267 (local call fee)
 - fax 1300 301 267
 - email polinfo@amp.com.au
 - mail AMP Life Limited,
PO Box 300,
PARRAMATTA NSW 2124.
2. When you complete the form, please double-check the account details are correct by comparing them with a recent statement from your financial institution.
3. This agreement allows AMP Life 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 our Customer Service area (the contact details are listed in point 1). In particular, if you want to:
 - Change this agreement (eg the amount you pay, how often you pay, account number, deferring payment due to unforeseen circumstances), you need to contact us at least 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 need information or have concerns or a complaint, please contact your financial planner. Alternatively, you can contact the relevant parties below.

- Our **Customer Service** people are keen to help. If you contact us, we will acknowledge this within five days. We will investigate your query or complaint promptly and will give you a written reply as soon as possible.

Customer Service Officer

AMP Life Limited

PO Box 300

Parramatta NSW 2124

Telephone: 131 267

Facsimile: 1300 301 267

Email: polinfo@amp.com.au

- **Independent complaint service**

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

Their address is:

The Financial Industry

Complaints Service

PO Box 579

Collins Street West Post Office

Melbourne VIC 8007

Telephone: (03) 9629 7050

Toll Free: 1800 335 405

Definitions and descriptions

For information regarding claims requirements and a glossary of the terms used in these conditions – please see the Plan Rules.

Crisis conditions which apply only to adults

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

Alzheimer's Disease and Other Dementias

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

- be unable to perform any one of the activities of daily living* without assistance from someone else; or
- require daily care on an ongoing basis.

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

Aortic surgery

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

Benign tumour of the brain or spinal cord

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

We do not cover any of the following:

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

Blindness

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

Cancer

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

- skin cancers other than melanoma
- Melanoma where the thickness is less than 1.5mm and the Clark level of invasion is Level 1 or 2
- prostatic tumours which are equivalent to or less than TNM Classification T1 (including T1a, T1b and T1c); or
- tumours which are histologically described as pre-malignant or showing malignant changes of 'carcinoma in situ' and not requiring radical surgery; or
- AIDS or HIV related cancers.

Cardiomyopathy

We will pay if an insured person's heart muscle fails to function properly resulting in permanent physical impairment to at least Class 4 (marked limitation of activity due to symptoms) of the New York Heart Association Classification of Cardiac Impairment.

We will not pay for Cardiomyopathy that is directly caused by alcohol, or related to drug use that is not prescribed by a doctor.

Coma

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

The state of unconsciousness must be either:

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

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

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

*refer to Activities of Daily Living on page 37.

Definitions and **descriptions** *continued*

Coronary Artery Angioplasty

We will only pay for this condition when the crisis cover sum insured is \$100,000 or greater.

We will pay if an insured person undergoes angioplasty of the coronary arteries (with or without the insertion of a Stent, laser therapy or atherectomy). We will pay 10% of the sum insured, subject to a maximum of \$25,000.

If we pay under this particular crisis condition, the cover for other crisis conditions the insured person has on this plan continues, but the continuing amount of cover is reduced by what we paid under this condition.

Your premium is also reduced accordingly.

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

We pay for coronary artery angioplasty only once.

Coronary Artery Angioplasty – Triple Vessel

We will pay if an insured person undergoes angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

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

Coronary artery surgery

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

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

We do not pay under this particular crisis condition for procedures such as angioplasty, laser and intra-arterial techniques or other non-surgical procedures.

Deafness/Loss of Hearing

We will pay if an insured person suffers a total and permanent loss of hearing, both natural and assisted from both ears. A cochlear implant must be deemed necessary by an appropriate consultant medical specialist. This must be certified not less than three months after the ability to hear was first lost.

Encephalitis

We will pay if an insured person is diagnosed as having encephalitis by an appropriate consultant medical specialist. The insured person must have impaired brain function which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

We will not pay for encephalitis caused directly or indirectly by AIDS or HIV infection.

Heart attack – myocardial infarction

We will pay if part of an insured person's heart muscle dies as a result of inadequate blood supply to the relevant area. An appropriate consultant medical specialist must certify that a heart attack has occurred and provide confirmatory evidence of this by the following test results:

1. new electrocardiographic changes consistent with myocardial infarction and abnormal biomarkers such as a cardiac enzyme rise above the upper limit of normal or
2. a rise of Troponin I above 2.0 ng/ml or Troponin T above 0.6 ng/ml, and evidence of permanent impairment of cardiac function due to the cardiac event, as assessed by reduction of left ventricular ejection fraction to 50% or less where such is confirmed at least 6 weeks after the cardiac event.

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

Heart attack – out of hospital cardiac arrest

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

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

Heart valve surgery

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

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

HIV/AIDS – Medically Acquired

We will pay if the insured person acquires the Human Immunodeficiency Virus (HIV) through accidental infection as a result of a medical procedure. We will only pay if we believe, on the balance of probabilities, the infection arose because of one of the following medical events.

The event must have been medically necessary and it was performed by or under the supervision of a medical doctor or a dentist, and:

- it must have occurred to the insured person in either New Zealand or Australia; and
- it must have occurred as a result of any one of the following procedures:
 - a blood transfusion,
 - the transfusion with blood products,
 - an organ transplant to the insured person,
 - assisted reproductive techniques, and

Sero conversion to the HIV infection must be documented to occur within six months of the accident.

Before we will pay, we will require proof of the incident via a statement from a Statutory Health Authority that the infection was medically acquired.

We will not pay if:

- the HIV infection is acquired through any other cause including but not limited to sexual activity, intravenous drug use except as a legitimate medical procedure, or deliberate self-infection; or
- sero conversion does not occur within six months.

HIV/AIDS – Occupationally acquired

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

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

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

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

We will only pay if we are able to:

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

We will not pay if:

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

Intensive Care

We will pay if the insured person has an accident or illness which requires them to have continuous mechanical ventilation by means of tracheal intubation. The tracheal intubation must need to continue for 10 consecutive days (24 hours per day) in an authorised intensive care unit of an acute care hospital.

We will not pay where the accident or illness is a result of alcohol or drug use that is not prescribed by a doctor.

Kidney failure

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

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

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

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

Liver failure

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

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

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

Lung failure

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

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

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

Definitions and **descriptions** *continued*

Loss of independent living

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

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

Loss of speech

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

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

Loss of Use of Limbs and/or Sight

We will pay if the insured person, because of physical severance or permanent nerve damage, totally and permanently loses the:

- use of both feet, or
- use of both hands, or
- use of one foot or one hand; or
- sight in both eyes (to the extent of 6/60 or less), or
- any combination of two of: a hand, a foot or sight in an eye (to the extent of 6/60 or less).

Motor Neurone Disease

We will pay if an insured person receives an unequivocal diagnosis of advanced Motor Neurone Disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

Multiple Sclerosis

We will pay if an insured person receives an unequivocal diagnosis of advanced Multiple Sclerosis. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without the assistance of someone else.

Muscular Dystrophy

We will pay if the insured person is diagnosed to have muscular dystrophy by an appropriate consultant medical specialist. The condition must have progressed to the point that the insured person cannot perform any one of the four activities of daily living below without assistance from someone else.

Activities of Daily Living:

1. Washing
2. Dressing
3. Feeding
4. Mobility.

Myelodysplasia

We will pay if the insured person is diagnosed to have myelodysplasia by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the insured person requires a blood transfusion at least monthly and/or admission to hospital due to complications of the disorder at least four times per year.

Myelofibrosis

We will pay if the insured person is diagnosed to have myelofibrosis by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and the severity is such that the insured person requires a blood transfusion at least monthly.

Open Heart Surgery

We will pay if the insured person has open heart surgery requiring diversion of the blood through a heart-lung machine, in order to have surgery to correct any heart defect including heart valve surgery.

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

We will not pay under this particular crisis condition for procedures such as valvotomy or coronary artery angioplasty which do not require open heart surgery.

Parkinson's Disease

We will pay if an insured person receives an unequivocal diagnosis of advanced Parkinson's Disease. There must be significant neurological deficit which causes permanent inability to perform any one of the activities of daily living* without assistance from someone else.

Pneumonectomy

We will pay if the the insured person undergoes surgical removal of an entire lung. In the opinion of an appropriate consultant medical specialist, the insured person must require the treatment on medical grounds and it must be the most appropriate treatment.

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

Peripheral Neuropathy

We will pay if an insured person is diagnosed to have peripheral neuropathy by an appropriate consultant medical specialist. The condition must have progressed to the point that it is permanent and result in the insured person not being able to do any one or more of a), or b) or c) below without assistance from someone else:

- a) get in and out of a bed
- b) get on or off a chair/toilet
- c) move from place to place without using a wheelchair.

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

We will not pay if this condition is contributed to or caused by AIDS or HIV related conditions.

Primary Pulmonary Hypertension

We will pay if the insured person suffers primary pulmonary hypertension associated with the right ventricle being enlarged and this:

- is established by cardiac catheterisation and/or echocardiography; and,
- results in permanent physical impairment to at least Class 4 (marked limitation of activity by symptoms) of the New York Heart Association Classification of Cardiac Impairment.

We do not pay for any other causes of pulmonary hypertension.

Stroke

We will pay if an insured person suffers a cerebrovascular episode producing neurological damage which lasts for more than 24 hours.

The damage must be evidenced clinically by:

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

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

Systemic Sclerosis

We will pay if an insured person is diagnosed to have systemic sclerosis by an appropriate consultant medical specialist. The condition must have progressed to the point that the insured person cannot perform any one of the five activities of daily living* without assistance from someone else.

***Activities of daily living:**

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

Crisis conditions which apply only to children

Bacterial Meningitis

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

Cancer

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

We will not pay for any of the following:

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

Leukemia

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

Definitions and **descriptions** *continued*

Subacute Sclerosing Panencephalitis

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

Viral Encephalitis

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

Crisis conditions which apply both to adults and to children

Aplastic Anaemia

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

Major head trauma

We will pay if an insured person suffers an accidental head injury which results in neurological damage causing at least 25% impairment of the whole person function which, in the opinion of an appropriate consultant medical specialist, is likely to be permanent.

Major organ transplant

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

- kidney
- heart
- liver
- lung
- pancreas

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

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

Paralysis – Diplegia

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

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

Paralysis – Hemiplegia

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

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

Paralysis – Paraplegia

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

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

Paralysis – Quadriplegia

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

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

Paralysis – Tetraplegia

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

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

Severe burns

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

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

Disablement Lump Sum

An insured person is **totally and permanently disabled** if their disability meets the definition of disablement in either Part 1, Part 2 or Part 3, in this definition and the disability:

- commences while the insured person is engaged in **regular remunerative work** (or within six months after they cease **regular remunerative work**); or
- commences while the insured person is engaged in **home duties** (or within six months after they cease **home duties**); or
- commences while the insured person is engaged in their **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)

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

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

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

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

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

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

- the use of two limbs; or
- the sight of both eyes; or
- the use of one limb and the total and irrecoverable loss of 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 the insured person must have survived for 14 days after the loss.

Part 3 (loss of independent living)

The insured person is disabled if they become totally and permanently unable to perform at least two of the **activities of daily living** (see definition on pg 37) 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

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

Home duties

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

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

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 Plan 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 the insured's '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

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

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AMP Firstcare Insurance Application

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

This application includes:

- Firstcare
 Income Continuation
 Business Overheads

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
 Conversion of existing plan
 Replacement option
 Addition of insured person
 Increase
 Multiple lodgement
 Continuation option from AMP Superannuation Plan

2 INSURED PERSON

Insured Person 1

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

Postal address (if same as above, leave blank)

PO Box		Street no.		Street name				
Suburb					State		Postcode	

Your relationship to plan owner

 Self
 Spouse/partner
 Business partner
 Employee

Other

Insured Person 2

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.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>			
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	

Do you want AMP to change the address for other products you have with us? Yes No

Postal address (if same as above, leave blank)

PO Box	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

Your relationship to plan owner Self Spouse/partner Business partner Employee

Other

3 PLAN OWNER

Give details below if the plan owner is not the insured person. This includes self-managed superannuation funds.

Plan Owner 1

Title Surname

Given names

Previous surname

Sex Male Female Date of birth Age next birthday

Country of birth

Marital status Married Single Widowed Divorced De facto

Address Residential Business

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

Home phone number Business phone number Mobile phone number

Plan Owner 2

Title Surname

Given names

Previous surname

Sex Male Female Date of birth Age next birthday

Country of birth

Marital status Married Single Widowed Divorced De facto



Address Residential Business

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

Home phone number Business phone number Mobile phone number

4 ADDRESS FOR COMMUNICATIONS

Addressee Plan owner 1 Plan owner 2 (if same as above leave blank)

PO Box	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>

5 REASONS INSURANCE IS NEEDED

Family Protection Personal loan Business loan Buy/Sell Keyperson

Other

6 NOMINATION OF BENEFICIARY (Optional)

There must be only one individual life insured who is the sole plan owner i.e. not a company.
 The payment is subject to terms and conditions of the policy and limitations imposed by the law at the time of payment.
 I understand that this nomination will be void if there is a change in plan ownership;

I nominate the following beneficiaries to receive the specified proportion of the benefit payable at my death:

Full name	Address	Relationship to applicant	Date of birth (of beneficiary)	Proportion of total benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Total 100%

7 PLAN COVER

Insured Person 1 - Adult

Type of cover

Linked Stand alone

Title

Surname

Given names

Type of cover	Death cover	Disablement lump sum cover	Crisis cover
Current sum insured applied for	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Existing cover with AMP +	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Total new cover =	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Other details	N/A	Own occupation definition to apply?*	<input type="checkbox"/> Premier with Buy Back (CCB) (must include death linked cover) <input type="checkbox"/> Standard (CCS) <input type="checkbox"/> Premier (CCP) <input type="checkbox"/> Advanced (for increases only (CCA))

Waiver of premium*

Individual life Nominated life

Business Safeguard*

Yes No

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

*Refer to Product Disclosure Statement for details and availability

Insured Person 2 - Adult

Type of cover

Linked Stand alone

+

Title

Surname

Given names

Type of cover	Death cover	Disablement lump sum cover	Crisis cover
Current sum insured applied for	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Existing cover with AMP +	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Total new cover =	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/>
Other details	N/A	Own occupation definition to apply?*	<input type="checkbox"/> Premier with Buy Back (CCB) (must include death linked cover) <input type="checkbox"/> Standard (CCS) <input type="checkbox"/> Premier (CCP) <input type="checkbox"/> Advanced (for increases only (CCA))

Waiver of premium*

Individual life Nominated life

Business Safeguard*

Yes No

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

*Refer to Product Disclosure Statement for details and availability

Insured Child 1 - Note: To have an insured child, there must be an insured adult under this plan

Surname

Given names

Sex

 Male Female

Date of birth

Age next birthday

Plan type and amount of cover

 Children's crisis cover \$50,000 - includes death cover of \$5,000

Insured Child 2

Surname

Given names

Sex

 Male Female

Date of birth

Age next birthday

Plan type and amount of cover

 Children's crisis cover \$50,000 - includes death cover of \$5,000

8 PAYMENT DETAILS

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 9.
We will deduct your 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.
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

9 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):

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

X []

[]

X []

Signature of new plan owner(s)

Date

X []

[]

X []

10 AGREEMENT AND DECLARATION

Please complete these details if death cover is NOT applied for

The plan owner(s) agree and declare that:

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

Name of insured person 1

[]

Name of insured person 2

[]

I acknowledge that AMP will not pay me/us any money under this plan if the person(s) named above die(s).

Signature of plan owner/insured person

Date

X []

[]

X []

11 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 to insure. This helps us to decide:

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

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

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

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

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

If you don't tell us

If the insured person doesn't tell us what they are supposed to tell us, we may be able to:

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



This same duty and the implications above, also apply to you.

I agree that:

- I have received and read the AMP Risk Protection Product Disclosure Statement Preparation date 1 January 2004;
- Where I am applying to AMP Life Ltd for an insurance plan with the assistance of a Financial Planner, my Financial Planner is authorised to 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.
- I have read the duty of disclosure, above. I understand that any plan AMP issues will be based on the answers in this application and the personal statement, and that if I do not comply with my duty to disclose information, that the insurance may be cancelled or altered;
- I also understand that I need to tell AMP of any change to the insured person(s) health, occupation or pastimes, or other things that happen to them after I complete this application and the personal statement that could alter AMP's decision to insure them, right up to the point that AMP issues the Certificate and Plan Rules;
- I understand that AMP may obtain information from any doctor or hospital the insured person(s) have been to, or may go to. AMP may provide any information it has about them to its reinsurers or legal tribunal;
- All the information provided in this form is complete and correct even if the information has been written by someone else;
- 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 life 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.

Signature of plan owner/insured person

X

Date

Signature of plan owner/insured person

X

Date

- Notes:**
1. Joint owners: If the plan is issued to joint owners they will be treated as joint tenants and ownership will pass to the surviving plan owner.
 2. Register: Unless otherwise requested, this plan will be registered in the State or Territory of the first plan owner's address.

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AMP Income Continuation and Business Overheads Insurance Application

Before you sign this application form, be aware that AMP Life or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to these plans. 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
 Increase
 Conversion
 Alteration
 Reduced plan fee
 Multiple lodgement

2 INSURED PERSON AND PLAN OWNER

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

Postal address (if same as above, leave blank)

PO Box		Street no.		Street name				
Suburb					State		Postcode	

3 INCOME CONTINUATION INSURANCE PLAN DETAILS (attach the illustration to this application)

Advanced (IPA) Standard (IPB) Basic (IPC)

Is Superannuation contribution option required? This is an additional 12% of the Monthly Benefit.

Yes No

Total maximum monthly benefit (including Super Contribution option amount)

\$,

Waiting period

2 weeks 4 weeks 8 weeks 13 weeks 26 weeks 52 weeks 104 weeks

Benefit period

1 year 2 years 5 years To age 60 To age 65

Premium type (Refer to page 18 of PDS for details)

Stepped Level

+

Occupation group

4A 3A 2A 2M A B C

AIDS cover

Yes No

Do you want the Chronic condition option? (only available with Advanced 60 or 65)

Yes No

For Standard and Basic Income Continuation cover: Claim Escalation Benefit

Yes No

Continuation with one year benefit period and conversion option, specify details of conversion option

For Advance and Standard Income

Maximum monthly benefit \$ <input type="text"/> , <input type="text"/>	Waiting period (weeks) <input type="text"/>	Benefit period <input type="text"/>
Premium type (refer to page 18 of PDS for details) <input type="checkbox"/> Stepped <input type="checkbox"/> Level	AIDS cover <input type="checkbox"/> Yes <input type="checkbox"/> No	

4 BUSINESS OVERHEADS INSURANCE PLAN DETAILS (attach the illustration to this application)

Maximum monthly benefit

\$,

Waiting period

2 weeks 4 weeks

Benefit period

1 year

Premium type

Stepped

AIDS cover

Yes No

Note: The amount of the monthly benefit you insert in question 4 immediately above must be based on the insured person's answer to the Business Overheads questionnaire.

5 PAYMENT DETAILS

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 6.
We will deduct your 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*
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

X

Date

6 AGREEMENT AND DECLARATION

I agree that the plan, if issued, will be subject to the following provisions:

Overseas: At AMP Life's discretion benefits may not be payable under this plan for more than three months in any one period that the insured person is unable to work unless they are continuously present in Australia or New Zealand.

For Income Continuation Basic: I understand that this Plan may be cancelled by AMP following a claim.

7 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 to insure. This helps us to decide:

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

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

This duty continues until we issue a plan by sending you the Certificate and Plan Rules. Therefore, you 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 Plan Rules to you.

If you don't tell us

If either you don't tell us what supposed to tell us, we may be able to:

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

+

I agree that:

- I have received and read the AMP Risk Protection Product Disclosure Statement Preparation date 1 January 2004;
- Where I am applying to AMP Life Ltd for an insurance plan with the assistance of a Financial Planner, my Financial Planner is authorised to 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.
- I have read the duty of disclosure, above. I understand that any plan AMP issues will be based on the answers in this application and the personal statement, and that if I do not comply with my duty to disclose information, that the insurance may be cancelled or altered;
- I also understand that I need to tell AMP of any change to my health, occupation or pastimes, or other things that happen to me after I complete this application and the personal statement that could alter AMP's decision to insure me, right up to the point that AMP issues the Certificate and Plan Rules;
- I understand that AMP may obtain information from any doctor or hospital I have been to, or may go to. AMP may provide any information it has about me to its reinsurers or legal tribunal;

vi All the information provided in this form is complete and correct even if the information has been written by someone else;

vii 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 life 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

Your signature*

Date

X

*Only sign if a company is the owner of the Business Overheads Insurance plan.

8 CONVERSION OPTION DETAILS

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

Existing plan number(s)

[

]

I, as the insured person of the plan(s) above (the 'old' plan):

- 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 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.

Signature of plan owner

Date

X



Risk Products Personal Statement

PLANNER USE ONLY				
Financial planner name	Financial planner no.	Telephone	Commission Split %	Servicing Financial Planner (tick one)
			%	<input type="checkbox"/>
			%	<input type="checkbox"/>

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 A20

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 A18 or A19.
- 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			

8 OCCUPATION AND INCOME DETAILS This section must be completed for all applications

- a. What is your current occupation?
- b. Are any of the duties of your occupation of a hazardous nature (e.g. armed services, asbestos or other dangerous substances, boxing, circus performer or stunts, demolition, working at heights, underwater, underground or with explosives, or on an offshore platform or a dangerous overseas location etc)? No Yes

If 'Yes', please provide details

- c. What is your current income (if self-employed, state income for the last 12 months, after deducting business expenses)? \$, ,
- d. How many hours per week and weeks per year do you work in your main occupation? hours weeks
- e. Have you (or any business that you have had any ownership of) suffered from any insolvency problems; ever been investigated, charged or prosecuted in respect of any civil or criminal (including insurance or financial) matter; or ever been declared bankrupt or had a business liquidated? No Yes

If 'Yes', please provide details

FURTHER OCCUPATION AND INCOME DETAILS

If you are NOT applying for Disablement Lump Sum, Total and Permanent Disablement, Income Continuation, Temporary Salary Continuance or Business Overheads Insurance you may proceed to page A17

Name of your business or employer

Address of your business or employer

- f. Are you self-employed (including sole trader or partner) or a major shareholder of the company for which you work? No Yes

If 'Yes', please state the % of the business that you own and the number of employees % employees

- g. What are the main duties of your occupation?

Duties (e.g. office work, sales, supervision, manual)	% of time
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
	100%

Location (e.g. office, on-site, driving, at home)	% of time
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
	100%

- h. Do you hold any professional/trade qualifications? No Yes

If 'Yes', give details Type Institution

- i. What was your income from your main occupation (after deducting business expenses)?

	Last tax year (200 <input type="text"/>)	Tax year before (200 <input type="text"/>)
Base annual income from primary occupation*	\$ <input type="text"/>	\$ <input type="text"/>
Plus: bonuses and/or commissions	\$ <input type="text"/>	\$ <input type="text"/>
Less: Business Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Net Income (after deducting business expenses but before deducting tax)	\$ <input type="text"/>	\$ <input type="text"/>

*For **Employed** persons, you may include salary packaged items (e.g. motor vehicles, pretax salary sacrificed superannuation contributions etc). For **Self Employed** persons, state your share of Gross Profit.

- j. Has your employer, employment status or occupation changed in the last 2 years? No Yes

If 'Yes', give employment history

Employer	Employment status	Occupation	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

- k. Do you have any other occupation or do you receive income (including investment income) from any other source? No Yes

If 'Yes', please provide details (e.g. type of occupation, name of employer, duties, number of hours worked and income earned)

- l. Do you have any definite plans to change your occupation or employment status; or to take extended leave? No Yes

If 'Yes', please provide details

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

Is this a staff application? No Yes If 'Yes', please provide staff number

100% of initial commission must be credited to Financial Planner number 92xSP-y (where "x" = state of register and "y" is the check digit corresponding adviser code for that state register).

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 and family 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 A21 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 A21 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

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

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 and family 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 and family 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 | <input type="checkbox"/> No | <input type="checkbox"/> Yes | in wrecks | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| in dams or lakes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | at night | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| in inland caves | <input type="checkbox"/> No | <input type="checkbox"/> Yes | alone | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| using: | | | | | |
| enriched air | <input type="checkbox"/> No | <input type="checkbox"/> Yes | mixed gases | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Have you ever had a diving accident or illness? | | | <input type="checkbox"/> No | <input type="checkbox"/> 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	
Class	
Vehicle	
Fuel	
Engine capacity	
No. of events last 12 mths	
No. of events next 12 mths	
Max speed	
No. of vehicles per event	
Competition licence type	
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

*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

As I am a non-smoker, a cotinine test result will also be required (*cross out this sentence if you are a smoker*).

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. In the event of a positive HIV result or any other abnormal test result that AMP believes requires attention, I 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 this tear-off form along to your doctor to ensure that 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 this tear-off form along to the collection centre to ensure that 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 this tear-off form 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 this tear-off form 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 <small>(daytime)</small>	
---------------------------------------	--

* 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.) <small>(daytime)</small>	
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 31.

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.) <small>(daytime)</small>			

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 Electronic Application

Before you sign this application form, be aware that AMP Life 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"/> Conversion of existing plan	<input type="checkbox"/> Replacement option	<input type="checkbox"/> Addition of life insured
<input type="checkbox"/> Continuation 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

Have you smoked tobacco or any other substance within the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

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 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 life 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)

X
X

Date

Signature of *new* plan owner(s)

Date

Continues over page

3 AGREEMENT AND DECLARATION

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

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

Name of life insured 1	
------------------------	--

Name of life insured 2	
------------------------	--

My/Our financial planner has made it clear that AMP will not pay me/us any money under this plan if the person(s) named above die/s.

Signature of plan owner 1	X	Date	
Signature of plan owner 2	X	Date	

I/We agree that:

- i I/We have received and read the AMP Risk Protection Product Disclosure Statement (PDS) Preparation date 1 January 2004;
- ii Where I am applying to AMP Life Ltd for an insurance plan with the assistance of a Financial Planner, my Financial Planner is authorised to 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 (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out. I have been shown the Privacy information on page 30 of the PDS which explains why these answers are collected and how they may be disclosed, amongst other matters;
- v I have read and agree with the Agreement and Declaration statements (including the Duty of Disclosure) on pages 6 and 7 of the application form;
- vi All the information provided in this form is complete and correct even if the information has been written by someone else;
- vii When I/we decided to apply for this plan, I/we did this based on: *(Cross one of the following)*
 - My/Our financial planner completed a fact find and needs analysis, based on the information I/we provided at his/her request. My/Our financial planner recommended I/we purchase this plan. I/we have been provided with a copy of the Statement of Advice; or
 - I/We decided not to provide my/our financial planner with all the information they requested. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - I/We decided to purchase a plan different from the one my financial planner recommended. I/We understand that by doing this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - I/We only wanted advice on a limited range of products. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs; or
 - My/Our financial planner did not complete a fact find or needs analysis on me/us and my/our circumstances. Nor did my/our financial planner give me/us any advice. I/We understand that because of this I/we risk making a financial commitment to a plan that may not suit my/our needs.

Signature of plan owner 1	X	Date	
Signature of plan owner 2	X	Date	

4 FINANCIAL PLANNER DECLARATION

I agree and declare that:

- The applicant received a current AMP Risk Protection 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 Life Ltd 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(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of financial planner	X	Date	
Planner's name			
Phone number			





AMP Income Continuation & Business Overheads Insurance Electronic Application

Before you sign this application form, be aware that AMP Life or your financial planner is obliged to provide you with a Product Disclosure Statement containing a summary of the important information in relation to these plans. 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"/> Conversion	<input type="checkbox"/> Alteration	<input type="checkbox"/> Reduced plan fee	<input type="checkbox"/> Multiple lodgement
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2 CONVERSION OPTION DETAILS

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

Have you smoked tobacco or any other substance within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Existing plan number(s)	
-------------------------	--

I, as the insured person of the plans(s) above (the 'old' plan):

- 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 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 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.

Signature of insured person

X

Date	
------	--

Signature of insured person

X

Date	
------	--

Continues over page

3 AGREEMENT AND DECLARATION

I agree that the plan, if issued, will be subject to the following provisions:

Overseas:

At AMP Life's discretion benefits may not be payable under this plan for more than three months in any one period that the insured person is unable to work unless they are continuously present in Australia or New Zealand.

For Income Continuation Basic:

I understand that this Plan may be cancelled by AMP following a claim.

I agree that:

- i I have received and read the AMP Risk Protection Product Disclosure Statement (PDS) Preparation date 1 January 2004;
- ii Where I am applying to AMP Life Ltd for an insurance plan with the assistance of a Financial Planner, my Financial Planner is authorised to 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 (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out. I have been shown the Privacy information on page 30 of the PDS which explains why these answers are collected and how they may be disclosed, amongst other matters;
- v I have read and agree with the Agreement and Declaration statements (including the Duty of Disclosure) on pages 11 and 12 of the application form;
- vi All the information provided in this form is complete and correct even if the information has been written by someone else;
- vii 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 the information I provided at his/her request. My financial planner recommended I purchase this plan. I have been provided with a copy of the Statement of Advice; or
 - I decided not to provide my financial planner with all the information they 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.

Do you want the Superannuation contribution option? Yes No

(This pays an additional 12% of the monthly benefit you selected based on your income and is included in the maximum monthly benefit).

Signature of insured person

X

Date

4 FINANCIAL PLANNER DECLARATION

I agree and declare that:

- The applicant received a current AMP Risk Protection 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 Life Ltd 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(s) each of the questions in the electronic application on the computer marked with the Application Number and the Verification Number set out above and have accurately recorded the answers given.
- After the Application Number and Verification Number were generated, I asked the applicant to confirm the answers in the completed application.
- The applicant(s) confirmed that the answers are true and complete.

Signature of financial planner

X

Date

Planner's name

Phone number

+

Contact AMP

Directory

AMP LIFE LIMITED

Registered Office

Level 24

AMP Building

33 Alfred Street

Sydney Cove NSW 2000

Telephone: (02) 9257 5000

Fax: (02) 9257 7886

NEW BUSINESS ENQUIRIES

Telephone: 133 888

Monday to Friday

WHERE TO SEND APPLICATION FORMS

– NEW BUSINESS

AMP Operations Centre

Reply Paid 62990

Parramatta NSW 2150

AMP CUSTOMER SERVICE CENTRE

Telephone: 131 267

Monday to Friday

Fax: 1300 301 267

ADDRESS – ENQUIRIES

AMP Financial Services

Jessie Street Building

PO Box 300

Parramatta NSW 2124

INTERNET ADDRESS

Website: www.amp.com.au

Email: polinfo@amp.com.au

Contact us

If you have any enquiries or complaints about your plan, please contact your adviser or financial planner.

If you want to write to us our mailing address is:

AMP LIFE LIMITED

33 Alfred Street, Sydney NSW 2000

Or call us on 133 888

Monday to Friday

Or visit our website on www.amp.com.au

or email us on polinfo@amp.com.au

If you have any enquiries or complaints please remember to mention your customer identity number and your plan number.

ADVISER SERVICES

National service for advisers

Telephone: 1300 785 066

Monday to Friday

Fax: 1300 785 067

Email: ifa_service_centre@amp.com.au

AMP ADVISER SERVICES

Lodgement Team

Locked Bag 5027

Parramatta NSW 2124

Telephone: 1300 785 066

Monday to Friday

Fax: 1300 785 067

Monday to Friday

Email: ifa_service_centre@amp.com.au



advice
investments
banking
retirement income
superannuation
insurance

Contact

Contact your adviser or financial planner or

Telephone 133 888
Monday to Friday

Internet www.amp.com.au

Email polinfo@amp.com.au