

Income Continuation Insurance & Business Overheads Insurance



AMP Income Continuation Insurance
AMP Business Overheads Insurance

Customer Information Brochure

You should read this brochure carefully, especially the Key Features Statement. This contains important information you should know about.

Issue 10 -
Issued 1 January 2001.
Expires 31 December 2001.

Issued by AMP Life Limited
ABN 84 079 300 379



Contents

key features statement	1
purpose of insurance – both Plans	1
premiums – both Plans	1
benefits – Income Continuation Insurance	2
benefits – Business Overheads Insurance	6
fees – What are the charges – both Plans	9
taxation – both Plans	9
cooling off period – both Plans	9
information on your insurance – both Plans	9
summary – Income Continuation Insurance	10
summary – Business Overheads Insurance	11
our approach to insurance	12
example of claims we have paid	13
other plan information	14
agreement and declaration	15
enquiries and complaints	15
index	16
application	inside back cover

Please read this first

This brochure describes 2 types of AMP Insurance:

- AMP Income Continuation Insurance; and
- AMP Business Overheads Insurance

The brochure is split into sections. The information in each of these sections is common to both of these types of insurance, except for the Benefits Sections on pages 2 to 8, the summaries on pages 10 and 11 and the example on page 13.

How to apply

The only way to apply for these policies is to complete the Application at the very back of this brochure or by completing the electronic application on the Adviser Workbench. Your Financial Planner can help you assess your needs and explain the details of the plan to you.

Expiry

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

AMP in Profile

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

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

- Income Continuation Insurance
- Business Overheads Insurance
- Common to both

key features statement

Income Continuation Insurance & Business Overheads Insurance

This Key Features Statement follows guidelines set down by the Australian Securities and Investments Commission (ASIC).

It will help you to:

- decide whether these plans will meet your needs.
- compare these plans with others you may be considering.

IMPORTANT NOTICE:

These plans are not savings plans. If you end the plan at any time, you will not get anything back. Their primary purpose is:

Income Continuation Insurance –

to pay you an income each month while you are unable to work because you are ill or injured.

Business Overheads Insurance –

to pay your eligible business overheads each month for up to 12 months while you are unable to work because you are ill or injured.

Purpose of Income Continuation Insurance

Your ability to work and earn an income is an asset that is worth insuring. This plan insures you against the loss of income while you are unable to work because you are ill or injured. While you are 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.

So this plan helps you maintain your lifestyle. To help meet your needs, there are 3 levels of cover available – *Advanced*, *Standard* and *Basic*. *Advanced* is the most comprehensive cover and costs the most. *Basic* is our budget level of cover. The differences are outlined on page 5 and summarised on page 10.

Purpose of Business Overheads Insurance

This insurance can help you keep your business going while you are unable to work because you are ill or injured. We do that by reimbursing your eligible business overheads for up to one year. It makes it more likely that your business will survive until you get better.

The business overheads we reimburse are summarised on page 6.

Premiums – both plans

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 premium is based on your age, state of health, sex, smoking habits, occupation, etc., 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 only, you can choose a level premium structure so that the premium rate does not increase each year just because you get older.

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

Keep pace with inflation

The premium will increase when the maximum monthly benefit increases. The maximum monthly benefit can increase when you increase it and when we increase it each year by any increase in the CPI.

If you stop paying premiums

If you don't pay each premium within 1 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 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.

key features statement

Income Continuation Insurance Business Overheads Insurance

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.

Lower premiums can apply

We offer the following premium reductions:

- *Non-smokers* – lower premiums for people who don't smoke; and
- *AIDS* – lower premiums if AIDS related risks aren't covered.

We also offer the following discounts:

- *Multiple plan discount* – of 2.5% each year for the first 4 years. (We give this discount if more than one of any AMP *Income Continuation Insurance*, *Business Overheads Insurance* or *Firstcare Insurance* plans are taken out at the same time to cover you); and
- *Plan Continuation Discount* – an increasing discount on your premium which builds by 2.5% each year to 10% at the fourth year, and stays at 10% after that.

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*.

Premium payment options

You can pay premiums either yearly or half yearly by cash, cheque or direct debit.

You can also pay monthly by regular debit. The direct debit can be from your bank, building society or credit union, or your Mastercard, Visa, American Express or Bankcard. If you pay more frequently than yearly, a fee applies – see page 9.

The Benefits section for Income Continuation Insurance starts on page 2.

The Benefits section for Business Overheads Insurance starts on page 6.

Income Continuation Insurance Benefits – Income continuation insurance

An asset worth protecting

This insurance pays you an income each month you are unable to work because you are ill or injured. We also pay if, after being unable to work, you return to work but earn less because of your illness or injury.

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 a very high amount. We do not take investment income into account. The minimum is currently \$1,250 a month.

What we actually pay

Our aim is to make sure that when you are unable to work, 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 3 years before you became unable to work.

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.

Please note, we won't pay more than the maximum monthly benefit.

Guaranteed minimum income feature

If your income falls after the plan begins, our *Guaranteed minimum income feature* protects you, because when we calculate how much we pay, we base it on your income when your plan started.

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.

We start to pay if you are unable to work

When you are unable to work, 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. 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, 65 or *Lifetime*, 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, if the benefit period you choose is any of 1 year, 2 years or 5 years, the relapse period we use is 6 months instead of 12 months.

We pay if you earn less than before you became unable to work

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 2 weeks.

Otherwise, 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 2 years.

Superannuation contribution option

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 calculated based on your income, 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 5.

If you select this 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.

Secured by Our No.1 Statutory Fund

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

How often you can claim

We will pay each time a claim is made that meets the *Plan Rules*. Except for the *Rehabilitation costs feature* we only pay for one reason at a time.

Please note, if you have a *Basic* plan, we can either cancel the plan or change the rules, if you have made a claim under it and we have stopped paying you.

Rehabilitation costs feature

We reimburse rehabilitation costs we approve, up to 12 times the monthly benefit, 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.

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, for some people and occupations, we stop paying after the first 2 or 5 years unless you are then *unable to do any remunerative work for which you are reasonably suited by training, education or experience*.

key features statement

Income Continuation Insurance

24 hours a day world-wide cover

You are covered world-wide, 24 hours a day, 7 days a week. However, if we are paying while you are outside Australia or New Zealand, payment beyond 3 months is at our discretion.

If you have been out of Australia for more than 30 days when you become unable to work for at least 14 days, we will assist your return to Australia. We will reimburse your out of pocket costs up to the cost of a single economy airfare.

When we won't pay

We won't pay in some circumstances – for example, if you injure yourself on purpose or if your injury or illness was caused by war.

Ex gratia payment if you are unable to work

If you are unable to work while we are considering your application, we will consider paying you on an ex gratia basis – see page 14.

Pregnancy

Although we won't pay because you are pregnant or have given birth, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

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 you suffer after that date.

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 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'.

The plan goes 'off hold' when you return to work. Then, the premium will 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.

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.

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.

Who can be insured

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

Choose from 3 levels of cover

Advanced, Standard, Basic

Advanced

Advanced is our most comprehensive level of cover.

It includes the cover described under the heading '**An asset worth protecting**' on page 2. It has the following extra 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 (see page 14) – even if you are able to work after the waiting period ends; and
- we pay if you are bedridden for more than 3 days during the waiting period – see page 14; and
- if you die while we are paying a monthly amount, we keep paying for 3 more months; and
- if we are paying a monthly amount, it is automatically increased each year by any increase in the CPI up to 10%.

Chronic condition option

You can apply to include the *Chronic condition option* to *Advanced*, at an extra cost, if your benefit period is to age 60, 65 or *Lifetime*.

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 3 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 3 years before you claim.

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

Lifetime option

You may add the *Lifetime option* to an *Advanced* plan.

If we are paying because you are unable to work, we would normally stop paying when you turn 65. However, with the *Lifetime option* we will keep paying. If you become unable to work after age 55, the amount we keep paying will be a reduced amount after age 65. We stop paying when you are able to work, do any remunerative work or die. You have to

pay extra for this option. Please note that claim payments are not indexed after age 65.

Guarantee

We guarantee to continue *Advanced* when the premium is paid on time. That guarantee applies even if we have paid claims under the plan.

Standard

Standard is our mid-range level of cover. It includes the cover described under the heading '**An asset worth protecting**' on page 2.

Claim escalation option

You may add the *Claim escalation option* to a *Standard* plan. If you do, when we pay a monthly amount, we automatically increase it each year by any increase in the CPI up to 10%. But after we have stopped paying under a *Standard* plan, the maximum monthly benefit reduces to what it was when you became unable to work. You have to pay extra for this option.

Lifetime option

Like *Advanced*, you may add the *Lifetime option* to a *Standard* plan.

Guarantee

We guarantee to continue *Standard* when the premium is paid on time. That guarantee applies even if we have paid claims under the plan.

Basic

Basic is our budget level of cover. It includes the cover described under the heading '**An asset worth protecting**' on page 2.

Claim escalation option

Like *Standard*, you may add the *Claim escalation option* to a *Basic* plan.

Limited guarantee

If you have a claim under a *Basic* plan and we have stopped paying it, **we do not guarantee to continue the plan**. That means we can cancel it or change or reduce your cover.

The 'What are the charges' section is on page 9.

key features statement

Business Overheads Insurance

Benefits – Business overheads insurance

Protect your business

The purpose of *Business Overheads Insurance* is to pay an amount to reimburse eligible business overheads while you are unable to work because you are ill or injured. We pay the eligible business overheads of any business in which you are so actively involved, that it suffers while you are unable to work.

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

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

This plan is particularly appropriate for:

- small businesses, partnerships with 5 or less partners and sole traders. 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, trades people in their own business.

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

When we pay

We will pay up to the amount you and we agree on.

We pay for up to a full year while you are unable to work.

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 (2 weeks or 4 weeks) when you apply for this insurance.

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

This insurance helps the business to keep operating. It makes it more likely that the business will survive until you get better.

How much you can insure

You choose the maximum monthly benefit. The minimum you can choose is currently \$1,250 a month.

Who can be insured

When this insurance starts you must be at least age 19, but not have turned age 60.

Your principal residence must be in Australia, and you must be a citizen or permanent resident of Australia.

When the cover ends

This plan ends on your 65th birthday.

How we decide whether you are unable to work

You can claim 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 must not do any remunerative work.

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 your 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, 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, accomodation, 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:

- your remuneration; or
- remuneration of people who earn income for the business (e.g. sales staff and locums – see note on page 6); or
- remuneration of any member of your family who has been employed in the business for less than 3 months when you become unable to work; or
- the cost of stock, equipment or other assets of the business; or
- payments of the principal of any mortgage or debt; 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; or
- expenses which are not normal and necessary for the business.

How much we pay

We pay you the lower of:

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

What we pay may be reduced by:

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

Coping with peaks and troughs

We aim to help you cope with peaks and troughs in your eligible business overheads from month to month. 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, if:

- your eligible business overheads are low in one month and we pay less than the maximum monthly benefit, and then if;
- your 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.

An example is provided on page 11.

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:

- you suffer a new illness or injury; or
- you have worked in your usual occupation for your usual income for at least 6 months since we stopped paying.

If you suffer a relapse up to 6 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:

- 6 months; or
- until the total amount we have paid equals 12 times the maximum monthly benefit; or
- until you are able to work; or
- until the plan ends

whichever comes first.

How often you can claim

We pay each time you make a claim that meets the *Plan Rules*.

key features statement

Business Overheads Insurance

If you stop working

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

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 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'.

The plan goes 'off hold' when you return to work. Then, the premium will 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 in some circumstances – for example, if you injure yourself on purpose, or if your injury or illness was caused by war.

Pregnancy

Although we won't pay because you are pregnant or have given birth, we will pay if you are unable to work because you suffer complications during pregnancy or while giving birth.

Secured by Our No.1 Statutory Fund

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

24 hours a day world-wide cover

You are covered world-wide, 24 hours a day, 7 days a week. However, if we are paying while you are outside Australia or New Zealand, payment beyond 3 months is at our discretion.

If you have been out of Australia for more than 30 days when you become unable to work for at least 14 days, we will assist your return to Australia. We will reimburse your out of pocket costs up to the cost of a single economy airfare.

Location of the business

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

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.

Ex gratia payment if you are unable to work

If you are unable to work while we are considering your application, we will consider paying you on an ex gratia basis – see page 14 .

Income Continuation Insurance & Business Overheads Insurance

What are the charges? – both plans

All the charges of the plan(s) are fully described in this section. We will not apply any other charges without your specific consent.

Plan fee

The premium includes a plan fee to cover our costs. Each year, we increase it by any increase in the CPI. The fee is currently \$66.95 a year for the first plan. It is \$13.39 a year for any other AMP *Income Continuation Insurance* plan or *Business Overheads Insurance* plan taken out at the same time to cover yourself. If the plan starts after 31 December 2001, those amounts will be increased by one year's increase in the CPI.

Premium frequency fee

If you pay the premium more often than yearly, an extra fee is included in the premium. 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 do that because our costs are higher. We can change these percentages at any plan anniversary in circumstances relating to the commercial operation of our business. We will tell you of any change at least 3 months before the change.

Taxation – both plans

Taxation law and its interpretation will change from time to time. Our understanding of current taxation law and the way it is interpreted for these plans is that:

- the premiums are fully tax deductible; and
- the amounts we pay are assessable income. This means that you may have to pay tax on this amount and should declare it on your tax return.

How the law applies to you depends on your circumstances.

Cooling off period – both plans

If you are not happy with the plan, you can tell us to cancel it within 14 days, by writing to us and enclosing the *Certificate*. We will refund what you have paid us.

The 14 days start from when you receive the *Certificate* and *Plan Rules* or should have received them in the normal course of post.

Information on your insurance – both plans

Certificate and Plan Rules

If we agree to issue the plan, we will send you a *Certificate* and *Plan Rules* which form your contract with us. They will set out the details of who owns the plan, who is insured, the amount of cover 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 and premium (including fees). It will also tell you of any material changes to the plan.

If you need assistance

We want you to remain happy with us and your plan. If you need information or have concerns or a complaint, please contact your Financial Planner. Also our Customer Service people are keen to help. Their contact details are on page 15.

If you write to us, we will acknowledge this within 5 business days. We will investigate your query or complaint promptly. We will give you a written reply as soon as possible.

If you are unhappy about the way we have handled a complaint, you can refer it to the Financial Industry Complaints Service (FICS). FICS is independent and impartial. Their address is on page 15.

Income Continuation Insurance

plan features in summary

Features offered under these plans are: **Advanced** **Standard** **Basic**

Built-in features				
Cover guaranteed to continue	✓	✓		
Variable and cancellable by AMP after it has paid a claim				✓
Continuous cover to age 60 or 65 or lifetime	✓	✓		
Choice of waiting periods	✓	✓		✓
Recovery feature	✓	✓		✓
Rehabilitation costs feature	✓	✓		✓
Guaranteed minimum income feature	✓	✓		✓
Automatic CPI increase in benefit while on claim (no extra cost)	✓			
Option of CPI increase in benefit while on claim (extra cost)			✓	✓
Automatic CPI increase in benefit while not on claim	✓	✓		✓
24 hour cover world-wide	✓	✓		✓
Up to 3 months payment while overseas	✓	✓		✓
12 months cover while temporarily not working	✓	✓		✓
Choice of benefit periods	✓	✓		✓
Superannuation contribution option (extra cost)	✓	✓		✓
14 day cooling off period	✓	✓		✓
Extra features with Advanced				
Chronic condition option (extra cost)	✓			
Bedcare feature	✓			
Crisis feature	✓			
Major fracture or loss feature	✓			
Death feature	✓			
Premiums				
Tax deductible premiums	✓	✓		✓
Choice of level or stepped premiums	✓	✓		
Pay no premium while we pay you	✓	✓		✓
Plan continuation discount	✓	✓		✓
Non-smoker discount	✓	✓		✓
AIDS exclusion option	✓	✓		✓
Choice of yearly, half yearly or monthly premiums	✓	✓		✓
Examples of claims recently paid by AMP Life – please see note on page 11.				
Occupation	Age	Cause of Disablement	Time off Work	Benefit Paid
Painter	40	Back Injury	36 Months	\$77,557
Accountant	52	Heart Attack	12 Months	\$54,435
Orthodontist	42	Skiing Accident	6 Weeks	\$11,159
Refrigerator Repairer	43	Depression	33 Months	\$66,011
Welder	45	Bronchitis	2 Months	\$4,665

Business Overheads Insurance

plan features in summary

Features offered under this plan are:

Built-in features	
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	✓
Plan Continuation Discount	✓
Choice of waiting periods	✓
AIDS exclusion option	✓
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 maximum monthly benefit)	✓
Net cost of hiring a locum if costs exceed income generated	✓

Example:

How we calculate how much we pay

Maria is a surveyor in sole practice. She is injured in a car accident and cannot work. She has *Business Overheads Insurance*, so we start paying her eligible overheads one month after her waiting period ends. Her monthly benefit is \$2,000.

While she is unable to work, she doesn't receive any reimbursement of overheads from any one else. And she doesn't appoint a locum.

In January, Maria's eligible business costs are \$1,800. We pay her that amount. And carry the left over \$200 into February.

In February, Maria's business has an expensive month – her insurance, rates and electricity bills arrive. Maria's eligible business costs are \$2,350. We pay Maria the monthly benefit, \$2,000 plus the \$200 left over from January. And we carry the \$150 of unpaid overheads into the next month, March.

In March, Maria's eligible business costs are \$750. We add the \$150 from February to the \$750 for March: and pay Maria \$900.

Note: The examples of claims recently paid on page 10, do not represent any amount that would be payable on a plan you purchase. Each claim is different and will depend on your circumstances at the time, and the conditions applying to your plan.

our approach to insurance

How we decide whom to insure

To protect the interests of our planowners we need to be careful about deciding:

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

To make the right decisions, we need to have all the relevant information. That is why we ask the questions in the *application* and *personal statement*. So, by asking these questions:

- we can be confident that we will be here to pay claims; and
- we help you to protect your interests and the interests of all our planowners.

What we do

Insurance is all about sharing risk. Our planowners pay premiums to us. Our main role is to pay planowners who make genuine claims.

We also:

- administer the plans; and
- build reserves of money to pay future claims; and
- aim to make a profit.

For us to play our role, we need to be financially secure, so that we are still around years later when you need to make a claim.

How we handle claims

We are keen to help people who are ill or injured to get on with their lives and if possible, to get back to work:

- this is good for those people – after all, people unable to work because they are unwell often become demoralised. And sometimes, they may develop other medical problems; and
- it is good for us because it keeps our claims costs down. And that is good for you and all our planowners because it keeps premiums down.



Assistance at the claim stage

We are committed to paying genuine claims. After all, that is why we are here.

If you have the misfortune to need to make a claim, AMP is interested in you – you are not just another statistic.

We have specifically trained staff who can visit you by appointment to assist in the speedy assessment of your claim. They can also help clarify anything that is outstanding.

Our staff can also visit you if you are ill or injured for a long time to establish:

- how we can assist with any aspect of your claim and your recovery;
- that you are happy with the level of service we are providing.

For you, the advantage of this approach is it will assist you to return to work earlier and resume your normal life.

examples of claims we have paid

These are some examples of disability income claims we have paid recently. These case studies show claims in action and our approach to helping clients. Their names and occupations and the dates have been changed to protect their privacy.

Elliot's claim

Elliot was injured in a car accident on 25 July. His car collided with another and he fractured his middle finger on his right hand. This injury prevented Elliot from working in his occupation as a carpenter.

Elliot was insured for \$2,188 per month and the plan had a 2 weeks waiting period. Because he was unable to work in his usual occupation from the date of the accident, we paid the monthly benefit – after the waiting period – from 8 August to 17 September. Elliot was able to return to work the next day. While he was unable to work, Elliot was also entitled to have the premium waived on his plan.

Hamish's claim

Hamish is 49 and is an office manager. He became ill on 18 May. Hamish was taken to hospital for tests to find out the cause of his illness. He was found to be suffering from Q Fever, contracted through food.

Hamish has an *Income Continuation Insurance* – Basic plan (IPC). It has a monthly benefit of \$4,136 with a 4 weeks waiting period.

Hamish was unable to work at all from 18 May until 6 July. After the waiting period was over, we paid the full monthly benefit for those 22 days. His condition improved and from 7 July until 12 July he was able to go back to work for a few hours a day. Hamish was not able to do his work on a full time basis but he was able to do some parts of his work, such as talking on the telephone and catching up with the mail.

Hamish was able to claim under the *Recovery feature* for the 6 days to 12 July. In addition, the premiums on his plan were waived while he was on claim. He recovered fully and was able to return to work in a full time capacity on 13 July.

Sue's claim

Sue works in a nursery. She was diagnosed with a cancerous growth and stopped working on 1 June.

Sue underwent surgery that day and was not able to work at all from then until 13 September. We paid her the full monthly benefit insured under her plan for the time she was not able to do her usual occupation.

Fortunately, Sue recovered and we were pleased to hear this news. She returned to work on 14 September.

These examples do not represent any amount that would be payable on a plan you purchase. Each claim is different and will depend on your circumstances at the time and the conditions applying to your plan.



income continuation insurance

other plan information

How long we pay – the benefit period	Level of Income Continuation cover	The oldest you can be when you apply
Until you turn 65	Advanced or Standard	Generally 59
If you want the Lifetime Option	Advanced or Standard	Generally 54
Until you turn 60	Advanced or Standard	Generally 54
For 1 year, 2 years, or 5 years	Advanced or Standard	Generally 54
For 1 year, 2 years, or 5 years	Basic	Generally 49

Advanced only – Inbuilt Features

Crisis feature

We pay your monthly benefit if you suffer any one of the following serious conditions (as defined in your plan) and the condition causes you to be unable to work for the waiting period:

- heart attack
- kidney failure
- major organ transplant
- coronary artery disease
- certain cancers
- stroke

We pay only once for each condition for a maximum of 6 months. We start to pay after the waiting period and continue to pay even if you are able to work before the payment period ends. Cover starts 3 months after your plan commences.

Bedcare feature

This feature applies 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 3 consecutive days during the waiting period. We pay 1/30 of the monthly benefit for each day, after the first 3, that you are bedridden, up to the end of the waiting period. We will pay for a maximum of 90 days.

We pay the benefit when the first of the following occurs:

- at the end of the waiting period; or
- the 90 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. The fractures and losses we cover and the period we pay are:

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 or above the knee joint	18 months
One arm severed through 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, index finger, of the same hand	6 months

Both plans – Ex gratia payment

While we are considering your application, if you become ill or injured and are still unable to work after the waiting period you select, we will consider paying you up to twice the monthly amount we would normally agree to insure you for. For us to do this, when you apply, you:

- need to be well; and
- must not be contemplating seeking medical advice in the next 30 days.

agreement and declaration

enquiries and complaints

Agreement and declaration

- i I have read the duty of disclosure below or when completing the electronic personal statement on the Adviser Workbench. I understand that any plan AMP Life issues will be based on the answers in this Application and the Personal Statement, and that if I do not comply with my duty to disclosure information, that the insurance may be cancelled or altered;
- ii I also understand that I need to tell AMP Life of any change to my health, occupation or pastimes, or other things that happen to me after I complete this Application and the Personal Statement that could alter AMP Life's decision to insure me, right up to the point that AMP Life issues the Certificate and Plan Rules.
- iii I understand that AMP Life may obtain information from any doctor or hospital I have been to or may go to. AMP Life may provide any information it has about me to its reinsurers or legal tribunal.

Duty of Disclosure

What you must tell us

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

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

Consequently, you and 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.

Enquiries and complaints

Contact us

If you have any enquiries or complaints about your plan, please contact your Financial Planner or one of our Customer Service Operators. Their contact details are on the inside back cover. If you want to write to us our address is:

If you live in NSW, QLD or ACT:

AMP Life Limited
PO Box 300
PARRAMATTA NSW 2124

If you live in VIC, SA, WA, TAS or NT:

AMP Life Limited
GPO Box 245B
MELBOURNE VIC 3001

Independent complaints service

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

Their address is:

Financial Industry Complaints Service
PO Box 579
Collins Street West Post Office
MELBOURNE VIC 8007
Telephone: (03) 9629 7050
Toll Free: 1800 335 405

Index	Section	Page
14 day free look	Cooling off	9
24 hours world-wide cover	Benefits	4 & 8
AMP in profile	AMP in profile	front cover
Annual Statement	Inf. on your plan	9
Assistance on claim	Our Approach	12
Availability	Benefits	4 & 8
Benefit Period	Benefits	2, 7 & 14
Business location – Business Overheads	Benefits	8
Calculating the monthly benefit	Benefits	2 & 7
Certificate and Plan Rules	Inf. on your plan	9
Charges	Charges	9
Chronic condition option – Income Continuation Advanced	Benefits	5
Claim Assistance	Our Approach	12
Claims actually paid – Income Continuation	–	10 & 13
Claim escalation option – Income Continuation Standard & Basic	Benefits	5
Claim example – Business Overheads	Summary	11
Claim more than once	Benefits	3 & 7
Complaints	Inf. on your plan	9 & 15
Cooling Off Period	Cooling off	9
Cover when not working	Benefits	4 & 7
CPI – maximum monthly benefit	Benefits	4 & 8
Customer Service contact details	Inf. on your plan	9 & 15
Definition of Disablement	Benefits	3 & 6
Discounts – Premiums	Premiums	2
Enquiries and Complaints	Enquiries & Comp.	15
Entry Ages	Benefits	4, 6 & 14
Expense peaks and troughs – Business Overheads	Benefits	7
Exclusions	Benefits	4 & 7
Fees	Charges	9
Fourteen day free look	Cooling off	9
Frequency of premium payment	Premiums	2
Guaranteed Cover – Income Continuation	Benefits	5
Guaranteed insurability	Benefits	4 & 8
Guaranteed minimum income feature – Income Continuation	Benefits	2
Guarantees – premiums	Premiums	1
Premium calculation	Premiums	1
Inflation – maximum monthly benefit	Benefits	4 & 8
Interim Cover	Benefits	4, 8 & 14
Lifetime Option – Income Continuation	Benefits	5
Maximum Monthly Benefit	Benefits	2 & 6
Maximum you can insure for	Benefits	2 & 6
Methods of premium payment	Premiums	2
Multiple claims	Benefits	3 & 7
Not working	Benefits	4 & 8
Overheads we pay – Business Overheads	Benefits	6
Overheads we won't pay – Business Overheads	Benefits	7
Partial disablement benefits – (Recovery feature) Income Continuation	Benefits	3
Plan Fee	Charges	9
Pregnancy	Benefits	4 & 8
Premium frequency fee	Charges	9
Purpose of Income Continuation Cover	–	1
Purpose of Business Overheads Cover	–	1
Recovery feature – Income Continuation	Benefits	3
Relapse of illness or injury – Income Continuation	Benefits	3
Stopping paying premiums	Premiums	1
Superannuation contribution option – Income Continuation	Benefits	3
Taxation	Taxation	9
Unable to work	Benefits	3 & 6
Waiting Period	Benefits	3 & 6
What we actually pay – Income Continuation	Benefits	2
When we won't pay	Benefits	4 & 8

AMP Income Continuation Insurance Application

AMP Business Overheads Insurance Application

Tables IPA, IPB, IPC, BOI

Before you sign this application form, be aware that AMP Life or your Financial Planner is obliged to provide you with a brochure 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.

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

Note: This Application forms part of the Income Continuation and Business Overheads Insurance Customer Information Brochure Issue 10, which expires on 31 December 2001. Applications received after this date will be declined.

Application for	<input type="checkbox"/> new business	Plan number GC
	<input type="checkbox"/> increase	Application No's (1)
	<input type="checkbox"/> conversion	(2)
	<input type="checkbox"/> alteration	Office WF Number
to/from existing plan number	G	Reduced Plan Fee <input type="checkbox"/> yes <input type="checkbox"/> no
LifeGuard Application	<input type="checkbox"/> yes <input type="checkbox"/> no	Multiple Lodgement <input type="checkbox"/> yes <input type="checkbox"/> no

A: Identity

Insured Person and owner	1. Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other
	2. Surname	3. Previous surname				
	4. Given names					
	5. Date of birth	/	/	6. Age next birthday		
	7. Country of birth	8. Sex <input type="checkbox"/> M <input type="checkbox"/> F				
	9. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> De facto
	10. Residential Address					
	Town/Suburb					Postcode
	11. Do you want AMP to change the address for the other products you have with us?	<input type="checkbox"/> yes <input type="checkbox"/> no				
	12. Employer/business name and street address					
	Town/Suburb					Postcode
	13. Address for notices (tick ✓ or cross ✗)	<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Other (<i>specify</i>)		

B: Type of Plan(s) required

Income Continuation Insurance

Table IPA Table IPB Table IPC

14. Do you want the Superannuation contribution option to be paid? This is an additional 12% of the Monthly Benefit we normally pay. yes no

15. Total maximum monthly benefit (**including** the Super Contribution option amount if you say "Yes" to 14)

Waiting period	Benefit period	Premium type	AIDS cover*
\$	weeks	<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> yes <input type="checkbox"/> no

16. Do you want the Chronic condition option? (only available with IPA 60, 65 or Lifetime) yes no

17. Claim Escalation Benefit (Answer for tables IPB or IPC only) yes no

18. For IPA1 and IPB1 specify details of conversion option below

Maximum monthly benefit	Waiting period	Benefit period	Premium type	AIDS cover*
\$	weeks		<input type="checkbox"/> Stepped <input type="checkbox"/> Level	<input type="checkbox"/> yes <input type="checkbox"/> no

19. Occupation Group 4A 3A 2A 2M A B C

Business Overheads Insurance

Maximum monthly benefit	Waiting period	Benefit period	Premium type	AIDS cover*
\$	weeks	1 year	Stepped	<input type="checkbox"/> yes <input type="checkbox"/> no

Please note, the amount of the monthly benefit you insert in question 20 immediately above must be based on the insured person's answer to Section 10 of the Business Overhead Calculator on page 5 of the Personal Statement. That question deals with the situation where more than one person shares responsibility for the overheads of the business.

***If you answer yes to AIDS cover in 15, 18 or 20 above, complete the Authority for Blood Test in the Personal Statement.**

C: Payment detail

Premium	\$		
Method and frequency (tick <input checked="" type="checkbox"/> or cross <input checked="" type="checkbox"/>)			
Direct debit from a Financial Institution Account or Credit Card Account* <i>*(please complete the authority on page 5)</i>	<input type="checkbox"/> yearly	<input type="checkbox"/> half yearly	<input type="checkbox"/> monthly
Direct to AMP Life (AMP sends a notice)	<input type="checkbox"/> yearly	<input type="checkbox"/> half yearly	

D: While we consider your application – Ex Gratia Payment

Ex gratia payment as described on page 14 of our brochure, applies automatically for accidents. For ex gratia cover to apply also for illness, you need to be able to certify 'yes' below:

Currently, I am in good health and I am not planning to seek medical advice in the next 30 days. yes no

E: 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.
- If Table IPC** I understand that this Plan may be cancelled or varied by AMP following a claim.
- Chronic condition option (Advanced only)** We start to pay on the later of the date the insured person meets the definition of chronic condition or you lodge your claim. We can reduce what we pay by the income we consider the insured person could earn, if they were working to the capacity we think they can work at. Please note that as this option only covers physical conditions, we will not pay a benefit if the insured person has a condition that is psychosomatic or psychiatric in nature.
- I, agree that:
- I have received and read the AMP Income Continuation and Business Overheads Insurance Customer Information Brochure (CIB) Issue 10 dated 1 January 2001;
 - I have read and agree with the Agreement and Declaration Statements (including the Duty of Disclosure) on page 15 of the CIB;
 - 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: (please tick or cross one of the following)
 - My Financial Planner completed a fact find and needs analysis, based on the information I provided at his/her request. My Financial Planner recommended I purchase this plan. I have been provided with a copy of the Customer Advice Record; or
 - I decided not to provide my Financial Planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I decided to purchase a plan different from the one my Financial Planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
 - My Financial Planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my Financial Planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.

Signature of Insured person and Planowner

Date / /

F: Conversion Option details (only fill this in if you are converting from an existing AMP plan and AMP will approve the conversion)

I, as an insured person of the Plan(s) below (the "old" plan):

Existing plan number(s)

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

- request that the old Plan be converted effective from the issue date of the new Plan being applied for.
- 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 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 and Planowner

Date / /

AMP ILLUSTRATION QUOTE (attached here)

Financial Planner information to be completed by Life Financial Planner

Client number

Financial Planner Notes

Name	Financial Planner number	Telephone	Fax	Init. Comm Split	Service Financial Planner
		()	()	%	<input type="checkbox"/>
		()	()	%	(tick <input checked="" type="checkbox"/> or cross <input checked="" type="checkbox"/>)
				<u>100 %</u>	

AMP Staff Application? yes no Staff number

If yes, 100% initial commission must be credited to Financial Planner number 92xSP-Q (where x = State of Register)

Accreditation Financial Planner number

Accreditation segment (tick or cross)

- Superannuation Retirement & Investment Small Business Personal Risk
 Estate Planning (Personal) Estate Planning (Business) Personal savings

Sales within previous 24 hours

The ISC Code of Practice imposes restrictions on "same day sales" to "related" parties. If you have sold a plan on this basis in the past 24 hours, please note this immediately below. If none, write NIL.

Applicant's name	Date, place and time signed	Accounting details

Office use only

Customer Information Brochure Issue 10 –
Current 1 January 2001 to 31 December 2001

Receipt details

Date	Amount	Receipt number	Accounting details
	\$		
	\$		

Assessment *Income Protection*

	Assessment	Underwriter Name	Initial	Date	/	/	
Assessment 1	Assessment		Mnthly Ben/\$	Waiting Period			wks
	Table Type		Benefit Period				
Assessment 2	Assessment		Mnthly Ben/\$	Waiting Period			wks
	Table Type		Benefit Period				
	Occupation group		Occupation code	Impairment code			
	Medical exam <input type="checkbox"/> yes	AIDS exclusion <input type="checkbox"/> yes	Claim escalation <input type="checkbox"/> yes	smoker <input type="checkbox"/> yes			

Conversion option

tick <input checked="" type="checkbox"/> if yes	Mnthly Ben/\$	Waiting Period	wks	Benefit Period
AIDS cover <input type="checkbox"/>	Super cont option <input type="checkbox"/>	Claim escalation option (IPB only) <input type="checkbox"/>	Chronic cond option <input type="checkbox"/>	

Special conditions and/or third party ownership

Reinsurance *Income Continuation or life or Superannuation*

Amount Ass 1 \$	Table	Amount Ass 1 \$	Table
<input type="checkbox"/> Treaty	<input type="checkbox"/> Shopped	<input type="checkbox"/> Special Arrangement	
Company name			

This page has been left blank intentionally

AMP Income Continuation Insurance Electronic Application AMP Business Overheads Insurance Electronic Application

Tables IPA, IPB, IPC, BOI

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

Note: This Application forms part of the Income Continuation and Business Overheads Insurance Customer Information Brochure Issue 10, which expires on 31 December 2001. Applications received after this date will be declined.

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

My application includes:	Member name
• my electronic application on the computer which has	
Application Number and	Application number
Verification Number on it; and	Verification number
• this Agreement and Declaration.	

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

Application for	<input type="checkbox"/> new business <input type="checkbox"/> increase <input type="checkbox"/> conversion <input type="checkbox"/> alteration	Plan number GC	
		Application No's (1)	
		(2)	
		Office	WF Number
to/from existing plan number	G	Reduced Plan Fee	<input type="checkbox"/> yes <input type="checkbox"/> no
	LifeGuard Application	Multiple Lodgement	<input type="checkbox"/> yes <input type="checkbox"/> no

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.
If Table IPC	I understand that this Plan may be cancelled or varied by AMP following a claim.
Chronic condition option (Advanced only)	We start to pay on the later of the date the insured person meets the definition of chronic condition or you lodge your claim. We can reduce what we pay by the income we consider the insured person could earn, if they were working to the capacity we think they can work at. Please note that as this option only covers physical conditions, we will not pay a benefit if the insured person has a condition that is psychosomatic or psychiatric in nature.

I, agree that:

- i. I have received and read the AMP Income Continuation and Business Overheads Insurance Customer Information Brochure (CIB) Issue 10 dated 1 January 2001;
- ii. The Application Number and Verification Number shown above appear on my electronic application on the computer screen;
- iii. I have read (or have had read to me) all questions and answers in the electronic application on the computer and confirm that the answers are true and nothing has been left out.
- iv. I have read and agree with the Agreement and Declaration Statements on page 15 of the CIB, including the Duty of Disclosure, set out there and in the electronic personal statement on the computer;
- v. When I decided to apply for this plan, I did this based on: (please tick ✓ or cross ✗ one of the following)
 - My Financial Planner completed a fact find and needs analysis, based on the information I provided at his/her request. My Financial Planner recommended I purchase this plan. I have been provided with a copy of the Customer Advice Record; or
 - I decided not to provide my Financial Planner with all the information he/she requested. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I decided to purchase a plan different from the one my Financial Planner recommended. I understand that by doing this I risk making a financial commitment to a plan that may not suit my needs; or
 - I only wanted advice on a limited range of products. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs; or
 - My Financial Planner did not complete a fact find or needs analysis on me and my circumstances. Nor did my Financial Planner give me any advice. I understand that because of this I risk making a financial commitment to a plan that may not suit my needs.
- vi. Do you want the Superannuation contribution option? This pays an additional 12% of the Monthly Benefit you selected based on your income and is included in the Maximum Monthly Benefit. yes no

Signature of
Insured person
and Plan owner

Date / /



AMP Income Continuation Insurance Electronic Application AMP Business Overheads Insurance Electronic Application

Tables IPA, IPB, IPC, BOI

Conversion Option details *(only fill this in if you are converting from an existing AMP plan and AMP will approve the conversion)*

I, as an insured person of the Plan(s) below (the "old" plan):

Existing plan number(s)

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

- request that the old Plan be converted effective from the issue date of the new Plan being applied for.
- 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 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 and Planowner

Date / /

While we consider your application – Ex Gratia Payment

Ex gratia payment as described on page 14 of our brochure, applies automatically for accidents. For ex gratia cover to apply also for illness, you need to be able to certify 'yes' below:

Currently, I am in good health and I am not planning to seek medical advice in the next 30 days. yes no

Financial Planner Declaration

I agree and declare that:

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

Signature of Financial Planner

Date / /

Financial Planner name and number

Date / /

Direct debit request for risk products

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

A: Debit information

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

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

Credit card account deduction – Please complete section B

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

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

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

B: Visa Card Mastercard Bankcard American Express debit request

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

Credit card number - - - Expiry /

Name on card

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

Signature of cardholder

Date / /

C: New direct debit request

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

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

Office use only

Authority number

Account in name of

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

Account number

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

I/We Surname of account holder

Given names

Address

Town/Suburb

Postcode

Phone ()

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

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

Account holder signature(s)

Date / /

AMP Life Limited ABN 84 079 300 379

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	<p>You can use AMP's direct debit service to settle a wide range of payments. These include:</p> <ul style="list-style-type: none">• Savings and protection plans• Term insurance and disability premiums• Superannuation contributions• Loan repayments (policy loans) <p>Our AMP General Insurance company operates on the same principle, but provides a separate direct debit service. All you need to do is request a direct debit request from your nearest AMP Customer Service Centre.</p>
Simply fill out the form	<p>To arrange for direct debit payments, complete the reverse side of this form and return it to AMP. We'll do the rest. The request form is your authorisation to AMP Life Limited to debit the account from which payments have to be made. All you have to do is ensure you have funds in your account.</p> <p>Banks and other financial institutions usually charge a fee for transfer of funds. Because we want to make your life a little easier, AMP pays these fees for you.</p>
We're flexible	<p>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.</p>
Customer enquiry service	<p>Telephone 13 1267 (local call fee nationally) Postal address: Residents of NSW, QLD, PNG, Fiji, ACT – PO Box 300 PARRAMATTA NSW 2124 VIC, SA, WA, TAS - GPO Box 245B MELBOURNE VIC 3001</p>

Direct debit request service agreement

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

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

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

Please keep this agreement in a safe place for future reference

This page has been left blank intentionally



First Premium Payment Request

For New Plans and Formal Increases

Client Details

Title Mr Ms Mrs Miss Other

Surname Initials

Card Account Schedule

Debit my: (please tick (✓) appropriate box) Visa Mastercard Bankcard American Express

with the amount payable below.

Card Account Number - - -

Name on card Card expiry /

Signature of card holder Date / /

Financial Planner's name Financial Planner's No.

Type of Insurance	Application Number (Office Use Only)	Amount Payable
		\$
		\$
		\$
		\$
		\$
		Total

Cashiers Initials and Date Stamp Authorisation Number

Receipt Number

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

Client Record

This is the clients record that they authorised AMP Life Limited ABN 84 079 300 379 to debit their Credit Card account with the following amount as the provisional first premium on a life insurance application to AMP Life.

Card Type Visa Mastercard Bankcard American Express

Account Name

Amount \$ Date / /

This page has been left blank intentionally

Directory

AMP Life Limited

Registered Office

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

Directors

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

AMP Customer Service Centre

Telephone

131 267
Monday to Friday
8.00am to 8.00pm EST

Fax

1300 301 267

New business enquiries

Telephone

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

Address

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

Internet Address

Website

<http://www.amp.com.au>

Email

info@amp.com.au

Adviser Services

Telephone

National Service for Advisers is available on 1800 066 785.

For submission of business by non-AMP Advisers

Address

Adviser Services Lodgement Team
Locked Bag 5027
Parramatta NSW 2124

Customer Service "Walk-In" Centres

New South Wales

Ground Floor
33 Alfred Street
Sydney Cove

Ground Level Plaza
31-39 Macquarie Street
Parramatta

Victoria

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

Queensland

Ground Floor
AMP Place
10 Eagle Street
Brisbane

South Australia

Ground Floor
1 King William Street
Adelaide

Western Australia

1st Floor
140 St George's Terrace
Perth

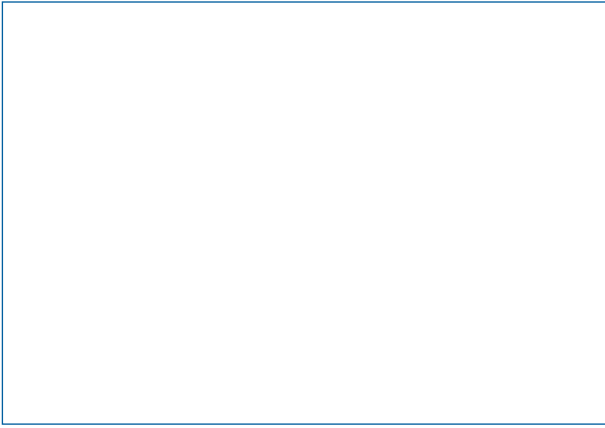
Tasmania

Ground Floor
27 Elizabeth Street
Hobart

Other Office

Australian Capital Territory

1 Hobart Place
Canberra City



1

contact your adviser or financial planner



2

or call us on



133 888



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

3

or visit our website
or email us



www.amp.com.au
info@amp.com.au

JN 20709