



AMP firstcare term life insurance



*A simple and convenient way to protect
yourself and your family's future*

Customer Information Brochure



You should read the following material carefully, especially the Key Features Statement. This contains the important information you should know about this product. Issued by AMP Life Limited ABN 84 079 300 379

Issue 7d – Issue 1 February 2001. Expires 31 December 2001.



About AMP Life Limited

In January 1998, the 149 year old AMP Society demutualised and also changed its name to AMP Life Limited. Its ultimate holding company is AMP Limited.

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

The directors of AMP Life Limited are:

P J Batchelor (Chairman)

A M Mohl

P D Leaming

P G Traill

key features statement

This Key Features Statement follows guidelines set by the Australian Securities & Investments Commission (ASIC). It will help you to decide whether this plan meets your needs and to compare the plan with others.

IMPORTANT NOTICE: The plan is not a savings plan. If you end the plan at any time, you will not get anything back. Its primary purpose is to pay you a lump sum if you become terminally ill, or die.

Purpose of this insurance

- AMP Firstcare Term Life Insurance is an inexpensive and easy way to protect yourself, your family, business and assets against the financial burden caused by terminal illness or death.
- It offers financial protection to cover debts (eg home loan, personal loan) and future living expenses, 24 hours a day, anywhere in the world.
- The plan is designed for clients (and their spouses) aged 24 to 54. The maximum cover you can apply for is \$250,000.
- No medical examination is required to apply.
- The plan will pay a lump sum benefit in the event you die or suffer a terminal illness up until age 84 and are diagnosed with having less than 12 months to live.
- As long as you pay the premiums, we guarantee to renew your plan until age 84 even if your health or pastimes change.

Note

If you apply for this plan, there are many other benefits that you can apply for subsequently, if you wish to. Those benefits will be fully described in the Plan Rules we will send you. If you decide to apply for these other benefits later, we will give you a Customer Information Brochure which describes them. You may need to fill out a medical questionnaire to apply for these benefits.

Premiums

- You can calculate the cost of your monthly premiums by referring to the 'Premium Calculator' on pages 4 and 5.
- Our premium rates generally increase as you get older. Because we increase the amount of cover under this plan each year by the CPI, the premium also increases each year.
- We will deduct the premium each month from your bank account or credit card.
- If you don't pay your premium within 30 days of it being due, we will take steps to end the plan.
- Premiums rates cannot increase for your plan unless premium rates increase for all plans in your risk group. We will give three months notice if the premium rates increase.
- We also offer a number of discounts, such as our age 45+ discount, which is based on age, and our plan continuation discount, which is based on the number of years the plan is held.

key features statement

Benefits

- **When we pay.** We pay a cash lump sum to your estate if you die. The death cover is provided right up until you turn age 84.
- **In built terminal illness cover.** We pay your death cover if you are diagnosed as having less than 12 months to live. We call this terminal illness cover. It is included automatically and it is designed to help you organise your affairs.
- **Ex gratia payment for accidental death.** If you suffer an accidental injury and die while we are considering your completed application form with payment details, we may consider paying your estate an amount (up to the sum insured) on an ex gratia basis. If this happens, you should contact us as we will consider each claim on an individual basis. If you have more than one application for cover, we will only make an ex gratia payment once.
- **Keeping pace with inflation.** Each year, we increase the death cover by any increase in the CPI. If you don't want the annual CPI increase in full or in part, you need to tell us. If you do that for 2 years in a row, you lose the right to any more automatic increases.
- **When we won't pay.** If you die, or become terminally ill (directly or indirectly), by your own hand within one year and 30 days after the date your death cover starts, or restarts (if it has lapsed).

What are the charges?

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

Plan charges

- The monthly plan fee is \$5.66 for the first insured person, and a further \$1.12 for each other person you include in the plan. The fee will increase by the CPI each year.
- The monthly plan fee has already been included in the attached 'Premium Calculator' on pages 4 and 5.

Taxation

We will keep you informed of any changes that could affect your plan.

Our general understanding of current taxation law as at 1 July 2000 and the way it is interpreted for this cover is:

- the premiums you pay are not tax deductible; and
- the amount we pay you is not usually assessable for income tax or capital gains tax. If, when we pay, you are no longer the plan owner, capital gains tax may have to be paid on amounts we pay.

How the law applies to you depends on your circumstances. The legislation and its interpretation could change in future.

Cooling off period

If you are not happy with your plan, you can tell us to cancel it within 14 days and we will refund everything you have paid us.

Secured by our Australian No.1 Statutory Fund

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

Information on your insurance

When your cover begins, we will send you a Certificate and Plan Rules showing full details of your cover. This is your plan. Please read it carefully to make sure the plan suits your needs.

Annual Statement

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

If you need assistance

If you have any enquiries or complaints after we have issued your plan, our address is:

Mailing address AMP Customer Service
AMP Life Limited
PO Box 300
Parramatta NSW 2124

Telephone 131 267
Mon-Fri 8am-8pm EST

All enquiries and complaints will be answered as soon as possible within the 45 days required by ASIC.

If you are not satisfied with our response then you can raise the matter with the **Financial Industry Complaints Service (FICS), PO Box 579 Collins Street West, Melbourne, VIC 8007**. Their telephone number is **(03) 9629 7050 or 1800 335 405**. This industry sponsored body was set up to help clients with problems they can't resolve. FICS is independent and impartial.

Insurance Overview

Why do I need term life insurance?

Few people like to think about fatal accidents, premature death, or serious and terminal illnesses. But they are facts of life. When they occur life insurance comes into its own. That's because life insurance is about one thing - protection. Whether it's protection for you, your partner, your family, or your business, you will have the peace of mind knowing that you are protected.

Uses for this insurance

AMP Firstcare Term Life Insurance can meet a variety of private, family and business needs. In many situations cash is needed so that people can carry on with life.

Consider these questions. If you were terminally ill:

- what extra expenses would you have to face?
- would the family have enough income to live on?

Or if you were to die:

- what would happen to the mortgage or debt?
- what would happen to plans to educate my children?
- where would my family get money to live on?

AMP Firstcare Term Life Insurance can help solve the money problems these questions pose.

Firstcare Term Insurance can also meet a variety of business needs, such as Guaranteeing Loans and Business Continuation arrangements.

AMP Firstcare Term Life Insurance

'the easy and inexpensive way to peace of mind'

All you need to do is fill out the application form and answer seven easy questions. There is NO medical exam or extensive questionnaires to complete. Comprehensive protection without all the hassles.

If you wish to complete a paper application form, please use the form attached. If you are reading this document electronically please print and complete.

If you wish to complete and transmit to us an online application form, please go to the Buy Direct application form for AMP Firstcare Term Life Insurance at www.amp.com.au.

premium calculator

Firstcare Term Life Insurance (monthly premiums) Females aged 24-54

Amount of cover		\$100,000		\$150,000		\$200,000		\$250,000	
Current age	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	
24	\$12.83	\$18.74	\$16.41	\$25.29	\$17.31	\$29.14	\$20.22	\$35.01	
25	\$12.83	\$18.74	\$16.41	\$25.29	\$17.31	\$29.14	\$20.22	\$35.01	
26	\$12.83	\$18.74	\$16.41	\$25.29	\$17.31	\$29.14	\$20.22	\$35.01	
27	\$12.83	\$18.74	\$16.41	\$25.29	\$17.31	\$29.14	\$20.22	\$35.01	
28	\$12.83	\$18.74	\$16.41	\$25.29	\$17.31	\$29.14	\$20.22	\$35.01	
29	\$12.83	\$18.83	\$16.41	\$25.42	\$17.31	\$29.32	\$20.22	\$35.23	
30	\$12.83	\$18.92	\$16.41	\$25.55	\$17.31	\$29.50	\$20.22	\$35.45	
31	\$12.83	\$19.28	\$16.41	\$26.09	\$17.31	\$30.21	\$20.22	\$36.35	
32	\$12.83	\$19.64	\$16.41	\$26.63	\$17.31	\$30.93	\$20.22	\$37.25	
33	\$12.83	\$19.91	\$16.41	\$27.03	\$17.31	\$31.47	\$20.22	\$37.92	
34	\$12.83	\$20.45	\$16.41	\$27.84	\$17.31	\$32.54	\$20.22	\$39.26	
35	\$12.83	\$20.89	\$16.41	\$28.51	\$17.31	\$33.44	\$20.22	\$40.38	
36	\$12.92	\$21.43	\$16.55	\$29.32	\$17.49	\$34.51	\$20.45	\$41.73	
37	\$13.01	\$22.24	\$16.68	\$30.53	\$17.67	\$36.13	\$20.67	\$43.74	
38	\$13.28	\$23.05	\$17.09	\$31.74	\$18.21	\$37.74	\$21.34	\$45.76	
39	\$13.73	\$24.03	\$17.76	\$33.21	\$19.10	\$39.71	\$22.46	\$48.22	
40	\$14.09	\$25.29	\$18.30	\$35.10	\$19.82	\$42.22	\$23.36	\$51.36	
41	\$14.62	\$26.81	\$19.10	\$37.38	\$20.89	\$45.27	\$24.70	\$55.17	
42	\$15.25	\$28.60	\$20.04	\$40.07	\$22.15	\$48.85	\$26.27	\$59.65	
43	\$15.79	\$30.84	\$20.85	\$43.43	\$23.22	\$53.33	\$27.61	\$65.25	
44	\$16.50	\$33.26	\$21.93	\$47.06	\$24.66	\$58.17	\$29.41	\$71.29	
45	\$17.28	\$34.67	\$23.09	\$49.17	\$26.28	\$61.05	\$31.43	\$74.90	
46	\$18.26	\$36.22	\$24.56	\$51.50	\$28.30	\$64.23	\$33.97	\$78.87	
47	\$19.34	\$38.07	\$26.18	\$54.27	\$30.53	\$67.99	\$36.74	\$83.57	
48	\$20.58	\$40.18	\$28.04	\$57.43	\$33.08	\$72.27	\$39.93	\$88.92	
49	\$22.36	\$43.64	\$30.70	\$62.63	\$36.63	\$79.21	\$44.37	\$97.59	
50	\$24.61	\$47.27	\$34.09	\$68.08	\$41.14	\$86.46	\$50.01	\$106.66	
51	\$27.27	\$51.47	\$38.08	\$74.37	\$46.47	\$94.85	\$56.67	\$117.15	
52	\$29.53	\$56.14	\$41.47	\$81.38	\$50.98	\$104.20	\$62.31	\$128.84	
53	\$32.35	\$61.38	\$45.70	\$89.25	\$56.63	\$114.69	\$69.37	\$141.94	
54	\$35.10	\$67.35	\$49.81	\$98.20	\$62.11	\$126.62	\$76.22	\$156.86	

A discount of \$4.54 per month applies if two insured persons are included in the plan. Simply deduct \$4.54 from the combined premium of the two insured persons.

premium calculator

Firstcare Term Life Insurance (monthly premiums) Males aged 24-54

Amount of cover		\$100,000		\$150,000		\$200,000		\$250,000	
Current age	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	
24	\$15.34	\$20.72	\$20.18	\$28.24	\$22.33	\$33.08	\$26.49	\$39.93	
25	\$14.53	\$20.00	\$18.97	\$27.17	\$20.72	\$31.65	\$24.48	\$38.14	
26	\$14.00	\$19.82	\$18.16	\$26.90	\$19.64	\$31.29	\$23.13	\$37.69	
27	\$13.73	\$19.82	\$17.76	\$26.90	\$19.10	\$31.29	\$22.46	\$37.69	
28	\$13.73	\$20.00	\$17.76	\$27.17	\$19.10	\$31.65	\$22.46	\$38.14	
29	\$13.73	\$20.45	\$17.76	\$27.84	\$19.10	\$32.54	\$22.46	\$39.26	
30	\$13.73	\$20.72	\$17.76	\$28.24	\$19.10	\$33.08	\$22.46	\$39.93	
31	\$13.73	\$21.07	\$17.76	\$28.78	\$19.10	\$33.80	\$22.46	\$40.83	
32	\$13.73	\$21.43	\$17.76	\$29.32	\$19.10	\$34.51	\$22.46	\$41.73	
33	\$13.73	\$22.06	\$17.76	\$30.26	\$19.10	\$35.77	\$22.46	\$43.29	
34	\$13.73	\$22.51	\$17.76	\$30.93	\$19.10	\$36.66	\$22.46	\$44.41	
35	\$14.09	\$23.05	\$18.30	\$31.74	\$19.82	\$37.74	\$23.36	\$45.76	
36	\$14.44	\$23.85	\$18.83	\$32.95	\$20.54	\$39.35	\$24.25	\$47.77	
37	\$14.80	\$24.75	\$19.37	\$34.29	\$21.25	\$41.14	\$25.15	\$50.01	
38	\$15.34	\$25.91	\$20.18	\$36.04	\$22.33	\$43.47	\$26.49	\$52.93	
39	\$15.79	\$27.44	\$20.85	\$38.32	\$23.22	\$46.52	\$27.61	\$56.73	
40	\$16.41	\$29.05	\$21.79	\$40.74	\$24.48	\$49.75	\$29.18	\$60.77	
41	\$17.22	\$30.84	\$23.00	\$43.43	\$26.09	\$53.33	\$31.20	\$65.25	
42	\$18.12	\$32.72	\$24.34	\$46.25	\$27.88	\$57.09	\$33.44	\$69.95	
43	\$19.28	\$35.05	\$26.09	\$49.75	\$30.21	\$61.75	\$36.35	\$75.77	
44	\$20.63	\$37.83	\$28.11	\$53.91	\$32.90	\$67.31	\$39.71	\$82.72	
45	\$22.15	\$40.17	\$29.77	\$57.42	\$35.19	\$72.06	\$42.57	\$88.65	
46	\$23.03	\$42.78	\$31.71	\$61.33	\$37.84	\$77.33	\$45.88	\$95.25	
47	\$24.48	\$45.69	\$33.88	\$65.71	\$40.80	\$83.24	\$49.59	\$102.63	
48	\$26.23	\$49.21	\$36.51	\$70.98	\$44.37	\$90.33	\$54.05	\$111.50	
49	\$28.97	\$54.61	\$40.62	\$79.09	\$49.85	\$101.14	\$60.90	\$125.01	
50	\$32.19	\$61.06	\$45.46	\$88.76	\$56.30	\$114.04	\$68.97	\$141.14	
51	\$36.31	\$68.72	\$51.63	\$100.25	\$64.53	\$129.36	\$79.25	\$160.29	
52	\$41.31	\$76.55	\$59.13	\$111.99	\$74.53	\$145.01	\$91.75	\$179.85	
53	\$47.03	\$84.69	\$67.72	\$124.20	\$85.98	\$161.30	\$106.06	\$200.21	
54	\$52.03	\$93.40	\$75.21	\$137.27	\$95.98	\$178.72	\$118.56	\$221.98	

how to apply now

If you wish to complete and send us a paper application, please use the attached application form.

Before sending your paper-based application to AMP Life Limited, please ensure you have:

1 Answered all questions on the application form.



2 Signed and dated the application declaration.



3 Completed the 'Direct debit request' form.



4 Sent both forms to the reply paid address below.



Send completed forms to:

AMP Direct
Reply Paid 4134
Sydney NSW 2001

If you wish to complete an on-line application form and transmit it to us electronically, please go to the Buy Direct application form for AMP Firstcare Term Life Insurance at AMP's website www.amp.com.au



AMP Firstcare Term Life Insurance Application

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

This special offer is limited to one application per person.

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

A. Personal details of insured person(s)

Owner The owner of this plan must be the insured person. Where there are two insured people, the plan will be owned by them as joint tenants.	<i>1st insured person</i>	
	Title	Mr/Mrs/Ms/Miss/Other
	Surname	Given names
	Address for notices	
	Postcode	
	The insured person's date of birth is	and sex is <input type="checkbox"/> M <input type="checkbox"/> F and country of birth is
	Please complete in all cases	
	Have you smoked any substance in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you either a citizen or hold a permanent residency in Australia or New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If we need to talk to you to confirm any details can we contact you by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: ()	Preferred time to call:	
<i>2nd insured person</i>		
Title	Mr/Mrs/Ms/Miss/Other	
Surname	Given names	
The insured person's date of birth is	and sex is <input type="checkbox"/> M <input type="checkbox"/> F and country of birth is	
Please complete in all cases		
Have you smoked any substance in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you either a citizen or hold a permanent residency in Australia or New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If we need to talk to you to confirm any details can we contact you by phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone: ()	Preferred time to call:	
Other details		
Do you currently have an Adviser or Financial Planner looking after your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please name the Adviser (if known)		

B. Select desired cover

<i>1st insured person</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	Premium payable = <input type="text"/> per month (refer to 'Premium Calculator')			
<i>2nd insured person</i>	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	Premium payable = <input type="text"/> per month (refer to 'Premium Calculator')			
	Total premium = <input type="text"/> per month (please deduct \$4.54 if applying for a 2nd insured person)			

C. Duty of Disclosure

You must answer all of the questions in the Concise Personal Statement (Part D) completely and accurately. 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 - Part E of this form is provided for this purpose. The information you provide helps us to decide whether to provide the insurance, how much to charge and whether any special rules should apply.

This duty continues until we advise you that we have accepted your insurance. Therefore, you must tell us about any change in your health, pastimes or any other relevant matter which happens after this application has been completed up until the time you are advised that we have accepted the insurance.

If you don't tell us what we need to know to complete our assessment of the risk, 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.

D. Concise Personal Statement of the insured person(s)

	1st insured person	2nd insured person
<p>1. Do you take part, or do you have definite plans to take part, in a hazardous:</p> <ul style="list-style-type: none"> – activity such as parachuting, hang gliding, underwater diving, motor sport, abseiling, etc. and/or flying other than as a fare paying passenger on a licensed public service, or – occupation such as working at heights, underwater, underground, with explosives, on an offshore platform, etc? <p>If YES, please provide details in Part E of the activity and your involvement in it (or complete the questionnaire which we can provide).</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>2. Have you applied for any similar insurance in the last 12 months or has any insurer ever indicated they would not insure you, or would modify your insurance terms in any way?</p> <p>If YES, please provide details in Part E including the date, terms offered (eg decline, extra premium, term limited, exclusion, etc.) and the reason.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>3. Have you ever had, or been told you had, or received advice or treatment for, an illness, medical disorder, medical condition, alcohol use or a drug related condition? Examples include - any breathing, heart, urinary, gastro-intestinal, brain, nerve, blood, reproductive, cancer or other physical or mental condition. (Don't include long or short sightedness, colds or flu, from which you have recovered quickly.)</p> <p>If YES, please provide details in Part E of the condition, date it first started, date of last symptom, number of occurrences, time off work, symptoms, any complications and/or ongoing effects and the name and address of the treating doctor or hospital.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>4. In the last 3 years, have you taken any medication or have you had or are you considering seeking any medical advice, procedure, investigation, operation or test? (Don't include the contraceptive pill or medication for colds, flu or occasional headaches.)</p> <p>If YES, please provide details in Part E of the condition, date it first started, date of last symptom, number of occurrences, time off work, symptoms, any complications and/or ongoing effects and the name and address of the treating doctor or hospital.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>5. Do you or any of your current or previous sexual partners have HIV/AIDS or Hepatitis, or any sign of HIV or Hepatitis infection, or are you aware of any HIV or Hepatitis risk situation to which you or any of your sexual partners may have been exposed?</p> <p>If YES, please advise in Part E which of the above situations apply and give details.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>6. Please refer to the Height and Weight Table in Part E. Select the range for your actual height and check the corresponding weight range. Is your actual weight outside the range shown for your height?</p> <p>If YES, please advise in Part E your height and weight without shoes.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>7. Has your mother, father or any brother or sister suffered from Huntington's Chorea, polycystic kidney disease, cystic fibrosis, haemochromatosis or any condition which may be inheritable?</p> <p>If YES, please advise in Part E which relative, the condition they suffer/ed, their age at diagnosis and their current age if still alive or age at death.</p>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

E. Additional Information which we should know

If you answered 'yes' to any question in Part D, or have further relevant information you need to disclose in accordance with your Duty of Disclosure (Part C), please use the space provided below.

For medical conditions/illnesses the details should include the condition name, date first started, when was the last episode or attack, how often did it or does it happen and how was it treated. If you are or were taking medication, what was it. For hazardous sports activities, give details of involvement.

1st Insured person's further statement

2nd Insured person's further statement

Height and Weight Table

Centimetres	Height	Feet and Inches	Kilograms	Weight	Stones and Pounds
142cm – 149cm		4' 8" – 4' 10"	36kg – 73kg		5st 9lbs – 11st 7lbs
150cm – 156cm		4' 11" – 5' 1"	39kg – 78kg		6st 1lb – 12st 5lbs
157cm – 164cm		5' 2" – 5' 4"	42kg – 84kg		6st 8lbs – 13st 4lbs
165cm – 172cm		5' 5" – 5' 7"	47kg – 91kg		7st 5lbs – 14st 5lbs
173cm – 179cm		5' 8" – 5' 10"	51kg – 98kg		8st 1lb – 15st 6lbs
180cm – 187cm		5' 11" – 6' 1"	57kg – 104kg		8st 13lbs – 16st 6lbs
188cm – 195cm		6' 2" – 6' 4"	63kg – 110kg		9st 12lbs – 17st 5lbs
196cm – 200cm		6' 5" – 6' 6"	68kg – 114kg		10st 10lbs – 17st 13lbs

F. Agreement and Declaration

- I agree that**
- I have been given access to and reviewed the AMP Firstcare Term Life Insurance Customer Information Brochure Issue 7d dated 1 February 2001.
 - I have been informed of my Duty of Disclosure (Part C) and acknowledge that this new plan is issued on the basis that I complied with my Duty of Disclosure to AMP Life Limited ABN 84 079 300 379.
 - All the information provided in this form is complete and correct and I accept full responsibility for this information.
 - This is my first and only application for AMP Firstcare Term Life Insurance.
 - I understand that AMP Life may obtain information from any doctor or hospital I have been to or may go to. AMP Life may pass this information and any other information it has about me to its reinsurers.
 - I did not seek or obtain any advice from AMP Life or its Advisers/Financial Planners in relation to this plan or my decision to purchase it. I understand that therefore there is a risk that this life plan may not be appropriate to my 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 my Adviser/Financial Planner or call AMP Life on 133 888.

Signature of

(1st insured person)

Date

/ /

Signature of

(2nd insured person)

Date

/ /

Office use only

Plan Number

WF No.

Application

Client No.

Assessment

Sum insured (1)

Sum insured (2)

Assessment (1)

(2)

Smoker's rates (1) yes no

Smoker's rates (2) yes no

Underwriter's name

Name

Adviser number

Direct

RSK01-Z

Sales within previous 24 hours

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

Applicant

Date, place and time signed

Relationship to applicant

This page has been left intentionally blank



Direct debit request form

(Firstcare Term Life Insurance)

A: Debit information

Amount	Frequency	Deduction date*
\$	Monthly	
\$	Monthly	

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

Credit card account deduction - Please complete section B.

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

B: Visa Card Mastercard Bankcard American Express debit request

Select type of credit card Visa Mastercard Bankcard American Express

Card number - - Expiry /

Name on card

Credit card deductions are only available on specific dates. Please select the appropriate date:

7th 14th 22nd 28th

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

Signature of cardholder(s)

Date / /

C: New direct debit request

Authority number

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

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



Office use only

Authority number

Schedule

Account in name of:

Bank/Credit Union/Financial institution number (BSB) -

Account number

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

I/We,

Surname

Given names

Address

Town/Suburb Postcode Phone ()

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

Account holder signature(s)

Date / /

Your AMP payments can be paid automatically with direct debit

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

Discover the easy way to pay Direct debit, by definition, is the authorisation you give to AMP Life Limited to automatically withdraw funds for regular payments precisely when they are due. It saves more than just time. It eliminates the worry when making your regular AMP payments – so you can sit back and relax.

You choose the account AMP can arrange a direct debit service with practically any financial institution and for practically any account. The service extends to most bank and financial institution saving and cheque accounts as well as to credit card accounts such as Bankcard, Visa, Mastercard and American Express.

All your regular AMP payments You can use AMP's direct debit service to settle a wide range of payments. These include:

- Savings and protection plans
- Term insurance and disability premiums
- Superannuation contributions
- Loan repayments (policy loans)

Our AMP General Insurance company operates on the same principle, but provides a separate direct debit service. All you need to do is request a direct debit request from your nearest AMP Customer Service Centre.

Simply fill out the form To arrange for direct debit payments, complete the Direct Debit Request form and return it to AMP. We'll do the rest. The request form is your authorisation to AMP Life Limited to debit the account from which payments have to be made. All you have to do is ensure you have funds in your account. Banks and other financial institutions usually charge a fee for transfer of funds. Because we want to make your life a little easier, AMP pays these fees for you.

We're flexible If the need ever arises for you to change your bank/financial institution, it's not difficult to transfer your direct debit. Or if you'd like to cancel the service, it's easily done.

Customer enquiry service Telephone 131 267 (local call fee nationally)
Mon-Fri 8am-8pm EST



Direct debit request service agreement

The following provided more information about direct debit and how it works

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

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

Please keep this agreement in a safe place for future reference

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For further information



call us on 133 888
Monday to Friday 8am to 8pm EST
Saturday 9am to 5pm EST



or visit our website: www.amp.com.au
or email us: info@amp.com.au



or contact your adviser
or financial planner