



Protection*first* range

Product Disclosure Statement

4 October 2007

To acquire the Aviva Protection*first* products you must complete the application form contained in this Product Disclosure Statement



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This Product Disclosure Statement ("PDS") covers two separate financial products: life insurance and superannuation.

The life insurance product is called the Aviva Protection^{first} Range and is issued by Norwich Union Life Australia Limited ("NULAL", "the Insurer", "our", "we", or "us") ABN 34 006 783 295 Australian Financial Services Licence Number ("AFSL number") 241686. The superannuation product is called the Norwich Union Superannuation Trust ("the Trust") and is issued by NULIS Nominees (Australia) Limited ("NULIS" or "the Trustee") ABN 80 008 515 633 AFSL number 236465 Registrable Superannuation Entity ("RSE") license number L0000741 through the Norwich Union Superannuation Trust RSE registration number R1004083. Both products are administered by NULAL. If you are a member of the Navigator Personal Retirement Division insurance policies can also be held through the Navigator Personal Retirement Plan Division RSE Registration Number 1004069 ("the Plan"). The trustee of the Plan is NULIS and the Administrator is Navigator Australia Limited ABN 45 006 302 987 AFSL Number 236466 ("NAL").

RSE Licence

One of the conditions of receiving a RSE Licence from the Australian Prudential Regulation Authority to act as a trustee of a public offer superannuation fund, is a requirement to have at least \$5 million in net tangible assets, or to have secured a bank guarantee for that amount. NULIS has secured such a guarantee from Westpac Banking Corporation. This guarantee is held at the registered office of the Trustee at 509 St Kilda Road, Melbourne, Victoria, 3004.

NULAL, NAL and NULIS are subsidiaries of Aviva Australia Holdings Limited ABN 38 095 045 784 ("Aviva Australia group" or "Aviva Australia") which is ultimately owned by Aviva plc, the world's fifth largest insurance and investment company.

The information in this Product Disclosure Statement ('PDS') is of a general nature only and has not taken into account your individual investment objectives, financial situation or particular investment needs. Before making an investment decision, you should consider, with or without the assistance of a financial adviser, whether a particular investment is appropriate for your own objectives, situation and needs. This PDS is not a Statement of Advice nor is it a Financial Services Guide. Some of the information contained in this PDS is subject to change from time to time. Where changes are not materially adverse from the point of view of a reasonable person, deciding whether to make an investment, the updated information will be made available through our website. A paper copy of any updated information will be provided without charge on request by calling our Client Service Team. This PDS may be made available electronically. The offer or invitation to which this PDS relates, is only available to persons receiving a copy (including an electronic copy) of this PDS within Australia. Investors should consider this PDS before making an investment decision or deciding to continue to hold a product.

Protection to suit you

With Aviva Protection^{first}, you have peace of mind in knowing you and your family will be financially secure, should unforeseen situations arise.

If you are unable to work because of injury or illness, Aviva Protection –

Income can pay you a percentage of your regular income. Our Life and Recovery Money policies pay a lump sum benefit.

The following table provides an overview of the products and benefits we offer.

Policies providing a lump sum benefit

	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Disability Buy Back Option	Accidental Death Benefit	Superannuation Option	Terminal Illness Benefit	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option	Future Insurability Critical Illness	Child Critical Illness Benefit	Severe Illness Benefit	Funeral Assistance Benefit*	Occupationally Acquired Hepatitis B and C	Activities of Daily Living Benefit
Aviva Protection – Life	B	O	B	OC	B	B	B	B	O	O	B	B	B	O	N	N	N	N	O	N	B	N	O
Aviva Protection – Recovery Money	B	O	B	OC	B	B	B	B	O	O	N	B	B	O	OS	O	O	B	O	O	B	O	O
Aviva Protection – Flexible Recovery Money	N	O	B	OC	B	N	B	B	O	N	N	N	B	O	OS	O	O	B	O	O	N	O	O
Aviva Protection – Stand Alone Recovery Money	N	O	B	OC	B	N	B	B	N	N	N	N	B	O	OS	N	O	B	O	O	N	O	N

B = Benefit included in basic price

O = Option at additional cost

OC = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 65.

OS = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 70

N = Not available

*Not available for superannuation policies

Protection to suit you continued

Policies providing income replacement

	Accident Benefit Option	Automatic CPI Linking Benefit	Critical Conditions Benefit	Death Benefit	Emergency Travel Benefit	Guaranteed Insurability Option	Guaranteed Yearly Renewable	Increasing Claim Benefit	Interim Accident Benefit	Nursing Care Benefit	Platinum Benefit	Recurrent Claim Benefit	Scheduled Injury Benefit	Spouse Accommodation Benefit	Rehabilitation Benefit	Rehabilitation Income Benefit	Total & Partial Disability Benefit	Unemployment Waiver	Waiver of Premium	Benefit Extension	Debt Replacement Benefit	Superannuation Maintenance Benefit
Aviva Protection – Income Gold	O	B	B	B	B	O	B	O	B	B	O	B	B	B	B	B	B	B	B	N	O	O
Aviva Protection – Income Excell	O	B	N	B	N	O	B	O	B	N	N	B	B	N	N	N	B	N	B	N	N	O
Aviva Protection – Income Business Expenses	N	B	N	B	N	N	B	N	B	N	N	B	N	N	N	N	B	N	B	B	N	N

B = Benefit included in basic price

O = Option at additional cost

N = Not available

You can combine lump sum or income replacement policies to create your own personal package of cover.

Note: more detailed descriptions of the policies' benefits, risks, and charges are covered in the following sections.

Two reasons to protect your wealth with Aviva Protectionfirst

Strong history

Aviva Protectionfirst is underwritten by NULAL, which is part of the Aviva plc group, one of the first insurance organisations in the world to protect personal wealth.

Financial strength

By choosing Aviva Protectionfirst you benefit from the financial strength and experience of Aviva plc. Aviva plc group has over \$902 billion of assets under management and 40 million customers worldwide.*

* figures correct as at 30 June 2007

Aviva Protection – Life

Aviva Protection – Life provides death cover. You can choose to include optional disability cover, for an additional premium. If you die or (if disability cover is added) are disabled during the term of the policy, you or your beneficiaries will receive a pre-determined lump sum.

Aviva Protection – Life: a snapshot of what this cover includes

	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Disability Buy Back Option	Accidental Death Benefit	Superannuation Option	Terminal Illness Benefit	Upgrade Guarantee	Waiver of Premium	Funeral Assistance Benefit*	Activities of Daily Living Benefit
Aviva Protection – Life	B	O	B	OC	B	B	B	B	O	O	B	B	B	O	B	O

B = Benefit included in basic price

O = Option at additional cost

OC = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 65.

* Not available for superannuation policies

These policies are 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'. If you choose to add disability cover to your policy, you can choose a different Sum Insured for your Death Benefit and your Disability Benefit.

Your policy can be held in one of two ways. You can hold the policy yourself, or arrange for the trustee of a complying superannuation fund to hold the policy, with you as the life insured.

1. Ordinary policy

You hold the policy directly. You can determine to whom the benefits are paid, by completing the form on page 80. Otherwise, benefits are paid to you or your estate.

2. Superannuation policy

Your policy may instead be held by the trustee of a complying superannuation fund. Holding your policy through a superannuation fund affects the tax treatment of premiums and benefit payments. You should discuss whether this structure is appropriate for you with your financial adviser.

If you choose this structure, we can arrange for your policy to be held through the Norwich Union Superannuation Trust ("the Trust"), or if you are a member of the Navigator Personal Retirement Division ("the Plan"), you can hold your policy through the Plan (refer to the current PDS of the Plan), or you can instruct us to issue the policy to the trustee of another complying superannuation fund of your choice. For details in respect of holding your policy through the Trust or another complying superannuation fund, refer to page 39.

The benefits

Payment of benefits

If you die, are diagnosed as being terminally ill, or (if the disability cover is added) are Totally and Permanently Disabled, the Sum Insured will be paid on the basis explained below. If the policy is held as an ordinary policy the Sum Insured is paid to you, as directed by you in your application, or to your estate. If the policy is held in a complying superannuation fund, the Sum Insured is paid to the trustee of the superannuation fund. The payment of benefits is subject to the exclusions explained on page 9.

Death Benefit (standard)

If you die the agreed death Sum Insured will be paid.

Aviva Protection – Life continued

Terminal Illness Benefit (standard)

Under this benefit where you are diagnosed as being terminally ill and likely to die within 12 months, the death Sum Insured will be paid out early with the agreement of the policy owner as a Terminal Illness Benefit. A medical practitioner nominated by us will need to provide specified information about the nature of your illness or injury.

The maximum amount payable under the Terminal Illness Benefit, including all other amounts payable by us, is \$2,000,000 (or such other amount as advised by us from time to time). If the death Sum Insured under the policy is greater than the maximum Terminal Illness Benefit, then the unpaid balance of the death Sum Insured is payable on your death (provided the corresponding premiums have been paid). If a Disability Benefit is attached, the amount of disability Sum Insured provided by this benefit will be reduced by the amount paid.

If the cover is held through a superannuation fund, the availability of the Terminal Illness Benefit is subject to the superannuation legislation regarding the release of benefits on grounds of permanent incapacity. This usually means a person has stopped working, and is unlikely to ever work again. The taxation position may be less favourable than deferring payment until it is payable as a death benefit (see page 44 for further information).

Disability Benefit (optional at additional cost)

By selecting this option, your policy is extended to include disability cover.

If you become Totally and Permanently Disabled (as defined below), the disability Sum Insured will be paid to you as a lump sum.

Once a Disability Benefit is paid, the death cover ceases unless your death Sum Insured exceeds your Disability

Benefit. Where it does, the excess death cover continues upon payment of the corresponding premium.

Definition up to policy anniversary preceding age 65.

The definition of Total and Permanent Disability changes at the policy anniversary preceding age 65.

When you apply for your policy, you can choose whether you want the 'any occupation' or 'own occupation' test of Total and Permanent Disability to apply. That choice affects the level of your premium, and you should discuss it with your financial adviser.

The own occupation test is only available to certain occupations.

If you choose the '**any occupation**' test, Total and Permanent Disability means either:

- (a) you have suffered total and irrecoverable loss of the:
 - (i) sight of both eyes, or
 - (ii) use of two limbs (where a limb is defined as one whole hand or one whole foot), or
 - (iii) sight of one eye and the use of one limb.
- (b) you have been unable to perform your own occupation for an uninterrupted period of at least three months due to bodily injury or illness and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation or other occupation for which you are suited by education training or experience which would pay remuneration at a rate greater than 25% of your earnings during your last 12 consecutive months of work, or
- (c) as a result of disease, illness or injury you are totally and permanently unable to perform at least two of the following five "Activities of Daily Living":

- (i) bathing and showering
- (ii) dressing and undressing
- (iii) eating and drinking
- (iv) using a toilet to maintain personal hygiene
- (v) moving from place to place by walking, wheelchair or with assistance of a walking aid

If you choose the '**own occupation**' test, Total and Permanent Disability means either:

- (a) you have suffered total and irrecoverable loss of the:
 - (i) sight of both eyes, or
 - (ii) use of two limbs (where a limb is defined as one whole hand or one whole foot), or
 - (iii) sight of one eye and the use of one limb, or
- (b) you have been unable to perform your own occupation for an uninterrupted period of at least three months due to bodily injury or illness and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation, or
- (c) as a result of disease, illness or injury you are totally and permanently unable to perform at least two of the following five "Activities of Daily Living"
 - (i) bathing and showering
 - (ii) dressing and undressing
 - (iii) eating and drinking
 - (iv) using a toilet to maintain personal hygiene
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid

'Own occupation' for this purpose means the occupation in which you were engaged immediately prior to the commencement of Total and Permanent Disability.

The above definitions of Total and Permanent Disability apply until the policy anniversary preceding age 65.

Occupations of specialised nature

For the purposes of the 'own occupation' definition, if your occupation is classified as a specialist surgeon, then part (b) of the definition above will be replaced by "you have been unable to perform your 'own occupation' for an uninterrupted period of at least six months due to bodily injury or illness and we believe, after consideration of medical and any other evidence, you are so disabled that you are unlikely ever to be able to perform your own occupation".

Home Duties

If your occupation immediately prior to the commencement of Total and Permanent Disability can be described as 'Home Duties', that is you have been engaged full-time in normal domestic duties in your own residence for more than six months, then Total and Permanent Disability shall mean that you have, for an uninterrupted period of three months, been under medical supervision with complete inability to perform the majority of normal domestic duties, and we believe, after consideration of medical and any other evidence, you are unlikely ever to recover.

Definition after policy anniversary preceding age 65

At the policy anniversary preceding your 65th birthday the above definition of Total and Permanent Disability shall cease to apply. Instead Total and Permanent Disability shall mean you are correctly diagnosed as "being unable to perform the Activities of Daily Living" (as defined on page 5). This definition shall apply irrespective of your occupation and whether you have selected the 'any occupation' or 'own occupation' test.

Reduction of benefits for payments under Flexible Recovery Money policies

Where this policy is written in conjunction with an Aviva Protection – Flexible Recovery Money policy:

- The amount of the Death Benefit payable on death or terminal illness under this policy will automatically be reduced by the amount of benefits actually paid under the Flexible Recovery Money policy.
- The amount of the Disability Benefit under this policy will be reduced by the amount by which the Critical Illness Benefit paid under the Flexible Recovery Money policy exceeds the Disability Sum Insured under the Flexible Recovery Money policy.

For example if you select the following policies:

- Life with \$1,000,000 death Sum Insured and \$650,000 disability Sum Insured
- Flexible Recovery Money with \$250,000 critical illness Sum Insured and \$150,000 disability Sum Insured

then after a claim under the Flexible Recovery Money policy for \$250,000 the cover under the Life policy will be reduced to \$750,000 death Sum Insured and \$550,000 disability Sum Insured.

Any remaining benefit under the Aviva Protection – Life policy, if applicable, will continue upon payment of the appropriate premium.

Activities of Daily Living Benefit (optional at additional cost)

By selecting this option you may extend your cover to include an additional benefit should you be unable to perform the "Activities of Daily Living".

This benefit is only available if:

- the level of disability cover with us under this or any other policy with us, in aggregate is \$3,000,000 or greater, or
- under our normal underwriting rules you are not eligible for the Disability Benefit.

If you become unable to perform the Activities of Daily Living (as defined below), the Activities of Daily Living Benefit will be paid to you as a lump sum.

Once the Activities of Daily Living Benefit is paid the death cover ceases unless the death Sum Insured exceeds your Activities of Daily Living Benefit. Where it does, the excess death cover continues upon payment of the corresponding premium.

Sum Insured

The maximum Sum Insured under the Activities of Daily Living Benefit is \$3,000,000. Indexation as defined on page 37 will not apply to this benefit.

The Sum Insured together with the disability Sum Insured may not exceed the lesser of \$5,000,000 or the death Sum Insured.

The Sum Insured together with the critical illness Sum Insured may not exceed the death Sum Insured.

Definition

Being unable to perform the Activities of Daily Living means:

- (a) you have suffered total and irrecoverable loss of the:
 - (i) sight of both eyes, or
 - (ii) use of two limbs (where a limb is defined as one whole hand or one whole foot), or
 - (iii) sight of one eye and the use of one limb, or

Aviva Protection – Life continued

(b) as a result of disease, illness or injury you are totally and permanently unable to perform at least two of the following five "Activities of Daily Living":

- (i) bathing and showering;
- (ii) dressing and undressing;
- (iii) eating and drinking;
- (iv) using a toilet to maintain personal hygiene; and
- (v) moving from place to place by walking, wheelchair or with assistance of a walking aid, or

(c) you are totally and permanently suffering a cognitive impairment requiring ongoing continuous care and supervision of another adult.

premium, including in relation to changes in the premium scale, or crossing below size adjustment bands, as defined on page 41.

3. You may cancel the Economiser at any time by notice in writing. Indexation, if applicable, is then reinstated.

Funeral Assistance Benefit (standard)

Within 14 days of receipt of certified copies of your birth certificate and notice of your death from a registered medical practitioner, we will pay an amount of the lesser of 10% of the sum insured or \$10,000 to be used for meeting your funeral expenses.

In the event of the payment of the Funeral Assistance Benefit then the death Sum Insured will be reduced by any amounts paid under this benefit.

The payment of the Funeral Assistance Benefit is not an admission of liability on our behalf and does not mean that any other benefits under this policy will be admitted or paid. The payment of the Funeral Assistance Benefit is a complete discharge of all liability we have in relation to the amount paid under this benefit.

This benefit is not available if the policy is owned by a superannuation fund. This benefit is not payable in the event of suicide within 13 months of commencement of the policy. We reserve the right to recover the Funeral Assistance Benefit if the Death Benefit claim is subsequently denied, or where the proceeds of the policy have been paid. The Funeral Assistance Benefit is payable only once.

The Funeral Assistance Benefit will be paid in accordance with the following order of priority:

1. To the named beneficiary (if there is a named beneficiary under the policy);
2. To the Policy Owner (if the Policy Owner is different to the Life Insured);
3. To the Executor/Executrix of the Estate of the Life Insured, as

identified in the Life Insured's will, a copy of which must be supplied to us (if the Policy Owner is the same as the Life Insured).

If none of the above apply, the Funeral Assistance Benefit will not be paid.

Future Insurability (standard)

When significant events happen in life, you can increase your death and/or disability Sum Insured without having to provide further medical evidence.

The death and/or disability Sum Insured may be increased when:

- You marry
- You divorce
- You have a child or legally adopt one
- Your child starts secondary school
- You take out a mortgage to buy your first home
- You receive an increase in your annual salary of at least 10%.

You must apply for this increase within 30 days of the first renewal date following the defined event. We will require proof of the defined event.

Premium for option increases

Premiums will be based on those rates applicable at the time of exercising a feature increase and will be based upon your then age next birthday.

Conditions

You may only increase your death and/or disability Sum Insured once under this feature in any 12 month period. You may increase your Sum Insured by 25% or \$200,000 or five times the salary increase (if applicable), whichever is lowest. The maximum total amount by which you can increase your death and/or disability Sum Insured under this feature over the life of the policy is the lesser of:

- The amount of death and/or disability Sum Insured under your policy excluding CPI increases and increases effected under this feature; and
- \$1,000,000.

The features

Aviva Protection – Life has various standard and optional features, described below. These features help you manage the cost of your premiums and the level of cover over time.

Economiser (standard)

The cost of your insurance cover will normally change each year. However with Economiser you can freeze the premium at any time after your 30th birthday, enabling you to control the cost of your insurance.

1. At any time after your 30th birthday you can request the option to be applied.
2. Applying the Economiser means:
 - (a) Indexation (as defined on page 37) ceases; and
 - (b) except at policy anniversaries when benefits automatically reduce or cease for other reasons, or premium loadings cease, the Sum Insured will be automatically reduced in inverse proportion to the increase in premium rates that would have occurred had this reduction not been made.

This has the effect of 'freezing' the

The feature cannot be exercised if at the time of your request:

- You are older than 55 years of age
- You have previously been accepted by us with special conditions affecting the premium rates
- The premiums are being waived under the Waiver of Premium Option, or
- You are currently entitled to make a claim for a Terminal Illness or Critical Illness Benefit under a policy you currently hold with us.

Any increase in the disability Sum Insured as a result of exercising this feature cannot result in the disability Sum Insured exceeding the death Sum Insured.

The feature to increase the disability cover only applies where the initial disability Sum Insured is \$1,500,000 or less.

For the first six months following an increase in cover under this feature the portion of the Sum Insured increased by the Future Insurability will only be payable in the event of accidental death or disability (caused by violent, accidental, external and visible means).

Accidental Death Benefit (optional at additional cost)

By selecting this option your cover is extended to include an additional amount of death cover should your death be as a result of an Accident and occur within 90 days of the Accident. The additional amount will be the lesser of the death Sum Insured or \$1,000,000.

“Accident” means an event causing death directly by violent, accidental, external and visible means, independent of other causes.

The Accidental Death Benefit will not be payable if your death is caused directly or indirectly by suicide or attempted suicide, self-inflicted illness or injury or participation in insurrection.

Disability Buy Back Option (optional at additional cost)

If you select this option, you have the ability to purchase an Aviva Protection – Life Policy (death only) after payment of the Disability Benefit without providing further medical evidence.

This option can only be exercised within the period between 14 and 44 days after the payment of the Disability Benefit. If your policy includes this option we will provide cover on the following basis:

- (a) the death Sum Insured does not exceed the Disability Benefit paid; and
- (b) premiums will be charged at the appropriate rate for the attained age next birthday based on the current published term insurance rates at that time; and
- (c) any original exclusions or special conditions will be maintained.

The option does not apply after payment of a Terminal Illness Benefit or Activities of Daily Living Benefit.

The maximum age at which the option can be purchased is age 60 next birthday.

This option ceases at the policy anniversary preceding age 65.

Waiver of Premium Option (optional at additional cost)

This option provides for future premiums to be waived while you are Totally Disabled for an extended period.

If you are Totally Disabled for at least three continuous months then, while Total Disability continues, subsequent premiums falling due are waived up to the policy anniversary prior to your 65th birthday. Premiums for increases or policies effected as a result of Business Protection Option or the Buy-Back Option are not subject to this option.

For the purposes of the Waiver of Premium Option, you will be

considered Totally Disabled if we are satisfied that:

- (a) you have suffered total and irrecoverable loss of the:
 - sight of both eyes, or
 - use of two limbs (where a limb is defined as one whole hand or one whole foot), or
 - sight of one eye and use of one limb, or
- (b) you have been unable to perform your own occupation (or other occupation for which you are suited by education, training or experience) for an uninterrupted period of at least three months due to bodily injury or illness.

Where you are wholly engaged in full time unpaid domestic duties at the date of the event causing Total Disability, then the occupation for which you are suited by education, training or experience is to be taken to include unpaid domestic duties. In this case you must be disabled to such an extent that you are confined to your place of principal residence unless assisted.

The maximum age at which the option can be purchased is age 60 next birthday.

This option ceases at the policy anniversary preceding age 65.

Business Protection Option (optional at additional cost)

The Business Protection Option provides you with a right to apply for an increase in your death and (if applicable) disability Sum Insured and /or critical illness Sum Insured, once in each policy year, without having to supply further medical evidence. The Business Protection Option may be used for the following purposes:

- Business succession planning
- Loan guarantor insurance
- Key person insurance

Aviva Protection – Life continued

You will need to tell us in writing the purpose for which you want the Business Protection Option and provide us with a valuation from a qualified accountant or valuer of your business or key person, or evidence of the contractual guarantees, as the case may be, together with any other financial evidence that will satisfy us that the value of your financial interest is at least equal to the increased amount of cover. Any increase in the Sum Insured is subject to our approval.

The death Sum Insured may be increased subject to the following maximums:

- For business succession planning purposes – three times the Sum Insured when this option was first purchased or \$10 million – whichever is less.
- For loan guarantor or key person purposes – three times the Sum Insured when this option was first purchased or \$5 million – whichever is less

You may increase the disability Sum Insured to three times the Sum Insured when this option was first purchased or \$3 million – whichever is less. In addition should three times the disability Sum Insured exceed \$3 million you have the option to apply for the excess over \$3 million to be purchased under the Activities of Daily Living Benefit.

The total of the disability Sum Insured and Activities of Daily Living Benefit may not exceed the lesser of \$5 million and the death Sum Insured under the policy (if applicable).

If you have critical illness cover with us under a Recovery Money, Flexible Recovery Money or Stand Alone Recovery Money policy you may increase the critical illness Sum Insured to three times the Sum Insured under that policy when this option was first purchased or \$2 million - whichever is less.

However, the critical illness Sum Insured may not be increased to an amount in excess of your death Sum Insured under the policy (if applicable).

You can exercise your right to apply for an increase in cover at any time up to the policy anniversary preceding your 65th birthday. If the right to apply for an increase is not exercised by you at least once in any three year period, then the option will be automatically cancelled, unless you can demonstrate that the financial evidence relating to your business and the purpose identified by you, in respect of that period, did not support an increase in the Sum Insured.

The maximum age at which the option can be purchased is age 60 next birthday. This option ceases at the policy anniversary preceding age 65

Where this option applies the indexation benefit will not apply.

Child Critical Illness Benefit (optional at additional cost)

By selecting this option your policy is extended to include death or critical illness cover on the life of a child. The maximum number of children that may be included on the policy is five. If that child dies or is correctly diagnosed with one of the following critical illnesses (as defined) at any time up to the policy anniversary preceding the child's 21st birthday, we will pay the Child Critical Illness Benefit to the owner of the policy. The child must be the natural child or grandchild, the stepchild or step grandchild or adopted child or adopted grandchild of the policy owner or life insured.

The critical illnesses covered are:

Aplastic Anaemia
Blindness
Cancer
Cardiomyopathy
Encephalitis
Heart Attack
Liver Disease
Major Burns
Major Head Trauma
Major Organ Transplant
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paralysis
Primary Pulmonary Hypertension
Renal Failure
Stroke

The definitions of the critical illnesses are contained within the 'Medical Definitions' section of this document commencing on page 49.

Upon payment of the Child Critical Illness Benefit the cover for that child will cease and no further benefit will be payable in respect of that child.

Sum Insured

The cover under the Child Critical Illness Benefit is subject to a minimum Sum Insured of \$10,000 with a maximum Sum Insured of \$100,000 per child.

The Sum Insured selected will not be increased by indexation increases.

Termination of cover

The Child Critical Illness Benefit in respect of each insured child will cease on the earliest of the following events:

- The policy anniversary preceding the insured child's 21st birthday;
- Payment of the Child Critical Illness Benefit in respect of the insured child;
- The insured child applies for an insurance policy under the continuation of insurance cover; and
- The policy to which the Child Critical Illness Benefit is attached ends.

Continuation of insurance cover

At the policy anniversary following the insured child's 16th birthday and prior to the policy anniversary preceding the insured child's 21st birthday, the insured child will have the option to apply for an insurance policy with a Death Benefit and Critical Illness Benefit for the same level of Sum Insured without the requirement to provide any medical evidence.

Exclusions

No payment will be made for Cancer, Cardiomyopathy, Heart Attack, Open Heart Surgery, or Out of Hospital Cardiac Arrest if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

No payment will be made if the event causing the death or critical illness condition (if applicable) was caused by:

- a congenital condition, or
- an intentional act of the insured child's parent or guardian, or
- an intentional act of someone who lives with or supervises the insured child, or
- an intentional act of the policyowner.

Additional Features

The following additional features are explained on page 37:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Level of cover

Minimums

There is no minimum Sum Insured requirement. However minimum premium and premium loadings do apply, refer to pages 41 and 42.

Maximums

Death Sum Insured: There are no maximum limits in respect of death cover.

Disability Sum Insured: The maximum level of disability cover is \$3,000,000.

Activities of Daily Living Benefit Sum Insured: The maximum level of cover is \$3,000,000.

The Disability Sum Insured together with the Activities of Daily Living Benefit Sum Insured may not exceed the lesser of \$5,000,000 or the Death Sum Insured.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Death Benefit is not payable if your death was caused by suicide within 13 months of commencement or reinstatement of the policy. If your death was caused by suicide within 13 months of an increase then the increase in the Sum Insured is not payable.

The Disability Benefit, Activities of Daily Living Benefit and Waiver of Premium Option will not be payable in the event of attempted suicide, self-inflicted illness or injury or participation in insurrection.

Where we agree to replace an existing policy from another insurer, and that policy has been in force for at least 13 months, the 13 month exclusion clause for suicide will not apply up to the Sum Insured of the policy being replaced but will apply to any amount in excess of this.

Aviva Protection – Recovery Money

Aviva Protection – Recovery Money provides death cover, with part or all of the benefit payable early if you are diagnosed with one of the critical illnesses covered by the policy. You may choose to include optional disability cover for an additional premium.

Aviva Protection – Recovery Money: a snapshot of what this cover includes

	Death Benefit	Business Protection Option	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Future Insurability	Guaranteed Renewable	Interim Accident Insurance	Disability Buy Back Option	Accidental Death Benefit	Superannuation Option	Terminal Illness Benefit	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option	Future Insurability Critical Illness	Child Critical Illness Benefit	Severe Illness Benefit	Funeral Assistance Benefit	Occupationally Acquired Hepatitis B and C	Activities of Daily Living Benefit
Aviva Protection – Recovery Money	B	O	B	OC	B	B	B	B	O	O	N	B	B	O	BD	O	O	B	O	O	B	O	O

B = Benefit included in basic price

O = Option at additional cost

OC = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 65.

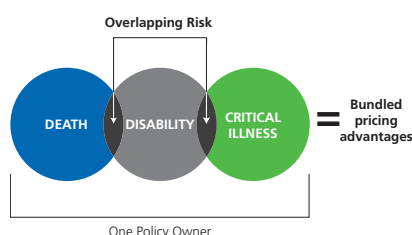
BD = Benefit included in basic price, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 70.

N = Not available

Aviva Protection – Recovery Money is a bundled death and critical illness contract with the option to purchase disability cover.

One policy is issued covering all three events. Consequently there is one policy owner for all three components.

Being a bundled contract the pricing reflects the overlap of risks between the three covers and the fact that a claim for a critical illness or disability will reduce the death cover Sum Insured. The administration and establishment costs are also shared.



This policy is 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'. You can choose different levels of Sum Insured for the death, critical illness and disability parts of the policy.

The Critical Illness Benefit will only be paid on correct diagnosis of any one of the listed critical illnesses. Payment of Critical Illness Benefit is based upon the precise definitions shown in the 'Medical Definitions' section commencing on page 49.

The benefits

Payment of Benefits

If you die, are diagnosed as being terminally or critically ill, or (if disability cover is added) are Totally and Permanently Disabled, the Sum Insured will be paid to you, as directed by you in your application, or to your estate. The payment of benefits is subject to the exclusions explained on page 15.

Payment of one type of benefit automatically reduces the Sum Insured under the other types by a corresponding amount.

Death Benefit (standard)

If you die the agreed Sum Insured will be paid.

Terminal Illness Benefit (standard)

Under this benefit where you are diagnosed as being terminally ill and likely to die within 12 months, the death Sum Insured will be paid out early with your agreement. The Sum Insured provided by the Critical Illness Benefit, and if attached Disability Benefit, will be reduced by the amount paid under the Terminal Illness Benefit. The basis on which the Terminal Illness Benefit is paid under this policy is the same as under the Life policies, and is explained on page 4.

Critical Illness Benefit (standard)

Critical Illness definition before policy anniversary preceding age 70

If you are correctly diagnosed with one of the following critical illnesses (as defined) at any time up to the policy anniversary preceding age 70, we will pay the critical illness Sum Insured as a lump sum.

The critical illnesses covered are:

Aplastic Anaemia
Benign Intracranial Tumour
Blindness
Cancer
Cardiomyopathy
Chronic Lung Disease
Coma
Coronary Artery By-Pass Surgery
Coronary Artery Disease
Deafness
Dementia
Encephalitis
Heart Attack
Heart Surgery
Liver Disease
Loss of Independent Existence
Loss of Speech
Loss of Limbs and/or Sight
Major Burns
Major Head Trauma
Major Organ Transplant
Medically Acquired HIV Infection
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Occupationally Acquired HIV Infection
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paralysis
Parkinson's Disease
Pneumonectomy
Primary Pulmonary Hypertension
Renal Failure
Stroke

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 49.

For Coronary Artery Disease, Multiple Sclerosis, Muscular Dystrophy and Parkinson's Disease the amount payable may be limited in the manner set out under 'Medical Definitions' commencing on page 49.

For Occupationally Acquired HIV Infection and Medically Acquired HIV Infection the Critical Illness Benefit may be excluded where a Cure becomes available as set out under 'Medical Definitions' commencing on page 49.

Critical Illness definition after policy anniversary preceding age 70

If you have been covered under the Critical Illness Benefit and there has not been a claim on the policy, then the Critical Illness Benefit will continue from the policy anniversary preceding age 70 until the expiry of the policy. However from the policy anniversary preceding age 70, the above definitions of critical illness shall cease to apply. Instead, the critical illness Sum Insured will only be payable if you are correctly diagnosed as "being unable to perform the Activities of Daily Living" (as defined on page 5).

Disability Benefit (optional at additional cost)

By selecting this option, your policy is extended to include disability cover.

If you become Totally and Permanently Disabled (as defined on page 4), the disability Sum Insured will be paid to you as a lump sum.

Once the Disability Benefit is paid, the death cover and critical illness cover both cease, unless the Sum Insured in either case exceeds the Disability Benefit. Where it does, the excess death and critical illness cover continues upon payment of corresponding premiums.

Aviva Protection – Recovery Money continued

Critical facts showing the risk of death and critical illness for men and women aged 18-64.

The facts of life are that many of us will suffer a major medical condition.

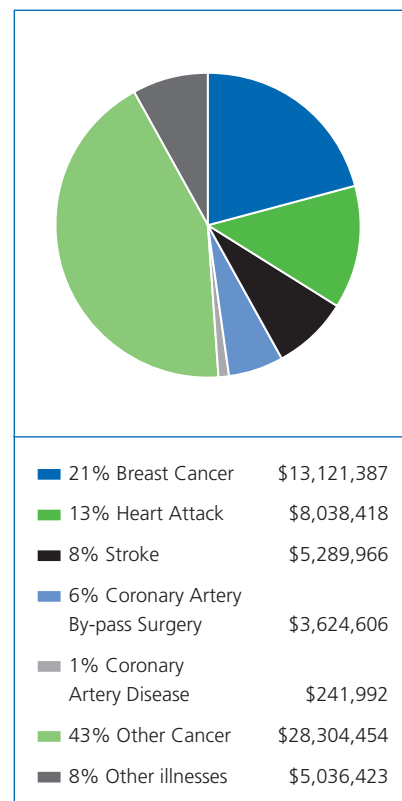
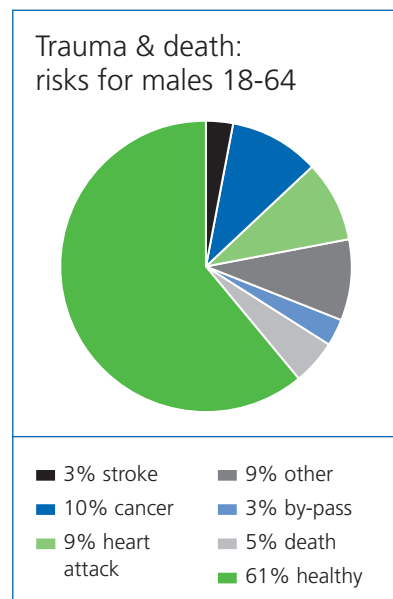
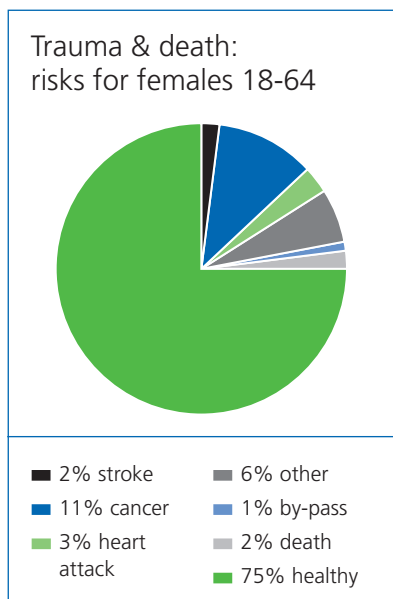
The graph below indicates the likelihood of an 18-year-old female suffering one of the listed major medical conditions which qualify for a Critical Illness Benefit before she reaches 64.

The probability of death is slim at 2%. However cancer is a major concern with a one-in-ten chance.

The graph below indicates the likelihood of an 18-year-old male suffering one of the listed major medical conditions which qualify for a Critical Illness Benefit before he reaches 64.

The probability of death is a concern at 5%. However risk of heart attack is higher at 9%. This represents an almost one-in-ten risk.

Aviva's critical illness claims experience



Source: Fabrizio, E. and Gratton, W. K. – Pricing Dread Disease Insurance: Transactions of the Institute of Actuaries of Australia 1994, pages 292-468.

The Institute of Actuaries has consented to the statements attributable to them on this page being included in this PDS in the form and context in which they are included.

The above graph provides details of the critical illness claims paid by NULAL between 1 January 2000 and 31 December 2005 (based upon the medical definitions within the relevant NULAL policies).

The features

Each of the following features is provided on the terms set out on pages 4 to 8:

- Economiser (standard)
- Future Insurability (standard)
- Funeral Assistance Benefit (Standard)
- Accidental Death Benefit (optional at additional cost)
- Waiver of Premium Option (optional at additional cost)
- Business Protection Option (optional at additional cost)
- Disability Buy Back Option (optional at additional cost)
- Child Critical Illness Benefit (optional at additional cost)
- Activities of Daily Living Benefit (optional at additional cost)

Note that the Disability Buy Back Option is not available after a Critical Illness Benefit, Terminal Illness Benefit, or Activities of Daily Living Benefit has been paid under this policy.

Future Insurability Critical Illness (standard)

When significant events happen in life, you can increase your critical illness Sum Insured without having to provide further medical evidence.

The critical illness Sum Insured may be increased when:

- You marry
- You divorce
- You have a child or legally adopt one
- Your child starts secondary school
- You take out a mortgage to buy your first home
- You receive an increase in your annual salary of at least 10%.

You must apply for this increase within 30 days of the first renewal date following the defined event. We will require proof of the defined event.

Premium for option increases

Premiums will be based on those rates applicable at the time of exercising a feature increase and will be based upon your age next birthday.

Conditions

You may only increase your critical illness Sum Insured once under this feature in any 12 month period. You may increase the critical illness Sum Insured by \$25,000 or the original Sum Insured, whichever is lower. The maximum total amount by which you can increase your critical illness Sum Insured under this feature over the life of the policy is the lesser of:

- The amount of critical illness Sum Insured under your policy excluding CPI increases and increases effected under this feature; and
- \$1,000,000.

The feature cannot be exercised if at the time of your request:

- You are older than 50 years of age
- You have previously been accepted by us with special conditions affecting the premium rates
- The premiums are being waived under the Waiver of Premium Option, or
- You are currently entitled to make a claim for a Terminal Illness or Critical Illness Benefit under a policy you currently hold with us.

This feature is only available where the initial critical illness Sum Insured is \$1,000,000 or less.

In respect of Recovery Money and Flexible Recovery Money the critical illness Sum Insured cannot exceed the amount of death Sum Insured.

For the first six months following an increase in cover under this feature the portion of the Sum Insured increased by the Future Insurability will only be payable in the event of accidental critical illness (caused by violent, accidental, external and visible means).

Critical Illness Buy Back Option (optional at additional cost)

One year after a valid claim form was lodged for which the Critical Illness Benefit was paid, you can purchase an Aviva Protection – Life Policy (death only) without providing further medical evidence.

This option can only be exercised within a period of 30 days from the first anniversary of when the valid claim form was lodged for which the Critical Illness Benefit was paid. If your policy includes this option, we will provide cover on the following basis:

- (a) the death Sum Insured may not exceed the Critical Illness Benefit paid; and
- (b) premiums will be charged at the appropriate rate for the then attained age next birthday based on the then current published term insurance rates; and
- (c) any original exclusions or special conditions applicable under this policy will be maintained.

Where the Critical Illness Buy Back Option is exercised in conjunction with the Critical Illness Reinstatement Option (see below), Indexation (as defined on page 37) will not be available.

The maximum age at which the option can be purchased is age 60 next birthday.

This option ceases at the policy anniversary preceding age 70.

Aviva Protection – Recovery Money continued

Critical Illness Reinstatement Option (optional at additional cost)

One year after a valid claim form was lodged for which the Critical Illness Benefit was paid, you can reinstate 100% of the critical illness cover without providing further medical evidence. This feature provides critical illness sufferers with a second level of protection and peace of mind.

You can exercise this option within a period of 30 days from the first anniversary of when the valid claim form was lodged for which the Critical Illness Benefit was paid. If your policy includes this option, we will reinstate your critical illness cover on the following basis:

- (a) you do not have to provide further medical evidence; and
- (b) the critical illness Sum Insured must not exceed 100% of the Critical Illness Benefit paid; and
- (c) an additional premium will be charged at the appropriate rate for the then attained age next birthday based on the then current published term insurance rates; and
- (d) Indexation will not be available; and
- (e) any original exclusions or special conditions applicable under your Policy will be maintained.

If you are subsequently diagnosed with a critical illness, we will pay a claim under the reinstated cover provided the critical illness event arose after the critical illness cover was reinstated, subject to the conditions.

We will not pay a claim under the reinstated cover if the critical illness claimed:

- (a) is the same as the original critical illness event; or
- (b) has occurred as a direct or indirect result of the original critical illness event; or
- (c) is a Cardiovascular Related Illness and the original critical illness event was also a Cardiovascular Related Illness; or
- (d) is a Stroke (including Paralysis as a result of a Cerebrovascular Accident) and the original critical illness event was a Cardiovascular Related Illness.

In the above paragraph, Cardiovascular Related Illness means any of Coronary Artery By-Pass Surgery, Heart Attack, Heart Surgery, Cardiomyopathy, Open Heart Surgery, Out of Hospital Cardiac Arrest, Primary Pulmonary Hypertension (as defined).

This option cannot be exercised where:

- (a) a Disability, Activities of Daily Living, Severe Illness, Occupationally Acquired Hepatitis B and C or Terminal Illness Benefit is paid; or
- (b) a partial benefit is paid for Coronary Artery Disease or Multiple Sclerosis, Muscular Dystrophy or Parkinson's Disease.

The maximum age at which the option can be purchased is age 60 next birthday.

This option ceases at the policy anniversary preceding age 70.

Occupationally Acquired Hepatitis B and C (optional at additional cost)

By selecting this option your cover is extended to include an additional cover should you be correctly diagnosed with Occupationally Acquired Hepatitis B and C (as defined in the 'Medical Definitions' commencing on page 49). The additional amount will be the lesser of the critical illness Sum Insured or \$500,000.

The maximum age at which the option can be purchased is age 60 next birthday.

This option ceases at the policy anniversary preceding age 70.

Severe Illness Benefit (optional at additional cost)

By selecting this option your policy is extended to include the severe illnesses (as defined below). If you are correctly diagnosed with one of the following severe illnesses (as defined) at any time up to the policy anniversary preceding your 70th birthday we will pay a Severe Illness Benefit as a lump sum.

The severe illnesses covered are:

Breast Cancer – Other
Female Cancer – Other
Major Organ Transplant Waiting List
Melanoma
Partial Loss of Sight and/or Limbs
Partial Deafness
Prostate Cancer – Other
Severe Osteoporosis
Severe Rheumatoid Arthritis

The definitions of the severe illnesses are contained within the 'Medical Definitions' section of this document commencing on page 49.

Sum Insured

The Sum Insured payable under the Severe Illness Benefit is an advance payment of the Critical Illness Benefit and is 10% of the critical illness Sum Insured.

Any payment of the Severe Illness Benefit will reduce the amount of death cover, critical illness cover and, where applicable, the disability cover.

We will pay multiple benefits under the Severe Illness Benefit subject to the following:

- The total of all payments does not exceed the critical Illness Sum Insured,
- We will only pay once for each condition covered under the Severe Illness Benefit.

The maximum age at which the option can be purchased is age 60 next birthday.

This option is not available where the critical illness Sum Insured is less than \$100,000.

Exclusions

The Severe Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

No payment will be made for Breast Cancer – Other, Female Cancer – Other, Melanoma or Prostate Cancer - Other if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

This option ceases at the policy anniversary preceding age 70.

Additional features

The following additional features are explained on page 37:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Level of cover

Minimums

A minimum critical illness Sum Insured of \$10,000 applies.

In addition, minimum premium and premium loadings do apply, refer to pages 41 and 42.

Maximums

Death Sum Insured: There are no maximum limits in respect of death cover.

Disability Sum Insured: The maximum level of disability cover is \$3,000,000.

Activities of Daily Living Benefit Sum Insured: The maximum level of cover is \$3,000,000, this together with the critical illness Sum Insured may not exceed the death Sum Insured.

Critical Illness Sum Insured: The maximum level of critical illness cover is \$2,000,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit. The critical illness Sum Insured cannot exceed the amount of death Sum Insured.

The Disability Sum Insured together with the Activities of Daily Living Benefit Sum Insured may not exceed the lesser of \$5,000,000 or the Death Sum Insured.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Death Benefit is not payable if your death was caused by suicide within 13 months of commencement or reinstatement of the policy. If your death was caused by suicide within 13 months of an increase then the increase is not payable.

No Critical Illness Benefit will be payable in the event of self-inflicted illness or injury.

The Critical Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

The Disability Benefit, Activities of Daily Living Benefit and Waiver of Premium Option will not be payable in the event of attempted suicide, self-inflicted illness or injury or participation in insurrection.

No payment will be made for Heart Attack, Cardiomyopathy, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

Aviva Protection – Recovery Money continued

Where this Recovery Money policy is to replace an existing similar policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures have been covered under the policy to be replaced. This will only apply up to the lesser of the Sum Insured under the policy being replaced and the Sum Insured under this policy. It will also only apply where the life to be insured is the same under both policies and where the policy being replaced has been in force for at least three months.

In the event of a claim within the first three months of this policy, evidence of:

- a) the conditions and procedures covered under the replaced policy;
- b) the currency of the replaced policy at the Commencement Date of this policy; and
- c) cancellation of the replaced policy from the previous insurer,

must be provided by the Policyowner to enable the three month exclusion of payments to be waived.

Where we agree to replace an existing policy from another insurer, and that policy has been in force for at least 13 months, the 13 month exclusion clause for suicide will not apply up to the sum insured of the policy being replaced but will apply to any amount in excess of this.

Aviva Protection – Flexible Recovery Money

Aviva Protection – Flexible Recovery Money provides a benefit if you suffer a disability or are diagnosed with one of the critical illnesses covered by the policy. It is an ancillary policy that can only be held in conjunction with an approved Aviva Protection – Life policy. The Flexible Recovery Money policy and the Life policy are linked. A benefit payable under one policy will reduce the benefit provided under the other.

Aviva Protection – Flexible Recovery Money: a snapshot of what this cover includes

	Indexation (CPI Linking)	Disability (TPD) Benefit Option	Economiser Option	Guaranteed Renewable	Interim Accident Insurance	Disability Buy Back option	Upgrade Guarantee	Waiver of Premium	Critical Illness Benefit	Critical Illness Buy Back Option	Critical Illness Reinstatement Option	Future Insurability Critical Illness	Child Critical Illness Benefit	Severe Illness Benefit	Occupationally Acquired Hepatitis B and C	Activities of Daily Living Benefit	Business Protection Option
Aviva Protection – Flexible Recovery Money	B	OC	B	B	B	O	B	O	OS	O	O	B	O	O	O	O	O

B = Benefit included in basic price

O = Option at additional cost

OC = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 65.

OS = Option at additional cost, definition changes to Activities of Daily Living definition at the policy anniversary preceding age 70.

These policies are 'guaranteed renewable'. This means that, provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy you choose the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'. You can choose different levels of Sum Insured for the critical illness and disability parts of the policy.

For benefits to be payable under this policy, an approved Aviva Protection – Life policy must have been in force throughout the period insured by this policy, with a death Sum Insured at least equal to the greater of the critical

illness Sum Insured and the aggregate of the disability Sum Insured held under this and the associated Life policy.

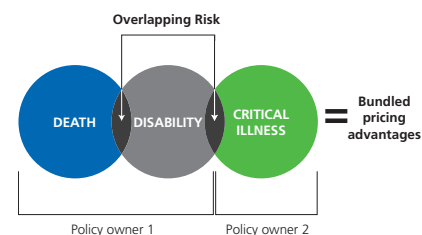
Aviva Protection – Flexible Recovery Money is a policy with the option to purchase disability cover, critical illness cover or both. It is designed to be bundled with the Aviva Protection – Life policy.

The flexibility exists in the innovative way we allow the critical illness cover to be owned by a different individual or entity from the death cover.

Two policies are issued, one for death and optional disability cover, and one for critical illness and/or disability cover. Each policy can have a different owner which can include a

superannuation fund (see page 39). However the policies are priced as if they are one combined policy resulting in significant pricing efficiencies.

As the policies are linked, the death cover must be maintained for the critical illness cover to remain in force. A claim for critical illness will reduce the death and disability Sum Insured.



Aviva Protection – Flexible Recovery Money continued

The benefits

Critical Illness Benefit (optional at additional cost)

If a Death Benefit or Terminal Illness Benefit is paid under the associated Aviva Protection – Life policy, the Critical Illness Benefit payable under this policy will be reduced by a corresponding amount.

If a Critical Illness Benefit is paid under this policy, the amount of Death Benefit, Terminal Illness Benefit and, if applicable, Disability Benefit payable under the Aviva Protection – Life policy will be reduced by a corresponding amount, as explained on page 4.

If a Disability Benefit is paid, the Critical Illness Benefit under this policy will be reduced by the aggregate amounts actually paid under this policy and the associated Aviva Protection – Life policy.

Critical illness definition before policy anniversary preceding age 70

If you are correctly diagnosed with one of the following critical illnesses (as defined) at any time up to policy anniversary preceding age 70, we will pay the critical illness Sum Insured as a lump sum.

The critical illnesses covered are:

Aplastic Anaemia
Benign Intracranial Tumour
Blindness
Cancer
Cardiomyopathy
Chronic Lung Disease
Coma
Coronary Artery By-Pass Surgery
Coronary Artery Disease
Deafness
Dementia
Encephalitis
Heart Attack
Heart Surgery
Liver Disease
Loss of Independent Existence
Loss of Speech
Loss of Limbs and/or Sight

Major Burns
Major Head Trauma
Major Organ Transplant
Medically Acquired HIV Infection
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Occupationally Acquired HIV Infection
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paralysis
Parkinson's Disease
Pneumonectomy
Primary Pulmonary Hypertension
Renal Failure
Stroke

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 49.

For Coronary Artery Disease, Multiple Sclerosis, Muscular Dystrophy and Parkinson's Disease the amount payable may be limited in the manner set out under 'Medical Definitions' commencing on page 49.

For Occupationally Acquired HIV Infection and Medically Acquired HIV Infection the Critical Illness Benefit may be excluded where a Cure becomes available as set out under 'Medical Definitions' commencing on page 49.

Critical illness definition after policy anniversary preceding age 70

If you have been covered under the Critical Illness Benefit and there has not been a claim on the policy, then the Critical Illness Benefit will continue from the policy anniversary preceding age 70 until the expiry of the policy. However from the policy anniversary preceding age 70, the above definitions of critical illness shall cease to apply. Instead, the critical illness Sum Insured will be payable if you are correctly diagnosed as "being unable to perform the Activities of Daily Living" (as defined on page 5).

Disability Benefit (optional at additional cost)

By selecting this option your benefit is extended to include disability cover.

If you become Totally and Permanently Disabled (as defined on page 4) the disability Sum Insured will be paid to you as a lump sum.

The features

Each of the following features is provided on the terms set out on pages 5 to 8.

Economiser (standard)

Waiver of Premium Option (optional at additional cost)

Disability Buy Back Option (optional at additional cost)

Child Critical Illness Benefit (optional at additional cost)

Activities of Daily Living Benefit (optional at additional cost)

Business Protection Option (optional at additional cost)

Each of the following features is provided on the terms set out on pages 13 to 15:

Future Insurability Critical Illness (standard)

Critical Illness Buy Back Option (optional at additional cost)

Critical Illness Reinstatement Option (optional at additional cost)

Severe Illness Benefit (optional at additional cost)

Occupationally Acquired Hepatitis B and C (optional at additional cost)

Additional features

The following additional features are explained on page 37:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Level of cover

Minimums

The critical Illness Sum Insured selected must be \$0 or at least \$10,000

The disability Sum Insured selected must be \$0 or at least \$10,000

In addition minimum premium and premium loadings do apply, refer to pages 41 and 42.

Maximums

Disability Sum Insured: The maximum level of disability cover is \$3,000,000 and applies in aggregate between this and the Aviva Protection - Life Policy. Also, the aggregate of the disability cover held under this policy and the associated Aviva Protection – Life policy cannot exceed the death Sum Insured under the Aviva Protection – Life policy.

Activities of Daily Living Benefit: The maximum level of cover is \$3,000,000, this together with the critical illness Sum Insured may not exceed the death Sum Insured.

Also, the aggregate of the disability cover and the Activities of Daily Living cover under this policy and the associated Aviva Protection - Life policy cannot exceed the lesser of death Sum Insured under the associated Aviva Protection - Life policy and \$5,000,000.

Critical Illness Sum Insured: The maximum level of critical illness cover is \$2,000,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit. Further, the critical illness Sum Insured cannot exceed the death Sum Insured under the Aviva Protection – Life policy.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Critical Illness Benefit will not be payable in the event of self-inflicted illness or injury.

The Critical Illness Benefit will not be payable if it is shown that you do not have the condition which has been diagnosed.

The Disability Benefit, Activities of Daily Living Benefit and Waiver of Premium Option will not be payable in the event of attempted suicide, self-inflicted illness or injury or participation in insurrection.

No payment will be made for Heart Attack, Cardiomyopathy, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery By Pass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

Where this Recovery Money policy is to replace an existing similar policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures have been covered under the policy to be replaced. This will only apply up to the lesser of the Sum Insured under the policy being replaced and the Sum Insured under this policy. It will also only apply where the life to be insured is the same under both policies and where the policy being replaced has been in force for at least three months.

In the event of a claim within the first three months of this policy, evidence of:

- a) the conditions and procedures covered under the replaced policy;
- b) the currency of the replacement policy at the Commencement Date of this policy; and
- c) cancellation of the replaced policy from the previous insurer,

must be provided by the Policyowner to enable the three month exclusion of payments to be waived.

Aviva Protection – Stand Alone Recovery Money

Aviva Protection – Stand Alone Recovery Money provides a benefit if you suffer a disability or you are diagnosed with one of the critical illnesses covered by the policy. Unlike the Flexible Recovery Money policy which can only be held in conjunction with an approved Aviva Protection – Life policy, the Stand Alone Recovery Money policy can be held separately.

	Indexation (CPI Linking)	Economiser Option	Guaranteed Renewable	Interim Accident Insurance	Disability (TPD) Benefit Option	Upgrade Guarantee	Critical Illness Benefit	Critical Illness Reinstatement Option	Future Insurability Critical Illness	Child Critical Illness Benefit	Severe Illness Benefit	Occupationally Acquired Hepatitis B and C	Business Protection Option	Waiver of Premium
Aviva Protection – Stand Alone Recovery Money	B	B	B	B	OC	B	OS	OS	B	O	O	O	O	O

B = Benefit included in basic price

O = Option at additional cost

OC = Option at additional cost, definition changes to Activities of

Daily Living definition at the policy anniversary preceding age 65

OS = Option at additional cost, definition changes to Activities of Daily

Living definition at the policy anniversary preceding age 70.

Aviva Protection – Stand Alone Recovery Money: a snapshot of what this cover includes

To complete the range of solutions and offer full flexibility, Aviva Protection – Stand Alone Recovery Money provides the option to purchase disability cover, critical illness cover or both, which is independent of death and disability held separately.

This is a more expensive way of providing cover because several risks are being covered in both individual contracts resulting in an overlap in the pricing. However it does mean that a claim for this cover will not affect any death and disability cover which is

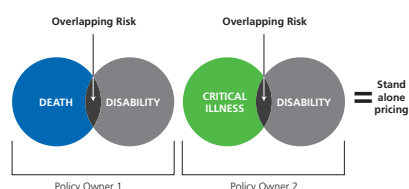
you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you select the amount of the lump sum benefit payable under the policy. This lump sum benefit is called the 'Sum Insured'.

The Critical Illness Benefit will only be paid on correct diagnosis of any one of the listed critical illnesses. Payment of Critical Illness Benefit is based upon the precise definitions shown in the 'Medical Definitions' section commencing on page 49.

The critical illnesses covered are:

Aplastic Anaemia
Benign Intracranial Tumour
Blindness
Cancer
Cardiomyopathy
Chronic Lung Disease
Coma
Coronary Artery By-Pass Surgery
Coronary Artery Disease
Deafness
Dementia
Encephalitis
Heart Attack
Heart Surgery
Liver Disease
Loss of Independent Existence
Loss of Limbs and/or Sight
Loss of Speech
Major Burns
Major Head Trauma
Major Organ Transplant
Medically Acquired HIV Infection
Motor Neurone Disease
Multiple Sclerosis
Muscular Dystrophy
Occupationally Acquired HIV Infection
Open Heart Surgery
Out of Hospital Cardiac Arrest
Paralysis
Parkinson's Disease
Pneumonectomy
Primary Pulmonary Hypertension
Renal Failure



being held separately.

Stand Alone Recovery Money also means insurance can be provided where death and disability cover are already in place with another provider.

These policies are 'guaranteed renewable'. This means that provided

The benefits

Critical Illness Benefit (optional at additional cost)

Critical illness definition before policy anniversary preceding age 70

If you are correctly diagnosed with one of the following critical illnesses (as defined) at any time up to the policy anniversary preceding age 70, we will pay the critical illness Sum Insured as a lump sum.

Stroke

The definitions of the critical illnesses are contained in the 'Medical Definitions' section of this document, commencing on page 49.

For Coronary Artery Disease, Multiple Sclerosis, Muscular Dystrophy and Parkinson's Disease the amount payable may be limited in the manner set out under 'Medical Definitions' commencing on page 49.

For Occupationally Acquired HIV Infection and Medically Acquired HIV Infection the Critical Illness Benefit may be excluded where a Cure becomes available as set out under 'Medical Definitions' commencing on page 49.

Critical illness definition after policy anniversary preceding age 70

If you have been covered under the Critical Illness Benefit and there has not been a claim on the policy, then the Critical Illness Benefit will continue from the policy anniversary preceding age 70 until the expiry of the policy. However from the policy anniversary preceding age 70, the above definition shall cease to apply. Instead, the critical illness Sum Insured will be payable if you are correctly diagnosed as "being unable to perform the Activities of daily Living" (as defined on page 5).

Once the Critical Illness Benefit is paid, the disability cover will cease, unless the disability Sum Insured exceeds the Critical Illness Benefit. Where it does, the excess disability cover continues upon payment of the corresponding premiums.

Death Benefit (standard)

If you die within 14 days of the diagnosis of the critical illness, we will pay \$5,000.

Disability Benefit (optional at additional cost)

By selecting this option, your policy will include disability cover.

If you become Totally and Permanently Disabled (as defined on page 4), the disability Sum Insured will be paid to you as a lump sum.

Once the Disability Benefit is paid, the critical illness cover will cease, unless

the critical illness Sum Insured exceeds the Disability Benefit. Where it does, the excess critical illness cover continues upon payment of corresponding premiums.

The features

Each of the following features is provided on the terms set out on pages 5 to 8.

- Economiser (standard)
- Waiver of Premium Option (optional at additional cost)
- Child Critical Illness Benefit (optional at additional cost)
- Business Protection Option (optional at additional cost)

Each of the following features is provided on the terms set out on pages 13 to 15:

- Future Insurability Critical Illness (standard)
- Critical Illness Reinstatement Option (optional at additional cost)
- Occupationally Acquired Hepatitis B and C (optional at additional cost)
- Severe Illness Benefit (optional at additional cost)

The following additional features are explained on page 37:

- Indexation of benefit
- Upgrade guarantee
- 24 hour world wide cover
- Interim Accident Cover

Level of cover

Minimums/Maximums

The critical Illness Sum Insured selected must be \$0 or at least \$10,000.

The disability Sum Insured selected must be \$0 or at least \$10,000

In addition minimum premium and premium loadings do apply, refer to pages 41 and 42.

Critical Illness Sum Insured:

The maximum level of critical illness cover is \$2,000,000 in aggregate with us and under any similar policy with any other insurer. Additional critical illness cover will not be issued in excess of this aggregate limit.

Disability Sum insured: The maximum

level of disability cover is \$3,000,000

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The Critical Illness Benefit will not be payable in the event of self-inflicted illness or injury.

It will also not be payable if it is shown that you do not have the condition which has been diagnosed.

We will only pay the Critical Illness or Disability Benefit if you live for at least 14 days, and have not been declared either dead or brain dead, after diagnosis of the Critical Illness or Disability.

No payment will be made for Heart Attack, Cardiomyopathy, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery, Open Heart Surgery, Coronary Artery Bypass Surgery or Coronary Artery Disease if the condition is diagnosed, or symptoms leading to diagnosis become reasonably apparent, before or within three months of the commencement or reinstatement of the policy.

If any of the above conditions is diagnosed or becomes apparent within three months of an increase in benefits, then the amount of the increase will not be payable.

Payment will be made for any insured events that are independent of any conditions or symptoms originally diagnosed within the three month period.

The Disability Benefit will not be payable in the event of attempted suicide, self-inflicted illness or injury or participation in insurrection.

Where this Recovery Money policy is to replace an existing similar policy from another insurer, the three month exclusion of payments will not apply where the same medical conditions and procedures have been covered under the policy to be replaced. This will only apply up to the lesser of the Sum Insured under the policy being replaced and the

Aviva Protection – Stand Alone Recovery Money continued

Sum Insured under this policy. It will also only apply where the life to be insured is the same under both policies and where the policy being replaced has been in force for at least three months.

In the event of a claim within the first three months of this policy, evidence of:

- a) the conditions and procedures covered under the replaced policy;
- b) the currency of the replaced policy at the Commencement Date of this policy; and
- c) cancellation of the replaced policy from the previous insurer,

must be provided by the Policyowner to enable the three month exclusion of payments to be waived.

The Death Benefit is not payable if you commit suicide within 13 months of the commencement or reinstatement of the policy.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell

Aviva Protection – Income Gold and Aviva Protection – Income Excell provide income replacement while you are Totally Disabled or Partially Disabled and unable to work as a result of either sickness or injury. Payments are made until the end of the chosen benefit period.

The policies have the same basic structure, however Aviva Protection – Income Gold has several additional benefits and features.

Both policies offer you the choice of agreed value or indemnity cover. You have the choice of an agreed monthly Sum Insured (agreed value) or a Sum Insured limited to the lesser of a monthly value nominated by you, and 75% of your average monthly earnings for the 12 months preceding the date of Total Disablement (indemnity). The maximum Sum Insured is limited in the manner described on page 33. The premiums for agreed value and indemnity policies are different and you should discuss with your financial adviser which is the most appropriate for you.

Insuring your greatest asset

Many people consider their greatest asset to be their home, contents or in some cases an investment portfolio. The truth is these assets would simply not exist if the individual did not have a consistent, reliable income.

As well as being necessary for survival, your ability to earn an income is in fact your greatest asset. Just like your house and contents, you should consider insuring this asset against the event of illness or injury.

Aviva Protection – Income provides monthly benefit payments to replace a significant portion of your income if you are ill or injured and unable to work.

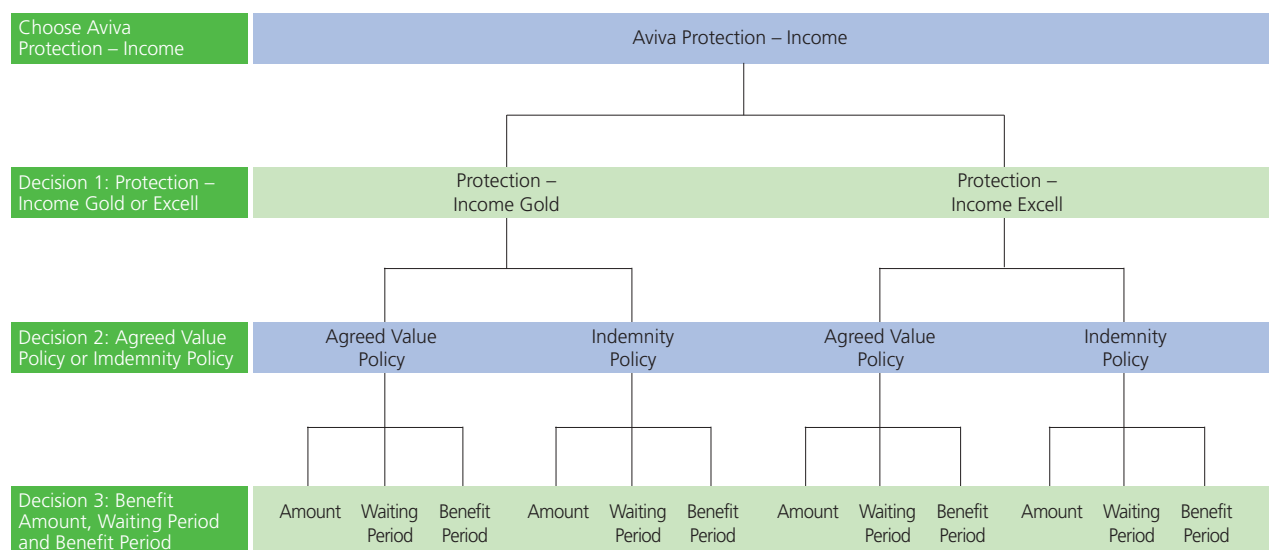
Flexible solutions

The Aviva Protection^{first} range of income protection solutions allows you to choose your own combination of cover to meet your personal needs. You select the type of contract you require and the options you want at the same time as having significant control over the premium that you will pay.

By selecting certain options you can limit the premium you pay, or you can maximise the benefits you receive by paying a higher premium.

It is important to discuss your options with your financial adviser to make sure you understand the implications of your decision.

The Aviva Income Protection decision tree



Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Aviva Protection – Income Gold & Aviva Protection – Income Excell: a snapshot of what your cover includes

	Accident Benefit Option	Automatic CPI Linking Benefit	Critical Conditions Benefit	Death Benefit	Emergency Travel Benefit	Guaranteed Insurability Option	Guaranteed Yearly Renewable	Increasing Claim Benefit	Interim Accident Benefit	Nursing Care Benefit	Platinum Benefit	Recurrent Claim Benefit	Scheduled Injury Benefit	Spouse Accommodation Benefit	Rehabilitation Benefit	Rehabilitation Income Benefit	Total & Partial Disability Benefit	Unemployment Waiver	Waiver of Premium	Debt Replacement Benefit	Superannuation Maintenance Benefit
Aviva Protection – Income Gold	O	B	B	B	B	O	B	O	B	B	O	B	B	B	B	B	B	B	B	O	O
Aviva Protection – Income Excell	O	B	N	B	N	O	B	O	B	N	N	B	B	N	N	N	B	N	B	N	O

B = Benefit included in basic price

O = Option at additional cost

N = Not available

The policies are 'guaranteed renewable'. This means that provided you pay the premiums you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you must choose the amount of income replacement payable on sickness or injury. This is called the monthly Sum Insured. In addition to selecting the Sum Insured, you must also select a Waiting Period and Benefit Period.

	Agreed Value	Indemnity
Monthly Sum Insured	When you take out a policy, you nominate a monthly Sum Insured up to a maximum of 75% of your Monthly Earnings (the definition of Monthly Earnings is set out on page 32). You will be paid this benefit if you become Totally Disabled, subject to proof of Monthly Earnings and the limited circumstances under which this may be adjusted, as set out in "Maximum benefits payable offset" on page 30. For the proportion payable on Partial Disability, refer to page 26.	When you take out a policy, you nominate a monthly Sum Insured up to a maximum of 75% of Monthly Earnings (the definition of Monthly Earnings is set out on page 32). If you are Totally Disabled, subject to the limited circumstances under which this may be adjusted, as set out in "Maximum benefits payable offset" on page 30, you will be paid the lesser of this amount and 75% of your Pre-Disability Earnings (see the definition of Pre-Disability Earnings on page 33). For the proportion payable on Partial Disability, refer to page 26.

Waiting Period

You must choose a Waiting Period when taking out your policy. The Waiting Period is the period you must wait before benefits become payable.

Your choice of Waiting Period depends on your choice of Benefit Period and the type of premium (ie stepped or level). Your financial adviser will be able to assist you with all these choices.

If you choose a two or five year Benefit Period, you have the choice of Waiting Periods of 14 days, 30 days, 60 days, 90 days, and 180 days.

If you choose a Benefit Period to age 60, 65 or 70 years you also have the choice of Waiting Periods of 365 and 730 days. However if you choose a 365 days or 730 days Waiting Period, the Critical Conditions Benefit, Spouse Accommodation Benefit, Nursing Care Benefit, Scheduled Injury Benefit, Emergency Travel Benefit, Rehabilitation Income Benefit are not available.

Generally speaking, the longer the Waiting Period, the lower the insurance premium.

The Waiting Period commences on the date that you receive advice of Disability from a medical practitioner. In circumstances where it can be substantiated that disability had begun earlier than the date of receiving advice from a medical practitioner, the date of commencement may be backdated by up to seven days with medical certification.

If you return to full time gainful employment during the Waiting Period for five consecutive days or less, the number of days that you were gainfully employed will be added to the Waiting Period.

If you return to full time gainful employment during the Waiting Period for more than five consecutive days, the Waiting Period begins again from the day after the last day you were gainfully employed.

Benefit Period

The Benefit Period is the maximum period of time for which the monthly benefit is payable, whilst you are Totally or Partially Disabled due to injury or sickness.

The Benefit Period commences at the end of the applicable Waiting Period. It continues until the expiry of the Benefit Period selected or the policy anniversary preceding the specified age (whichever occurs first), in accordance with the following table.

Benefit Period:	Expiry at policy anniversary preceding age:
2 years for sickness and injury	65
5 years for sickness and injury	65
To age 60 years for sickness and injury	60
To age 65 years for sickness and injury	65
To age 70 years for sickness and injury	70*

*The Benefit Period to age 70 years is only available to people in certain occupational classes. Where the Benefit Period is to age 70 years, the expiry date of the policy is the policy anniversary preceding age 65 years. However, if the insured is Totally or Partially Disabled at the policy anniversary preceding age 65 then payment of benefits will continue to the policy anniversary preceding age 70 years, or until the insured ceases to be either Totally or Partially Disabled, whichever occurs first.

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

The benefits and features

Key terms used in this section are defined on pages 30 to 32; please read those definitions carefully.

Total Disability Benefit (standard)

If, solely as a result of Injury or Sickness, you are Totally Disabled while your policy is in force, we will pay your monthly Sum Insured. Payment will start from the first day after the Waiting Period has elapsed and continue while you are Totally Disabled up to the cessation of the Benefit Period for any one Injury or Sickness. We will pay one-thirtieth of the monthly Sum Insured for each day of Total Disability.

Partial Disability Benefit (standard)

If you are Partially Disabled, a proportion of the monthly Sum Insured will be paid to you.

If you are Partially Disabled for longer than the Waiting Period, we will assess the impact of your Partial Disability on your earning ability.

We will pay a proportion of the Monthly Benefit to the Policyowner, at the end of the Waiting Period, due to your Partial Disability only if:

- (i) solely because of Your Partial Disability you have been unable to generate at least 80% of your Pre-Disability Earnings for the duration of the Waiting Period; or
- (ii) your Partial Disability is due to you having suffered a Deemed Disability and at the end of the applicable payment period for Deemed Disability benefits you are still Partially Disabled at the end of the Waiting Period.

If you satisfy one of the above criteria, the proportion we will pay will be:

$$\frac{A - B}{A}$$

where A is your Pre-Disability Earnings and B is your Monthly Earnings for the month in which Partial Disability is claimed. If, during the first three months of a continuous period of Partial Disability your Monthly Earnings are 20% or less of your Pre-Disability Earnings, we will pay the full Monthly Benefit during those months.

If part (c) of the definition of Partial Disability applies, you are capable of working on a partial basis but you are not working, then we will calculate Monthly Earnings based on what you could reasonably be expected to earn if you were working. We will base this calculation on medical advice (which will include the opinion of your medical practitioner).

If you have suffered a Deemed Disability and at the end of the applicable payment period you are Partially Disabled, the Waiting Period will be deemed to have commenced on the date that you suffered the Deemed Disability, as certified by a medical practitioner.

We will pay the Partial Disability Benefit monthly in arrears. The Partial Disability Benefit will stop at the end of the Benefit Period, or when you cease to be Partially Disabled or when your Monthly Earnings equals your Pre-Disability Earnings, whichever occurs first.

Waiver of Premium (standard)

After you have been Disabled for longer than the Waiting Period, we will waive all premiums payable under your policy for the period you continue to receive either the Partial or Total Disability Benefit.

Recurrent Claim Benefit (standard)

If your Benefit Period is to age 60, 65 or 70 and you suffer a Total or Partial Disability within 12 months after the end of a Disability claim from the same or related causes, the Waiting Period will not be applied again and all periods of Disability will be considered part of the same Benefit Period. For all other Benefit Periods this will apply where the related disablement occurs within six months.

Scheduled Injury Benefit (standard)

If you sustain any of the following injuries, we will pay you a Scheduled Injury Benefit equal to your monthly Sum Insured even if you are working. The Scheduled Injury Benefit is paid monthly in advance commencing upon receipt of the claim form verifying the injury, and will stop on the earlier of the expiry of the Scheduled Injury Benefit Payment Period, or the last day of the Benefit Period.

Total and Permanent Loss of:	Payment period (months)
Use of your legs or your arms due to paralysis	60
Both feet or both hands or sight in both eyes	24
Any combination of two of a hand, a foot and sight in one eye	24
One leg or one arm	18
One hand or one foot or sight in one eye	12
The thumb and index finger of same hand	6

Fracture of the:	Payment period (months)
Thigh	3
Pelvis	3
Skull (except bones of face or nose)	2
Upper arm	2
Shoulder bone	2
Jaw	2
Leg (excluding ankle)	2
Knee cap	2
Forearm (above the wrist)	1½
Collarbone	1½

Scheduled Injury Benefits commence upon receipt of the claim form verifying the Scheduled Injury. If you are Disabled at the end of the payment period, you must wait until your Waiting Period expires before Disability benefits become payable.

Death Benefit (standard)

If you die while you are receiving a benefit from your policy, the Death Benefit will be paid.

The Death Benefit is six times the monthly Sum Insured subject to a maximum of \$60,000 and is paid upon proof of death. This will be paid as a lump sum to the policy owner. Payment of the Death Benefit means that no other benefits are payable.

Critical Conditions Benefit (standard for Aviva Protection – Income Gold only)

If you are first diagnosed as suffering from one of the conditions listed below after you have purchased the policy, you will be paid the monthly Sum Insured for six months, even if you are working, provided the critical condition is diagnosed by a medical practitioner and is supported by histological and laboratory evidence as appropriate, depending on the circumstances.

- Aplastic Anaemia
- Benign Intracranial Tumour
- Cancer
- Cardiomyopathy
- Chronic Lung Disease
- Coma
- Coronary Artery By-Pass Surgery
- Deafness
- Dementia
- Encephalitis
- Heart Attack
- Heart Surgery
- Liver Disease
- Loss of Independent Existence
- Loss of Speech
- Major Burns
- Major Head Trauma
- Major Organ Transplant

- Medically Acquired HIV Infection
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Occupationally Acquired Hepatitis B and C
- Occupationally Acquired HIV Infection
- Open Heart Surgery
- Out of Hospital Cardiac Arrest
- Parkinson's Disease
- Pneumonectomy
- Primary Pulmonary Hypertension
- Renal Failure
- Stroke

These critical conditions are defined in the 'Medical Definitions' on page 49.

The Critical Conditions Benefit is payable once for the same type of critical condition until the expiry date of your policy. However it will only be paid for another type of critical condition if you recovered from your prior critical condition, returned to employment and have not been receiving any benefits from this policy for at least six months. The benefit is paid monthly in advance for a total of six months.

The Waiting Period begins upon the the date of diagnosing of the critical condition, if you are Disabled at the end of the Critical Conditions Benefit Period, you must wait until the Waiting Period expires before Disability Benefits become payable.

The Critical Conditions Benefit will not be paid:

- (a) If Heart Attack, Stroke, Benign Intracranial Tumour, Cancer, Heart Surgery or Coronary Artery By-Pass Surgery is diagnosed, or symptoms leading to the diagnosis become reasonably apparent within three months of the inception, increase or reinstatement of the policy. If this occurs within three months before an increase in benefits, the increase will not be payable; or

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

- (b) If it is shown that you do not have the condition which has been diagnosed.

Where this Income Protection policy is to replace an existing similar policy from another insurer, the three month exclusion of payments, as defined in part (a) above, will not apply where the same medical conditions and procedures have been covered under the policy to be replaced. This will only apply up to the lesser of the monthly Sum Insured under the policy being replaced and the monthly Sum Insured under this policy. It will also only apply where the life to be insured is the same under both policies and where the policy being replaced has been in force for at least three months.

In the event of a claim within the first three months of this policy, evidence of:

- a) the conditions and procedures covered under the replaced policy;
- b) the currency of the replacement policy at the Commencement Date of this policy; and
- c) cancellation of the replaced policy from the previous insurer,

must be provided by the Policyowner to enable the three month exclusion of payments to be waived.

Emergency Travel Benefit (standard for Aviva Protection – Income Gold only)

If, as a result of an Injury or Sickness, you require emergency transportation in an air, sea or land ambulance while you are outside Australia, we may, at our discretion, refund the costs of emergency transportation within the country where the Injury or Sickness occurred.

If you become Totally Disabled whilst you are outside Australia and remain so for more than 30 days, then if Disability continues, and you choose to return to Australia, we will reimburse you the cost of a single economy airfare by the most direct route on a

recognised airline.

This benefit is limited to a maximum of three times the monthly Sum Insured and is payable only once in any 12 month period. Emergency Travel Benefits are not payable on costs for which you are insured or entitled to seek reimbursement from another source.

Nursing Care Benefit (standard for Aviva Protection – Income Gold only)

During the Waiting Period if you are Totally Disabled and confined to bed and a doctor certifies that you require the continuing care of a registered nurse, other than an immediate family member, for a period of at least three days, we will pay an amount of one-thirtieth of the monthly Sum Insured for each day of confinement. This will commence from the first day of such care, until the end of the Waiting Period, when you are no longer confined to bed, or you no longer require the care of a registered nurse or for a maximum of 90 days, whichever first occurs.

Rehabilitation Expenses Benefit (standard for Aviva Protection – Income Gold only)

Should you need to undergo a formal rehabilitation course while you are Totally Disabled or require special equipment to assist you to return to work or live at home, we will pay for such extraordinary expenses that you incur up to an amount equal to six times the monthly Sum Insured.

Rehabilitation Income Benefit (standard for Aviva Protection – Income Gold only)

When you are Totally Disabled and you choose to engage in rehabilitative employment we will increase the Total Disability Benefit by 50%. This will be paid while rehabilitative employment continues for up to 12 months for any one period of disability.

Spouse Accommodation Benefit (standard for Aviva Protection – Income Gold only)

If your spouse, partner or close relative needs accommodation more than 100 km from your home, so that he or she can be close to where you are hospitalised during a period of Total Disability lasting more than three days, we will reimburse the cost of the accommodation, less amounts that are reimbursed from another source, to a maximum of one-thirtieth of the monthly Sum Insured or \$250.00 per day for a maximum of 30 days.

Unemployment Waiver (standard for Aviva Protection – Income Gold only)

After this policy has been in force for six months, if you involuntarily become unemployed and register with Centrelink or a recognised employment agency we will waive premiums due or paid for the duration of your unemployment up to a cumulative maximum of 12 months during the life of the policy.

Increasing Claim Benefit (optional at additional cost)

After you have been receiving a benefit for 12 months, the amount of the benefit will be increased by the increase in the Consumer Price Index.

Accident Benefit Option (optional at additional cost)

If during the Waiting Period you become Totally Disabled due to Injury for at least three days, you will receive one-thirtieth of the monthly Sum Insured for each day of Total Disability during the Waiting Period, up to a maximum of 90 days.

This option is not available if you select a Waiting Period of more than 90 days.

Guaranteed Insurability Option (optional at additional cost)

This option provides for an opportunity to increase your benefit up to 15% every three years without having to provide further medical evidence.

Up to six option dates are available to age 50 next birthday.

Superannuation Maintenance Benefit (optional at additional cost)

This option will allow you to maintain your superannuation contributions during a period of Disability. The Superannuation Maintenance Benefit is the amount that we will pay in your name to your nominated superannuation fund during any period of Total or Partial Disability.

You can insure up to 100% of your superannuation contributions made by you or your employer in the 12 months preceding the application, subject to a minimum of 5% of your gross Monthly Earnings and a maximum of 15% of your Monthly Earnings.

Should this benefit be selected, the amount of the Superannuation Maintenance Benefit will not be included as income for the purposes of determining your monthly Sum Insured under this policy. That is, your monthly Sum Insured will be based on your Monthly Earnings after deduction of your Superannuation Maintenance Benefit.

If you contribute an amount in excess of 15% to your superannuation fund the excess amount may be included as income for the purposes of determining your monthly Sum Insured.

If you include the Superannuation Maintenance Benefit, this amount together with the monthly Sum Insured will be restricted to the maximum monthly Sum Insured of \$30,000.

The Superannuation Maintenance Benefit is payable in respect of the following benefits; Total Disability Benefit, Partial Disability Benefit, Scheduled Injury Benefit, Critical Conditions Benefit, Nursing Care Benefit and Accident Benefit Option.

If you receive a proportion of your monthly Sum Insured, then the Superannuation Maintenance Benefit will be reduced in the same proportion as the monthly Sum Insured.

We will pay the Superannuation Maintenance Benefit directly to your nominated superannuation fund. The Superannuation Maintenance Benefit will only be payable in circumstances permitted by the superannuation and taxation legislation. The superannuation fund must be a regulated superannuation fund or retirement savings account.

In the event of a claim, details of your superannuation fund or retirement savings account will need to be provided to enable payment of the benefit.

Once selected and should a claim be made you cannot convert the Superannuation Maintenance Benefit to any other type of benefit. It will be paid while you continue to be entitled to benefits under the policy. The Superannuation Maintenance Benefit cannot be cancelled or removed while you are entitled to benefits under the policy.

Platinum Benefit (optional at additional cost for Aviva Protection – Income Gold only)

If you purchase the Platinum Benefit then any Critical Condition Benefit or a Nursing Care Benefit payable to you will be increased by one third. If you die when you are receiving a Platinum Benefit, the Death Benefit is determined using this increased monthly benefit.

This benefit is not available if you select a Waiting Period of more than 180 days.

Debt Replacement Benefit (optional at additional cost for Aviva Protection - Income Gold only)

This option provides you with the ability to maintain an income to cover your personal ongoing debt expenses if you are Disabled and is payable in addition to any other benefits (excluding the Death Benefit) payable under the policy.

By selecting this option, you may nominate up to 100% of your Allowable Personal Expenses.

Allowable Personal Expenses consist of:

- Home Mortgage – the percentage share of the minimum monthly mortgage repayments attributable to your contribution to the household income
- Personal Equity or Overdraft facilities
- Personal residential and commercial property investment linked loans
- Personal Motor Vehicle leases and/or loans
- Private School Tuition fees - the percentage share attributable to your contribution to the household income
- Loans in your name, family trust or company for which you are personally liable

but specifically exclude any expenses for which you are not personally liable or any expenses relating to the running of your business (if applicable).

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

Payment of Benefits

The Debt Replacement Benefit will be payable in conjunction with the following benefits: Total Disability Benefit, Partial Disability Benefit, Scheduled Injury Benefit, Critical Conditions Benefit, Nursing Care Benefit and Accident Benefit Option.

The benefits will be payable for a maximum of 12 months in respect of any one claim and are restricted to a cumulative total of 24 months over the life of the policy.

The benefit payable will be the lesser of:

- The debt replacement monthly Sum Insured; and
- 1/12th of the Allowable Personal Expenses during the past 12 months immediately preceding Disability.

If you receive a proportion of your monthly Sum Insured, then the Debt Replacement Benefit will be reduced in the same proportion as the monthly Sum Insured.

Debt Replacement Sum Insured

The benefit is only available if your aggregate Monthly Earnings for the preceding 12 months are at least \$295,000 and you have, or are applying for, death cover with us of at least \$1,000,000, and the Benefit Period selected is to age 60, 65 or 70.

The minimum monthly debt replacement Sum Insured under this benefit is \$1,000.

The maximum monthly debt replacement Sum Insured under this benefit is \$16,000.

If you include the Debt Replacement Benefit, the total of the Debt Replacement Benefit, monthly Sum Insured and the Superannuation Maintenance Benefit cannot exceed \$40,000.

Where you have an Aviva Income Protection – Business Expenses policy in conjunction with this policy the total of the benefits under the Superannuation Maintenance Benefit, monthly Sum Insured, Debt Replacement Benefit and the Aviva Income Protection – Business Expenses policy cannot exceed \$70,000.

The maximum age at which this option can be purchased is 55 next birthday.

The option ceases at the policy anniversary proceeding age 60.

Cessation of benefits

The payment of the Debt Replacement Benefit ceases on the earliest of the following:

- 12 months benefits have been paid in respect of any one claim;
- 24 months cumulative benefits have been paid in respect of all claims;
- the date your Disability ceases;
- you die;
- the Expiry Date as shown on your policy schedule; and
- the termination of the policy.

The following additional features are explained on page 37:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Matters affecting payment of benefits

Unemployment

If you are unemployed, or on maternity or paternity leave, for more than 12 months immediately before becoming Totally Disabled, then paragraph (a) in the definitions of "Total Disability" set out on page 32 is replaced by "you are unable to perform any occupation for which you are reasonably suited by education, training or experience." If you are on sabbatical leave or study leave from your employer or long service leave this will not be considered as unemployment.

Maximum benefits payable offset

The maximum Total Disability Benefit and Partial Disability Benefit payable under the policy are reduced in certain circumstances.

For Agreed Value Policies Only

If you have an agreed value policy, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

- (i) you are eligible to receive benefits from a pre-existing disability insurance or salary continuance policy from us or any other insurer which you had not disclosed when applying for this policy; or
- (ii) the occupation class shown on your policy schedule is not AAA, MP or LP and a workers compensation payment or other legislated payment is received in respect of loss of income and in calculating the payment the relevant tribunal or authority did not or could not take into account entitlements under this policy.

In these circumstances:

- (i) your Total Disability Benefit may be reduced so that it, together with the aggregate of those monies, does not exceed 75% of your Pre-Disability Earnings;
- (ii) if a payment is a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a benefit is paid to you for a maximum of seven years, and the maximum benefit will be calculated taking this figure into account; and
- (iii) your Partial Disability Benefit may be reduced so that the total of your Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

- (i) lump sum or income benefits under other insurance policies, except as described above; or
- (ii) lump sum or income benefits under any retirement or superannuation fund (including government and statutory funds), provided that if these policies or funds existed at the time of the policy commencement date or its reinstatement, all details were fully disclosed.

When your Total Disability Benefit or Partial Disability Benefit is reduced in accordance with this condition, a proportionate refund of premiums paid will be made. The refund will be:

$$A \times B \times C$$

where: "A" is the percentage reduction in the benefit; and "B" is your average monthly premium over the 12 months prior to Total Disability; and "C" is the lesser of the number of months your policy was in force before your claim started and 12.

For Indemnity Policies Only

If you have an indemnity policy, the maximum amount payable under the Total Disability Benefit and Partial Disability Benefit will be reduced if:

- (i) you are eligible to receive benefits from a disability insurance policy or salary continuance policy from us or any other insurer or through a superannuation fund; or
- (ii) you are eligible to receive any income provided by or arranged by an employer, partnership or business including sick leave; or
- (iii) a workers compensation payment or other legislated payment is received in respect of loss of income and in calculating the payment the relevant tribunal or authority did not or could not take into account entitlements under this policy.

In these circumstances:

- (i) your Total Disability Benefit may be reduced so that it, together with the aggregate of those monies, does not exceed 75% of Your Pre-Disability Earnings;
- (ii) if a payment is a lump sum, it will be converted to income on the basis of 1% of the lump sum for each month that a benefit is paid to you for a maximum of 7 years, and the maximum benefit will be calculated taking this figure into account; and
- (iii) your Partial Disability Benefit may be reduced so that the total of your Monthly Earnings and your monthly Partial Disability Benefit (as limited by this condition) is not greater than 100% of your Pre-Disability Earnings.

Your benefit will not be affected by any amounts you receive from:

- (i) lump sum or income benefits under other insurance policies, except as described above; or

- (ii) lump sum or income benefits under any retirement or superannuation fund (including government and statutory funds), provided that if these policies or funds existed at the time of the policy commencement date or its reinstatement, all details were fully disclosed.

Concurrent benefits

Only one of the Total Disability Benefit, Partial Disability Benefit, Critical Conditions Benefit, Nursing Care Benefit, Accident Benefit or Scheduled Injury Benefit is payable at any one time.

In the event that you are entitled to more than one Benefit the Benefit that results in the greater Benefit amount will be payable.

Payment of benefits

Benefits are payable to you monthly in arrears except for the Scheduled Injury Benefit and the Critical Conditions Benefit which are payable in advance. Benefits for periods of less than one month will be paid pro rata based on a 30 day month.

Definitions

The following defined terms are used above:

Benefit Period ends on the first to occur of:

- the expiry of the Benefit Period shown on your policy schedule;
- the date on which your Disability ceases;
- the Expiry Date as shown on your policy schedule;
- the date of your death, or
- the termination of the policy.

Business Expenses are regular or continuing fixed expenses incurred by your business whether you are working or not and which are not a payment of capital or of a capital, private or domestic nature, and could not reasonably be considered to give a private benefit to you, members of your family or any company, trust or

Aviva Protection – Income Gold, and Aviva Protection – Income Excell continued

other entity from which you or your family derive a benefit. Your share of these payments will be that which is apportionable to you in line with the usual manner that the profits and/or losses of your business are divided.

Deemed Disability means that whilst the policy is in force you have suffered one of the Scheduled Injuries see page 26 (or a Critical Condition if your policy is Gold see page 27).

Disability or Disabled means Total Disability or Partial Disability as the context requires.

Injury means an accidental bodily injury you suffer whilst your policy is in force.

Monthly Benefit means the amount of benefit as noted in the policy schedule, but also includes increases or reductions that apply under the Indexation Benefit and the Maximum Benefits provisions of the policy.

Monthly Earnings is

- (a) where you do not directly or indirectly own the business or professional practice from which you earn your regular income, the total monthly value of your remuneration in respect of the performance of your regular occupation.

It includes:

- salary,
- fees,
- commission,
- bonuses,
- regular overtime,
- and fringe benefits.

It will be determined by calculating the amount you could be expected to receive if your total remuneration was received as a salary or wage (before income tax is deducted);

- (b) where you directly or indirectly own all or part of the business or professional practice from which you earn your regular income, the income earned by your business directly due to your personal exertion or activities less your share of the necessarily incurred Business Expenses and costs for that business or professional practice, calculated on a monthly basis.

Partial Disability or Partially Disabled means that solely because of Sickness or Injury:

- (a) you are working in your regular occupation on a partial basis, or
- (b) you are working in another occupation, or
- (c) you are not working in any gainful occupation even though you are capable of undertaking all the important income producing duties of your regular occupation at least on a partial basis; and
- (d) your Monthly Earnings are less than your Pre-Disability Earnings; and
- (e) you are following the advice of a medical practitioner.

If you were unemployed for more than 12 months immediately before becoming Disabled, then "your regular occupation" in part (c) will be replaced by "an occupation for which you are reasonably suited by education, training or experience."

Pre-Existing Condition is a sickness, disease or physical condition for which symptoms existed, that would cause a reasonable person to seek diagnosis, care or treatment from a medical practitioner, before the commencement date, date of reinstatement or the date an improvement is offered under the upgrade guarantee.

For any Pre-Existing Condition to be covered under the policy you must have told us about it in your application.

Sickness means a sickness or disease you suffer and which becomes apparent after the commencement date, or which is disclosed in your application.

Total Disability or Totally Disabled means that solely because of injury or sickness:

- (a) you are not capable of doing at least one of the important income producing duties of your regular occupation, and
- (b) you are not working in any gainful occupation, and
- (c) you are following the advice of a medical practitioner.

For agreed value policies, the following definition applies

Pre-Disability Earnings is your highest average Monthly Earnings for any period of 12 consecutive months between the period one year prior to the Commencement Date and the date of your Disability.

When you are Disabled, this figure will be increased every 12 months following the date of commencement of Disability by the percentage change in the Consumer Price Index.

For indemnity policies, the following definitions applies:

Pre-Disability Earnings are calculated as follows:

Where you do not directly or indirectly own all or part of the business from which you earn your regular income, your average Monthly Earnings over the 12 months immediately preceding the date of Disability.

Where you do directly or indirectly own all or part of the business from which you earn your regular income, your average Monthly Earnings based on the financial evidence required for taxation purposes for the tax year prior to the date of Disability.

Making a claim

Notice of claim

Written notice of a claim for a Disability Benefit must be given to us within 30 days of you becoming Disabled. We will then send you the necessary claim form.

You and your doctor must complete the claim form and return it to us within 60 days of the beginning of a period of Disability for which benefits are being claimed. You will be responsible for any costs incurred in completing the claim form.

No benefit will be payable in respect of any period more than 60 days prior to us receiving the claim form or any progress claim form we may issue, unless your Disability is such as to prevent you from informing us within the 60 day period.

Level of cover

Minimum Sum Insured

\$1,000 per month.

Maximum Sum Insured

75% of first \$250,000 p.a. of gross income after Business Expenses,

50% of next \$150,000 p.a. of gross income after Business Expenses, and

25% of gross income p.a. after Business Expenses thereafter.

Subject to a maximum Sum Insured of \$30,000 per month.

Termination of policy

Your policy terminates on the earliest of:

- the Expiry Date shown on the schedule, or
- the death of the life insured, or
- when we receive your written request for cancellation, or
- if any required premium or instalment is not paid by the due date. Your policy will cease 30 days after we give you notice of cancellation, if the premium remains unpaid.

Where the Benefit Period to age 70 has been chosen, the policy terminates at the policy anniversary prior to age 65, but claim payments may continue past that date, as explained on page 25.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

The policy does not apply to or cover any Disability caused by:

- (a) war, or an act of war; or
- (b) intentional self injury, or attempted suicide; or
- (c) pregnancy, childbirth or miscarriage unless Disability continues for more than three months after the end of the pregnancy. When this occurs the date of Disability will be taken as being the date of the end of the pregnancy; or
- (d) your participation in a criminal activity or your incarceration.

In addition, regardless of whether or not there is a connection between your Disability and your incarceration, benefits will not be paid in relation to any period during which you are incarcerated.

Criminal activity means any activity giving rise to your conviction and incarceration. Incarceration means confinement in a jail of any description (including a prison farm or remand centre).

Aviva Protection – Income Business Expenses

Aviva Protection – Income Business Expenses provides you with income cover for your business expenses if you are disabled. If you are unable to work because of a sickness or injury you will receive a monthly benefit for up to one year after the waiting period for any one claim.

Aviva Protection – Income Business Expenses – A snapshot of what your cover includes

	Automatic CPI Linking Benefit	Death Benefit	Guaranteed Yearly Renewable	Interim Accident Benefit	Recurrent Claim Benefit	Total & Partial Disability Benefit	Waiver of Premium	Benefit Extension
Aviva Protection – Income Business Expenses	B	B	B	B	B	B	B	B

B = Benefit included in basic price

This policy is ‘guaranteed renewable’. This means that, provided you pay the premiums, you can renew your cover each year until the policy expiry date without having to provide further medical evidence.

When you apply for the policy, you choose the amount of income replacement you require. This is called the monthly Sum Insured. In addition to selecting the monthly Sum Insured, you must also select a Waiting Period.

Monthly Benefit

When you take out a policy, you nominate a monthly Sum Insured, which may be up to 100% of your Allowable Business Expenses listed in your application.

Waiting Period

You must choose a Waiting Period when taking out the policy. The Waiting Period is the period you must wait before benefits become payable. You can choose a Waiting Period of 14 or 30 days.

The benefits and features

Key terms used in this section are defined on pages 34 and 35; please read those definitions carefully.

Total Disability Benefit

If you are Totally Disabled, we will pay you a monthly Total Disability Benefit equal to the Allowable Business Expenses listed in your application that are actually incurred for that month, up to the Maximum Monthly Benefit. If you make a claim you need to provide evidence of your Allowable Business Expenses incurred for that month.

Partial Disability Benefit

If you are Partially Disabled a portion of the Monthly Benefit will be payable to you based upon the following formula.

$$\frac{(A - B) \times C}{A}$$

Where:

- A is your Pre-Disability Business Income.
- B is your Business Income for the month in which the Partial Disability Benefit is claimed, before any benefit is payable under the policy to a minimum of zero.
- C is the lesser of the Monthly Benefit and the Allowable Business Expenses for that month.

The Partial Disability Benefit begins to accrue from the day after you are no longer Totally Disabled, or the day after the end of the Waiting Period, whichever is the later. It is paid

monthly in arrears, and will stop at the end of the Benefit Period or when you cease to be Partially Disabled or when your Business Income equals or exceeds your Pre-Disability Business Income, whichever is the first to occur.

Death Benefit

If you die while you are receiving any benefit under policy, the Death Benefit will be paid.

The Death Benefit is 12 times the monthly Sum Insured, less any amounts already paid in respect of the current claim, up to a maximum of \$60,000, and is paid upon proof of death. This will be paid as a lump sum to the policy owner. Payment of the Death Benefit means that no other benefits are payable.

Benefit Period

The Benefit Period is the maximum period of time for which the monthly benefit is payable, whilst you are Totally or Partially Disabled due to sickness or injury.

The Benefit Period commences at the end of the applicable Waiting Period and is payable for a maximum of 12 months.

Extension of Benefit Period

If Total Disability Benefits have been paid for a period of 12 months, the Benefit Period may be extended if the total amount paid is less than 12 times the monthly Sum Insured. The period of extension will be:

- for 12 months; or
- until Total Disability ceases; or
- until the total amount paid equals 12 times the monthly Sum Insured; or
- until the Expiry Date as shown on your policy;

whichever occurs first.

Waiver of Premium

After you have been disabled for longer than the Waiting Period we will waive all premiums payable under your policy for the period you continue

to receive either the Partial or Total Disability Benefit.

Recurrent Claim Benefit

The Recurrent Claim Benefit is described on page 26.

The following additional features are explained on page 37:

Indexation of benefit
Upgrade guarantee
24 hour world wide cover
Interim Accident Cover

Definitions

The following defined terms are used above:

Allowable Business Expenses means your share of the normal day to day expenses of your business actually incurred by you and include, but are not limited to:

- accounting and audit fees
- bank charges
- equipment hire and motor vehicle leases
- business related insurance (excluding premiums for this policy)
- rent and regular interest instalment payment on business mortgage or loan
- electricity, gas, water, heat, laundry, telephone, cleaning
- business property rates and taxes
- telephone costs
- regular advertising costs
- subscriptions/fees/dues to professional associations
- salaries of employees who do not generate sales income or billings, and costs directly related to salaries (eg superannuation and other such fixed expenses which are normal in the operation of your profession, business or occupation)
- net cost of a locum (a person sourced external to your business and who is a direct replacement for you whose gross sales, income or billings are less than the fees incurred for that locum).

The following are specifically excluded:

- your personal salary, fees, drawings or any other remuneration
- cost of remuneration for members of your family (unless they were employed at least 30 days before the date you became disabled) or any person who is not your employee
- the salaries and superannuation contributions of employees who generate sales, income, or billings for your business
- cost of goods or equipment used in your profession, business or occupation
- depreciation
- payment of principal on business mortgages or loans
- premiums for this policy

Business Income is your share of the gross income generated by the business before expenses and tax

Benefit Period ends on the earlier of:

- the expiry of the Benefit Period shown on your policy;
- the date on which your Disability ceases;
- the Expiry Date as shown on your policy;
- the date of your death; or
- the termination of the policy.

Maximum Monthly Benefit payable under the policy is the lesser of:

- (i) the monthly Sum Insured, and
- (ii) 1/12th part of the Allowable Business Expenses actually incurred by you in the operation of your profession, business or occupation during the 12 months immediately preceding your Total Disability and which continue during that Total Disability.

Aviva Protection – Income Business Expenses continued

If the Monthly Benefit payable, together with any benefit payable under any other disability policy with NULAL or any other insurer deemed by us to be business expenses insurance, exceeds in any month the Allowable Business Expenses which are incurred during that month then the Monthly Benefit will be reduced by the excess.

Partial Disability or Partially Disabled means that solely because of Sickness or Injury:

- (a) you are working in your regular occupation on a partial basis, or
- (b) you are working in another occupation, or
- (c) you are not working in any gainful occupation even though you are capable of undertaking all the important income producing duties of your regular occupation at least on a partial basis; and
- (d) your Monthly Earnings are less than your Pre-Disability Earnings; and
- (e) you are following the advice of a Medical Practitioner.

If you were unemployed for more than 12 months immediately before becoming Disabled, then "your regular occupation" in part (c) will be replaced by "an occupation for which you are reasonably suited by education, training or experience."

Pre Disability Business Income is 1/12th of your share of the gross income generated by the business before expenses and tax in the 12 months immediately prior to you becoming disabled.

Pre-Existing Condition is a sickness, disease or physical condition for which symptoms existed, that would cause a reasonable person to seek diagnosis, care or treatment from a medical practitioner, before the date the policy commenced, the date of reinstatement or the date an improvement is offered under the upgrade guarantee.

For any Pre-Existing Condition to be covered under the policy you must have told us about it in your application.

Total Disability or Totally Disabled means that solely because of injury or sickness:

- (a) you are not capable of doing at least one of the important income producing duties of your regular occupation, and
- (b) you are not working in any gainful occupation, and
- (c) you are following the advice of a medical practitioner.

Level of cover

Minimum sum insured

\$1000 per month.

Maximum sum insured

Up to 100% of the eligible Business Expenses.

Subject to a maximum Sum Insured of \$40,000 per month.

Termination of policy

Your policy will automatically terminate on the earliest of:

- the Expiry Date as shown on the policy schedule, or
- the death of the life insured, or
- when we receive your written request for cancellation, or
- if any required premium or instalment is not paid by the due date. Your policy will cease 30 days after we give you notice of cancellation, if the premium remains unpaid.

Exclusions

There are certain exclusions that apply to your policy. Exclusions are circumstances in which we are not required to pay the benefits under the policy.

This policy does not apply to or cover any Disability caused by:

- (a) war, or an act of war; or
- (b) intentional self injury, or attempted suicide; or
- (c) pregnancy, childbirth or miscarriage unless Disability continues for more than three months after the end of the pregnancy. When this occurs the date of Disability will be taken as being the date of the end of the pregnancy; or
- (d) your participation in a criminal activity or your incarceration.

In addition, regardless of whether or not there is a connection between your Disability and your incarceration, benefits will not be paid in relation to any period during which you are incarcerated.

Criminal activity means any activity giving rise to your conviction and incarceration. Incarceration means confinement in a jail of any description (including a prison farm or remand centre).

Additional features – all products

Aviva Protection – Life

Aviva Protection – Recovery Money

Aviva Protection – Flexible Recovery Money

Aviva Protection – Stand Alone Recovery Money

Aviva Protection – Income Gold

Aviva Protection – Income Excell

Aviva Protection – Income Business Expenses

Indexation Benefit

Each policy automatically provides increases in the benefits by the greater of the percentage increase in the CPI or 3%, without further medical evidence.

The increases are applied on each policy anniversary. You have the right to refuse an increase in any year. You

may cancel the Indexation Benefit at any time.

Unless specified below there are no restrictions upon the amount of cover that may be indexed.

The maximum initial death Sum Insured that can be indexed is \$3,000,000.

The maximum initial disability Sum Insured that can be indexed is \$3,000,000.

The maximum initial critical illness Sum Insured that can be indexed is \$1,000,000, with indexation automatically cancelled once the critical illness Sum Insured becomes \$1,750,000.

Where the Business Protection Option has been selected the Indexation Benefit is not available.

Upgrade Guarantee

Should we improve the benefits under the policy, where such improvements result in no increase in premium rates, we will automatically add these benefit improvements to the policy.

The benefit improvements will not apply to claims:

(a) where the illness was diagnosed or investigated; or

(b) where the injury occurred

prior to the effective date of the improvement.

Should a situation arise where a policyholder is disadvantaged in any way as a result of an improvement, then the previous benefit wording will prevail.

24 hour worldwide cover

Each policy provides 24 hour worldwide cover.

Interim Accident Cover

Interim Accident Insurance cover provides cover against:

	Life	Life (with disability benefit option)	Recovery Money	Flexible Recovery Money	Stand Alone Recovery Money	Income Protection
Accidental Death	●	●	●			
Accidental Critical Injury		●	●	●	●	
Accidental Total Disability						●

Additional features – all products continued

What types of accidents are covered?

“Accident” means an event causing death, critical injury or total disability solely and directly by violent, accidental, external and visible means, independently of other causes.

A benefit will only be available if the Accident causing your death, critical injury or total disability occurs after the commencement of the interim cover and prior to the termination date and satisfies the conditions set out below.

Commencement of cover

Interim Accident Cover commences at the later of the date of receipt of a completed proposal by us; and the receipt of the first or deposit premium. In circumstances where our practice is that a deposit premium is not required, a completed and valid Periodical Debit Authority or Credit Card authority is required. Interim Accident Cover is not provided if payment authorities are not honoured.

Termination of cover

Interim Accident Cover ceases at the first to occur of:

- 90 days elapsing after commencement of the Interim cover
- the application is accepted by our underwriters and a policy document is issued
- you are notified that our underwriters have declined your application
- the application is withdrawn
- 21 days elapsing after you are offered cover on loaded or varied terms, if you haven't accepted those terms in writing.

Conditions of cover

1. General conditions

No benefit is payable if:

- the policy applied for is to replace insurance cover or another application on your life;
- the death, critical injury or total disability arises from suicide, attempted suicide or other intentional self-inflicted injury;
- either you or the proposer has failed to comply with the Duty of Disclosure as set out on the Application Form;
- the event leading to the claim occurs while you are outside Australia, or
- the application is one we would not normally accept under our standard underwriting rules.

We will pay only one Interim Accident Benefit and the benefit will be reduced by any Interim Accident Benefits or similar payable under any other insurance proposals to other companies. If the client has proposed for both Income and Business Expenses cover, only one Interim Accident Benefit is payable.

“Interim Accident Benefit” means, relevantly, payment for Accidental Death, Accidental Critical Injury or Accidental Total Disability.

2. Conditions specific to Accidental Death

“Accidental Death” means an Accident which results in your death within 90 days of the Accident.

The benefit payable is the lower of \$1,000,000 and the proposed death Sum Insured.

3. Conditions specific to Accidental Critical Injury

“Accidental Critical Injury” means an Accident which results in you suffering one of the following critical injuries, for the first time, within 90 days of the Accident:

Blindness, Coma, Deafness, Major Burns, Major Head Trauma or Paralysis, as defined on pages 48 to 53, or you suffer from the total and irrecoverable loss of the use of two limbs.

The benefit payable is the lower of \$500,000 and the proposed disability Sum Insured or critical illness Sum Insured, as appropriate. The Buy Back Options do not apply to Accidental Critical Injury.

4. Conditions specific to Accidental Total Disability

“Accidental Total Disability” means an Accident which results in you suffering Total Disability within 90 days of the Accident. “Total Disability” has the same meaning as in the relevant policy document. No benefit is payable:

- if the Total Disability arises from an act of war, or
- in respect of any Pre-Existing Condition.

The benefit payable is the lower of \$5,000 per month and the proposed disability Sum Insured. The benefit is payable each month that you remain continuously Totally Disabled after the end of the applied for Waiting Period, up to a maximum of six months.

The total monthly benefit will not exceed 75% of Pre-Disability Earnings for Income Gold or Excell and the Life Insured's actual Business Expenses, taking into account all other disability benefits payable.

Holding your policy in your superannuation fund

In consultation with your financial adviser you may decide to hold your Aviva Protection – Life policy as part of your superannuation arrangements.

If you hold your policy through a superannuation fund, the policy will be owned by the trustee of the superannuation fund and you will be the life insured. Benefits will be paid to the trustee.

The trustee will determine how the benefits may be paid to you in accordance with the relevant trust deed and superannuation law. If any part of the superannuation benefit is required to be preserved, then it must be held in a superannuation fund until you satisfy a condition of release (as defined on page 40).

For superannuation policies, the Death Benefits may, at the discretion of the trustee and with the consent of the beneficiary, be payable as a pension.

We can arrange for your policy to be held by the Norwich Union Superannuation Trust ("the Trust") which is a complying fund under the Superannuation Industry (Supervision) Act 1993 ("SIS").

To apply for membership of the Trust you will need to complete the application form contained within Section 19 commencing on page 75.

If you are a member of the Navigator Personal Retirement Division ("the Plan") we can arrange for your policy to be held by the Plan, please complete your account details in section 24 part (c). Alternatively, you can arrange for your policy to be held through another complying superannuation fund of which you are a member. To do so, you and the trustee of the fund will need to complete the application contained within Section 20 commencing on page 78.

We do not provide insurance cover for non-complying superannuation funds. If your fund ceases to be a complying fund at any time, you must notify us immediately, and we may cancel the policy. However, we will offer to

cover the life insured under a non-superannuation policy owned by you or any alternative party you nominate.

Nomination of beneficiaries

Binding Death Benefit Nominations

You may be able to direct the trustee of your superannuation fund as to how your benefits are to be distributed on your death.

If you hold your policy in the Trust, you can make a Binding Death Benefit Nomination. You may specify dependants and/or your estate as beneficiaries and nominate the appropriate proportion of your benefits payable to each. If you wish to make a Binding Death Benefit Nomination, you complete the form contained within Section 19 commencing on page 75.

If you are a member of the Plan and wish to make a Binding Death Benefit Nomination please complete the form contained within your Navigator Personal Retirement Plan application, or, please contact Client Services on 1800 653 710.

Non Binding Nominations

If you do not make a Binding Death Benefit Nomination, the trustee of your superannuation fund must consider all known dependants and your legal personal representative when determining the distribution of Death Benefits.

A non-binding nomination will guide the trustee as to your wishes, but will not be binding on it. The trustee has absolute discretion to determine who will receive the Death Benefits.

If you hold your policy through the Trust, you may elect to make a non-binding nomination by completing the form contained within Section 19 commencing on page 75.

If you are a member of the Navigator Personal Retirement Plan and wish to make a non-binding nomination, please contact Client Services on 1800 653 710.

Eligible dependants

A dependant can only be one of the following:

- your spouse (including de facto spouse)
- any of your children (any age)
- other dependants:
 - any other person with whom, in the opinion of the trustee, you have an interdependency relationship
 - any other person who is in the opinion of the trustee, financially dependant on you

Two people (whether or not related by family) have an interdependency relationship if:

- they have a close personal relationship, and
- they live together, and
- one or each of them provides the other with financial support, and
- one or each of them provides the other domestic support and personal care

If either of the two people suffers from a physical, intellectual or psychiatric disability that prevents them from satisfying these requirements, they have an interdependency relationship if they have a close personal relationship.

Superannuation-owned life insurance

Using a superannuation fund to own a life insurance policy can provide a tax deduction or spouse rebate for the premiums in the right circumstances. However it is unlikely that critical illness cover can be owned by the superannuation fund and the ownership of this disability cover needs to be considered carefully based on individual circumstances.

Continuation feature

If your Aviva Protection – Life policy has been set up under a superannuation fund it will usually expire by the policy anniversary before your 75th birthday. If you wish to continue your cover, you have three months to apply for a death cover under a new non-superannuation

Holding your policy in your superannuation fund continued

Aviva Protection – Life policy for the same Sum Insured without having to provide further medical evidence.

Conditions of release

Benefits accruing in a superannuation fund cannot normally be paid out to you until:

- You leave employment after age 60; or
- You permanently retire from the workforce on or after your preservation age as shown in the table below; or

Date of birth on or between	Preservation age
Before 1 July 1960	55
1 July 1960 and 30 June 1961	56
1 July 1961 and 30 June 1962	57
1 July 1962 and 30 June 1963	58
1 July 1963 and 30 June 1964	59
On or after 1 July 1964	60

- You commence a “Transition to Retirement income stream” after preservation age; or
- You reach age 65

A benefit may be paid before this if you die, suffer permanent incapacity, suffer severe financial hardship (as determined by law), or on compassionate grounds (determined by the relevant Government authority).

Please note that not all claims for Disability Benefits will necessarily meet the definition of permanent incapacity under superannuation law. Where this is the case the monies will be held in superannuation until you satisfy another condition of release.

Tax File Numbers

Where your policy is held in the Trust, the Trustee is authorised under the Superannuation Industry (Supervision) Act to collect your Tax File Number (“TFN”).

If you are employed, your employer is required to give us your TFN if you have quoted it to them for employment purposes after 30 June 2007, and it makes a superannuation contribution for you to us.

You are not required by law to provide your TFN to the Trustee, however if you apply for policies through the Trust and you or your employer have not provided your TFN, we will not be able to accept your application for membership of the Trust.

If your TFN is provided, the Trustee must safeguard it and only use it for lawful purposes, which currently include the following and may change in the future:

- providing your TFN and other information to the Australian Taxation Office (ATO) – we are required to advise details of all contributions paid by you or for you to the ATO;

- calculating tax on any benefits you may be entitled to;
- finding or identifying other superannuation fund interests you may have;
- in the future, providing your TFN to another fund trustee or retirement saving account provider to whom your benefit is to be transferred. We will not provide your TFN if you write to the Trustee and tell us not to. We will not disclose your TFN to anyone else.

You do not have to provide your TFN to your superannuation fund trustee, and declining to do so is not an offence. However if your TFN is not provided to a fund, then:

- the trustee may not be able to accept your contributions, or contributions may be subject to tax at the highest marginal rate plus the medicare levy;
- you may pay more tax on your benefits than you have to (you can claim this back at the end of the financial year in your income tax return);
- it may be more difficult to locate or consolidate your superannuation benefits in the future.

Charges

The basic concept used to determine what is paid for insurance is the matching of the cost to the risk. Equitably priced insurance is dependent on grouping together people with similar characteristics; age, sex, health, occupation and other factors, (such as amount of cover required and how long the benefits will be paid for).

That is why applications for insurance contain such a variety of questions and why insurers seek the most complete information on your medical history, occupation and pastimes – so that you pay the most equitable premium.

Aviva's Protection*first* range gives you access to a wide range of features included in the standard price, together with many options that are available for an additional cost. Your financial adviser can provide exact costs for cover for your individual needs.

In these uncertain times it is prudent to spend a small amount of current income to help protect future wealth. In taking out Aviva Protection*first* you help ensure your financial security, should the worst happen.

Premiums and charges

Premiums

We will determine your premium according to a scale of rates that applies to all clients with policies based on that scale. Your premiums will be based upon the type and level of cover you choose along with various factors such as your age, gender, health, lifestyle, occupation and whether or not you are or have been a smoker.

For more details about premiums or to obtain a quotation for insurance, please contact your financial adviser.

Application for the Aviva Protection*first* range can only be made after you receive a premium quotation from your adviser, a copy of which must

accompany your application form. We will not accept an application that does not have the quotation attached to it.

The quotation is subject to underwriting review and risk assessment before issue of a policy. Consequently, we may issue to you a revised premium quotation and request you to submit an amended proposal for your application.

Where premium payments are received more frequently than annually, a loading of 5% of premium and policy fee for half yearly payments, and 8% of premium and policy fee for all other payments, is applied.

The premium scale is also adjusted by reference to the selected Sum Insured. A loading is applied where the Sum Insured is less than the amount set out below.

Product type	Sum insured	Premium loading
Life Protection	Death less than \$250,000	20%
	Death \$250,000 to \$499,999	10%
Recovery Money	Death less than \$250,000	20%
	Death \$250,000 to \$499,999	10%
Stand Alone Recovery Money	Critical Illness less than \$250,000	20%
	Critical Illness \$250,000 to \$499,999	10%
Flexible Recovery Money	Loading applicable is based upon the Death Sum Insured of the linked Life Protection policy	
Income Protection	Monthly Benefit less than \$1,500	5%

Charges continued

Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money policies only:

Two options are available:

Stepped Premiums

If you choose stepped premiums, your premium will be recalculated each policy anniversary based on your age and/or any increase in the Sum Insured as a result of indexation increases.

Level Premiums

If you choose level premiums, your premium is calculated at the commencement of the policy. Your level premium may change if there is an alteration to your Sum Insured and will automatically change to a stepped premium at the policy anniversary preceding a certain age, which is nominated by you. The choices are any of the 55th, 60th or 65th birthday.

Note: The minimum term for the level premium option is five years.

Income policies only:

Two options are available:

Stepped Premiums

If you choose stepped premiums, your premium will be recalculated each policy anniversary based on your age and/or any increase in the Sum Insured as a result of indexation increases.

Level Premiums

If you choose level premiums, your premium is calculated at the commencement of the policy and may change if there is an alteration to your Sum Insured.

Minimum Premiums

The following minimum premium requirements apply:

Life, Recovery Money, Flexible Recovery Money and Stand Alone Recovery Money policies only:

Stepped premium \$200 p.a. plus policy fee. The minimum premium does not apply if the death Sum Insured (where applicable) is \$200,000 or greater.

Level Premium \$500 p.a. plus policy fee. The minimum premium does not apply if the death Sum Insured (where applicable) is \$500,000 or greater.

Income policies only:

Minimum premium requirements do not apply for Income policies.

Policy fee

An annual policy fee applies to the policies, with the current fee applying until 31 March 2008. The policy fee can be periodically amended, but never at a rate greater than the rate of increase in the Consumer Price Index ("CPI") since any previous amendment in the policy fee for equivalent policies.

The policy fees are:

Life	\$97.50
Recovery Money	\$97.50
Flexible Recovery Money	\$0.00
Stand Alone Recovery Money	\$97.50
Income (all policies)	\$97.50

Review of rates

We may change the scale of rates but only if we do so for all clients with policies and premiums based on that scale.

If we change premium rates, the premium for your policy will only change from your next policy anniversary. However, if you alter your policy details during the year, we will recalculate your premium based on the rates applicable at the time you request the alteration.

If there are any changes to the non-government charges and fees detailed above, you will be given three months advance warning.

We do not provide a premium rate guarantee.

Stamp duty rates

For Aviva Protection – Life and Aviva Protection Recovery Money the State Government Stamp Duty rates are currently payable by us out of the premium and no separate fee is charged.

In respect of all other policies we will add the amount of these duties set out below to the premium payable.

State	% of premium
ACT	10%
Victoria	10%
South Australia	11%
Western Australia	10%
New South Wales	5%
Queensland	7.5%
Tasmania	8%
Northern Territory	10%

Government taxes and charges

We reserve the right to charge any government tax, licence fee, stamp duty or impost relating to your policy at any time during the life of the policy. We may also increase the premium rates as a result of changes to or the introduction of Government taxes and charges.

Goods and Services Tax

Goods and Services Tax ("GST") is not payable on the premiums on your policy.

Financial Adviser Remuneration

If you purchase a policy from the Aviva Protection*first* range through a financial adviser, we pay your financial adviser remuneration for selling this policy. The payment is already incorporated within the premium applicable to your policy.

Your financial adviser has to meet their expenses from this remuneration and they also rely on it to provide an income.

In addition to any payment for selling your policy, we may make payments to licensees based on commercial arrangements. We may also make payments to licensees, or financial advisers, to enable them to provide educational or marketing support. These payments are made by us and do not involve extra charges to you.

Additional benefits to financial advisers

In return for the promotion and marketing of Aviva Protection*first*, we may pay the licensee, with whom your financial adviser is an authorised representative, remuneration based on the overall volume of business they generate with us. Part of this remuneration may be passed onto your financial adviser by the licensee. Any such remuneration is not an additional charge to you. We may also provide your financial adviser and/or licensee with non-monetary benefits (such as airfares, accommodation, conferences, technical support, etc) known as alternative forms of remuneration.

We are required to comply with the Investment and Financial Services Association Ltd/Financial Planning Association Industry Code of Practice on Alternative Forms of Remuneration in the Wealth Management Industry ('the Code'). The Code requires us to maintain a register that records forms of alternative remuneration which we pay to distributors of our products or we receive from providers of products made available through us. Registers are required to be maintained by investment managers, platform providers, licensees and representatives.

A copy of our register may be accessed by contacting Investor Services on 1800 653 710.

Your financial adviser is required to provide details of the remuneration they receive in the Statement of Advice they must provide to you.

Termination for non-payment

If you have not made payment within 30 days from the due date or from the date of notice to pay, (whichever is later), your cover will cease with effect from when the premium was due and no benefits will be payable.

Surrender value

Premiums paid are used to cover the risks and expenses incurred in managing the policy and consequently the policies do not have a surrender or cash value.

Statutory Fund

The premiums for your Aviva Protection*first* policy will form part of NULAL's Number 1 Statutory Fund and insurance claims will be paid from that fund.

Taxation

This section contains general information about significant tax implications relating to non-superannuation and superannuation Aviva Protection*first* products.

The following taxation summary is a general statement only, and individual circumstances may be quite different. The following tax interpretation reflects our current understanding of the tax laws as at the issue date of this document.

Taxation – non-superannuation

Cover type	Tax treatment of premiums	Tax treatment of benefits
Death Benefits	Generally not deductible	Generally not taxable
Total & Permanent Disablement (TPD)	Generally not deductible	Generally not taxable
Critical Illness Benefit	Generally not deductible	Generally not taxable
Income Protection Benefit	Generally deductible	Generally treated as assessable income

We do not deduct tax from your income protection benefit payments, it is your responsibility to declare this as assessable income.

Taxation – superannuation

The following information is of a general nature only. For more details on your tax situation, please consult your financial adviser.

Where your insurance cover is held by a superannuation fund the premiums are counted towards the contribution limits as explained below.

Tax deductions for contributions

Limits on contributions

The Government has imposed caps on the amount of contributions you can make to a superannuation fund in a financial year. The size of the limit depends on the type of contribution.

Concessional contributions

Concessional contributions generally include any contribution made by or on your behalf that is included in the assessable income of the Trust.

This includes all:

- contributions made on your behalf by your employer
- personal contributions for which a deduction is claimed

- contributions made for you by a third party, other than your spouse

Concessional contributions are capped at \$50,000 per financial year. This limit will be indexed to AWOTE (Average Weekly Ordinary Time Earnings) each year. However the indexed amount will be rounded down to the nearest multiple of \$5,000.

If your total concessional contributions to all superannuation funds exceed this cap, you may receive an excess concessional contributions tax assessment. As Aviva Protection*first* products are for insurance cover only, you will not be able to source funds from these products to pay this tax.

A transitional cap of \$100,000 per financial year applies to individuals age 50 or more for concessional contributions until 30 June 2012.

As a consequence the Trust will not accept applications for insurance where your concessional contributions to pay the premiums exceeds this limit.

Non-concessional contributions

Non-concessional contributions generally include any contribution made by you or on your behalf that is not included in the assessable income of the superannuation fund. This includes:

- personal contributions for which a deduction is not claimed
- spouse contributions
- government co-contributions (not counted towards the non-concessional contribution cap)

Non-concessional contributions are capped at three times the current concessional contributions cap, that is, \$150,000 for the 2007/08 financial year. Individuals under age 65 at a 1 July may bring forward two years cap.

The Trust cannot accept contributions in excess of \$450,000 (or \$150,000 for individuals aged 65 or older at the previous 1 July).

If your total non-concessional contributions to all superannuation funds exceed this cap, you may receive an excess non-concessional contributions tax assessment. As Aviva Protection*first* products are for insurance cover only, you will not be able to source funds from these products to pay this tax.

As a consequence the Trust will not accept applications for insurance where your non-concessional contributions to pay the premiums exceeds this limit.

Rebate for contributions made in relation to a spouse

A rebate is available where both the taxpayer and the spouse are Australian residents and the assessable income of the spouse is less than \$13,800 in the financial year in which contributions are made.

Tax on contributions

All complying superannuation funds pay tax at a rate of 15 per cent on concessional contributions and trustees will deduct appropriate amounts from the members' accounts. This will be nil for contributions used wholly for the payment of life insurance premiums where the TFN has been provided, as the superannuation fund receives an offsetting tax deduction for the premium payment.

Taxation of Death and Disability Benefits

Death Benefits

Concessional taxation may apply on Death Benefits paid to dependants.

Death benefits are tax free when paid to a 'death benefits dependant', which can be a spouse (including de facto spouse), a child aged less than 18, a person with whom you have an interdependent relationship (refer to page 39), or a financial dependant (who could be a former spouse). Adult children are not death benefit dependants for tax purposes unless they meet one of the other relationships with the deceased member listed above as well being their child.

Death benefits paid to a deceased member's legal personal representative are also tax free provided they are distributed from the estate to one or more death benefits dependants.

Where the benefit is paid directly to a person who is not a death benefits dependant, it is taxed as a superannuation lump sum benefit received by them and PAYG withholding amounts may be deducted (special rates as high as 31.5% can apply).

PAYG withholding instalments are not deducted by the trustee from death benefits paid to a deceased member's estate. Taxation on the benefit is the responsibility of the executor or trustee of the estate.

Disability benefits

If the trustee of the superannuation fund in which your policy is held is able to release your Disability Benefit because you fulfil the permanent incapacity requirements of superannuation legislation, your benefit may also qualify for concessional treatment as a 'disability superannuation benefit' for tax. This results in an additional tax free amount being calculated, as well as the usual tax free component for a lump sum superannuation benefit paid to you or rolled over.

If the trustee is unable to release the Disability Benefit received from a particular policy immediately, the monies will be held in the fund until you meet a condition of release - see page 40. At the time of eventual payment, a lump sum benefit will be treated as an ordinary superannuation benefit and will be taxed accordingly.

The taxation position detailed is a general statement only and individual circumstances may be quite different.

The above tax interpretation reflects our current understanding of the tax laws as at the date of this document. You should consult your financial and/or taxation advisers, in respect of your specific circumstances.

Complaints

This section provides information about the dispute resolution system covering complaints and how the system may be accessed.

Non-superannuation

We have a procedure for dealings with any enquires and complaints you may have.

Quite often, problems can be solved over the phone, but in some cases you may be requested to write to us, particularly if there are some complex issues. Our Client Support team can be contacted on 1880 626 110.

Any written enquiries or complaints should be sent and marked to the attention of

Client Services Manager
Aviva Australia Ltd
GPO Box 2567W
Melbourne Vic 3001

Complaints that cannot be resolved during the initial discussion, or complaints made in writing, will be acknowledged by us in writing within 14 days. We will attend to your complaint in a timely manner and will make all reasonable endeavours to advise you of the decision we make within 45 days after the receipt of the complaint.

If you are not satisfied with the outcome of any complaint, or the complaint is not resolved within 45 days, you may contact the Financial Industry Complaints Service ("the Service").

The Financial Industry Complaints Service can be contacted in Melbourne toll free on 1300 780 808. Their postal address is:

PO Box 579
Collins Street West
Melbourne Victoria 8007.

Quote member no: 1018
Fax: 03 9621 2291
Website: www.fics.asn.au

Superannuation

Complaints in relation to superannuation policies should first be attempted to be resolved through the relevant superannuation fund. For policies held in the Trust, the Trustee has set up formal internal procedures for dealing with complaints within 90 days. Our Client Support Team phone number is 1800 626 110. We may be able to solve the problem over the phone, but if not, we will ask you to put it in writing.

If you are not satisfied with the outcome of any complaint, you may lodge a complaint in writing to the Superannuation Complaints Tribunal ("SCT"). The SCT is an independent body set up by the Commonwealth Government to help resolve complaints about decisions by superannuation funds in relation to members (as opposed to decisions related to the management of the fund as a whole).

The SCT can also help you put the complaint in writing if required. A complaint can only be dealt with by the SCT after it has been dealt with by our internal process. The SCT is located in Melbourne and its contact details are:

Locked Bag 3060
GPO Melbourne Victoria 3001
Telephone: 1300 780 808

Fax: 03 8635 5588

Website: www.sct.gov.au

Other important information

This section covers important information with regards to eligibility ages for cover under superannuation and non-superannuation Aviva Protection*first* products. This section also includes details about the Insurer, and covers your rights under Privacy legislation.

Eligibility

Non-superannuation – are you eligible?

Cover type	Minimum entry age	Maximum entry age	Expiry age
Death Benefit	11	70	90
Disability Benefit (TPD)	17	64	90*
Critical Illness Benefit	17	64	90*
Child Critical Illness Benefit	3	16	21
Income Protection Benefit	20	60	65

* The Disability Benefit definition will automatically convert to “being unable to perform the Activities of Daily Living” (as defined on page 5) at the policy anniversary prior to your 65th birthday. The Critical Illness Benefit definition will automatically convert to “being unable to perform the Activities of Daily Living” (as defined on page 5) at the policy anniversary prior to your 70th birthday.

If you select the Stand Alone Recovery Money policy the Critical Illness and Disability Benefit maximum entry age is 60 next birthday.

Superannuation – are you eligible?

Cover type	Minimum entry age	Maximum entry age	Expiry age
Death Benefit	18	70	75
Disability Benefit (TPD)	18	65	75*

* The Disability definition will automatically convert to “being unable to perform the Activities of Daily Living” (as defined on page 5) at the policy anniversary prior to your 65th birthday.

Contributions to a superannuation fund can be received for any member under the age of 65. For a member from age 65 to less than 70 a superannuation fund can only accept mandated employer contributions, personal contributions, spouse contributions and voluntary employer contributions where you have worked at least 40 hours in any period of 30 consecutive days in a financial year. Once this condition has been met, you can contribute for the rest of that financial year.

For a member from age 70 to less than 75 a superannuation fund can only accept mandated employer contributions, personal contributions and voluntary employer contributions where you have worked at least 40 hours in any period of 30 consecutive days in a financial year. Once this condition has been met, you can contribute for the rest of that financial year.

Information on your policy

If we approve your application, we will send you a confirmation of cover as required by law, copy of the policy document and the policy schedule. These are important documents – please read them carefully and store them with this PDS in a convenient place. Your insurance cover is not effective until we issue the policy.

About the Insurer

Norwich Union Life Australia Limited – Insurer

Norwich Union Life Australia Limited (“NULAL”) is the issuer of the policies offered in this PDS.

NULAL is proud to be part of the Aviva Australia group, which is part of the

worldwide investment and insurance group, Aviva plc.

Postal Address:
GPO Box 2567W
Melbourne Vic 3001
Telephone: (03) 9829 8989
Facsimile: (03) 9820 1534

Cooling-off period

You have 28 days from the earlier of:

- when you receive confirmation of your policy from us, or
- the end of the 5th day after the day on which your policy was issued

to check that the policy meets your needs. This is known as the cooling-off period. Within this time you may cancel the policy (or, in the case of superannuation policies, ask the trustee of your fund to do so) without paying any charges if you notify us in writing or electronically that you wish to return the policy.

Note that if you cancel your policy more than 28 days after the relevant date you may not receive a refund of any premium you have paid.

Personal Information

Privacy rules covering all personal information held by organisations regulate, among other matters, the way the organisations collect, use, disclose, keep secure and give people access to personal information.

In this section 'we', 'us' and 'our' means any or all of Aviva Australia Holdings Limited ABN 38 095 045 784 and each of its related companies within the Aviva Australia group.

Our full privacy policy describing how we manage your personal information is available on request or can be downloaded from our website www.avivagroup.com.au.

We are committed to respecting the privacy and security of your personal information collected in the Application Form or during the course of providing you with insurance cover. By entering and maintaining your relationship with us, you consent to any personal information we collect about you being used and disclosed in the manner set out in our privacy policy.

The main reason we collect, hold, use or disclose your personal information is to enable us to provide the financial services and products you have asked us to provide. If you do not provide us with the information we seek, we may not be able to process or accept your application.

Where sensitive information (e.g. health information) is collected, additional restrictions apply. Where you are applying for insurance cover, we may need to collect and use sensitive information about you or your immediate family for the primary purpose of assessing your application, any claim you make, and managing your policy.

We may disclose your personal information to other members of the Aviva plc group, to our service providers or other third parties (where relevant and in accordance with privacy

rules and our privacy policy) such as, but not limited to, your adviser, their staff and service providers, your employer, reinsurers, medical professionals, private investigators, your legal personal representative, other financial institutions or superannuation trustees, debt collection agencies, mail houses, auditors and regulatory or dispute resolution bodies. We may also disclose personal information about you in any circumstance where you have consented or where disclosure is required by law. Our privacy policy provides further details. We may also collect, use and disclose your personal information for marketing our financial products and services to you or to help us deliver, identify and inform you of other financial products and services that may interest you (but not on the basis of any health or other sensitive information we may hold about you). If you do not consent to your personal information being used for these additional purposes you can contact us.

When you supply us with information about another person (e.g. when applying for insurance cover), you warrant that you have obtained their permission to give us the information and that you have provided that person with information about our privacy policy.

You may request access to your personal information that we, or a service provider, hold in relation to your cover by completing a Customer Personal Information form. This form can be obtained by writing directly to us:

Privacy Officer
Aviva
GPO Box 2567W
Melbourne Victoria 3001

Currently there is no fee for obtaining access to your personal information.

Where it is established that personal information we hold about you is not accurate, complete or up-to-date, we will take all steps necessary to correct it.

Insurance Reference Association Australia

Certain details of insurance business undertaken and claims received are provided to the Insurance Reference Association Australia for the purposes of maintaining a central reference bureau for use by insurers.

Medical Definitions

This section covers the precise medical definitions in relation to critical illness cover under the Recovery Money products.

Aplastic Anaemia

Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments:

- (a) marrow stimulating agents
- (b) bone marrow transplantation
- (c) blood product transfusions
- (d) immunosuppressive agents

Benign Intracranial Tumour

Means a non cancerous tumour on the brain giving rise to symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a consultant Neurologist. The tumour must result in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

The presence of the underlying tumour must be confirmed by imaging studies such as CT Scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas, cholesteatomas, malfunctions in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are not covered.

Blindness

Means the total and irrecoverable Loss of Sight of both eyes

Loss of Sight means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

Breast Cancer - Other

Means Carcinoma in Situ of the breast characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as TIS according to the TNM staging method or AJCC* Stage 0.

Cancer

Means the presence of a malignant tumour, including leukaemia, malignant lymphoma and other haemopoietic malignancies.

The tumour must be confirmed by histological examination and must:

- Require major interventionist therapy including radiotherapy, chemotherapy, biological response modifiers or any other major treatment, or
- Be totally incurable

The following cancers are specifically excluded:

- Tumours treated only by endoscopic procedures.
- Carcinoma in situ. Papillary Ductal Carcinoma in situ of the breast is covered under the Policy. Ductal Carcinoma in situ of the breast is covered if it results in the removal of the entire breast. The procedure must be performed specifically to

arrest the spread of malignancy, and be considered appropriate and necessary treatment.

- Prostatic cancers which are histologically described as TNM Classification T1 (a) or T1 (b) or are of another equivalent or lesser classification.
- All skin cancers unless they have metastasised to other organs, or the tumour is a malignant melanoma of greater than Clark Level 2 depth, or invasion equal to or greater than 1.5mm thickness.

Cardiomyopathy

Means a condition of impaired ventricular function resulting in permanent physical impairment to the degree of at least Class 3 on New York Heart Association Classification of cardiac impairment.

Chronic Lung Disease

Means end stage lung disease requiring permanent supplementary oxygen, with FEV1 test results of consistently less than one litre.

Coma

Means a state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of at least 72 hours.

Coronary Artery By-Pass Surgery

Means the actual undergoing of coronary artery by-pass surgery considered necessary by a cardiologist to treat coronary artery disease, but not including angioplasty, other intra arterial, or laser procedures.

Medical definitions continued

Coronary Artery Disease

Means the actual undergoing for the first time of Coronary Artery

Angioplasty to correct a narrowing or blockage of three or more coronary arteries within the same procedure. Angiographic evidence, indicating obstruction of three or more coronary arteries is required to confirm the need for this procedure. The procedure must be considered necessary by a cardiologist to correct or treat Coronary Artery Disease.

A partial benefit is payable under this condition if the procedure is to treat one or two coronary arteries. The partial benefit is limited to 10% of the Sum Insured as stated on the Policy Schedule or \$25,000 whichever is the lesser. A partial benefit is only payable if the Sum Insured is \$100,000 or more.

Partial benefits can only be paid once under this condition and the remaining Sum Insured for death, critical illness or disability benefits will be reduced by the amount paid.

Deafness

Means the total, irreversible and irreparable loss of hearing – both natural and assisted, in both ears as a result of disease, illness or injury as measured by audiogram.

Dementia

Means a significant loss of brain function causing a permanent defect (e.g. Alzheimer's Disease), as diagnosed by a consultant Neurologist. There must be deterioration and loss of intellectual capacity on standard testing criteria and a need for continual care either professionally or as an in-patient. Alcohol and drug abuse are excluded as causes of the dementia condition.

Encephalitis

Means severe inflammation of the brain resulting in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function, as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, as certified by a consultant neurologist, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

Encephalitis as a result of HIV infection is excluded.

Female Cancer - Other

Means Carcinoma in Situ characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.

Carcinoma in Situ of the following sites is covered:

- cervix-uteri: where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0 (excluded are Cervical Intraepithelial Neoplasia (CIN) classifications including CIN 1 and CIN 2);
- fallopian tube: where the tumour must be limited to the tubal mucosa and classified as TIS according to the TNM staging method or FIGO* Stage 0;

- vagina: where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0;
- vulva: where the tumour must be classified as TIS according to the TNM staging method or FIGO* Stage 0.

** FIGO refers to the staging method of The Federation Internationale de Gynecologie et d'Obstetrique.*

Heart Attack

Means a definitive diagnosis of myocardial infarction characterised by the death of a portion of heart muscle as a result of inadequate blood supply to a relevant area. The basis for myocardial infarction must be evidenced by:

- (a) (i) New electrocardiographic changes, and
- (ii) Raised cardiac enzymes, troponins or other biochemical markers above generally accepted laboratory levels of normal,

each of which must be consistent with myocardial infarction,

or

- (b) (i) Raised cardiac enzymes, troponins or other biochemical markers above generally accepted laboratory levels of normal, and
- (ii) A reduction in Left Ventricular Ejection Fraction below 50% where measured at least 6 weeks after the cardiac event, each of which must be consistent with myocardial infarction,

Other acute coronary syndromes including unstable angina and acute coronary insufficiency are not covered by this definition.

If the above tests are inconclusive we will consider other appropriate and medically recognised tests.

Heart Surgery

Means the actual undergoing of any heart surgery that is considered necessary by a cardiologist to replace or correct cardiac valves as a consequence of heart valve defects, or to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta but does not include angioplasty, intra-arterial procedures or other non-surgical techniques.

Liver Disease

Means chronic liver failure, together with permanent jaundice, ascites or hepatic encephalopathy.

Liver damage secondary to alcohol usage or intravenous drug use is excluded.

Loss of Independent Existence

Means a condition as a result of a disease, illness or injury whereby you are totally and permanently:

- (a) unable to perform at least two of the following five "Activities of Daily Living":
 - (i) bathing and showering;
 - (ii) dressing and undressing;
 - (iii) eating and drinking;
 - (iv) using a toilet to maintain personal hygiene; and
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid, or
- (b) suffering a cognitive impairment requiring ongoing continuous care and supervision of another adult.

Loss of Limbs and/or Sight

Means the total and irrecoverable:

- Loss of use of two limbs (where a limb is defined as one whole hand, or one whole foot), or
- Loss of Sight of one eye and loss of use of one limb.

Loss of Sight means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

Loss of Speech

Total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

Major Burns

Means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to:

- 20% or more of the Body Surface Area as measured by the "rule of 9" of the Lund and Browder Body Surface Chart; or
- the whole of both hands, requiring surgical debridement and/or grafting; or
- the whole of the face, requiring surgical debridement and/or grafting.

Major Head Trauma

Means a cerebral injury resulting in permanent neurological deficit, resulting in either:

- (a) at least 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, as certified by a consultant Neurologist, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

Major Organ Transplant

Means the human to human organ transplant, as a result of injury or disease from a donor to you, of one or more of the following complete organs:

- kidney
- heart
- lung
- liver
- pancreas, or
- the transplantation of bone marrow.

The transplantation of all other organs or parts of organs or any other tissue transplant is excluded from this definition.

Major Organ Transplant Waiting List

Means the life insured has been placed on a waiting list within Australia for an organ transplant from a human donor of a major organ that is listed in the definition of Major Organ Transplant. The transplant must be considered medically necessary, and the condition must be untreatable by any other means other than organ transplant, as confirmed by an appropriate specialist.

Medical definitions continued

Medically Acquired HIV Infection

Means accidental infection with Human Immunodeficiency Virus (HIV) where the virus was acquired in Australia by you from one of the following necessary events conducted by a recognised and registered medical practitioner:

- A blood transfusion;
- Transfusion with blood products;
- Organ transplant to you;
- Assisted reproductive techniques;
- A medical procedure or operation performed by a medical practitioner

Any event that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant state health service or equivalent including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative HIV Test performed on material taken after the event date. Blood product will need to be made available for independent testing.

Exclusion

No payment will be made where a Cure has become available prior to the event causing the infection or where you have elected not to take any Vaccine available prior to the accident.

“Cure” means any Australian Government approved treatment which renders HIV inactive and non-infectious.

“Vaccine” means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use to produce immunity to the Human Immunodeficiency Virus.

Melanoma

Means the presence of one of more malignant melanomas. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.

Motor Neurone Disease

Means an unequivocal diagnosis of motor neurone disease by a consultant Neurologist, with the Insured not necessarily confined to a wheelchair.

Multiple Sclerosis

Means a disease characterised by demyelination of nervous tissue. An unequivocal diagnosis has to be made by a consulting physician confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities, resulting in either:

- (a) at least a 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association; or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

The diagnosis will be based on confirmatory neurological investigations eg: lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central nervous system.

A partial benefit is payable under this condition based upon unequivocal diagnosis confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 10% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association. The partial benefit is limited to 25% of the Sum Insured as stated on the Policy Schedule or \$50,000 whichever is the lesser. A partial benefit is only payable if the Sum Insured is \$40,000 or more.

Partial benefits can only be paid once under this condition and the remaining Sum Insured for death, critical illness or disability benefits will be reduced by the amount paid.

Muscular Dystrophy

Means unequivocal diagnosis of Muscular Dystrophy, resulting in either:

- (a) at least 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association, as certified by a consultant Neurologist, or
- (b) the insured person being totally and permanently unable to perform any one of the following "Activities of Daily Living":
 - (i) bathing and showering,
 - (ii) dressing and undressing,
 - (iii) eating and drinking,
 - (iv) using a toilet to maintain personal hygiene,
 - (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

A partial benefit is payable under this condition based upon unequivocal diagnosis of Muscular Dystrophy. The partial benefit is limited to 25% of the Sum Insured as stated on the Policy

Schedule or \$50,000 whichever is the lesser. A partial benefit is only payable if the Sum Insured is \$40,000 or more.

Partial benefits can only be paid once under this condition and the remaining Sum Insured for death, critical illness or disability benefits will be reduced by the amount paid.

Occupationally Acquired Hepatitis B and C

Means Hepatitis B or Hepatitis C where the virus was acquired due to an accident occurring whilst engaging in your normal occupation and proof of seroconversion from:

- Hepatitis B surface antigen negative to Hepatitis B surface antigen positive; or
- Hepatitis C antibody negative to Hepatitis C antibody positive,

being demonstrated by testing within six months of the accident. Hepatitis B or Hepatitis C acquired in any other manner is excluded.

Any accident that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service, including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative Hepatitis B or Hepatitis C test performed on material taken after the accident date. Blood product will need to be made available for independent testing.

Exclusion

No payment will be made where:

- the infection is intentionally self inflicted, or
- a Cure has become available prior to the event causing the infection, or
- you have elected not to take any

Vaccine available prior to the accident, or

- you have become positive to Hepatitis B surface antigen within six months from the commencement of the benefit or within six months of the reinstatement of the benefit.

"Cure" means any Australian Government approved treatment which renders Hepatitis B or Hepatitis C inactive and non-infectious.

"Vaccine" means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use to produce immunity to Hepatitis B or Hepatitis C.

Occupationally Acquired HIV Infection

Means Human Immunodeficiency Virus contracted where the virus was acquired due to an accident occurring whilst engaging in your normal occupation and the seroconversion to the HIV infection being demonstrated by testing within six months of the accident. HIV infection acquired in any other manner is excluded.

Any accident that potentially may give rise to a claim must be treated in accordance with the relevant infection control guidelines for the relevant practice body or state health service, including, at a minimum, baseline screening with regular screening at six weeks, 12 weeks and six months post event. This screening will require a supporting negative HIV Test performed on material taken after the accident date. Blood product will need to be made available for independent testing.

Exclusion

No payment will be made where a Cure has become available prior to the accident causing the infection or where you have elected not to take any Vaccine available prior to the accident.

"Cure" means any Australian Government approved treatment which renders HIV inactive and non-infectious.

"Vaccine" means any antigenic preparation approved by the Australian Government and recommended by a government authority for prophylactic use in your occupation to produce immunity to the Human Immunodeficiency Virus.

Open Heart Surgery

Means the undergoing of a thoracotomy for treatment of cardiac defect(s), cardiac aneurysm or benign cardiac tumour(s).

Out of Hospital Cardiac Arrest

Means cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:

- (a) Cardiac asystole; or
- (b) Ventricular fibrillation with or without ventricular tachycardia.

Paralysis

Means the total and permanent loss of function of two or more limbs due to spinal cord injury or disease or brain injury or disease. This includes but is not limited to diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia.

Medical definitions continued

Parkinson's Disease

Means unequivocal diagnosis of Parkinson's Disease where the disease:

- (a) (i) prognosis indicates progressive and permanent impairment of you to dress, feed and bathe without assistance, and
- (ii) cannot be controlled with medication, or
- (b) Results in at least 25% impairment of whole person function as defined by the latest edition of the Guide to the Evaluation of Permanent Impairment, American Medical Association as certified by a consultant neurologist.

A partial benefit is payable under this condition on the unequivocal diagnosis of Idiopathic Parkinson's Disease which is of a permanent nature. The partial benefit is limited to 25% of the Sum Insured as stated on the Policy Schedule or \$50,000 whichever is the lesser. A partial benefit is only payable if the Sum Insured is \$40,000 or more.

Partial benefits can only be paid once under this condition and the remaining Sum Insured for death, critical illness or disability benefits will be reduced by the amount paid.

Partial Deafness

Means the total, irreversible and irreparable loss of hearing – both natural and assisted, in one ear as a result of disease, illness or injury as measured by audiogram.

Partial Loss of Sight and/or Limbs

Means the total and irrecoverable:

- Loss of Sight of one eye, or
- Loss of use of one limb (where a limb is defined as one whole hand, or one whole foot).

Loss of Sight means the complete and irrecoverable loss of sight from any cause. If the extent of sight loss is such that correction measures can achieve neither visual acuity of 6/60, nor a field of vision 20 degrees of arc or greater, then this will be accepted as Loss of Sight.

Pneumonectomy

Means the excision of an entire lung when deemed medically necessary by an appropriate specialist.

Primary Pulmonary Hypertension

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association Classification of cardiac impairment.

Secondary Pulmonary Hypertension due to chronic lung disease is excluded.

Prostate Cancer - Other

Means prostatic cancers that are excluded under the definition of Cancer in this policy, and are histologically described as TNM classification T1(a) or T1(b) or another equivalent classification.

Renal Failure

Means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, requiring permanent regular renal dialysis.

Severe Osteoporosis

Means before the age of 50 you:

- suffer at least two vertebral body fractures or a fracture of the neck of femur, due to osteoporosis, and
- have bone material density reading with a T-score of less than -2.5. This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).

Severe Rheumatoid Arthritis

Means before the age of 50 you are diagnosed with severe rheumatoid arthritis by an appropriate medical specialist. The diagnosis must confirm all of the following:

- Morning stiffness of the joints;
- Swelling and pain in the joints of at least three joint groups, involving the corresponding joints in both sides of the body. One of the groups must be joints on the fingers or toes, the knuckles of the hand or the wrist;
- Small nodular swelling beneath the skin;
- A positive rheumatoid factor test;
- X-ray evidence showing multiple and extensive changes to joints typical of rheumatoid arthritis, and
- Diffuse osteoporosis with severe hand and spinal deformity.

Stroke

Means any cerebrovascular accident or incident producing neurological sequelae. Evidence of infarction of brain tissue, intracranial and/or subarachnoid haemorrhage or embolisation from an extracranial source is required. Transient ischaemic attacks, reversible ischaemic neurological deficit, cerebral symptoms due to migraine and any intracranial bleeding caused by a trauma are each excluded.

How do I get started?

1. Your financial adviser

Your financial adviser will help you work out what your needs are, so you can decide if any of the products in the Aviva Protectionfirst range are right for you.

Your adviser will help you choose between the different product features, and help you to combine Aviva Protectionfirst policies with each other and with your other insurance arrangements.

Your adviser will explain the information in this PDS to you.

2. How to apply

To apply for any of the policies described in this PDS, after you have received a quotation from your adviser, you must complete the application form attached. Alternatively, with your financial adviser you can apply for insurance on-line. You should obtain a copy of the on-line application submitted to us from your financial adviser.

3. Duty of Disclosure

Before you enter into a Contract of Life Insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, does not require the disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business ought to know;
- as to which your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the Contract on any terms if the failure had not occurred, the insurer may avoid the Contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the Contract at any time.

An insurer who is entitled to avoid a Contract of Life Insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your Duty of Disclosure continues until the Contract of Life insurance has been accepted by the insurer and confirmation is issued in writing. If your circumstances change after applying, but before we issue a policy, you must tell us.

Accordingly when applying for insurance it is important you consider carefully your answers to the medical questions or any other information that you provide as part of the application process and ensure your answers are fully and accurately reflected in your application.

Direct Debit Service Agreement

Our commitment to you

If you complete a Direct Debit Request, you authorise us to debit the amount you owe us for premiums under your policy from your nominated Australian bank, building society or credit union account, and transfer the amount to us. Debits will be for regular periodic payments, as requested by you on your application. Debits will be made on or around the preferred date nominated by you on your application. If no date is specified, debits may be made on or around the day of the month that we process your application.

Where the due date for the debit falls on a non-business day, the debit will be made on the next business day. We will provide you with not less than 14 days written notice of any changes we propose to make to your direct debit facility.

If debits are returned unpaid by your financial institution, we will not charge you a dishonour fee although your financial institution may do so.

We reserve the right to collect any arrears of premium when we next process a debit from your account.

We will keep all information provided by you, including details of your nominated account at the financial institution, private and confidential, and will use such information subject to our privacy policy.

We will promptly investigate and respond to any queries or complaints regarding debits; we will endeavour to forward a response to you within five business days.

We may terminate this arrangement, but only by giving you not less than 14 days notice in writing.

Your commitment to us

It is your responsibility to check with your financial institution that direct debiting is available on your account, prior to completing the Direct Debit Request. Not all accounts support direct debits.

You must ensure at all times that sufficient funds are available in your nominated account to meet a debit on the due date. It is your responsibility to advise us if your nominated account is to be altered, transferred or closed. You are liable for any charges imposed by your financial institution for the use of the direct debit facility, including fees charged as a result of debits returned unpaid.

If any debit requested by you is not made, you remain obliged to pay any amount owing to us.

Your rights

You may direct all enquiries regarding the direct debit facility to us. You may request to defer or alter your direct debit facility, including any stops or cancellations, by giving written notice to us at least five business days prior to the next scheduled debit.

You may cancel your direct debit facility at any time by giving written notice to us. Five business days notice is required by us to act on such a request. We will confirm to you that the debit has been stopped.

Application for Aviva Protectionfirst

version 6.0



Important information

Before you sign this application form, be aware that your adviser is obliged to have provided you with the Aviva Protectionfirst Product Disclosure Statement ("PDS") containing a summary of the important information in relation to this product along with a premium quote. This information will help you to understand the product and to decide whether it is appropriate to your needs.

4 October 2007

Please complete in blue or black ink, using BLOCK letters.

Your duty of disclosure

Before you enter into a Contract of Life Insurance with an insurer you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

- Your duty, however, does not require the disclosure of a matter:
- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business ought to know;
- as to which your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the Contract on any terms if the failure had not occurred, the insurer may avoid the Contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the Contract at any time.

An insurer who is entitled to avoid a Contract of Life Insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your Duty of Disclosure continues until the Contract of Life insurance has been accepted by the insurer and confirmation is issued in writing.

For adviser completion

☐ New Business Application ☐ Replace Existing Aviva Policy ☐ Upgrade to current series

Existing Policy number(s) to be upgraded/replaced

Adviser Name Adviser Number

Section 1 Life to be Insured details

Occupational rating of life to be insured (Please tick)

☐ AAA ☐ MP ☐ LP ☐ AA ☐ A ☐ B ☐ C ☐ Other

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Maiden name (if applicable)

Given name/s

Telephone (home) Mobile

Telephone (work) Email

State register (if different from state of residence) Date of birth Age next birthday

Sex: ☐ Male ☐ Female Proof of age: ☐ Attached ☐ To follow ☐ Already submitted

What is your marital status?

Do you smoke or have you smoked within the last 12 months?
☐ Yes If yes, please state form and daily quantity
☐ No Reason/s for quitting (if applicable)
Date of cessation (if applicable)

(Complete Postal address **only** if life to be insured is also the proposer of this application and postal address is different from home address)

Postal address

Suburb State Postcode

Section 2(a) Cover details

☐

Tick this box to confirm that a copy of the Product Illustration (quote) from Aviva has been attached to this Application Form.
It forms part of the Application Form and your application cannot be assessed without it.

Section 2(b) Policyowner details (Ordinary business only)

To be completed in all cases except where the life to be insured is the sole policyowner.

Provision is made below for two different policyowners. If there are more than two policyowners please attach the corresponding information for the extra proposers. For third party ownership of Aviva Protection – Income policies the life to be insured must own at least 50% of the business in which he or she works.

Policyowner A

Title	Mr	Mrs	Miss	Ms	Dr	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surname or company name						
<input type="text"/>						
Maiden name (if applicable)						
<input type="text"/>						
Given name/s						
<input type="text"/>						
Postal address						
<input type="text"/>						
Suburb						State
<input type="text"/>						<input type="text"/>
Telephone (home)						Postcode
<input type="text"/>						<input type="text"/>
Telephone (work)						
<input type="text"/>						
Mobile						
<input type="text"/>						
Date of birth (proposer)						Age next birthday
<input type="text"/>						<input type="text"/>
Which policy does the ownership pertain to:						
<input type="checkbox"/> Life Cover	<input type="checkbox"/> Recovery Money	<input type="checkbox"/> Income Protection				
<input type="checkbox"/> Business Expenses	<input type="checkbox"/> Flexible Recovery Money	<input type="checkbox"/> Stand Alone Recovery Money				
Please indicate your relationship to the life to be insured						
<input type="text"/>						

Section 2(b) Policyowner details (Ordinary business only)

Policyowner B

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Surname or company name	<input type="text"/>						
Maiden name (if applicable)	<input type="text"/>						
Given name/s	<input type="text"/>						
Postal address	<input type="text"/>						
Suburb	<input type="text"/>					State	<input type="text"/>
Postcode	<input type="text"/>						
Telephone (home)	<input type="text"/>			Mobile			
Telephone (work)	<input type="text"/>			<input type="text"/>			
State register (if different from state of residence)	<input type="text"/>			Date of birth (proposer)		Age next birthday	
<input type="checkbox"/> Life Cover			<input type="checkbox"/> Recovery Money		<input type="checkbox"/> Income Protection		
<input type="checkbox"/> Business Expenses			<input type="checkbox"/> Flexible Recovery Money		<input type="checkbox"/> Stand Alone Recovery Money		
Please indicate your relationship to the life to be insured							<input type="text"/>

PERSONAL STATEMENT INFORMATION – MUST BE COMPLETED

Section 3 Referral Service

Did you know that Lifescreen Australia complete referrals in a average time of 7 business days?

I authorise Aviva Australia group to arrange referral for any medical requirements pertaining to this application (e.g. bloods, medicals, ECG) with Lifescreen Australia.

☐ Yes ☐ No

Section 4 Telephone underwriting question

Aviva's tele underwriting facility reduces the need for follow up information and medical reports resulting in faster completion.

I permit the Aviva Australia group to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call may be recorded and will form part of my Duty of Disclosure as described on page 57.

☐ Yes ☐ No If yes, I am contactable on (phone) between the hours of

(note they must be usual business hours).

Section 5(a) Residency questions

How long have you lived in Australia? years months or all of life

Are you an Australian citizen or do you hold permanent residency status in Australia?

☐ Yes ☐ No (If no, please provide full details)

Details

Section 5(b) Travel questions

Do you have any intention of travelling or living overseas? ☐ Yes ☐ No (If yes, please complete the following)

Date of departure / / / / / Duration of stay

Destination

Purpose of stay ☐ Holiday ☐ Business ☐ Residing ☐ Other – Please specify

Section 6 Height and weight details

What is your height? cm OR feet/inches

What is your weight? kg OR stone/pounds

Section 7 Lifestyle

Alcohol

	Yes	No	If yes, please give details
(a) Do you consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Form and daily quantity <input type="text"/>
(b) If no, have you ever consumed alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Form, daily quantity & date ceased <input type="text"/>

Drugs

(c) Have you ever used or injected yourself with any drug not prescribed by a medical attendant?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please detail type of drug, frequency of use and when last used
--------------------------------------------------------------------------------------------------	--------------------------	--------------------------	-------------------------------------------------------------------------

HIV

(d) Are you suffering from Acquired Immune Deficiency Syndrome ("AIDS") or are you carrying the HIV virus or antibodies to that virus?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Have you EVER engaged in male to male sexual activity involving anal intercourse?	<input type="checkbox"/>	<input type="checkbox"/>

(If you have answered 'YES' to any of the above 3 questions, additional information may be requested by Aviva Australia to assess your application)

Section 8 Existing insurance details

(a) Have you ever had an application on your life declined, postponed, accepted with a loading or otherwise than as submitted?

☐ Yes ☐ No

If yes, provide name of company, type of cover, underwriting decision, date and reason, if known

(b) Are you in receipt of or have you made a claim for disablement insurance, workers compensation, social security or veteran's affairs, sickness or invalid benefits?

☐ Yes ☐ No

If yes, please give details below:

Date	Company/Source	Period of disability	Cause of claim

(c) Do you have, or have you recently applied for, or are applying for any life, disability and/or trauma insurance with any company, including NULAL, or from your employment? ☐ Yes, please complete table below. ☐ No

Company	Type of policy (e.g. Death/TPD/CIB Inc. Prot.)	Date policy commenced	Insured amount	Policy number (if known)	To be replaced by this application?**

** Your application to replace a policy will be considered on the understanding that you will cancel your prior policy(ies). Failure to do so may render invalid a claim on your Aviva Protection policy.

If this application is to replace a current NULAL policy, the policy to be replaced will cease and a new policy will commence.

Section 9 Sports and pastimes

Do you or do you intend to engage in any of the following sports and pastimes? ☐ Yes ☐ No

- Aviation other than as a fare-paying passenger
- Body contact sports
- Football
- Hang-gliding, etc
- Motor sports
- Parachuting or sky diving
- Recreations involving heights
- Underground activity
- Scuba/Skin diving
- Water sports
- Mountain climbing/abseiling/caving
- Other (eg boxing, competitive riding etc)

If 'Yes' to any of these activities, please complete the relevant questionnaire below. (If 'no', go to section 10.)

(i) Motor sports

Vehicle type and make <input type="text"/>	Class or category of racing <input type="text"/>	Engine capacity (cc) <input type="text"/>
Type of circuits raced on (e.g. road, off road) <input type="text"/>		Number of events per year <input type="text"/>
Maximum speeds reached (kms per hour) <input type="text"/>	Competitive/recreational? <input type="text"/>	Professional/Amateur? <input type="text"/>

Have you ever suffered any injuries as a result of this sport/pastime? Yes ☐ No ☐

If "Yes", please specify type of injury, when it occurred and degree of recovery.

(continues page 63)

Section 9 Sports and pastimes (cont.)

(ii) Football/Soccer/Aussie rules, etc

Type <input type="text"/>	Professional/Amateur? <input type="text"/>	Times per year <input type="text"/>
------------------------------	-----------------------------------------------	----------------------------------------

(iii) Mountain climbing/abseiling/caving

Type <input type="text"/>	Location and grade <input type="text"/>	Times per year <input type="text"/>
------------------------------	--------------------------------------------	----------------------------------------

(iv) Scuba/skin diving

Average depth (metres) <input type="text"/>	Maximum depth (metres) <input type="text"/>	Professional/Amateur? <input type="text"/>	Dives per year <input type="text"/>
------------------------------------------------	------------------------------------------------	-----------------------------------------------	----------------------------------------

Do you dive in caves or potholes? ☐ Yes ☐ No Do you dive alone? ☐ Yes ☐ No

Diving qualifications

(v) Aviation

- Do you hold a Civil Aviation Authority Licence? ☐ Yes ☐ No If "Yes", state type and period held
- Do you intend to change the scope of your present licence? ☐ Yes ☐ No
- Do you ever use other than recognised Civil Aviation Authority landing areas? ☐ Yes ☐ No
- Do you intend to engage in any form of aviation other than the categories below, eg ballooning, paragliding etc? ☐ Yes ☐ No
- Have you ever had an accident or been charged with violating Civil Aviation Regulations? ☐ Yes ☐ No

Please complete the following table

Indicate number of hours flown as follows	Last 12 months		Future annual average	
	Crew	Passenger	Crew	Passenger
Aero club/flying school				
Agricultural				
Charter				
Commercial airline				
Helicopter				
Private				
Ultralight aircraft				

Please elaborate on all "Yes" answers in *Additional information* below, ie type of sport, time spent training and participation, number of times per annum, receipt of fees or payments, any injuries sustained, etc.

Additional information or details relating to activities above to which a "Yes" answer applies

Section 10 Occupation

(a) What is your present principal (i) occupation (ii) Industry

(b) (i) Name and street address of place of employment

Suburb

State

Postcode

(ii) To the best of your knowledge is your place of employment insolvent or under/contemplating voluntary administration?

Yes ☐

No ☐

(iii) If self employed, has your company had a net operating loss in the last two years
If 'yes', please provide last two years trading accounts for all entities.

Yes ☐

No ☐

(iv) If self employed, what percentage of the business do you own %

(c) What are your duties (Please give full details including % of manual work involved)

Type of work	% of time	Specific duties you perform
Sedentary/Administration	<input type="text"/>	<input type="text"/>
Light manual work	<input type="text"/>	<input type="text"/>
Heavy manual work	<input type="text"/>	<input type="text"/>
Heights > 5 metres, any underground or offshore work	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Total	100	<input type="text"/>

(d) How long have you been in your current occupation? Years Months

(e) What qualifications do you have?

Type

Source

(f) Are you thinking of changing your occupation? Yes ☐ No ☐

If yes, please advise details

Do you require Income Protection or Business Expenses Cover? Yes ☐ No ☐

If 'yes', complete (g) to (p) following. If 'no', go to section 11.

(g) How many hours do you work in your principal occupation? Hours per week

(h) Do you work at your place of residence? Yes ☐ No ☐ If 'yes', how many hours per week

(i) Do you have any other occupation? Yes ☐ No ☐

If yes, please specify type, hours worked per week, and full name and address of place of employment

Type

Address

Suburb

State

Postcode

(j) Have you ever been bankrupt? Yes ☐ No ☐ If 'yes', please provide details

Section 10 Occupation (cont.)

(k) Please give details of your previous occupation/s over the last 5 years

From	To	Occupation	Employer name

(l) Are you self-employed or do you own any of the business in which you are employed? Yes ☐ No ☐ If 'no', go to section 11

(m) Do you operate as: Sole Trader ☐ Partnership ☐ Company ☐ Trust ☐

(n) Please state what percentage interest/shareholding you have in the business %

(o) For how long have you been self-employed in this current business?

(p) How many employees (excluding yourself) do you have?

Section 11 a) Income (all cases)

What was your **annual** income from personal exertion over the last two years from your **principal** occupation?

(a) Current income \$

(b) Last 12 months \$

(c) 12 months prior to (b) \$

Income includes taxable income (eg. salary, fees, commission, bonuses, regular overtime), superannuation contributions and reportable fringe benefits earned directly due to your personal exertion.

Deduct any business expenses incurred in earning that monthly income, but not tax.

Section 11 b) Income Protection only

(a) Is your proposed monthly benefit from all sources greater than \$12,500? Yes ☐ No ☐ If 'no', go to section 12

(b) Do you receive more than \$50,000 (net) in unearned income from investment portfolios, investment properties or similar? Yes ☐ No ☐ If 'yes', how much? \$

Section 12 Doctor's details

(a) Please give full name and address of your usual medical attendant

Doctor

Address

Suburb

State

Postcode

Telephone

Fax

(b) When did you last attend him/her? / /

(c) For what reason did you attend him/her, and what was the result

Reason

Result

(d) For how long have you been his/her patient? years months

(e) If less than 12 months also give previous medical attendant

(f) If you have no usual medical attendant, please state date and reason why you last consulted any doctor, as well as the name and address of that doctor.

Section 13 Family history

Have any immediate family members (e.g. mother, father, brother or sister) suffered from any of the following conditions:

- Heart disease, high blood pressure or stroke
- Any form of cancer including breast, bowel, uterine or melanoma
- Diabetes
- Haemophilia
- Polycystic kidney disease (PCKD)
- Huntington's chorea
- Any other hereditary disorder?

Yes ☐ No ☐

If "Yes", please complete the table below

Family member	Condition	Age at diagnosis

Section 14 Medical history – Mental Health (complete in all cases)

Have you ever had or been told you had, or received medical advice or treatment for any of the following?

- | | | |
|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| (a) Anxiety including generalised anxiety, panic or phobic disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Eating disorder including anorexia nervosa, bulimia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Depression including major depression, dysthymia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Manic depressive illness, bi-polar disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Alcohol or other substance abuse or addiction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Post traumatic stress (PTSD) or attention deficit and/or hyper activity disorder (ADHD, ADD) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Schizophrenia or any other psychotic disorder | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) Stress, sleeplessness, chronic tiredness or insomnia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) Chronic fatigue or fibromyalgia | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (j) Attempted suicide or suicidal thoughts | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answer "Yes" to any of the above, please complete the table below (Please use a copy of this table if more than one condition)

1. For each "Yes" answer above: Please describe your symptoms including date they started, how long they lasted and time off work.

Symptoms	Date from – Date to	Time off work

continues page 67

Section 14 Medical history – Mental Health (cont.)

2. Please describe how this condition(s) has affected you including any limitations to your ability to work, your daily living.

Has any reason for your condition been identified?

☐ No – Go to next question ☐ Yes – Please advise details:

3. Please advise all medical advice you have received for this condition(s), including counselling, names of medications, hospitalisations etc.

Doctor name and address	Treatment	Date commenced	Date ceased

4. Have you had any recurrences of this condition?

☐ No ☐ Yes – How many times? When?

5. Are you currently receiving treatment?

☐ No – When did you cease treatment? / /

☐ Yes – Detail

6. Have any of your parents, brothers or sisters (living or dead) suffered from a mental health condition?

☐ No ☐ Yes – Number of family members affected

Age condition of each family member	Type of disorder or mental health condition

Complete section 15 and 16 if you are not required to undergo a medical examination as part of this application.

If you are undergoing a medical exam, it is not compulsory to complete sections 15 and 16, and you may proceed to section 17. However, should you not complete sections 15 and 16 and a medical examination reveals past personal medical issues we may need to obtain further medical information. To expedite assessment of your application and take advantage of tele underwriting it is strongly advisable to complete sections 15 and 16.

Section 15 Medical history

Have you **ever** had or been told you had, or received medical advice or treatment for any of the following?

For any "Yes" answers please **circle** the relevant condition/s and complete the table on page 69 for each condition to which your yes answer pertains.

(a) Tumours and disorders of the skin (or any of the following) Yes ☐ No ☐

- cancer or tumour of any kind
- melanoma, squamous cell carcinoma (SCC), Bowen's Disease, solar keratosis , basal cell carcinoma (BCC)
- mole, naevi, lipoma, cyst
- rash, eczema, psoriasis, dermatitis or
- other skin condition or lump

Do not include sebaceous cyst or acne

(b) Blood conditions (or any of the following) Yes ☐ No ☐

- anaemia, haemophilia
- elevated cholesterol or triglycerides
- leukaemia, Acquired Immune Deficiency Syndrome (AIDS) or HIV
- any blood test in the last 12 months

(c) Sight, hearing and speech (or any of the following) Yes ☐ No ☐

- eye, ear, hearing, or speech problems?

Do not include corrective glasses or contact lenses unless your eyesight is not fully corrected by these measures

(d) General questions (or any of the following) Yes ☐ No ☐

- Has your weight altered by more than 5kg in the last 12 months? If yes please state gain/loss in kg and reason.
- Do you take or have you ever taken drugs, tablets or medications on a regular basis.?
- Have you ever required medical treatment for any illness or injury not mentioned above?
- Do you contemplate seeking any medical advice, investigation or treatment (including surgery) for any current health problem(s)?

(e) Men's health (or any of the following) Yes ☐ No ☐

- any kidney, bladder, prostate condition or
- any other reproductive or genito urinary condition including blood in the urine?

Do not include vasectomy

(f) Women's health (or any of the following) Yes ☐ No ☐

- blood in the urine or any kidney, bladder condition
- any breast condition
- any test or investigation including pap smear, mammogram or ultrasound
- any gynaecological, reproductive system, ovary or genito urinary condition OR
- are you currently pregnant?

Do not include tubal ligation or uncomplicated caesarian sections

If you answer "Yes" to any of the above, complete the following:

Section 15 Medical history (cont.)

[illegible]

Section 16 Medical history

Have you **ever** had or been told you had, or received medical advice or treatment for any of the following?

For any "Yes" answers please **circle** the relevant condition/s and complete a questionnaire on page 71 and 72 for each condition to which your yes answer pertains (If you need to complete the questionnaire for more than three conditions please copy page 71 and attach with the application).

- (a) Blood vessel, cardiovascular and heart conditions (or any of the following) Yes ☐ No ☐
- rheumatic fever
 - blood vessel condition or varicose veins
 - blood pressure
 - chest pain, angina, heart attack
 - heart murmur
 - any other type of heart condition

- (b) Asthma and respiratory conditions (or any of the following) Yes ☐ No ☐
- asthma, bronchitis or pleurisy
 - sleep apnoea
 - any other type of lung or respiratory condition

- (c) Bowel, colon or general gastro intestinal conditions (or any of the following) Yes ☐ No ☐
- any bowel, colon, or general gastro intestinal condition
 - haemorrhoids or passing blood from the bowel
 - liver or gall bladder condition including hepatitis

Do not include constipation, stomach upset, diarrhoea or 'gastro' where these were short isolated episodes from which you have made a full recovery

- (d) Diabetes and thyroid conditions (or any of the following) Yes ☐ No ☐
- diabetes
 - sugar in the urine, low or high blood sugar
 - pancreatic condition
 - thyroid condition

- (e) Neurological and circulatory conditions (or any of the following) Yes ☐ No ☐
- epilepsy
 - stroke, brain haemorrhage, paralysis
 - multiple sclerosis
 - dizziness, fainting, headaches or migraines
 - any other type of brain or nervous system problem

Do not include conditions related to ear disorders in this section

- (f) Soft tissue, joints and bone conditions (or any of the following) Yes ☐ No ☐
- any upper or lower back, neck or shoulder condition
 - fractures or osteoporosis
 - any muscle, tendon or ligament disorder
 - any form of arthritis, bone or joint disorder?
 - gout

Section 16 Medical history (cont.)

1. What is the nature of your condition?
2. Please give details of:
- (a) Date of first symptoms / / (b) Date of last symptoms / /
- (c) Frequency of symptoms (d) Severity of symptoms
3. Give details of treatment including surgery, physiotherapy and medication:
- (a) Previously received
- (b) Now being received
4. Is any change to your treatment contemplated, including surgery? Yes ☐ No ☐
5. Have you completely recovered? Yes ☐ No ☐
6. Do you have any disability as a result of the illness? Yes ☐ No ☐
7. Time of work as a result of this condition? Days
8. Please include any additional information you feel may assist us.

9. Please provide the full name and address of the doctor who treated you for this condition.

Doctor

Address

Suburb

State

Postcode

1. What is the nature of your condition?
2. Please give details of:
- (a) Date of first symptoms / / (b) Date of last symptoms / /
- (c) Frequency of symptoms (d) Severity of symptoms
3. Give details of treatment including surgery, physiotherapy and medication:
- (a) Previously received
- (b) Now being received
4. Is any change to your treatment contemplated, including surgery? Yes ☐ No ☐
5. Have you completely recovered? Yes ☐ No ☐
6. Do you have any disability as a result of the illness? Yes ☐ No ☐
7. Time of work as a result of this condition? Days
8. Please include any additional information you feel may assist us.

9. Please provide the full name and address of the doctor who treated you for this condition.

Doctor

Address

Suburb

State

Postcode

Section 16 Medical history (cont.)

1. What is the nature of your condition?
2. Please give details of:
 - (a) Date of first symptoms / /
 - (b) Date of last symptoms / /
 - (c) Frequency of symptoms
 - (d) Severity of symptoms
3. Give details of treatment including surgery, physiotherapy and medication:
 - (a) Previously received
 - (b) Now being received
4. Is any change to your treatment contemplated, including surgery? Yes ☐ No ☐
5. Have you completely recovered? Yes ☐ No ☐
6. Do you have any disability as a result of the illness? Yes ☐ No ☐
7. Time of work as a result of this condition? Days
8. Please include any additional information you feel may assist us.
9. Please provide the full name and address of the doctor who treated you for this condition.
Doctor

Address

Suburb State Postcode

Section 17 Business Expenses

How long would your business continue to produce an income if you were disabled ie when would your business cease to generate any income?

Tick one box

a) within 60 days ongoing income would cease entirely or

☐

b) income would continue to be produced beyond 60 days

☐

If b), how long would income continue to be produced and what % of pre disablement income would be produced?

Declaration of expenses

I declare that my share of business expenses does not exceed the cover currently being requested.

I also understand that the expenses can only include some or all of the following items

- Rent paid to a non related entity
- regular interest instalment payment on business mortgage or loan
- electricity, gas, water, heating laundry, cleaning
- telephone
- business property rates and taxes
- non income producing employees salaries or wages and cost directly related to their salaries or wages eg superannuation

Expenses CANNOT INCLUDE

salary fees drawing account or any other remuneration for you or your replacement or members of your family or person who is not your employee

OR salaries of employees who generate income for your business

OR the cost of goods or equipment used in your profession, business or occupation depreciation of real estate OR payments of principal on business mortgage or loans

Child 1

Name of child to be insured

Child's date of birth / / Sex

Is the child a permanent resident of Australia? Yes ☐ No ☐

What is your relationship to the child?

Is there any other insurance in place or being applied for in respect of this child? Yes ☐ No ☐

If yes, please give details.

Has any application for insurance for this child ever been declined, postponed, loaded or accepted other than proposed? Yes ☐ No ☐

If yes, please give details.

Has the child ever had an illness, injury or medical disorder (includes heart, lung, blood, digestive, urinary or cancer related illnesses as well as neurological /developmental disorders) which required ongoing treatment or advice or a surgical procedure?

Yes ☐ No ☐

If yes, please give details.

Name and address of child's usual doctor.

Doctor

[illegible]

Address

[illegible]

Suburb

[illegible]

State

--	--	--

Postcode

--	--	--	--

Telephone

			-								
--	--	--	---	--	--	--	--	--	--	--	--

Fax

			-								
--	--	--	---	--	--	--	--	--	--	--	--

Has any parent, brother or sister of the child, living or deceased, had any of the following: Yes ☐ No ☐

If adopted, please complete only if family history is known.

- Diabetes
- High blood pressure
- Bowel cancer
- Kidney trouble
- Heart trouble
- Breast cancer
- Other cancer
- Huntington's chorea
- Haemophilia
- Any other hereditary disorder

If "yes", please complete the following schedule of family history

[illegible]

Section 18 Application for Child Critical Illness Benefit (cont.)

Child 2

If you need to complete this application for more than two children please copy this page and attach the copy with this application (Please note the maximum number of children per application is five).

Name of child to be insured

Child's date of birth / / Sex

Is the child a permanent resident of Australia? Yes No

What is your relationship to the child?

Is there any other insurance in place or being applied for in respect of this child? Yes No

If yes, please give details.

Has any application for insurance for this child ever been declined, postponed, loaded or accepted other than proposed? Yes No

If yes, please give details.

Has the child ever had an illness, injury or medical disorder (includes heart, lung, blood, digestive, urinary or cancer related illnesses as well as neurological /developmental disorders) which required ongoing treatment or advice or a surgical procedure?

Yes No

If yes, please give details.

Name and address of child's usual doctor.

Doctor

Address

Suburb State Postcode

Telephone Fax

Has any parent, brother or sister of the child, living or deceased, had any of the following: Yes No

If adopted, please complete only if family history is known.

- Diabetes
 - High blood pressure
 - Bowel cancer
 - Kidney trouble
- Heart trouble
 - Breast cancer
 - Other cancer
- Huntington's chorea
 - Haemophilia
 - Any other hereditary disorder

If "yes", please complete the following schedule of family history

Family member	Condition	Age at diagnosis

Section 19 Norwich Union Superannuation Trust

To be completed for Aviva Protection – Life policies held only within the Norwich Union Superannuation Trust ("the Trust") Registrable Superannuation Entity ('RSE') registration number R10040083 (the owner of this policy is the Trustee of the Trust)

The Trustee is NULIS Nominees (Australia) Limited ABN 80 008 515 633 AFSL number 236465 RSE license number L0000741

Contributions

Please identify who is contributing:

☐ Personal contributions only* (member or spouse)

* If personal contributions, are you eligible to claim tax deduction? Yes ☐ No ☐

☐ Employer[†] only (including salary sacrifice)

☐ Part personal and part employer[†] contributions

[†] Please complete the following only if the insured's employer is contributing to the Aviva Protection – Life policy.

Note that the owner of this policy is the Trustee of the Trust.

Employer details:

Full name of employer (*company name*)

Contact name

Postal address

Suburb

State

Postcode

Telephone (*home*)

Fax

Declarations and acknowledgements to NULIS Nominees (Australia) Limited, Trustee of the Trust.

- (a) I hereby apply to become a member of the Norwich Union Superannuation Trust
- (b) I am eligible to make superannuation contributions, or I am eligible to receive contributions made on my behalf (see page 47)
- (c) I will be bound by the Trust Deed governing the Trust as it may be varied from time to time
- (d) I will make a full disclosure in writing of any superannuation benefits which are to be transferred to the Trust to enable the Trustee to effectively administer all benefits secured on my behalf under the Trust
- (e) I will advise the Trustee in writing if the contribution information provided above changes
- (f) I am aware that in the event of a claim under a Aviva Protection – Flexible Recovery Money policy written in conjunction with this policy the amount of death and, if applicable, disability cover payable under this policy will be reduced by the amount of benefit actually paid under the Aviva Protection – Flexible Recovery Money contract.

Member's signature

X

Date / /

Section 19 Norwich Union Superannuation Trust (cont.)

Nomination of beneficiaries – Norwich Union Superannuation Trust (“the Trust”)

Do not complete this section if the policy is paid for from your Navigator Personal Retirement Plan account. as you will need to include the form within your Navigator Personal Retirement Plan application.

As a member of the Trust you have two options in relation to your Death Benefit Nominations. You can make a Non Binding Nomination or you can make a Binding Death Benefit Nomination. Tick one of the boxes below in part A or B to indicate your choice. Then go to Part C to provide details of your nomination. For information on making nominations and who can be nominated please refer to page 39 in the PDS.

Part A ☐ Non Binding Nomination

You may nominate your dependants and the proportion of your benefits to be allocated to each dependant. When assessing who is entitled to your benefits in the event of your death the Trustee will take this nomination into account, however it is not bound by this nomination.

OR

Part B ☐ Binding Death Benefit Nomination

Only choose Part B if you wish to apply for a nomination that is binding on the Trustee of the Trust.

Your binding nomination states the proportions of your death benefit you want to be paid to your dependants and/or personal legal representative

IMPORTANT: All Binding Death Benefit Nominations MUST have two adult witnesses when signing Part C.

Part C Death Benefit Allocation

Please specify your required benefit allocation for each person, and ensure the total allocation adds up to 100%. Please specify the amount as a percentage to go to each person.

You may wish to indicate the percentage to be paid as either a lump sum or pension, however this is not binding on the Trustee.

IMPORTANT: For information on making nominations and who can be nominated please refer to page 39 in the PDS.

					OPTIONAL	
Full name of beneficiary	Relationship to member	Total allocation %	Date of birth	Address	Amount lump sum %	Amount as Pension %
e.g. May Boom	<input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other dependant	100%	5/2/85	6 Manly Road, Keys Vic 3020	100%	
1.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other dependant					
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other dependant					
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other dependant					
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other dependant					
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other dependant					
Estate/legal personal representative Name:			N/A		100% Lump sum	
		Total must add up to 100%				

Section 19 Norwich Union Superannuation Trust (cont.)

Declarations

- I understand that if I choose to make a non-binding nomination
 - The Trustee has absolute discretion as to whom, and the manner in which, the Death Benefit is paid.
 - The Trustee will consider my nomination but will not be bound by it.
- I understand that if I choose to make a binding nomination I should review this nomination regularly, or as my circumstances change (e.g. marriage, birth or a child). I understand that:
 - If the nomination is valid at the time of my death, the Trustee must pay the benefit as directed, regardless of any change in my personal circumstances or that of my beneficiaries (except where they cease to be eligible to receive the benefits)
 - The nominations will be invalid and have no effect on the expiry of 3 years after the date of the signature, on the termination of the policy/interest to which this nomination relates, on ceasing to be a member of the Trust or if my nominated dependants cease to be eligible to receive the benefit. I can renew my nomination prior to expiry by contacting the administrator.

By completing this form, you understand that any personal information, we may collect about you in the course of our business may be used and disclosed as outlined in our Privacy Policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained through our website, avivagroup.com.au, or by writing directly to us, at GPO Box 2567W, Melbourne Victoria (Attention: Privacy Officer)

Full name of life insured:

Member's signature

X

Date

/ /

Binding Nominations

Do not sign unless you have two adult witnesses present. Two adult witnesses must sign and date this form at the same time as you have signed – but neither must be nominated as a beneficiary.

Witness 1

Signature

X

Date

/ /

Print name

Print address

Suburb

State

Postcode

Witness 2

Signature

X

Date

/ /

Print name

Print address

Suburb

State

Postcode

Please return this form to: **Norwich Union Life Australia Ltd**
GPO Box 2567W
Melbourne VIC 3001

Applicant's Tax File Number

Please refer to page 40 for details on providing your Tax File Number

Section 20 Superannuation – issued to another complying superannuation fund

Please complete the following if the Aviva Protection – Life policy is to be owned by another complying fund (ie not the Norwich Union Superannuation Trust)

Declaration

To be signed by two directors or company secretary and one director in the case of a trustee Company, or by at least two of the individual trustees.

- 1. I am one of the trustees or an officer of the Trustee Company.
- 2. That the Fund is a complying superannuation fund and is operated in accordance with the requirements of the Superannuation Industry (Supervision) Act 1993 and Regulations. If your Fund is non complying, see page 39.
- 3. I undertake to promptly inform Norwich Union Life Australia Limited ("NULAL") if the Fund ceases to be a complying superannuation fund or if the Life Insured ceases to be a member of the Fund.
- 4. The trustee is authorised by the Fund's Deed to enter into insurance contracts providing life or disability cover.
- 5. There is nothing in the Fund's Deed which conflicts with the provision of any of the benefits selected for this insurance policy.
- 6. I undertake to promptly inform NULAL if there is a change of trustee of the Fund.
- 7. I am aware that in the event of a claim under an Aviva Protection – Flexible Recovery Money policy written in conjunction with this policy the amount of death and, if applicable, disability cover payable under this policy will be reduced by the amount of benefit actually paid under the Aviva Protection – Flexible Recovery Money contract.

Name of Superannuation fund

APRA Regulated Fund – Superannuation Fund Number (SFN)

OR

ATO Regulated Fund

Australian Business Number (ABN)

Postal Address

Suburb

State

Postcode

Telephone

Trustee Details

Use this section if the Trustee is a company

I am a sole Director and the sole Secretary of this company Yes No

EXECUTED for and on behalf of

 PTY LIMITED

Date / /

Signed X

Director:

Title Surname Given name(s)

Signed X

Director/Secretary:

Title Surname Given name(s)

Please affix company seal here if required by the Company's Constitution

Section 20 Superannuation – issued to another complying superannuation fund (cont.)

OR Individual Trustee

Names (If more than 3 individuals, please attach further names. Note only two individual Trustees required to sign.)

First Individual Trustee

Title

Surname

Given name(s)

Signature

X

Date

/

/

Second Individual Trustee

Title

Surname

Given name(s)

Signature

X

Date

/

/

Third Individual Trustee

Title

Surname

Given name(s)

Signature

X

Date

/

/

Section 21 Beneficiary Nomination Form/Third Party Interests
(Life and Recovery Money policies only)

Ordinary business only

I, [] (the policy owner)
nominate the undermentioned persons to receive any proceeds that may become payable under this policy as a result of the death or
the occurrence of an insured event affecting the life insured.

Form fields for Person 1, Person 2, and Person 3, including Title, Date of birth, Address, Contact no, and percentage of Death Benefit and TPD and/or Critical Illness Benefit.

Notes
Payment of benefits will be made on the basis of the latest nomination received by NULAL. If there is no nomination, or the nomination
has been revoked, benefits will be paid to the policy owner (or their estate). The policy owner may vary the nomination at any time.
If a nominated person pre-deceases the Life Insured and no replacement nomination has been received by NULAL, then that person's
nominated amount will be paid to the policyowner (or the policyowner's estate).
Persons nominated should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received.
Uncertainties about Capital Gains Tax implications exist for TPD and Critical Illness Benefits if the recipient is other than the Life Insured
or spouse or certain defined relatives.

Signature and Date fields for Policyowner A and Policyowner B (If applicable).

Section 22 Authority to release medical information (to be completed in ALL cases)

Norwich Union Life Australia Limited ("NULAL") is considering my application for insurance and I hereby authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to NULAL or any third party engaged by NULAL full details of my health and medical history. A photocopy of this Authority should be accepted as my personal authority.

Insured's full name	Date of birth				
<input type="text"/>	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>				
	<input type="text"/>				
	State		<input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature	<input type="text" value="X"/>			Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section 23 Premium Receipt

Deposit premium receipt

Received from

Name

Address

<input type="text"/>	State	<input type="text"/> <input type="text"/> <input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
----------------------	-------	----------------------------------------------------------------	----------	-------------------------------------------------------------------------------------------------------------------------------

Total amount \$, .

For Norwich Union Life Australia Limited by

Norwich Union Life Australia Limited shall be on risk when the following conditions have been met.

Conditions

1. Payment of the first premium is received in full.
 2. Norwich Union Life Australia Limited notifies the Policyowner that the Application is accepted.
 3. If after signing the Application, but before the Policy is issued, the proposed Insured suffers any illness or injury or is refused life or disability insurance by another Insurer, Norwich Union Life Australia Limited is to be notified whereupon it will then confirm to the Policyowner the terms on which it will consider the risk.
 4. This receipt is not valid unless signed by an Adviser, Broker or Employee of Norwich Union Life Australia Limited and unless the remittance, if made by cheque (payable to Aviva), is honoured on the first presentation. This receipt is to be issued only if payment is made at the time of signing the Application, otherwise it must not be detached.
- If you are not contacted regarding the proposed Insurance within 30 days, please notify Norwich Union Life Australia Limited at its Head Office, 509 St Kilda Road, Melbourne 3004, giving the name of the Adviser, Broker or Employee, date and amount paid.

Office use only – deposit premium receipt

If no money submitted with proposal please indicate by writing "NIL" in space provided

	Policy 1	Policy 2	Policy 3	Policy 4
Policy number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount banked \$	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
Date received	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Payment method	<input type="text"/>		CDR number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Received by	<input type="text"/> <input type="text"/> <input type="text"/> (Aviva officer's initials)			

Norwich Union Life Australia Limited
ABN 34 006 783 295 AFSL number 241686

Head office and Registered Office
509 St Kilda Road Melbourne Victoria 3004 GPO Box 2567W Melbourne Victoria 3001
Telephone client support freecall on 1800 626 110 Fax 03 9820 1534
avivagroup.com.au

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Section 24 Payment Authorities

Method of payment

Method	Direct Debit	Credit Card	Deduction from PIP/PRP Account	Cheque (Not available for monthly payments)
Initial		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Both initial and ongoing fields must be complete.

Debits will be made on the closest payment day of the month following the commencement of your policy, unless you require deductions on a specific date, if so please complete the following.

Payment day ☐ 4th ☐ 11th ☐ 18th ☐ 25th

(a) Credit card payment authority

Credit card type	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Policy number	<input type="text"/>
Card number	<input type="text"/>	Expiry date	<input type="text"/>
Card holder's name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

(b) Direct debit request

	Policy number	<input type="text"/>
Surname	<input type="text"/>	
I/We	First name/s	<input type="text"/>

request you, until further notice, to debit to my/our account at the financial institution identified below, any amounts which **Norwich Union Life Australia Limited ABN 34 006 783 295 AFSL number 241686** (User ID No 000110) may debit or charge me/us through the Direct Debit Request System. This request will remain in force in accordance with the terms described in the service agreement provided to you.

Details of account to be debited

Name of Financial Institution	<input type="text"/>
Branch Address	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/>
BSB Number	<input type="text"/>

Please note: 1. Direct debiting is not available on the full range of accounts. If in doubt, please refer to your financial institution.
2. A fee may be charged for this service.

Signature of customer	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	Postcode	<input type="text"/>

(c) Deduction from PIP/PRP Account

Surname	<input type="text"/>	First name/s	<input type="text"/>
I/We	<input type="text"/>		

request Aviva until further notice to debit my/our investment/retirement account any amounts which Norwich Union Life Australia Limited ABN 34 006 783 295 AFSL number 241686 may charge me/us

Details of Investment/retirement account

Name of investment/retirement account	<input type="text"/>
Investment/retirement account number	<input type="text"/>

Please note: Deduction from the investment/retirement account is not available in all circumstances. If in doubt please refer to Aviva.

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Section 25 Declaration and agreement

I, the person proposed for the Insurance, declare that all the answers to the questions and statements concerning myself contained in this Application and in any Personal Statement subsequently signed by me are true, current and complete and I hereby agree that any medical practitioner who has been, or who may hereafter be, consulted by me shall be and is authorised and directed by me to divulge at any time to Norwich Union Life Australia Limited, or to any legal tribunal, any information he/she may have acquired with regard to myself, and I expressly waive all professional confidence and provisions of law as to privilege or otherwise forbidding disclosure of such information.

I/We, the Policyowner, declare that all the answers to the questions and statements concerning the Life to be insured, or myself, made in this form and any attachments are true, current and complete.

If I/we have not completed the answers and questions myself /ourselves I/we certify that I/we have checked them and certify that they are true, current and complete.

I/We have read the duty of disclosure and the statement on non-disclosure set out on the front of this Application and the Aviva Protectionfirst Product Disclosure Statement and I/We understand the contents. I/We understand that the information contained in this Application is relied upon by Norwich Union Life Australia Limited in assessing the risk and the insurance.

I/We understand that if, after signing this Application and before the policy is issued, the Life to be Insured suffers any illness or injury or is refused life or disability insurance by another insurer, the duty of disclosure extends to notification to Norwich Union Life Australia Limited whereupon it will confirm to the Policyowner the terms upon which this application will be considered.

I/We acknowledge that we have received, read and understood the Aviva Protectionfirst Product Disclosure Statement from which this application was taken, and expressly confirm that I/we have received a premium illustration, a copy of which is attached to this application, in respect of the insurance product that I/we am apply for.

I/We, the Policyowner and/or the person proposed for the Insurance, understand that Norwich Union Life Australia Limited may accept information by telephone, facsimile or e-mail from me/us or from my/our financial adviser in relation to this application and if accepted, any subsequent changes to my/our insurance policy. I/we hereby appoint my financial adviser as my agent for the purpose of providing such information to Norwich Union Life Australia Limited.

Life to be Insured to sign and date:

X

Date / /

Policyowner (if Ordinary business only and different from Life to be insured) to sign and date

X

Date / /

Norwich Union Life Australia Limited ABN 34 006 783 295 AFSL number 241686

Privacy authorisation

I/we have read and understood the section on page 47 of the PDS titled "Personal information" and consent to:

- (a) the use, collection and disclosure of personal information of the Life / Lives to be Insured for all purposes and uses described within that section; and
- (b) you discussing with my financial adviser any matter relevant to the assessment of this insurance proposal including financial, medical and other matters, whether disclosed in this application, obtained from third parties (eg doctors, accountants) or otherwise discovered as part of the assessment process.

Life to be Insured to sign and date:

X

Date / /

Policyowner (if Ordinary business only and different from Life to be insured) to sign and date

X

Date / /

OR

I/we have read and understood the section on page 47 of the PDS titled "Personal information" and consent to:

- (a) the use, collection and disclosure of personal information of the Life / Lives to be Insured for all purposes and uses described within that section; and
- (b) you discussing with my financial adviser for the purposes of the assessment of this insurance proposal only those matters disclosed on this application.

Life to be Insured to sign and date:

X

Date / /

Policyowner (if Ordinary business only and different from Life to be insured) to sign and date

X

Date / /

Sign whichever is applicable

Section 26 Adviser details (To be completed by adviser)

Company/Business name

Personal name

Telephone–Telephone–

Fax–

Email (Adviser)

Email (Contact for this application)

Distribution fee format required (must be completed) Note: if transferring cover from an existing NULAL policy the format must remain the same.

Distribution fee split

Agency number	Initial distribution fee split	Agency number	Renewal distribution fee split (Upfront only)
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> %	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div> %
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	Must = 100%		Must = 100%

Adviser/Broker field underwriting report

If “No”, please provide full details (if insufficient space provide separate summary)

1. Has the application been fully completed and the declarations signed in your presence?

YesNo

2. Have the authorities on pages 73 to 75 been completed?

YesNo

3. Is the first premium attached to the application?

YesNo

4. Have all the relevant sections and declarations been completed in full and signed, including payment authorities section 24?

YesNo

5. Have all standard medical requirements been arranged?

YesNo

6. Are you utilising a paramedical service for the required medical information?

YesNo

7. If a HIV/MBA blood test is required, have you provided the client with the relevant brochure information?

YesNo

8. Is a copy of the quotation, matching the application, attached (mandatory) or else this application cannot be processed?

YesNo

9. Have all adviser details including remuneration format, been completed?

YesNo

Adviser notes (special comments)

[illegible]

