



Insurance

Product Disclosure Statements

Life Insurance Plan

Trauma Recovery Insurance Plan

Total and Permanent Disability Insurance Plan

Activities of Daily Living Total and Permanent Disability Insurance Plan

Income Insurance Plus Plan

Income Insurance Plan

Income Insurance Senior Professionals Plan

Business Expenses Insurance Plan

Life Insurance Superannuation Plan

Issue No. 3, Dated 23 July 2007

AC&L



Contents

1	Insurance overview	50	Income Insurance Plan – the detail
4	Life Insurance Plan – a snapshot	58	Income Insurance Senior Professionals Plan – the detail
5	Life Insurance Plan – the detail	61	Business Expenses Insurance Plan – a snapshot
20	Trauma Recovery Insurance Plan – a snapshot	62	Business Expenses Insurance Plan – the detail
21	Trauma Recovery Insurance Plan – the detail	65	Life Insurance Superannuation Plan – a snapshot
31	Total and Permanent Disability Insurance Plan – a snapshot	66	Life Insurance Superannuation Plan – the detail
32	Total and Permanent Disability Insurance Plan – the detail	75	Additional information
36	Activities of Daily Living Total and Permanent Disability Plan – a snapshot	82	Interim Accidental Death Cover Certificate
37	Activities of Daily Living Total and Permanent Disability Plan – the detail	83	Interim Accidental Trauma Recovery Cover Certificate
38	Income Insurance – a snapshot	84	Interim Accidental Total and Permanent Disability Cover Certificate
40	Income Insurance Plus Plan – the detail	85	Interim Income Insurance Cover Certificate

Products in these Product Disclosure Statements are available from 23 July 2007.

About the Global AXA Group

The Global AXA Group is one of the largest financial services groups in the world with an enviable track record in meeting the superannuation, investment and insurance needs of millions of clients worldwide. It operates in over 60 countries with total Group assets under management, administration and advice in excess of approximately A\$1,868 billion¹. The Group prides itself on growth, service and advice.

AXA SA is 51 per cent majority shareholder of AXA Asia Pacific Holdings Limited (AAPH) ABN 78 069 123 011. AAPH owns 100 per cent of The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649.

¹ As at 30 June 2006.

Insurance overview

Insurance

Information contained in this booklet

This booklet provides a summary of some of the important terms and conditions of the insurance products available from AXA.

There are sections specific to each product, as well as sections with information that apply to all products.

This information will help you to decide whether these products will meet your needs, as well as assist you in comparing the types of cover available with others that you may be considering.

Although each section details the information you should know about the benefits and features offered, including optional benefits, you should read this information in conjunction with your Plan Document (issued once cover commences), which sets out in detail the terms and conditions of the benefits under your Plan.

Definitions in this document

In this booklet and the relevant Application form, any references to 'us', 'we', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become either the person insured or the plan owner. However in the Application form, including the Personal Statement, 'you' means the person to be insured, unless the context requires it to be the plan owner.

Talk to your financial adviser

It is important to note that the products contained in this booklet are not investment policies designed to provide a cash value except when paying a claim. We recommend you discuss your needs with your financial adviser.

Which AXA insurance products are covered in this document?

Each product is a separate contract of insurance. You can combine the products you buy with a range of optional benefits.

The types of products available are:

Life Insurance

Life Insurance pays a lump sum upon death or terminal illness. Life Insurance is also available as part of the Super Directions Superannuation Fund – please refer to page 65 of the Life Insurance Superannuation Plan PDS for more details.

Trauma Recovery Insurance

Trauma Recovery Insurance provides a lump sum in the event of you experiencing one of a comprehensive list of trauma events, including cancer, heart attack, stroke, coronary artery bypass surgery and angioplasty.

Total and Permanent Disability Insurance (TPD)

Total and Permanent Disability Insurance provides a lump sum if you become totally and permanently disabled.

Two versions are available:

- Total and Permanent Disability Insurance
 - any occupation definition
 - own occupation definition
- Activities of Daily Living Total and Permanent Disability Insurance

Income Insurance

Income Insurance provides you with a replacement of up to 75 per cent of your income if you are unable to work due to sickness or injury. Three versions are available:

- Income Insurance Plus;
- Income Insurance, and
- Income Insurance Senior Professionals

Business Expenses Insurance

Business Expenses Insurance protects your business if you are totally disabled and unable to work due to sickness or injury, by covering the fixed monthly expenses of the business.

How these AXA insurance products can fit into your financial plan

Like a road map, a financial plan can help you decide where you want to go, and how to get there. It can also help you avoid danger and roadblocks to your achievements along the way.

Your financial plan can help you:

- 1 understand your current financial position – your starting point
- 2 identify your financial goals and what you'd like your money to do or buy – your financial destinations
- 3 choose the best way to reach your financial destinations – how you will get there, and
- 4 avoid situations that may prevent you getting there – your spare tyre, in case you need it. One simple and effective way to avoid situations that may prevent you getting there is with insurance.

Insurance overview

Insurance

How AXA insurance works

AXA provides five different types of insurance. The table below explains how each of these can help you cope financially with events that can affect your financial future.

Please note: the following information is a guide only, we recommend you discuss your needs with your financial adviser.

Type of insurance	Insures against which event?	The benefit	You might use the benefit to...
Life Insurance	Death. Life Insurance can help your dependants cope financially, after you die.	A lump sum payment	<ul style="list-style-type: none"> ▪ pay off the mortgage or any other debts that may affect your family's financial future ▪ reimburse funeral costs ▪ pay for child care or home help to aid the remaining spouse ▪ provide a reserve that can be used as income should the remaining spouse decide not to work
Income Insurance	The inability to work due to sickness or injury. It can help you meet your critical living expenses if you have to stop work due to sickness or injury.	An income stream of up to 75% of your income, up to a maximum specified period	<ul style="list-style-type: none"> ▪ pay for food, and other day-to-day expenses ▪ pay for rent or home maintenance costs ▪ help you meet mortgage or other debt repayments ▪ pay for any transport costs you may have
Trauma Recovery Insurance	Traumatic medical conditions (including cancer, heart attack, stroke, coronary artery bypass surgery and angioplasty). It can help you cope financially with the effects that a trauma will have on your life. It can remove the financial stress and pay for changes you may need to make to your lifestyle.	A lump sum payment	<ul style="list-style-type: none"> ▪ pay for recovery costs including rehabilitation ▪ pay for changes to your lifestyle, for example, refit your home ▪ enable your partner to reduce their working hours to look after you, or alternatively to get a carer ▪ pay off debts ▪ provide a reserve to use as an income
Total and Permanent Disability Insurance	A total and permanent disability. It can help you cope financially with a total and permanent disability. Two versions are available: <ul style="list-style-type: none"> ▪ Total and Permanent Disability Insurance <ul style="list-style-type: none"> – any occupation – own occupation ▪ Activities of Daily Living Total and Permanent Disability Insurance 	A lump sum payment	<ul style="list-style-type: none"> ▪ pay for disability related costs including rehabilitation ▪ pay for changes to your lifestyle, for example, refit your home ▪ enable your partner to reduce their working hours to look after you, or alternatively get a carer or pay off debts ▪ provide an income for you and your dependants
Business Expenses Insurance	The inability to work due to sickness or injury. Business Expenses Insurance can help your business cope financially with your inability to earn the business an income because of sickness or injury.	A regular payment during the agreed period	<ul style="list-style-type: none"> ▪ pay for rent, electricity, water, gas ▪ pay for employees' salaries (not your replacement) ▪ make regular business loan repayments

Different levels of insurance for different life stages

Your insurance needs will vary at different life stages, because circumstances change.

- Financial goals shift
- Income fluctuates with different jobs
- Your lifestyle evolves
- Your level of savings will change
- Your level of debt will change
- You may have children
- Children will grow up, becoming more financially independent

As your circumstances change you should review the insurance products and level of cover you need. We recommend you discuss your changing insurance needs with your financial adviser.

Common questions to help you understand your changing insurance needs

What are my current financial goals?

Knowing this helps you decide what you need to protect and how to protect it.

What is my current financial position and do I have debts?

Knowing this helps you understand what risks you can retain yourself, and those that you cannot afford to happen. It will help you understand how you will cope if an event occurs that affects your ability to earn and save money.

What risks are more likely to threaten me and my financial goals?

Knowing this will help you decide which insurance you need.

How much money will I need should one of these risks occur?

Knowing this will help you establish the level of cover you need for each insurance product you buy.

Do I have insurance through my superannuation?

Some superannuation funds automatically provide you with some level of insurance. You need to consider the types and level of insurance cover you already have. Many people find that the level of cover provided by superannuation is not enough to meet their needs.

Who currently depends on my income?

Knowing this will help you establish the right type and level of cover you need.

Combining different insurance products

You can buy multiple insurance products to cover different events. The combinations you choose depend on many factors, including your financial position and the risks you believe you face.

When you combine insurance products contained within this PDS, you will only pay one plan fee.

Common combinations include:

Life Insurance + Income Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death, and ▪ you and your family in the event of you stopping work because of sickness or injury.
Life Insurance + Income Insurance + Total and Permanent Disability Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death ▪ you and your family in the event of you stopping work because of sickness or injury, and ▪ you and your family in the event of you suffering a total and permanent disability that prevents you from ever working again.
Life Insurance + Income Insurance + Trauma Recovery Insurance	To cover: <ul style="list-style-type: none"> ▪ your family in the event of your death ▪ you and your family in the event of you stopping work because of sickness or injury, and ▪ you and your family in the event of you experiencing a medical trauma (for example heart attack, stroke and certain cancers).
Life Insurance + Income + Trauma Recovery Insurance + Total and Permanent Disability Insurance	To cover you and your family against some of the most common events that can threaten your financial future.

Life Insurance Plan – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Life Insurance can help your dependants cope financially, after you die.

Life insurance pays a lump sum in the event of your death, which can be used to:

- pay off the mortgage or any other debts that may affect your family's financial future
- reimburse funeral costs
- pay for child care or home help to aid the remaining spouse
- provide a reserve to use as income should the remaining spouse choose not to work

Life Insurance Plan benefits

Our Life Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Life Insurance Benefit	Provides a benefit in the event of your death. For full conditions see page 5.
Terminal Illness Benefit	We will make an advance payment of the life insurance benefit if you are terminally ill and have less than 12 months to live. For full conditions see page 5.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 5.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 5.
Upgrade of Benefits	Future improvements to the Life Insurance Plan may be passed on to you. For full conditions see page 5.
Financial Plan Benefit	We will pay a reimbursement of up to \$2,000 to a financial adviser who has provided a financial plan for you or your dependants within six months of a claim being admitted for death or terminal illness. For full conditions see page 5.
Advancement of funeral expenses	We will provide an advanced payment of the life insurance benefit, of up to \$10,000, to cover funeral expenses. For full conditions see page 5.

Definitions in this document

In this PDS, any references to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

The Life Insurance Plan pays a lump sum if you die or are diagnosed with a terminal illness and have 12 months or less to live.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	11 to 70 next birthday	99
Level	11 to 65 next birthday	99*

* Level premiums will alter to stepped premiums after age 70. Please refer to page 77 for further details on premium structures.

Benefits

Under the Plan we will pay you or your beneficiaries a lump sum amount if you:

- die, or
- are terminally ill with 12 months or less to live.

Life Insurance Benefit

The amount we will pay, as a lump sum, in the event of your death is the benefit amount that is noted in your Plan Schedule.

The following lists the additional benefits of the Life Insurance Plan at no extra cost:

- Terminal Illness Benefit
- Financial Plan Benefit
- 24 Hour Worldwide Cover Benefit
- Indexation Benefit
- Upgrade of Benefits
- Advancement of Funeral Expenses

Terminal Illness Benefit

If you are diagnosed with a terminal illness and given 12 months or less to live, AXA will make an advance payment. The maximum terminal illness benefit amount payable from all plans held with us is the lesser of:

- \$2,000,000, or
- the benefit amount.

If your life insurance benefit is greater than \$2,000,000, the remaining life insurance benefit will be payable on death.

Terminal Illness

'Terminal Illness' means any illness which, in our opinion after consideration of medical evidence provided to us by your own doctor and such other evidence as we may require, will result in your death within 12 months, regardless of any treatment that might be undertaken.

Financial Plan Benefit

AXA will pay a reimbursement benefit of up to \$2,000, to a financial adviser who has provided a financial plan for you or your dependants within six months of a claim being admitted for death or terminal illness.

We will only pay this benefit once and the benefit will not reduce any other benefits payable under your Plan.

24 hour worldwide cover

On acceptance of your Plan, you are covered 24 hours a day and we will also cover you if you travel overseas.

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI), unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the life insurance benefit:

- after the person insured's 65th birthday, or
- by less than 5 per cent in any year, or
- by any amount which would cause the life insurance benefit to exceed \$3,000,000 inclusive of the total life insurance benefit amounts under any life insurance plans held with us under which you are covered.

Upgrade of Benefits

If we make any future improvements to this Life Insurance Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Advancement of funeral expenses

The advanced payment of funeral expenses will provide a payment of up to \$10,000 for funeral expenses on the receipt of the death certificate, or other proof of death that is acceptable to AXA. If we pay you an Advanced Payment, then the Life Insurance benefit will be reduced by the same amount. The Advance Payment is not an admission of liability to pay the full life insurance benefit.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Optional benefits

Further protection is available through the options listed below. Pages 6 to 14 explain these options in detail.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, the option no longer applies, your premium for the option will cease.

Total and Permanent Disability

Double TPD¹

Business Solutions – TPD²

Life Buy-Back – TPD²

Trauma Recovery

Double Trauma³

Business Solutions – Trauma⁴

Life Buy-Back – Trauma⁴

Comprehensive Cancer⁴

Trauma Reinstatement⁴

Activities of Daily Living TPD

Business Solutions – Life

Future Insurability

Premium Waiver⁵

Children's Trauma

1 Can only be purchased where the Total and Permanent Disability Option has not been purchased or, cannot be held at the same time as the Total and Permanent Disability Option.

2 Can only be purchased where the Total and Permanent Disability Insurance or Double Total and Permanent Disability Insurance Option has also been purchased.

3 Can only be purchased where the Trauma Recovery Insurance Option has not been purchased or, cannot be held at the same time as the Trauma Recovery Insurance Option.

4 Can only be purchased where the Trauma Recovery Insurance or Double Trauma Recovery Insurance Option has also been purchased.

5 Can only be purchased where the Total and Permanent Disability Insurance or Double Total and Permanent Disability Insurance Option and the Trauma Recovery Insurance or Double Trauma Recovery Insurance Option have not been purchased.

Total and Permanent Disability (TPD) Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99†
Level	16 to 60 next birthday	99*†

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 65 only the 'Future Care' definition applies.

The option benefit amount is payable if you become totally and permanently disabled. The definitions of total and permanent disability are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

On the first renewal date after age 65, only the 'Future Care' definition will apply.

You are totally and permanently disabled if you:

- A are unable to work, or
- B suffer a specific loss, or
- C require future care, or
- D are unable to perform domestic work.

A 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.
- (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow any occupation for which you could be reasonably suited by education, training or experience.

or

B 'specific loss' refers to the total and permanent loss of the use of:

- both hands
- both feet

- one hand and one foot
- the entire sight in both eyes
- one hand and the entire sight in one eye, or
- one foot and the entire sight in one eye.

or

C requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

or

D is 'unable to perform domestic work':

you are totally unable to perform your usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:

- unlikely ever to be able to perform all of your usual unpaid domestic work
- diagnosed by a registered medical practitioner as having a permanent disability
- unable to leave home unaided
- unlikely ever to be able to engage in any occupation, and
- receiving regular medical attention from a registered medical practitioner.

On the first renewal date after you turn age 65, the total and permanent disability definitions outlined above in paragraphs A, B and D no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph C, continues to apply until you turn 99.

Day One TPD

If you meet the definition of totally and permanently disabled as a result of one of the following medical conditions, we will waive the waiting period when assessing a claim made under paragraphs A or D above.

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Rheumatoid Arthritis
- Tetraplegia

Other TPD Option features

A 7.5 per cent discount will apply to the base premium (excluding the plan fee and frequency loading) of the Total and Permanent Disability Option when the Trauma Recovery Insurance Option is also purchased.

Any payment under the TPD option reduces the benefit amounts under the Plan, including Trauma Recovery, to which it is attached. This may mean the end of your cover if the benefit amount under your Plan and Total and Permanent Disability Insurance Option are the same.

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Premiums will increase as a result of this increase in the TPD benefit.

We will not increase the benefit by any amount which would cause the TPD benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any total and permanent disability insurance plans or options held with us under which you are covered.

Your Total and Permanent Disability Insurance Option can also be tailored to include:

- Business Solutions Option – TPD
- Life Buy-Back Option – TPD

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Double Total and Permanent Disability (TPD) Option

This option benefit amount is payable under the same circumstances as the TPD Option on page 6.

The key additional feature of this option is, if we pay you a TPD benefit before you turn age 65, we will not reduce your life insurance benefit.

Furthermore, if we pay you a TPD benefit under this option, we will waive all future premiums (including plan fee) for the life insurance plan and any attached options (excluding Trauma Recovery).^{*} We will only waive premiums if we paid the TPD paid before you turn age 65.

CPI increases will no longer apply if we waive your premiums.

Please refer to the examples on page 16 on how this option works.

^{*} Where the life insurance benefit amount is greater than the amount paid for the TPD claim, future premiums will not be waived for that portion of the life insurance (and proportional options attached).

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases to your total and permanent disability sum insured in line with:

- the value of your business,
- the value of you to the business, or
- the value of the relevant business loan at the time of the increase.

You will not be required to provide medical evidence unless your Application for increase is:

- greater than 25 per cent of the original option sum insured (unless the increase amount is less than \$300,000), or
- you are receiving benefits under a Plan held by us or another company.

When you exercise this option and apply for future increases we will require financial and supporting evidence of the increases. The conditions that apply for increases are explained in detail in the Plan Document.

The Indexation Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends

- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists
- the start of any period for which you have not paid premiums under the plan, or
- you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum total increase to the total and permanent disability insurance benefit is the lesser of:

- four times the total and permanent disability benefit amount under this plan, or
- \$3,000,000 less the total benefit amounts under any total and permanent disability plans or options held with us under which you are covered.

Life Buy-Back Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65
Level	16 to 60 next birthday	65

Upon one year from payment of the total and permanent disability claim, the plan owner has 60 days to take out life insurance cover for an amount up to the total and permanent disability claim amount paid out by us.

The new plan will be based on the medical assessment carried out when the Life Buy-Back Option – TPD is purchased rather than your health when this option is exercised.

Trauma Recovery Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 68 next birthday	99†
Level	16 to 60 next birthday	99*†

^{*} Level premiums will alter to stepped premiums from age 65.

[†] On the first renewal date after age 70 only the 'Loss of Capacity for Independent Living' trauma event applies.

Under this option, we will pay you a lump sum if you suffer from one of the listed Trauma Events during the term of the plan.

Proof of occurrence of any Trauma Events must be based on clinical, radiological, histological and laboratory evidence, as well as evidence from an appropriate specialist medical practitioner. All evidence must be acceptable to us.

On the first renewal date after age 70, only the 'Loss of Capacity for Independent Living' trauma event applies.

A Trauma Event is one of the following:

- Cancer*
- Coronary artery bypass surgery*
- Angioplasty
- Heart attack*
- Stroke*
- Adult insulin dependent diabetes*
- Alzheimer's disease and other dementias
- Aplastic anaemia
- Benign brain tumour
- Blindness
- Cardiac arrest
- Cardiomyopathy
- Chronic kidney failure
- Chronic liver disease
- Coma
- Deafness
- Diabetes
- Diplegia
- Encephalitis
- Heart valve surgery
- Hemiplegia
- Loss of capacity for independent living
- Loss of limbs
- Loss of limbs and sight
- Loss of speech
- Lung disease
- Major head injury
- Major organ transplant
- Medical condition requiring life support
- Medically acquired HIV
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Parkinson's disease
- Occupationally acquired HIV
- Paraplegia
- Pneumonectomy
- Primary pulmonary hypertension
- Quadriplegia
- Severe burns
- Surgery of the aorta, and
- Triple Vessel Angioplasty

* These conditions are subject to a 90 day qualifying period. Please refer to page 14 for further details.

The definitions for the Trauma Events above are listed from page 26.

Other Trauma Recovery Option features

Any payment under this option reduces the benefit amounts under the plan, including TPD, to which it is attached. This may mean the end of your cover if the benefit amount under your plan, Total and Permanent Disability Option and Trauma Recovery Insurance Option are the same.

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Premiums will increase as a result of this increase in the Trauma Recovery benefit.

We will not increase the benefit by any amount which would cause the Trauma Recovery benefit amount to exceed \$1,500,000 inclusive of the total benefit amounts under any Trauma Recovery Insurance plans or options held with us under which you are covered.

Your Trauma Recovery Insurance Option can also be tailored to include:

- Business Solutions Option – Trauma
- Life Buy-Back Option – Trauma
- Children's Trauma Option
- Comprehensive Cancer Option.

Double Trauma Recovery Insurance Option

This option benefit amount is payable under the same circumstances as the Trauma Recovery Insurance Option on page 8.

The key additional feature of this option is, if we pay you a Trauma Recovery benefit before you turn age 70, we will not reduce your life insurance benefit.

Furthermore, if we pay you a Trauma Recovery benefit, we will waive all future premiums (including the plan fee) for the life insurance plan and any attached options (excluding Total and Permanent Disability)*. We will only waive premiums if we paid the Trauma Recovery benefit before you turn age 70.

CPI increases will no longer apply if we waive your premiums.

Please refer to the examples on page 16 on how this option works.

* Where the life insurance benefit amount is greater than the amount paid for the Trauma Recovery claim, future premiums will not be waived for that portion of the life insurance (and proportional options attached).

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Business Solutions Option – Trauma

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65
Level	16 to 60 next birthday	65

The features of the Business Solutions Option – Trauma are the same as Business Solutions Option – TPD (see page 8). However, for the duration of this option, the maximum total increase to the trauma recovery insurance benefit is the lesser of:

- four times the trauma recovery benefit amount, or
- \$2,000,000 less the total benefit amounts under any trauma recovery plans or options held with us under which you are covered.

The Indexation Benefit will not be available for any plans covered under this option.

Life Buy-Back Option – Trauma

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65
Level	16 to 60 next birthday	65

Upon your survival of one year from payment of a trauma recovery claim, the plan owner has 60 days to take out life insurance cover for an amount up to the trauma recovery claim amount paid out by us.

The new plan will be based on the medical assessment carried out when the Life Buy-Back Option – Trauma is purchased rather than your health when this option is exercised.

Comprehensive Cancer Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	70
Level	16 to 60 next birthday	70

This option gives you greater cancer cover.

If you suffer one of the cancers listed below as a Comprehensive Cancer Trauma Event, we will pay you the greater of:

- 10 per cent of the trauma recovery benefit, or
- \$10,000.

Comprehensive Cancer trauma events are:

- Prostate tumours classified as T1 (all categories) under the TNM classification system or of an equivalent classification.
- Malignant melanomas which are both less than Clark Level 3 and less than 1.5mm thickness as determined by histological examination.
- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis. There is no requirement for the breast to be removed.
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as TNM stage Tis or FIGO Stage 0.
- Carcinoma in situ of the cervix that is at TNM stage Tis or CIN 3 grading.

Carcinoma in situ means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.

The trauma recovery benefit amount will be reduced by any amount paid under this option.

The Comprehensive Cancer Option is subject to a 90 day qualifying period. Please refer to page 14 for further details.

Trauma Reinstatement Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	70
Level	16 to 60 next birthday	70

If we have paid you a claim for the Trauma Recovery benefit amount, you can re-purchase up to 100 per cent of the benefit amount 12 months after the date we paid you. You have 60 days to exercise this option and a new plan will be issued.

This option cannot be exercised until we have paid you the total trauma recovery benefit amount.

We will pay you a benefit for a trauma event under the new plan that is not related to or caused by a medical condition resulting in the original claim under the original plan.

We will, however pay you for a Cancer or Heart Attack trauma event that is related to the medical condition of the original claim under the original plan. In this case, we will pay the lesser of:

- \$50,000, or
- 10 per cent of the benefit amount under the new plan.

The new plan will be issued based on the medical assessment applied when this option was purchased and any exclusions or loadings that applied to the existing benefit amount will continue to apply to the new plan.

This option can only be exercised once.

Children's Trauma Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	2 to 15 last birthday	21
Level	2 to 15 last birthday	21

You can elect to cover up to five of your children under this option for any amount between \$10,000 and \$200,000.

Children aged between 2 and 15 will be covered against the following Trauma Events.

Trauma Events subject to a 90 day qualifying period:

- Aplastic Anaemia – refer to the definition on page 28.
- Cancer – refer to the definition on page 27.

- Major Organ Transplant – refer to the definition on page 27.
- Subacute Sclerosing Panencephalitis – refer to the definition on page 27.
- Viral Encephalitis – refer to the definition on page 27.

Trauma Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 28.
- Hemiplegia – refer to the definition on page 29.
- Loss of limbs – refer to the definition on page 29.
- Loss of limbs and sight – refer to the definition on page 29.
- Major head injury – refer to the definition on page 29.
- Paraplegia – refer to the definition on page 30.
- Quadriplegia – refer to the definition on page 30.
- Severe burns – refer to the definition on page 30.

After age 15 all events under the Trauma Recovery Insurance Option will apply. (See page 9 for events covered under Trauma Recovery Insurance Option.)

We will not pay a benefit if the condition is directly or indirectly attributable to, or consequential upon, intentional self-injury or injury caused by you, the nominated child, or the plan owner on purpose.

This option stops applying to the nominated child as soon as one of the following happens:

- We pay the full benefit under this option because the nominated child suffers a trauma event listed above
- The nominated child turns 21 and/or cover is continued under a new trauma recovery insurance plan
- We pay the full benefit under the plan
- The option ends as shown in your plan's insurance schedule, or
- The person insured or nominated child dies.

The nominated child under this option is not eligible for any other options.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Activities of Daily Living Total and Permanent Disability (ADL TPD) Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 68 next birthday	99
Level	16 to 60 next birthday	99*

* Level premiums will alter to stepped premiums from age 65.

The option benefit amount is payable if, because of injury or illness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below without assistance:

- bathing/showering,
- dressing/undressing,
- eating/drinking,
- using the toilet to maintain personal hygiene,
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

Other ADL TPD Option features

Any amount payable under this option reduces the benefit amounts under the Plan, and any options to which it is attached. This may mean the end of your cover if the benefit amount under your plan and ADL TPD Insurance Option are the same.

To protect you family against the effects of inflation, your benefit under this option is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the benefit by any amount which would cause the ADL TPD benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any TPD plans or options held with us under which you are covered, when packaged with the TPD option or Double TPD option.

Your ADL TPD Insurance Option can be tailored to include the TPD option (or Double TPD option) where the benefit amount is \$3,000,000. ADL TPD Insurance Option is not available with TPD option where the TPD option benefit amount is less than \$3,000,000.

Activities of Daily Living Total and Permanent Disability as an option, or, as a plan

Activities of Daily Living Total and Permanent Disability (ADL TPD) Plan or Option can be used in a number of different ways, depending on your situation. Some examples of these are listed below.

For business insurance

Where a life insurance plan is purchased and more than the maximum of \$3,000,000 is required for total and permanent disability insurance cover, the ADL TPD Option can be purchased to 'top up' the TPD Option for a total TPD benefit amount of up to \$5,000,000.

In this instance, ADL TPD can only be combined with the TPD Option where the maximum TPD sum insured amount of \$3,000,000 has been purchased. ADL TPD cannot be combined with TPD (or double TPD) where a benefit amount of less than \$3,000,000 has been purchased.

For families with grandparents who look after the children

Like many families, grandparents are relied upon to look after children whilst their parents are working. When grandparents become dependent on you, the financial hardship increases.

ADL TPD Plan can be purchased for a grandparent to provide a benefit in the event that he or she becomes totally and permanently unable to perform at least two of the listed activities of daily living. The maximum age of entry is 68 next birthday.

For people working part-time

For part-time workers, single parents or students, Total and Permanent Disability Insurance Option or Plan may be too expensive or the whole definition not applicable for their needs. The ADL TPD Option or Plan is an alternative, less expensive option that has a restricted TPD definition.

Business Solutions Option – Life

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The features of the Business Solutions Option – Life are the same as Business Solutions – TPD (see page 8). However for the duration of this option, the maximum total increase to the life insurance benefit is the lesser of:

- four times the life insurance benefit amount, or
- \$15,000,000 less the total benefit amounts under any life insurance plans or options held with us under which you are covered.

The Indexation Benefit will not be available for any plans covered under this option.

Future Insurability Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 40 next birthday	45*

* Or when the last option is exercised, whichever is earlier

The Future Insurability Option gives you options to purchase additional life cover at future option dates without providing further health evidence. These option dates are specified dates, available on your 3rd, 6th, 9th, 12th and 15th plan anniversaries. These options can only be exercised until the plan anniversary following your 45th birthday.

You have a total of 45 days to take up the option of additional life cover. This increase period begins 30 days prior to the option date and continues until 15 days after the option date. In addition, if you marry, divorce, purchase a principal residence, are promoted or move to another job[†] or have a child (including through adoption), you may bring forward an option date. You must do this within three months of such an event taking place. You may be required to provide proof of the event. If you choose to bring forward an option date, you can also bring forward the next and all subsequent option dates.

The maximum amount of additional life insurance you can purchase in total for all increases is the lesser of five times the initial life insurance benefit at the commencement of the plan and \$1,000,000. During any increase period you have brought forward, you can purchase up to twice the benefit

amount if two increase periods are due in the next five years. If only one increase period is due in the next five years, you can only purchase up to the benefit amount. Should you not exercise the full amount as stated in your insurance schedule at each increase date, the remaining amount for that increase date will be forfeited.

[†] If you are promoted or move to another job, your salary must increase by at least 25 per cent.

You cannot increase your benefit as a result of being promoted or moving to another job, if your salary increase is a result of a change to your salary packaging arrangements, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

Accidental Death Benefit

The Future Insurability Option also includes some temporary additional protection for accidents during the option period of 45 days. During the option period, the benefit amount payable under the Future Insurability Option upon your Accidental Death will be the amount that applied before the option was taken up. The additional cover ceases at the end of the option period, or when the option is taken up, whichever is earlier.

'Accidental death' means death caused by accidental bodily injury. Death must occur within 90 days of the date of the accident.

Premium Waiver Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* Or when your plan ends, whichever is earlier

Under this option, if you become totally and permanently disabled, you will not have to pay any further premiums for the plan (including any options) that are attached to the plan. For the purpose of this option only, you are totally and permanently disabled if you:

- A are unable to work (any occupation version only)
- B suffer a specific loss
- C require future care, or
- D are unable to perform domestic work.

For full details of these definitions, please refer to the Total and Permanent Disability (any occupation definition) on page 6.

The premium will only be waived once you have been assessed as totally and permanently disabled. The premium waived will be the annual premium

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

inclusive of age related premium increases and CPI, but does not include:

- any premium increases for the plan or any options attached to the plan that are effective after the commencement date of any premium being waived, or
- any premium for options exercised after the commencement date of any premium being waived.

We will not waive any premium if your total and permanent disability is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you.

This option is not available with the Trauma Recovery Insurance Option (or Double Trauma Recovery Insurance Option) or the Total and Permanent Disability Insurance Option (or Double Total and Permanent Disability Option).

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

Death

No amount of life insurance cover is payable if you die as a result of suicide within 13 months of the commencement or reinstatement of the plan.

This also applies for any increases to the benefit amount (apart from indexation), within 13 months of that increase.

Total and Permanent Disability

We will not pay you a total and permanent disability benefit if your total and permanent disability:

- is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you, or
- results in your death within 8 days from the date you suffered the injury or illness which directly or indirectly caused your total and permanent disability.

Trauma

We will not pay a trauma recovery benefit if a trauma event:

- is caused by you or the plan owner on purpose, or
- results directly or indirectly in your death within 14 days of sustaining that injury or diagnosis of that illness.

Trauma Insurance – 90 day qualifying period

For the Trauma Events listed on pages 26 and 27 under the heading 'Trauma Events subject to a 90 day qualifying period', we will not pay the benefit if you develop evidence of, or attend a medical practitioner for that condition within 90 days of either of the following:

- the commencement date of the plan, or
- the date the plan is reinstated.

Also, if the Trauma Event occurs within 90 days from the date of any increase in the benefit (not including any automatic CPI increases) we will not pay the amount of that increase.

The 90 day qualifying period as set out above also applies to the Trauma Event listed in the Comprehensive Cancer Option.

In addition, if you hold the Children's Trauma Option we will not pay a claim under the plan if, in the case of Aplastic Anaemia, Cancer, Major Organ Transplant, Subacute Sclerosing Panencephalitis or Viral Encephalitis, the Trauma Event occurs within 90 days of the date the plan starts or is restored.

Statutory Fund

Life Insurance Plans are written in a sub-fund of our No. 1 Statutory Fund.

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, your Duty of Disclosure arises as detailed on page 75, unless you have purchased an option which waives your Duty of Disclosure.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you are paid the total benefit under this plan
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain all premiums paid if the plan is cancelled.

Interim accidental death cover

To provide you with some protection while we are assessing your Application, we provide interim cover to you in the event of your Accidental Death. Death must occur within 90 days of the accident. You do not have to pay any extra premium for this cover. Conditions apply. For details see page 82 of this Product Disclosure Statement.

Nomination of beneficiaries

Under the Life Insurance Plan, you can nominate between one and five beneficiaries on your plan. Where a beneficiary is nominated, any insurance monies payable upon your death will be payable to that beneficiary, and do not form part of your estate.

When more than one beneficiary is nominated, beneficiaries will be treated as joint tenants. On the death of one of the nominated beneficiaries prior to the insurance monies becoming payable, the monies will be payable to the surviving joint owners. You can change your nomination by advising us in writing.

Day one TPD

A benefit of your Total and Permanent Disability (TPD) Insurance is that if you suffer one of the medical conditions detailed below we will waive the waiting period when assessing a claim made under the total and permanent disability paragraphs A or D (as detailed on pages 6 and 7).

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Rheumatoid Arthritis
- Tetraplegia.

Case study

A 45-year-old married mother of two, Julie was suffering from blurred vision and frequent loss of balance. After numerous tests, Julie was diagnosed with multiple sclerosis. Her condition worsened and she lost her driver's licence and her independence. As a result, Julie relied on a scooter to get around but her condition was so bad that she had to live permanently in a nursing home.

At the time, Julie had a Life Insurance Plan with Total And Permanent Disability Option.

As Julie's condition deteriorated, she was able to receive her TPD benefit only one month after being diagnosed instead of having to wait out the 3 month waiting period. This was because of the Day One TPD benefit being included in her TPD insurance.

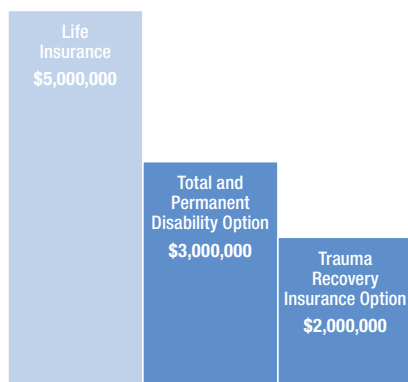
This enabled her to pay for ongoing medical care that relieved the financial stress from her family.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

How your insurance options would work in the event of a claim

Payment scenario 1 – Single Trauma Recovery Insurance Option



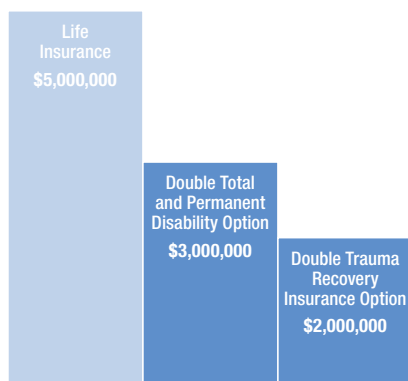
Trauma

In the event of a trauma claim, the amount of \$2,000,000 is payable. The Total and Permanent Disability option and Life Insurance Plan will be reduced by \$2,000,000.

The total amount of cover left after claim is:

- Life Insurance Plan \$3,000,000
- Total and Permanent Disability option \$1,000,000
- Trauma Recovery Insurance Option \$0

Payment scenario 2 – Double Total and Permanent Disability Insurance Option



TPD

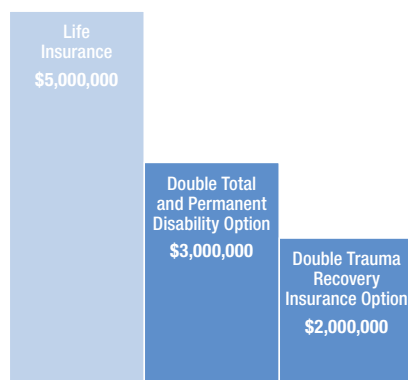
In the event of a double TPD claim, the amount of \$3,000,000 is payable. The Double Trauma Recovery Insurance Option will be reduced by \$3,000,000 however the Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$5,000,000
- Double Total and Permanent Disability Option \$0
- Double Trauma Recovery Insurance Option \$0

Premium waiver: As the Double TPD benefit amount was 60 per cent of the life insurance benefit amount, we will waive 60 per cent of the future premium for life insurance, even though the life insurance benefit amount remains at \$5,000,000.

Payment scenario 3 – Double Trauma Recovery Insurance Option



Trauma

In the event of a double trauma recovery claim, the amount of \$2,000,000 is payable. The double TPD benefit amount will be reduced however the Life Insurance Plan benefit amount will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$5,000,000
- Double Total and Permanent Disability option \$1,000,000
- Double Trauma Recovery Insurance Option \$0

Premium waiver: As the trauma recovery benefit amount is 40 per cent of the life insurance benefit amount, we will waive 40 per cent of the premium for the Life Insurance Plan, even though the life insurance benefit amount remains at \$5,000,000. As the amount of double TPD has already been reduced, no premiums will be waived for the Double TPD Insurance Option but you will only be charged premiums for \$1,000,000 of cover.

Payment scenario 4 – Double Total and Permanent Disability Insurance Option

Life Insurance \$5,000,000	Activities of Daily Living Total and Permanent Disability Option \$2,000,000	Double Trauma Recovery Insurance Option \$2,000,000
	Double Total and Permanent Disability Option \$3,000,000	

TPD

In the event of a double TPD claim (for an inability to work), the amount of \$3,000,000 is payable. The Double Trauma Recovery Insurance option will be reduced by \$3,000,000 but the Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$5,000,000
- Double Total and Permanent Disability Option \$0
- Double Trauma Recovery Insurance Option \$0
- Activities of Daily Living Total and Permanent Disability option \$2,000,000

Premium waiver: As the Double TPD Insurance Option benefit amount was 60 per cent of the life insurance benefit amount, we will waive 60 per cent of the premium for life insurance, even though the life insurance benefit amount remains at \$5,000,000.

Payment scenario 5 – Double Trauma Recovery Insurance Option

Life Insurance \$5,000,000	Activities of Daily Living Total and Permanent Disability Option \$2,000,000	Double Trauma Recovery Insurance Option \$2,000,000
	Double Total and Permanent Disability Option \$3,000,000	

Trauma

In the event of a double trauma recovery claim, the amount of \$2,000,000 is payable. The double trauma recovery option and the total amount of TPD insurance will be reduced by \$2,000,000.

First the Activities of Daily Living Total and Permanent Disability option will be reduced by \$2,000,000. The Life Insurance Plan will not be reduced.

The total amount of cover left after claim is:

- Life Insurance Plan \$5,000,000
- Double TPD Insurance option \$3,000,000
- Activities of Daily Living Total and Permanent Disability Option \$0
- Double Trauma Recovery Insurance Option \$0

Premium waiver: As the trauma recovery benefit amount is 40 per cent of the life insurance benefit amount, we will waive 40 per cent of the premium for the Life Insurance Plan, even though the life insurance benefit amount remains at \$5,000,000. As the amount of Double TPD insurance remains at \$3,000,000, no premiums will be waived for this option.

Life Insurance Plan – the detail

Product Disclosure Statement (PDS)

Combinations of the benefits and options

Life Insurance	TPD Insurance		Trauma Insurance	
Life Insurance Plan	Total and Permanent Disability Insurance Option	or	Double Total and Permanent Disability Insurance Option	
Life Insurance Plan	Activities of Daily Living Total and Permanent Disability Insurance Option			
	Activities of Daily Living Total and Permanent Disability Insurance Option			
Life Insurance Plan	Total and Permanent Disability Insurance Option	or	Double Total and Permanent Disability Insurance Option	
Life Insurance Plan			Trauma Recovery Insurance Option	or
			Double Trauma Recovery Insurance Option	
Life Insurance Plan	Total and Permanent Disability Insurance Option	or	Double Total and Permanent Disability Insurance Option	Trauma Recovery Insurance Option
			or	Double Trauma Recovery Insurance Option
Life Insurance Plan	Activities of Daily Living Total and Permanent Disability Insurance Option		Trauma Recovery Insurance Option	or
			Double Trauma Recovery Insurance Option	
	Activities of Daily Living Total and Permanent Disability Insurance Option			
Life Insurance Plan	Total and Permanent Disability Insurance Option	or	Double Total and Permanent Disability Insurance Option	Trauma Recovery Insurance Option
			or	Double Trauma Recovery Insurance Option

How benefits reduce in the event of a claim

		Impact on the plan or option					
		Life Insurance Plan	Total and Permanent Disability Insurance Option	Double Total and Permanent Disability Insurance Option	Trauma Recovery Insurance Option	Double Trauma Recovery Insurance Option	Activities of Daily Living Total and Permanent Disability Insurance Option
Plan or option for which the claim is made	Life Insurance Plan	Reduced by the amount paid for life	Reduced by the amount paid for life	Reduced by the amount paid for life	Reduced by the amount paid for life	Reduced by the amount paid for life	Reduced by the amount paid for life
	Total and Permanent Disability Insurance Option	Reduced by the amount paid for TPD	Reduced by the amount paid for TPD	Not available with this option	Reduced by the amount paid for TPD	Reduced by the amount paid for TPD	Not reduced unless the claim is for ADL TPD
	Double Total and Permanent Disability Insurance Option	Not reduced	Not available with this option	Reduced by the amount paid for TPD	Reduced by the amount paid for TPD	Reduced by the amount paid for TPD	Not reduced unless the claim is for ADL TPD
	Trauma Recovery Insurance Option	Reduced by the amount paid for trauma	Reduced by the amount paid for trauma	Reduced by the amount paid for trauma	Reduced by the amount paid for trauma	Not available with this option	Reduced by the amount paid for trauma
	Double Trauma Recovery Insurance Option	Not reduced	Reduced by the amount paid for trauma	Reduced by the amount paid for trauma	Not available with this option	Reduced by the amount paid for trauma	Reduced by the amount paid for trauma
	Activities of Daily Living Total and Permanent Disability Insurance Option	Reduced by the amount paid for ADL TPD	Reduced by the amount paid for TPD	Reduced by the amount paid for TPD	Reduced by the amount paid for ADL TPD	Reduced by the amount paid for ADL TPD	Reduced by the amount paid for ADL TPD

Trauma Recovery Insurance Plan – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Trauma Recovery Insurance can help you cope financially with the effects that a Trauma Event can have on your life. A list of the Trauma Events for which insurance cover is provided is in the table below.

Trauma includes conditions like cancer, heart attack, stroke, coronary by-pass surgery and angioplasty.

Trauma Recovery Insurance pays a lump sum, which you can use to:

- pay for expensive recovery costs including rehabilitation
- pay for changes to your lifestyle, for example, refit your home;
- enable your partner to reduce their working hours to look after you, or alternatively to get a carer;
- pay off your mortgage, or
- use the lump sum to provide an ongoing income.

Trauma Recovery Insurance benefits

Our Trauma Recovery Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Trauma Events	<p>Provides a benefit if you suffer from one of the following trauma events:</p> <ul style="list-style-type: none"> ▪ Adult insulin dependent diabetes ▪ Alzheimer's disease and other dementias ▪ Angioplasty ▪ Aplastic anaemia ▪ Benign brain tumour ▪ Blindness ▪ Cancer ▪ Cardiac arrest ▪ Cardiomyopathy ▪ Chronic kidney failure ▪ Chronic liver disease ▪ Coma ▪ Coronary artery bypass surgery ▪ Deafness ▪ Diplegia ▪ Encephalitis ▪ Heart attack ▪ Heart valve surgery ▪ Hemiplegia ▪ Loss of capacity for independent living ▪ Loss of limbs ▪ Loss of limbs and sight ▪ Loss of speech ▪ Lung disease ▪ Major head injury ▪ Major organ transplant ▪ Medical condition requiring life support ▪ Medically acquired HIV ▪ Motor neurone disease ▪ Multiple sclerosis ▪ Muscular dystrophy ▪ Occupationally acquired HIV ▪ Paraplegia ▪ Parkinson's disease ▪ Pneumonectomy ▪ Primary pulmonary hypertension ▪ Quadriplegia ▪ Severe burns ▪ Stroke ▪ Surgery of the aorta ▪ Triple Vessel Angioplasty <p>For full conditions see pages 26 to 30.</p>
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 21.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 21.
Upgrade of Benefits	Future improvements to the Trauma Recovery Insurance Plan may be passed on to you. For full conditions see page 21.

Definitions in this document

In this PDS, any references to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

This PDS for the Trauma Recovery Insurance Plan is issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649. This PDS is dated 23 July 2007.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

A significant medical trauma or illness can result in many unforeseen expenses. Trauma Recovery Insurance can help you with the cost of out-of-pocket expenses, loss of income, rehabilitation, home help and child-care. It can also be used to clear your mortgage and other debts.

The Trauma Recovery Insurance Plan pays a lump sum on the first occurrence of you suffering one of the listed trauma events and surviving 14 days.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 68 next birthday	99†
Level	16 to 60 next birthday	99*†

* Level premiums will alter to stepped premiums from age 65. Please refer to page 77 for further details on premium structures.

† On the first renewal date after age 70 only the 'Loss of Capacity for Independent Living' trauma event applies.

Benefits

We will pay a lump sum if you suffer from one of the listed Trauma Events during the term of the plan.

On the first renewal date after age 70, only the 'Loss of Capacity for Independent Living' trauma event will apply.

Proof of occurrence of all Trauma Events must be based on clinical, radiological, histological and laboratory evidence, as well as evidence from an appropriate specialist medical practitioner. All evidence must be acceptable to us.

Adult insulin dependent diabetes*	Diplegia
Alzheimer's disease and other dementias	Deafness
Angioplasty	Encephalitis
Aplastic anaemia	Heart Attack*
Benign brain tumour	Heart Valve Surgery
Blindness	Hemiplegia
Cancer*	Loss of Capacity for Independent Living
Cardiac arrest	Loss of limbs
Cardiomyopathy	Loss of limbs and sight
Chronic kidney failure	Loss of speech
Chronic liver disease	Lung disease
Coma	Major head injury
Coronary artery bypass surgery*	Major organ transplant
	Medical condition requiring life support

Medically acquired HIV	Pneumonectomy
Motor neurone disease	Primary pulmonary hypertension
Multiple sclerosis	Quadriplegia
Muscular dystrophy	Severe Burns
Occupationally acquired HIV	Stroke*
Paraplegia	Surgery of the aorta
Parkinson's disease	Triple Vessel Angioplasty

* A 90 day qualifying period applies to these conditions. Please refer to page 26 for further details.

The following lists the additional benefits of the Trauma Recovery Insurance Plan:

- 24 hour worldwide cover
- Indexation Benefit
- Upgrade of Benefits

24 hour worldwide cover

On acceptance of your application, you are covered 24 hours a day and we will also cover you if you travel overseas.

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) unless you decline the increases. Your premium will increase as a result of this increase in the benefit.

We will not increase the trauma recovery benefit:

- after the person insured's 65th birthday, or
- by less than 5 per cent in any year, or
- by any amount which would cause the trauma recovery benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any trauma recovery insurance plans held with us under which you are covered.

Upgrade of Benefits

If we make any future improvements to this Trauma Recovery Insurance Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

Optional benefits

Further protection, is available through the options listed below.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, your option no longer applies your premium for this option will cease.



1 Only available if you purchase the Total and Permanent Disability Insurance Option

Total and Permanent Disability Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99†
Level	16 to 60 next birthday	99*†

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 65 only the 'Future Care' definition applies.

The option benefit amount is payable if you become totally and permanently disabled. The definitions of total and permanent disability are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

On the first renewal date after age 65, only the 'Future Care' definition will apply.

You are totally and permanently disabled if you:

- A are unable to work, or
- B suffer a specific loss, or
- C require future care, or
- D are unable to perform domestic work.

A 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.
- (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow any occupation for which you could be reasonably suited by education, training or experience.

or

B 'specific loss' refers to the total and permanent loss of the use of:

- both hands
- both feet
- one hand and one foot
- the entire sight in both eyes
- one hand and the entire sight in one eye, or
- one foot and the entire sight in one eye.

or

C requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

or

D is 'unable to perform domestic work':

you are totally unable to perform your usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:

- unlikely ever to be able to perform all of your usual unpaid domestic work
- diagnosed by a registered medical practitioner as having a permanent disability
- unable to leave home unaided
- unlikely ever to be able to engage in any occupation, and
- receiving regular medical attention from a registered medical practitioner.

On the first renewal date after age 65, the total and permanent disability outlined above in paragraphs A, B and D no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph C, continues to apply until you turn 99.

Day One TPD

If you meet the definition of totally and permanently disabled as a result of one of the following medical conditions, we will waive the waiting period when assessing a claim made under paragraphs A or D on pages 22 and 23.

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Rheumatoid Arthritis
- Tetraplegia

Other TPD Option features

A 7.5 per cent discount will apply to the base premium (excluding the plan fee and frequency loading) of the Total and Permanent Disability Option when taken with the Trauma Recovery Insurance Plan.

Any payment under the TPD option reduces the benefit amounts for Trauma Recovery under the plan by the option benefit amount. This may mean the end of your cover if the benefit amount under your plan and Total and Permanent Disability Insurance Option are the same.

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the benefit by any amount which would cause the TPD benefit to exceed \$1,500,000 inclusive of the total sums insured under any Total and Permanent Disability Insurance Plans or options held with us under which you are covered.

Your Total and Permanent Disability Insurance Option can also be tailored to include:

- Business Solutions Option – TPD

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases to your total and permanent disability sum insured in line with:

- the value of your business,
- the value of you to the business, or
- the value of the relevant business loan at the time of the increase.

You will not be required to provide medical evidence unless your Application for increase is:

- greater than 25 per cent of the original option sum insured (unless the increase amount is less than \$300,000), or
- you are receiving benefits under a plan held by us or another company.

When you exercise this option and apply for future increases we will require financial and supporting evidence of the increases in the value of your business. The conditions that apply for increases are explained in detail in the Plan Document.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Indexation Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists
- the start of any period for which you have not paid premiums under the plan, or
- you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum total increase to the Total and Permanent Disability Insurance benefit is the lesser of:

- four times the original total and permanent disability benefit amount, or
- \$3,000,000 less the total benefit amounts under any total and permanent disability plans or options held with us under which you are covered.

Business Solutions Option – Trauma

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The features of the Business Solutions Option – Trauma are the same as Business Solutions Option – TPD on page 23. However, for the duration of this Option, the maximum total increase to the trauma recovery insurance benefit is the lesser of:

- four times the trauma recovery benefit amount, or
- \$2,000,000 less the total benefit amounts under any trauma recovery plans or options held with us.

The Indexation Benefit will not be available for any plans covered under this option.

Comprehensive Cancer Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	70
Level	16 to 60 next birthday	70

This option gives you greater cancer cover.

If you suffer one of the cancers listed below as a Comprehensive Cancer trauma event, we will pay you the greater of:

- 10 per cent of the trauma recovery benefit, or
- \$10,000.

Comprehensive Cancer trauma events are:

- Prostate tumours classified as T1 (all categories) under the TNM classification system or of an equivalent classification.
- Malignant melanomas which are both less than Clark Level 3 and less than 1.5mm thickness as determined by histological examination.
- Carcinoma in situ of the breast where the tumour is classified as TNM stage Tis. There is no requirement for the breast to be removed.
- Carcinoma in situ of the vulva, vagina or fallopian tube where the tumour is classified as TNM stage Tis or FIGO Stage 0.
- Carcinoma in situ of the cervix that is at TNM stage Tis or CIN 3 grading.

Carcinoma in situ means focal new growth of malignant cells that have not yet invaded normal tissues and have been diagnosed by biopsy.

The trauma recovery benefit amount will be reduced by any amount paid under this option.

The Comprehensive Cancer Option is subject to a 90 day qualifying period. Please refer to page 26 for further details.

Trauma Reinstatement Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	70
Level	16 to 60 next birthday	70

If we have paid you a claim for the trauma recovery benefit amount, you can re-purchase up to 100 per cent of the benefit amount 12 months after the date we paid you. You have 60 days to exercise this option and a new plan will be issued.

This option cannot be exercised unless we have paid you the total trauma recovery benefit amount.

We will pay you a benefit for a trauma event under the new plan that is not related to or caused by a medical condition resulting in the original claim under the original plan.

We will, however pay you for a Cancer or Heart Attack trauma event that is related to the original claim under the original plan. In this case, we will pay the lesser of:

- \$50,000, or
- 10 per cent of the benefit amount under the new plan.

The new plan will be issued based on the medical assessment applied when this option was purchased and any exclusions or loadings that applied to the existing benefit amount will continue to apply to the new plan.

This option can only be exercised once.

Case study

Business executive George was only 50 when he was first diagnosed with bowel cancer. Married, with one son at university who was still living at home, George had \$800,000 in Trauma Recovery Insurance and had selected the option of trauma reinstatement.

George received \$800,000 from his trauma recovery insurance plan which was a great financial help during the year paying bills and rehabilitation. 12 months after George received his trauma recovery benefit, he was able to exercise his trauma reinstatement option and apply for a new trauma recovery insurance plan with a benefit amount up to \$800,000 based on his health assessment under his previous plan.

Five years later, George was diagnosed with lung cancer. George was able to claim on his trauma recovery insurance plan for the full benefit amount as his lung cancer was not related to the bowel cancer.

Had George's lung cancer been related to his bowel cancer, we still would have paid him a reduced benefit amount.

Children's Trauma Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	2 to 15 last birthday	21
Level	2 to 15 last birthday	21

You can elect to cover up to five of your children under this option for any amount between \$10,000 and \$200,000.

Children aged between 2 and 15 will be covered against the following Trauma Events.

Events subject to a 90 day qualifying period:

- Aplastic Anaemia – refer to the definition on page 28.
- Cancer – refer to the definition on page 27.
- Major Organ Transplant – refer to the definition on page 27.
- Subacute Sclerosing Panencephalitis – refer to the definition on page 27.
- Viral Encephalitis – refer to the definition on page 27.

Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 28.
- Hemiplegia – refer to the definition on page 29.
- Loss of limbs – refer to the definition on page 29.
- Loss of limbs and sight – refer to the definition on page 29.
- Major head injury – refer to the definition on page 29.
- Paraplegia – refer to the definition on page 30.
- Quadriplegia – refer to the definition on page 30.
- Severe burns – refer to the definition on page 30.

After age 15 all events under Trauma Recovery Insurance Plan will apply. (See pages 26 to 30 for events covered under the Trauma Recovery Insurance Plan.)

We will not pay a benefit if the condition is directly or indirectly attributable to, or consequential upon, intentional self-injury or injury caused by you, the nominated child, or the plan owner on purpose.

Please note where a partial Trauma Event payment is made, the benefit amount will be reduced by any amount paid.

This option stops applying to the nominated child as soon as one of the following happens:

- We pay the full benefit under this option because the nominated child suffers a trauma event listed above,
- The nominated child turns 21 and/or cover is continued under a new trauma recovery insurance plan,
- We pay the full benefit under the plan
- The option ends as shown in your plan's insurance schedule, or
- The person insured or nominated child dies.

The nominated child under this option is not eligible for any other options.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

Total and Permanent Disability

We will not pay you a total and permanent disability benefit if your total and permanent disability:

- is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you, or
- results in your death within 8 days from the date you suffered the injury or illness which directly or indirectly caused your total and permanent disability.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

Trauma

We will not pay a trauma benefit if the trauma event:

- is caused by you or the plan owner on purpose, or
- results directly or indirectly in your death within 14 days of sustaining that injury or diagnosis of that illness.

Trauma Insurance – 90 day qualifying period

For the Trauma Events listed on pages 26 and 27 under the heading 'Trauma Events subject to a 90 day qualifying period', we will not pay a benefit if you develop evidence of, or attends a medical practitioner for that condition within 90 days of either of the following:

- the commencement date of the plan, or
- the date the plan is reinstated.

Also, if the Trauma Event occurs within 90 days from the date of any increase in the benefit (not including any automatic CPI increases) we will not pay the amount of that increase.

The 90 day qualifying period as set out above also applies to the Trauma Event listed in the Comprehensive Cancer Option.

In addition, if you hold the Children's Trauma Option we will not pay a claim under the plan if, in the case of Aplastic Anaemia, Cancer, Major Organ Transplant, Subacute Sclerosing Panencephalitis or Viral Encephalitis, the trauma event occurs within 90 days of the date the plan starts or is restored.

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

Statutory Fund

Trauma Recovery Insurance Plans are written in a sub-fund of our No.1 Statutory Fund.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you are paid the total trauma recovery benefit under the plan

- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain all premiums paid if your plan is cancelled.

Interim Trauma Insurance

To provide you with some protection while we are assessing your Application, we provide interim insurance cover to you for certain accidental Trauma Events. Conditions apply. For details see page 83 of this Product Disclosure Statement.

Definitions

The list on page 20 explains which events are applicable to each plan. For events covered under the Children's Trauma Option refer to the list on page 25.

Activities of Daily Living

For the purposes of all conditions defining trauma, the 'Activities of Daily Living' means the inability of the following:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, chair or wheelchair, or moving from place to place by walking, or a wheelchair or with a walking aid.

25 per cent impairment

Where the Trauma Event definition refers to a 25 per cent impairment of whole body function, we will rely on the latest published edition of American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment at the time of claim. Assessment must be carried out by a medical practitioner accredited in the evaluation of permanent impairment.

Trauma Events subject to a 90 day qualifying period

Adult insulin dependent diabetes

Adult insulin dependent diabetes means the diagnosis of type 1 insulin dependent diabetes mellitus (IDDM) by an appropriate consultant specialist after the age of 30.

We will pay you the lesser of:

- 10 per cent of the trauma recovery benefit, or
- \$25,000.

The trauma recovery benefit will be reduced by any amount payable under this trauma event.

Cancer

Cancer means the occurrence of an invasive malignant tumour that is confirmed by pathology tests and characterised by the uncontrolled spread of malignant cells and the invasion and destruction of normal tissue. The term cancer also refers to leukaemia, lymphoma and Hodgkin's disease unless excluded below.

The following are excluded:

- tumours classified as carcinoma in situ unless requiring surgery that results in the removal of the entire breast and the surgery is considered medically necessary to halt the spread of the diagnosed condition
- malignant melanomas which are both less than Clark Level 3 and less than 1.5mm thickness as determined by histological examination;
- other skin cancers unless there has been evidence of metastases
- prostate tumours classified as T1 (all categories) under the TNM classification system and/or of an equivalent or lower classification
- lymphocytic leukaemia less than Rai stage I
- tumours that are a recurrence or metastases of a tumour that first occurred within the 90 day qualifying period.

Coronary Artery Bypass Surgery

Coronary artery bypass surgery means coronary artery bypass grafting surgery, which is considered medically necessary to treat coronary artery disease but does not include

- angioplasty
- intra-arterial procedures
- laser techniques, or
- other non-surgical techniques.

Heart Attack

Heart Attack means the death of an area of heart muscle due to a sudden lack of adequate blood supply to the relevant area where:

- there are typical new ischaemic electrocardiographic (ECG) changes at the time of the heart attack, and
- there are diagnostic changes in relevant cardiac enzymes or markers in the days following the heart attack.

If the above criteria are not met, we will pay a claim based on satisfactory evidence that the life insured has unequivocally been diagnosed as having suffered a heart attack resulting in:

- a permanent reduction in the Left Ventricular Ejection Fraction to less than 50 per cent measured in the three months or more after the event, or
- new pathological Q waves.

Chest pain that does not meet the above diagnostic requirements is excluded.

Stroke

The damage of brain tissue as a result of a cerebrovascular incident caused by haemorrhage, embolism, or thrombosis, associated with the sudden onset of objective neurological deficit.

The incident must be demonstrated by Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques approved by us.

Excluded:

- transient ischaemic attack
- cerebral symptoms associated with reversible neurological deficit
- cerebrovascular disorder of the eye or optic nerve
- symptoms due to migraine or headache, and
- brain tissue damage caused by head injury.

Aplastic Anaemia

(90 day qualifying period applies to Children's Trauma Option only)

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- bone marrow transplantation, or
- immunosuppressive agents.

Major Organ Transplant

(90 day qualifying period applies to Children's Trauma Option only)

Major organ transplant means the receipt of a transplant of human bone marrow or one of the following whole human organs: heart, lung, liver, kidney, pancreas or small bowel.

Subacute Sclerosing Panencephalitis

(This Trauma Event only applies to the Children's Trauma Option)

The certain diagnosis of subacute sclerosing panencephalitis.

Viral Encephalitis

(This Trauma Event only applies to the Children's Trauma Option)

Viral encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Viral encephalitis as a result of HIV infection is excluded.

Trauma events not subject to a 90 day qualifying period

Alzheimer's Disease and other Dementias

Alzheimer's Disease and other Dementias means an unequivocal diagnosis of dementia including Alzheimer's Disease by a Consultant Neurologist

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

where there is permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment is defined as a deterioration or loss of intellectual capacity as measured by clinical evidence and standardised testing, and which results in a requirement for continual supervision to protect the insured or others.

Angioplasty

The first treatment of a coronary artery obstruction by balloon angioplasty, other catheter-based techniques, or endoscopic surgery, where at least one of the following criteria have been met:

- the obstruction is giving rise to impairment of ventricular function
- the obstruction is giving rise to disabling symptoms, or
- the obstruction is associated with unstable angina pectoris or myocardial infarction.

To be entitled to a benefit for angioplasty, you must have a minimum sum insured under the plan of \$100,000. In the case of angioplasty, we will only pay 10 per cent of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for angioplasty.

Aplastic Anaemia

Aplastic anaemia means permanent bone marrow failure which results in anaemia, neutropaenia and thrombocytopenia requiring treatment, with at least one of the following:

- blood product transfusions
- marrow stimulating agents
- bone marrow transplantation, or
- immunosuppressive agents.

Benign Brain Tumour

A non-cancerous tumour in the brain that gives rise to characteristic symptoms of increased intracranial pressure such as papilledema, mental symptoms, seizures and sensory impairment. This must result in at least 25 per cent permanent impairment of whole body function. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging). Cysts, granulomas malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

Blindness

Blindness means the permanent loss of sight in both eyes as a result of disease, illness or injury to the extent that visual acuity is 6/60 or less in both

eyes, or to the extent that visual field is reduced to 10 degrees or less of arc irrespective of corrected visual acuity.

Cardiac Arrest

Cardiac Arrest that is the sudden breakdown of the heart's pumping function where it:

- is due to asystole or ventricular fibrillation, and
- is not associated with any clinical procedure, and
- is documented by electrocardiographic (ECG) changes, and
- occurs outside a hospital or other medical facility.

Cardiomyopathy

Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment and resulting in permanent incapacity to work.

Chronic Kidney Failure

Chronic irreversible failure of both kidneys requiring either permanent renal dialysis or kidney transplantation.

Chronic Liver Disease

Chronic Liver Disease means end stage liver failure resulting in:

- permanent jaundice, and
- ascites or encephalopathy.

Coma

Coma means the failure of cerebral function as shown by total unarousable unresponsiveness to all external stimuli persisting continuously with the use of a life support system for a period of at least 3 days. Coma directly resulting from alcohol or drug abuse is excluded.

Deafness

The total, irreversible and irreparable loss of hearing, both natural and assisted, in both ears as a result of disease, illness or injury.

Diplegia

The total and permanent loss of the use of both sides of the body due to injury or sickness.

Encephalitis

Encephalitis means the severe inflammation of brain substance that results in significant and permanent neurological sequelae, with at least 25 per cent impairment of whole body function. Encephalitis as a result of HIV infection is excluded.

Heart Valve Surgery

The undergoing of heart surgery to replace or repair a heart valve as a consequence of a heart valve defect. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.

Hemiplegia

The total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of Capacity for Independent Living

Loss of capacity for independent living means that as a result of an injury or sickness, you are permanently unable to perform at least two of the 'activities of daily living' without assistance. Please refer to page 26 for further details.

Loss of Limbs

The total and permanent loss of:

- the use of both hands
- the use of both feet, or
- the use of one hand and one foot.

Loss of Limbs and Sight

The total and permanent loss of:

- the use of one hand and the sight of one eye, or
- the use of one foot and the sight of one eye.

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 from the speech centres of the brain, whether caused by injury, tumour or sickness.

Lung Disease

Chronic lung disease requiring permanent supplementary oxygen. For the purposes of this definition, the criteria for requiring supplementary oxygen will be an arterial blood oxygen partial pressure of 55mmol/L or less, whilst breathing room air.

Major Head Injury

Major head injury means cerebral injury caused by external trauma which results in permanent neurological deficit and causes at least 25 per cent impairment of whole body function.

Medical Condition Requiring Life Support

The occurrence of a medical condition that causes the need for continuous mechanical ventilation via tracheal intubation 24 hours per day for 10 consecutive days in an authorised intensive care unit of an acute care hospital.

Any medical conditions resulting from alcohol or drug intake, or other self-inflicted means, are excluded.

In the case of a medical condition requiring life support, we will only pay 10 per cent of the lump sum you are insured for, up to a maximum of \$25,000. The lump sum you are insured for will be reduced by the amount we pay you for a medical condition requiring life support.

Medically Acquired HIV Infection

Medically Acquired HIV is the accidental infection with the Human Immunodeficiency Virus (HIV) after the start of this plan, which in our opinion arose from one of the following medically necessary events which must have occurred to you while in Australia by a recognised and registered health professional:

- a blood transfusion
- transfusion with blood products
- organ transplant to you
- assisted reproductive techniques, or
- a medical procedure or operation performed by a doctor.

Notification and proof of the incident will be required via a statement from the appropriate Statutory Health Authority that the infection is medically acquired. HIV infection transmitted by any other means including sexual activity or recreational intravenous drug use is specifically excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non infectious.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

Motor Neurone Disease

Motor Neurone Disease means unequivocal diagnosis of Motor Neurone Disease by a consultant Neurologist and confirmed by neurological investigations.

Multiple Sclerosis

Multiple Sclerosis means unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist where there has been more than one episode of well defined neurological deficit with persisting neurological abnormalities and with at least a 25 per cent impairment of whole person function that is permanent.

Trauma Recovery Insurance Plan – the detail

Product Disclosure Statement (PDS)

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$25,000, once only upon unequivocal diagnosis of Multiple Sclerosis by a Consultant Neurologist without requiring you to have at least a 25 per cent impairment of whole person function that is permanent.

In the event that we make an advance early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we paid pay you for Multiple Sclerosis.

Muscular Dystrophy

Muscular Dystrophy means unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist where there is associated neurological deficit with at least a 25 per cent impairment of whole person function that is permanent.

We will make an early payment of 25 per cent of the benefit, up to a maximum of \$25,000, once only upon unequivocal diagnosis of Muscular Dystrophy by a Consultant Neurologist without requiring you to have at least a 25 per cent impairment of whole person function that is permanent.

In the event that we make an early payment under this benefit, the plan will not end, however the amount of the benefit will be reduced by the amount we pay you for Muscular Dystrophy.

Occupationally Acquired HIV Infection

Infection with the Human Immunodeficiency Virus (HIV) which resulted from an accident occurring whilst you were carrying out the normal duties your usual occupation. No payment will be made unless all the following are proven to our satisfaction:

- proof of the accident giving rise to the infection
- proof that the accident involved a definite source of the HIV infection, and
- proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented accident.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated. All evidence provided must be acceptable to us.

HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.

This benefit will not apply in the event that any medical cure is found for AIDS or the effects of the HIV virus or a medical treatment is developed that

results in the prevention of the occurrence of AIDS. 'Cure' means any treatment which renders the HIV inactive or non infectious.

Paraplegia

The total and permanent loss of use of the lower limbs due to spinal cord injury or disease.

Parkinson's Disease

Parkinson's Disease means an unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist and the condition must be unable to be controlled with medication and must show signs of progressive incapacity with at least a 25 per cent impairment of whole body function.

Pneumonectomy

The excision of an entire lung when deemed medically necessary by an appropriate specialist and supported by our medical advisers.

Primary Pulmonary Hypertension

Primary Pulmonary Hypertension means primary pulmonary hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.

Quadriplegia

The total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

Severe Burns

Severe burns means third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

Surgery of the Aorta

Surgery of the aorta means surgery performed 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.

Triple Vessel Angioplasty

Triple Vessel Angioplasty 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 at least 50 per cent obstruction of three or more coronary arteries, is required to confirm the need for this procedure.

Total and Permanent Disability Insurance Plan – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Total and Permanent Disability Insurance can help you cope financially with a total and permanent disability.

Total and Permanent Disability Insurance pays a lump sum, that you can use to:

- pay for disability related costs including rehabilitation
- pay for changes to your lifestyle, for example, to refit your home
- enable your partner to reduce their working hours to look after you, or alternatively get a carer
- pay off your mortgage or any other debts you may have, and
- to provide a reserve to use as an income replacement.

Total and Permanent Disability Insurance benefits

Our Total and Permanent Disability Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Total and Permanent Disablement	Provides a benefit if you become totally and permanently disabled. For full conditions see page 32.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 33.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 33.
Upgrade of Benefits	Future improvements to the Total and Permanent Disability Insurance Plan may be passed on to you. For full conditions see page 33.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Total and Permanent Disability Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

The Total and Permanent Disability (TPD) Insurance Plan pays a lump sum if you become totally and permanently disabled.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	99 [†]
Level	16 to 60 next birthday	99* [†]

* Level premiums will alter to stepped premiums from age 65. Please refer to page 77 for further information on premium structures.

† On the first renewal date after age 65 only the Future Care definition applies.

Benefits

Under the Plan we will pay you an amount if you become totally and permanently disabled. The definitions of total and permanent disability are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

On the first renewal date after age 65, only 'Future Care' definition will apply.

You are totally and permanently disabled if you:

- A Are unable to work, or
- B Suffer a specific loss, or
- C Require future care, or
- D Are unable to perform domestic work.

A 'unable to work' depends on which version of the plan you hold:

- (i) if you hold the 'own occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.
- (ii) if you hold the 'any' occupation version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow any occupation for which you could be reasonably suited by education, training or experience.

or

B 'specific loss' refers to the total and permanent loss of the use of:

- both hands
- both feet
- one hand and one foot
- the entire sight in both eyes
- one hand and the entire sight in one eye, or
- one foot and the entire sight in one eye.

or

C requires 'future care':

because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:

- bathing/showering
- dressing/undressing
- eating/drinking
- using the toilet to maintain personal hygiene
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

or

D is 'unable to perform domestic work':

you are totally unable to perform your usual unpaid domestic work for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are:

- unlikely ever to be able to perform all of your usual unpaid domestic work
- diagnosed by a registered medical practitioner as having a permanent disability
- unable to leave home unaided
- unlikely ever to be able to engage in any occupation, and
- receiving regular medical attention from a registered medical practitioner.

On the first renewal date after age 65, the total and permanent disability definitions outlined above in paragraphs A, B and D no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph C, continues to apply until you turn 99.

Day One TPD

If you meet the definition of totally and permanently disabled as a result of one of the following medical conditions, we will waive the waiting period when assessing a claim made under paragraphs A or D above.

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy

- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Rheumatoid Arthritis
- Tetraplegia

24 hour worldwide cover

On acceptance of your application, you are covered 24 hours a day and we will also cover you if you travel overseas.

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the TPD benefit:

- after the person insured's 65th birthday
- by less than 5 per cent in any year, and
- by any amount which would cause the TPD benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any total and permanent disability insurance plans held with us under which you are covered.

Upgrade of Benefits

If we make any future improvements to this Total and Permanent Disability Insurance Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Optional benefits

Further protection, is available through the options listed below.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, your option no longer applies your premium for this option will cease.

Business Solutions – TPD

Children's Trauma

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases to your total and permanent disability sum insured in line with:

- the value of your business,
- the value of you to the business, or
- the value of the relevant business loan at the time of the increase.

You will not be required to provide medical evidence unless your Application for increase is

- greater than 25 per cent of the original option sum insured (unless the increase amount is less than \$300,000), or
- you are receiving benefits under a plan held by us or another company.

When you exercise this option and apply for future increases we will require financial and supporting evidence of the increases. The conditions that apply for increases are explained in detail in the Plan Document.

The Indexation Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists, and

Total and Permanent Disability Insurance Plan – the detail

Product Disclosure Statement (PDS)

- the start of any period for which you have not paid premiums under the plan and you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum total increase to the total and permanent disability insurance benefit is the lesser of:

- four times the original total and permanent disability benefit amount, or
- \$3,000,000 less the total benefit amounts under any total and permanent disability plans or options held with us under which you are covered.

Children's Trauma Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	2 to 15 last birthday	21
Level	2 to 15 last birthday	21

You can elect to cover up to five of your children this option for any amount between \$10,000 and \$200,000.

Children aged between 2 and 15 will be covered against the following Trauma events.

Events subject to a 90 day qualifying period:

- Aplastic Anaemia – refer to the definition on page 28.
- Cancer – refer to the definition on page 27.
- Major Organ Transplant – refer to the definition on page 27.
- Subacute Sclerosing Panencephalitis – refer to the definition on page 27.
- Viral Encephalitis – refer to the definition on page 27.

Events not subject to a 90 day qualifying period:

- Diplegia – refer to the definition on page 28.
- Hemiplegia – refer to the definition on page 29.
- Loss of limbs – refer to the definition on page 29.
- Loss of limbs and sight – refer to the definition on page 29.
- Major head injury – refer to the definition on page 29.
- Paraplegia – refer to the definition on page 30.
- Quadriplegia – refer to the definition on page 30.
- Severe burns – refer to the definition on page 30.

After age 15 all events under Trauma Recovery Insurance Plan will apply. See pages 26 to 30 for events covered under the Trauma Recovery Insurance Plan. We will not pay a benefit if the condition is

directly or indirectly attributable to, or consequential upon, intentional self-injury or injury caused by you, the nominated child, or the plan owner on purpose.

Please note where a partial Trauma Event payment is made, the benefit amount will be reduced by any amount paid.

This option stops applying as soon as one of the following happens:

- We pay the full benefit under this option because the nominated child suffers a trauma event listed above
- The nominated child turns 21 and/or cover is continued under a new trauma recovery insurance plan
- We pay the full benefit under the plan
- The option ends as shown in your plan's insurance schedule, or
- The person insured or nominated child dies.

The nominated child under this option is not eligible for any other options.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

Total and Permanent Disability

We will not pay you a total and permanent disability benefit if your total and permanent disability:

- is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you, or
- results in your death within 8 days from the date you suffered the injury or illness which directly or indirectly caused the total and permanent disability.

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

Statutory Fund

The Total and Permanent Disability Plan is written in a sub-fund of our No. 1 Statutory Fund.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you are paid the total benefit under this plan
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain all premiums paid if your plan is cancelled.

Interim accidental Total and Permanent Disability cover

To provide you with some protection while we are assessing your Application, we provide interim cover to you in the event of your accidental Total and Permanent Disability. Conditions apply. For details see page 84 of this Product Disclosure Statement.

Activities of Daily Living Total and Permanent Disability Insurance Plan – a snapshot

Product Disclosure Statement

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Activities of Daily Living Total and Permanent Disability Insurance can help you cope financially if you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed on page 37.

Activities of Daily Living Total and Permanent Disability Insurance pays a lump sum, that you can use to:

- pay for carer if you are unable to look after yourself,
- pay for changes to your lifestyle, for example, to refit your home,
- pay for disability related costs including rehabilitation
- pay off your mortgage or any other debts you may have, and
- to provide a reserve to use as an income replacement.

Activities of Daily Living Total and Permanent Disability Insurance benefits

Our Activities of Daily Living Total and Permanent Disability Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Totally and permanently unable to perform two of five activities of daily living	Provides a benefit if you are totally and permanently unable to perform at least two of the listed activities of daily living. For full conditions see page 37.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 37.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 37.
Upgrade of Benefits	Future improvements to the Activities of Daily Living Total and Permanent Disability Plan may be passed on to you. For full conditions see page 37.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Activities of Daily Living Total and Permanent Disability Insurance Plan – the detail

Product Disclosure Statement

The Plan

The Activities of Daily Living Total and Permanent Disability (ADL TPD) Insurance Plan pays a lump sum if you are totally and permanently unable to perform at least two of the five activities of daily living. These activities are described below.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 68 next birthday	99
Level	16 to 60 next birthday	99*

* Level premiums will alter to stepped premiums on the first renewal date after age 65. Please refer to page 77 for further details on premium structures.

Benefits

Under the Plan, we will pay you an amount if, because of injury or illness you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below without assistance:

- bathing/showering,
- dressing/undressing,
- eating/drinking,
- using the toilet to maintain personal hygiene, or
- getting in and out of a bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

24 hour worldwide cover

On acceptance of your application, you are covered 24 hours a day and we will also cover you if you travel overseas.

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the ADL TPD benefit:

- after the person insured's 65th birthday
- by less than 5 per cent in any year, or
- by any amount which would cause the ADL TPD benefit to exceed \$1,500,000 inclusive of the total benefit amount under any total and permanent disability insurance plans held with us under which you are covered.

Upgrade of Benefits

If we make any future improvements to this ADL TPD Insurance Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

Activities of Daily Living Total and Permanent Disability

We will not pay you an ADL TPD benefit if your total and permanent disability:

- is caused directly or indirectly by you or the plan owner performing an act or omission with the intention or likely outcome of causing harm to you, or
- results in your death within 8 days from the date that you suffered the injury or illness which directly or indirectly caused the total and permanent disability.

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the plan, we guarantee to renew your plan each year until it ends.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

Statutory Fund

The Activities of Daily Living Total and Permanent Disability Plan is written in a sub-fund of our No. 1 Statutory Fund.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you are paid the total benefit under this plan
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain all premiums paid if the plan is cancelled.

Income Insurance – a snapshot

Income Insurance can provide you with a replacement income stream of up to 75 per cent of your income, if you are unable to work due to sickness or injury.

Income Insurance can help pay for day-to-day living expenses such as food, utility bills, rent or home maintenance costs, mortgage or other debt repayments, while you are not earning an income due to sickness or injury.

Income Insurance benefits

AXA has three types of Income Insurance:

- Income Insurance Plus
- Income Insurance
- Income Insurance Senior Professionals

AXA's Income Insurance Plans provide you with the following benefits.

Benefit	Benefit description	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Senior Professionals
Total Disability Benefit	Provides a benefit if you are unable to work due to sickness or injury. For full conditions see:	Yes p41	Yes p51	Yes p58
Partial Disability Benefit	Pays a benefit if you can only work in a reduced capacity due to sickness or injury, after a specified period of total disablement. For full conditions see:	Yes p41	Yes p52	No
Attempted return to work during the waiting period	Allows you to return to work for up to five days during the waiting period, without the waiting period starting again. For full conditions see:	Yes p41	Yes p51	No
Specific injuries and sickness	Pays you a benefit for a specified period of time, if you suffer a specific injury or sickness, even if you are able to work. For full conditions see:	Yes p42	No	Yes (Injuries only) p59
Nursing Care Benefit	Pays you a benefit if you require the continuous full-time care of a registered nurse during the waiting period. For full conditions see:	Yes p43	No	No
Rehabilitation Expenses Benefit	A benefit that reimburses you for the costs of rehabilitation programme expenses and equipment costs. For full conditions see:	Yes p43	Yes p53	No
Rehabilitation Programme Benefit	Provides you with an additional benefit if you are participating in an approved rehabilitation programme. For full conditions see:	Yes p43	No	No
Death Benefit	A benefit that pays you three times your benefit amount upon death. For full conditions see:	Yes p44	No	No
Recurrent disability	A benefit that allows you to recommence an earlier claim, if you suffer a relapse within 6 or 12 months*, without the waiting period applying again. For full conditions see: * Depends on your benefit period	Yes p44	Yes p53	No
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see:	Yes p44	Yes p54	Yes p59

Income Insurance benefits (continued)

Benefit	Benefit description	Income Insurance Plus Plan	Income Insurance Plan	Income Insurance Senior Professionals
Unemployment Premium Waiver Benefit	If you become involuntarily unemployed we will waive your premium for up to three months. For full conditions see:	Yes p44	No	No
Elective or cosmetic surgery	We will pay you the Total Disability Benefit if you are totally disabled due to elective or cosmetic surgery. For full conditions see:	Yes p44	No	No
Waiver of premium	This benefit waives your premiums for this plan, or any other plans that are listed on your insurance schedule where you are the life insured, when you are being paid a benefit. For full conditions see:	Yes p44	Yes p54	Yes p59
Unemployment and leave without pay continuation Benefit	Your cover remains if you are unemployed or on leave without pay. Your benefit entitlements may change. For full conditions see:	Yes p44	Yes p53	No
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see:	Yes p44	Yes p54	No
Family Member's Accommodation Benefit	We will reimburse accommodation expenses if an immediate family member has to stay more than 100kms away from home to be with you because of your total disablement. For full conditions see:	Yes p44	No	No
Family Carer's Income Benefit	We will pay a benefit if an immediate family member ceases employment because of your total disability. For full conditions see:	Yes p45	No	No
Home Coming Costs Benefit	We will pay your transportation costs if you are more than 100kms away from home and have to return to your place of residence because you are totally disabled. For full conditions see:	Yes p45	No	No
Special Care Benefit	Pays you a benefit if you require the continuous full-time care of a registered nurse when being paid total disability benefits. For full conditions see:	Yes p45	No	No
100 per cent Superannuation Guarantee contributions	You can insure 100 per cent of your Superannuation Guarantee contributions. For full conditions see:	Yes p45	Yes p53	No
Upgrade of Benefits	Future improvements to your specific Income Insurance plan may be passed on to you. For full conditions see:	Yes p45	Yes p54	Yes p59
Right to take out an Income Insurance Senior Professionals Plan	If you are classified as a 'MP', 'AA', 'A' occupation, you may be entitled to take out an Income Insurance Senior Professionals Plan. For full conditions see:	Yes p45	No	No
Interim income Insurance cover	While we are assessing your Application you will be covered for total disability caused by injury or sickness. For full conditions see:	Yes p49	Yes p57	Yes p60

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

The Plan

The Income Insurance Plus Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability Benefit is up to 75 per cent of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the Plan.

The Plan is an Agreed Value plan unless you select the Indemnity Option. Please refer to page 48 for further information.

This PDS for the Income Insurance Plus Plan is issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234649. This PDS is dated 23 July 2007.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 55 next birthday	60
Stepped or Level	18 to 60 next birthday	65

Please refer to page 77 for further details on premium structures.

Benefits

The benefits available under the Income Insurance Plus Plan are listed opposite. For details on these benefits, please refer to pages 41 to 47 of this Product Disclosure Statement.

The exclusions which apply are listed on page 47.

General information including the amount of cover, waiting periods and benefit periods available are outlined on pages 48 and 49.

The Income Insurance Plus Plan is available to all occupation groups which we classify as 'MP', 'AA', 'A', 'B', 'C' and 'D'. Your financial adviser can assist you with your appropriate occupation category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks

The following lists the benefits of the Income Insurance Plus Plan:

- Total Disability Benefit
- Attempted return to work during the waiting period
- Partial Disability Benefit
- Specific Injuries or Sicknesses Benefit
- Nursing Care Benefit
- Rehabilitation Expenses Benefit
- Rehabilitation Programme Benefit
- Death Benefit
- Recurrent disability
- 24 hour worldwide cover
- Unemployment Premium Waiver Benefit
- Elective/Cosmetic surgery
- Waiver of premium
- Leave Without Pay and Unemployment Continuation Benefit
- Indexation Benefit
- Family Member's Accommodation Benefit
- Family Carer's Income Benefit
- Home Coming Costs Benefit
- Special Care Benefit
- 100 per cent Superannuation Guarantee contributions
- Upgrade of Benefits, and
- Right to take out an Income Insurance Senior Professionals Plan (occupations 'MP', 'AA' and 'A' only).

Total Disability Benefit

If we certify you as totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- not capable of doing the important duties of your regular occupation, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

For occupations we classify as 'D', the following also applies:

After the first two years of a claim, you are totally disabled if, because of injury or sickness, you are :

- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

Attempted return to work during the waiting period

If you return to paid work during the Waiting Period and then the total disability recurs for the same, or related reasons, the Waiting Period will be extended by the number of days you returned to work. Where you return to work for more than five consecutive days, the Waiting Period starts again.

Partial Disability Benefit

Occupations classified as 'MP', 'AA' and 'A':

If immediately after a period of at least 7 out of 12 consecutive days of total disability you can only return to work in a reduced capacity, earning less than your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 47.

Occupations classified as 'B' and 'C':

If immediately after a period of at least 14 days of total disability you can only return to work in a reduced capacity, earning less than your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 47.

Occupations classified as 'D':

If, immediately after being totally disabled for at least 14 days, you return to work and, because of the disability, you are partially disabled if:

- (a) for the first 2 years of the claim, you are:
 - not capable of doing the important duties of your occupation; and
 - earn less than your pre-disability income, and
 - under medical care.
- (b) after the first two years of a claim you are:
 - not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
 - earn less than your pre-disability income, and
 - under medical care.

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

Applicable to all occupations:

If you have been totally disabled for at least 14 days and do not return to work but medical evidence demonstrates a capacity to work, we may pay a partial disability based on your capacity to return to work.

Unemployment and leave without pay continuation Benefit

Total Disability

If you become unemployed or take leave without pay, you can continue your plan providing you continue to pay your premiums. However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

Partial Disability

Occupations classified 'MP', 'AA' and 'A':

If you become unemployed or take leave without pay, you can continue your plan providing you pay your premiums.

However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are partially disabled if immediately after being totally disabled for at least 7 out of 12 consecutive days, you return to work and, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- earn less than your pre-disability income, and
- under medical care.

Occupations classified 'B', 'C' and 'D':

If you become unemployed or take leave without pay, you can continue your plan providing you pay your premiums.

However, if immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are partially disabled if immediately after being totally disabled for at least 14 days, you return to work and, because of an injury or sickness, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and

- earn less than your pre-disability income, and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Specific Injuries or Sicknesses

If you suffer one of the specific injuries or sicknesses set out below, we will pay you a specific injuries or sickness benefit equivalent to the monthly Total Disability Benefit for the period of time shown, regardless of whether or not you are able to work. There is no waiting period.

The period for which we pay you the specific injuries or sicknesses benefit forms part of the benefit period of the total or partial disability benefit. However, we will not pay the specific injuries or sickness benefit for longer than your benefit period. There is no waiting period.

If, after the period set out in the table ends, your benefit period has not ended and, you are totally or partially disabled because of the same specific injury or sickness, we will continue to pay you the total or partial disability benefit, whichever applies.

For the definitions of the 'Trauma Events' set out in the table below, refer to pages 26 to 30.

Total and Permanent loss of use of:	
▪ Both arms and both legs due to spinal cord injury or disease – quadriplegia	60 months
▪ Both legs due to spinal cord injury or disease – paraplegia	60 months
▪ Both hands or both feet	24 months
▪ Entire sight in both eyes	24 months
▪ One hand and one foot	24 months
▪ One hand and the entire sight in one eye	24 months
▪ One foot and the entire sight in one eye	24 months
▪ One arm or one leg	18 months
▪ One hand, one foot or entire sight in one eye	12 months
▪ Thumb and index finger from same hand	6 months

Fracture (requiring a pin, traction, a plaster cast or other immobilising structure) of the person insured's:

▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

Trauma events

Severe Burns*	6 months
Cancer*	
Chronic Kidney Failure*	
Coronary Artery Bypass Surgery*	
Heart Attack*	
Heart Valve Surgery*	
Major Organ Transplant*	
Stroke*	

* 6 months is payable if you have a Waiting Period of 90 days or less. If you have a Waiting period of more than 90 days no benefit is payable for these trauma events.

Example 1

The maximum benefit period, under this benefit, for Cancer is six months and for a fractured thigh shaft is three months.

If:

- (a) we have been paying you a Cancer benefit for two months; and
- (b) at the start of the third month you also suffer a fractured thigh shaft, we will pay no benefits in respect of the fractured thigh shaft.

This is because the remaining benefit period for the Cancer, which is four months, is greater than the benefit period for the fractured thigh shaft, which is three months. The total amount of benefits paid for the two conditions would be six months.

The period for which this benefit was paid will be considered part of the benefit for the plan.

Example 2

If:

- (a) we have been paying you a Cancer benefit for four months; and
- (b) at the start of the fifth month, you suffer a fractured thigh shaft, we will stop paying the benefit for the Cancer and pay the benefit for the fractured thigh shaft for three months. The total amount of benefits paid for the two conditions would be seven months.

This is because the benefit period for the fractured thigh shaft, which is three months, is greater than the remaining benefit period for Cancer, which is one month.

Nursing Care Benefit

If you are totally disabled and certified by a doctor to require the full-time and continuous care of a registered nurse during the waiting period, we will pay 1/365th of 12 times of the Total Disability Benefit during the waiting period for each day of such care to a maximum of 90 days. This benefit is not payable if a benefit has been paid for specific injuries or sicknesses.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, and require rehabilitation, we will pay an additional amount (up to six times the Total Disability Benefit), for reimbursement of equipment and rehabilitation programme expenses certified by a doctor to be necessary for your rehabilitation.

This is only payable if these expenses are not reimbursable from other sources and we agree in writing before the expense is incurred.

Rehabilitation Programme Benefit

If you are totally disabled for at least the length of the waiting period and you take part in a rehabilitation programme, we will pay an additional 50 per cent of the Total Disability Benefit after the waiting period – for up to 12 months or to the end of the benefit period, whichever comes first – while you are totally disabled and participating in the programme. We must approve the programme first and your doctor must certify the programme is necessary for your rehabilitation.

You must take part in the rehabilitation programme to rehabilitate yourself because of the total disability you are claiming and not for any other reason.

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

Death Benefit

If death occurs while the plan is still current, we will pay a lump sum to your estate equal to three times the Total Disability Benefit.

Recurrent disability

If, following a disability claim for which we were paying you, you return to full-time work and are disabled again within 12 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

However where the Benefit period is 2 years or 5 years, the disability must recur within six months since we last paid you. No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

24 hour worldwide cover

On acceptance of your application, you are covered 24 hours a day and we will also cover you if you travel overseas.

Unemployment Premium Waiver Benefit

If you become involuntarily unemployed for reasons other than disability, we will waive your premium for up to three months. For this to apply, the plan must have been in force for a continuous six month period and you must register with an approved Government employment agency within 30 days of becoming unemployed.

Elective or cosmetic surgery

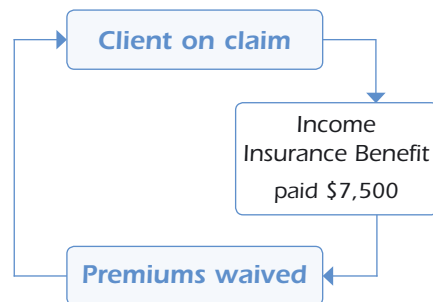
We will pay the Total Disability Benefit if you are totally disabled due to elective or cosmetic surgery, if your plan has been in force for at least six months.

Waiver of premium

If you are being paid a benefit under this plan (except Nursing Care Benefit), you do not have to pay the premium for this plan or other plans from the Insurance Product Disclosure Statements listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions). Certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Waiver of premium when on a claim example



Product	Monthly premium
Income Insurance	\$109
Life/TPD	\$79
Trauma Recovery	\$70
Plan fee	\$5
Total	\$263

Years	Waived premiums
1	\$3,156
5	\$15,780
10	\$31,560
25	\$78,900

The above is an example only and based on the following:

- Male
- Non-smoker
- Age 43 next birthday
- Occupation rating A
- Victorian residence

Indexation Benefit

Every year, up to age 65, we will increase your Total Disability Benefit by the greater of three per cent or the increase in the Consumer Price Index (CPI) (unless you decline the increase), without the need for medical evidence. Premiums will increase as a result of this increase in the benefit. However, we will not do this while you are receiving benefits, or not required to pay premiums.

Family Member's Accommodation Benefit

If an immediate family member has to stay more than 100 kms away from home, or has to be with you when you are totally disabled and confined to bed more than 100 kms from home, we will reimburse the immediate family member for accommodation expenses up to \$100 per day,

for up to 90 days. We will require receipts for any accommodation claimed.

You are only entitled to be paid after the expiry of the waiting period.

Family Carer's Income Benefit

We will pay the Family Carer's Income Benefit if you have been receiving Total Disability Benefits for 30 days and an immediate family member ceases employment because of your total disability.

For each month the family carer does not work (up to a maximum of 6 months), we will pay the lesser of:

- the Total Disability Benefit
- the amount the family carer would have earned if you had not been totally disabled, or
- \$2,000 a month.

Home Coming Costs Benefit

We will pay your transportation costs home if you are totally disabled more than 100 kms from home for more than 30 days, continue to be totally disabled and wish to return home to your place of residence.

We will pay the lesser of:

- a single standard economy airfare to your nearest airport or, if necessary, a medical facility in Australia by the most direct route, and
- three times the Total Disability Benefit.

Home Coming Costs benefits are not payable on costs that you are insured for, or entitled to seek reimbursement from elsewhere.

Special Care Benefit

If you have been paid total disability benefits and continue to be totally disabled, are confined to bed and totally dependent on the care of a registered nurse or a personal care attendant, as agreed by our doctor, we will pay you a Special Care Benefit. The amount we pay is your monthly benefit or \$4,500, whichever is lower, for up to six months.

This Special Care Benefit cannot be paid if the Family Member's Accommodation Benefit is being paid or has been paid. This benefit is paid in addition to your Total Disability Benefit.

100 per cent Superannuation Guarantee contributions

Superannuation Guaranteed contributions may be included in your income for the purpose of calculating your total monthly benefit. Typically you can only insure up to 75 per cent of your Superannuation Guarantee contributions. With this benefit you can insure 100 per cent of your Superannuation Guarantee contribution. During a claim we would pay

a percentage of the monthly benefit to a complying superannuation fund. The percentage of the monthly benefit will be the same as the original percentage when the plan commenced.

For example, if your annual income (excluding your Superannuation Guarantee contributions) is \$100,000 you will be entitled to a total monthly benefit of \$7,000. This monthly benefit consists of \$6,250 that would be paid to you and \$750 (or 10.7 per cent of \$7,000) paid to a complying superannuation fund in the event of a claim. If your monthly benefit has increased to \$8,000 under the Indexation Benefit we will pay 10.7 per cent of this amount to a complying superannuation fund.

Upgrade of Benefits

If we make any future improvements to this Income Insurance Plus Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Right to take out an Income Insurance Senior Professionals Plan

If you are classified as a 'MP', 'AA' or 'A' occupation and we end your plan because you turn 65, you have the right to apply for an Income Insurance Senior Professionals Plan, provided that plan is available at the time you apply. When applying, you do not have to give us any medical evidence, or evidence about your pursuits, pastimes or place of residence. Under the Income Insurance Senior Professionals Plan, you may be covered for income insurance until you turn 75.

The level of cover available under the Income Insurance Senior Professionals Plan may be more limited than that available under this plan.

Also the level of cover cannot exceed the maximum allowable, which is the lesser of:

- 2/3 of the amount of the monthly benefit immediately before you turn 65, or
- The maximum monthly Total Disability benefit we allow for new plans at that time.

Income Insurance Plus Plan – the detail

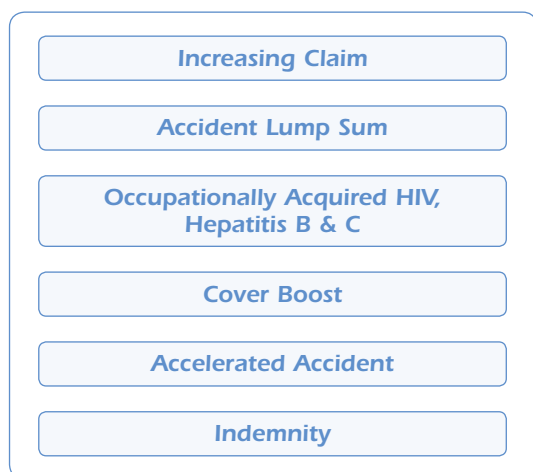
Product Disclosure Statement (PDS)

To be accepted for cover under the Income Insurance Senior Professionals Plan, you must be gainfully employed full-time, you must have had no claims under the pre-existing plan in the two years prior to the date this plan ended, and we must have received your Application within 60 days after this plan ends.

Optional benefits

Further protection is available through the options listed below. Pages 46 and 47 explain these options in detail.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, your option no longer applies your premium for this option will cease.



Optional benefits at an **extra** cost are:

- Increasing Claim Option
- Accident Lump Sum Option
- Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option (available only to Doctors, Dentists and Surgeons)
- Cover Boost Option (available only to occupations we classify as 'MP', 'AA' & 'A'), and
- Accelerated Accident Option.

An Indemnity Option is also available at a **reduced** cost.

Increasing Claim Option

This option ensures your cover keeps pace with inflation while you are on a Total Disability or Partial Disability claim. If you become disabled, your benefits will increase each year (on your plan renewal date), in line with the CPI.

Accident Lump Sum Option

This option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the table below:

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

Under this option we will pay you up to a maximum of 100 per cent of the lump sum, even if you suffer more than one injury as a result of different accidents. Your Total Disability Benefit will not reduce if we pay you for the same accident.

Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option

This option is available only to doctors, dentists and surgeons.

We will pay a lump sum amount if you become infected with HIV (Human Immunodeficiency Virus), Hepatitis B or Hepatitis C as a result of an occupational incident.

An 'occupational incident' means an incident that happens while you are performing the usual duties of your normal medical or dental occupation and involves contact with a bodily substance which puts you at risk of transmission of the infections.

However, we will only pay you this benefit if all the conditions for payment are satisfied. The conditions are explained in detail in the Plan Document. Briefly, we require that:

- you provide us with proof of the occupational incident that gave rise to the infection. This proof must include the incident report and the names of witnesses to the occupational incident

- you provide us with proof that the occupational incident involved a definite source of the relevant infection, and
- you provide us with proof that a new infection with either HIV, Hepatitis B or Hepatitis C has occurred within 180 days of the documented occupational incident. This proof must include proof of sero-conversion from:
 - HIV antibody negative to HIV antibody positive;
 - Hepatitis C antibody negative to Hepatitis C antibody positive, or
 - Hepatitis B surface antigen negative to Hepatitis B surface antigen positive.

All testing must be conducted by Australian Government approved specialist pathology laboratories. If required by us, we must be given access to all blood and body fluid samples tested and we must be allowed to independently test them. We may require that blood and body fluid collection and diagnostic testing be repeated.

We will only pay you once under this benefit. This benefit can be paid in addition to the Total Disability Benefit, and other benefits available under this plan and your Total Disability Benefit will not reduce as a result of a payment under this option.

Cover Boost Option

This option is available only to occupations we classify as 'MP', 'AA' and 'A.'

Every three years, before age 55, you can increase the Total Disability Benefit by up to 20 per cent (in addition to CPI adjustments), without further health evidence.

You cannot increase the benefit if:

- you are on a Total Disability or Partial Disability claim
- the new Total Disability Benefit is more than 75 per cent of your average monthly income
- the new Total Disability Benefit is more than the current maximum limit on new plans, or
- you have exceeded the maximum number of increases allowable under this option.

The maximum number is calculated by using the following formula:

$$\frac{55 - A}{3}$$

A equals your age when this option began.

Accelerated Accident Option

This option is only available if you have a 14 or 30 day waiting period.

If, during the Waiting Period, an accidental bodily injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount.

For each day you are totally disabled, we will pay you 1/365th of 12 times of the total disability benefit. This option is not payable if benefits are being paid for Nursing Care or Specific Injuries or Sicknesses.

Indemnity Option

This option allows you to insure up to 75 per cent of your gross income (less any business expenses incurred but before tax). However, it is important to note that when making a claim, your benefit will be subject to the lesser of the benefit amount or 75 per cent of your average monthly income over the 2 years we have not been paying a benefit under the plan. Where you choose this option you will pay a reduced premium.

Additionally, how we calculate the Partial Disability Benefit will also change. If, immediately after the specified period of total disability you can only return to work in a reduced capacity, earning less than 75 per cent of your pre-disability income, we will pay a proportion of the Total Disability Benefit. You will be entitled to be paid from the end of the waiting period.

The amount we pay for each month is the lower of:

- A – B, or
- C – B.

Where:

A equals 75 per cent of the pre-disability income.

B is the income during the month in which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Exclusions

Your plan may contain certain exclusions and limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

- you or the plan owner on purpose
- the commission of, or involvement in, an intentional criminal act,
- uncomplicated pregnancy, miscarriage or childbirth, or
- war or war-like activities.

Income Insurance Plus Plan – the detail

Product Disclosure Statement (PDS)

Complications arising from pregnancy which result in disablement are covered under the plan.

Other exclusions and limitations are set out in the section 'General Information' below.

General information

The Benefit

The Total Disability Benefit is the amount you are insured for. It is calculated monthly and payable fortnightly in arrears.

Agreed Value

If you make a claim for total disability, the Total Disability Benefit is what you will be paid, plus any CPI increases for inflation you are entitled to, even if your income drops after you take out the plan.

Your income at the time of taking out the plan will be verified at some stage with full and accurate financial information.

Indemnity

Where the Indemnity Option is selected the Total Disability Benefit is the lesser of the benefit you are insured for or 75 per cent of your average monthly income over the two years immediately prior to the claim. You should review your income regularly to ensure the plan still meets your needs, especially if your income changes.

Amount of benefit insured

You may insure up to 75 per cent of your monthly income subject to the maximum monthly benefit limit applicable at the time you applied for the plan. Income means either:

- if you own part or all of a business or practice, income is money generated by the business due to your own activity, after all expenses in earning that income have been deducted;
- if you are employed, your income is your total package, including commissions, regular bonuses, superannuation and fringe benefits.

Income does not include investment or interest income.

Offsets

We may reduce your Total Disability or Partial Disability Benefit if any amounts are received under legislation (other than social security) or any other disability income, sickness or accident plan that was not disclosed to us in your Application, for the injury or sickness you are claiming for under the plan. We will also not offset sick leave.

If you are a qualified registered medical practitioner or dentist, we will not reduce your Total Disability Benefit or Partial Disability Benefit by any amount received under legislation.

If you receive an amount from one of these sources you must promptly inform us in writing and provide us with full details of the amounts you have received. We may then reduce your Total Disability or Partial Disability benefit or recover the amount of any Total Disability or Partial Disability benefits overpaid to you by the amount from other sources.

No matter what your occupation, we won't reduce your Total Disability Benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any disability insurance indemnifying you against business expenses.

Waiting period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the premium you can afford (shorter waiting periods are generally more expensive), and how long you can maintain your lifestyle, without receiving a benefit from this plan.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

If we classify your occupation as 'MP', 'AA', 'A', 'B' or 'C', you can choose a waiting period of 30, 60, 90, 180, 365 or 730 days.

A 14 day waiting period is also available to occupations we classify as 'B' or 'C'.

If we classify your occupation as 'D', you can choose a waiting period of 30, 60, 90 or 180 days.

Benefit period

The benefit period is the maximum period for which benefits are payable for any one claim. If we classify your occupation as 'MP', 'AA', 'A', 'B' or 'C' you can choose a benefit period of two years or five years, to age 60 or to age 65.

If we classify your occupation as 'D' you can choose two years or five years.

Not all waiting periods are available with all benefit periods.

Guaranteed renewable

Once your Application for the Income Insurance Plus Plan has been accepted by us (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until the plan ends. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation (unless you become unemployed) or pastimes.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium and charges and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you permanently retire from the workforce
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim
- you die.

We will retain all premiums paid if the plan is cancelled.

Interim insurance cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury or sickness. Conditions apply. For details see page 85 of this Product Disclosure Statement.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

The Plan

The Income Insurance Plan provides a Total Disability Benefit if you are totally disabled and unable to work due to sickness or injury. This Total Disability Benefit is up to 75 per cent of your income (net of business expenses but before tax) at the time of taking out your plan, subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

If we classify your occupation as 'BY', 'CY' and 'DY' you are only entitled to an indemnity version of the Income Insurance Plan. See the indemnity option on page 55.

If we classify your occupation as 'MP', 'AA', 'A', 'B', 'C' or 'D' your plan is an Agreed Value plan unless you select the Indemnity Option. Please refer to page 56 for further details.

This PDS for the Income Insurance Plan is issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234647. This PDS is dated 23 July 2007.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Farmers

If you are a farmer and we classify your occupation as 'F', the Total Disability Benefit is up to 30 per cent of your gross farming income (to a maximum of \$3,500 per month). You are only entitled to an indemnity version of the Income Insurance Plan.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 55 next birthday	60
Stepped or Level	18 to 60 next birthday	65

Please refer to page 77 for further details on premium structures.

Benefits

The benefits available under the Income Insurance Plan are listed opposite. The exclusions which apply are listed on page 55.

The Income Insurance Plan is available to all occupation groups which we classify as 'MP', 'AA', 'A', 'B', 'BY', 'C', 'CY', 'D', 'DY', and 'F'.

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group BY	Blue or white collar workers whose duties involve a moderate level of manual work with an extra risk to 'B' occupations
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk

(Continued on following page)

Farmers Income Insurance

Flexible Income Insurance for Farmers

AXA Income Insurance Plan provides flexibility for farmers who have irregular annual income by allowing farmers to use a proportion of their gross farm turnover as a basis for substantiation of their monthly benefit.

AXA's Income Insurance product offers farmers the flexibility in:

- Covering up to 30 per cent of your gross farming income (to a maximum of \$3,500 per month).
- Choice of waiting periods – 14 days, 30 days, 60 days, 90 days or 180 days.
- Choice of benefit periods – for 2 or 5 years or to age 60 or 65.
- Competitive indemnity style income insurance product

Eligible occupation groups (continued)	
Occupation Group CY	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with an extra risk to 'C' occupations
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks
Occupation Group DY	Predominantly manual labour, physically strenuous work with an extra risk to 'D' occupations
Occupation Group F	Farmers who own and work full-time farming on their own properties or full-time share farmers. They must have been well-established in this manner for at least 3 years

Occupations we classify as 'BY', 'CY' or 'DY' will only be eligible for the Reviewable Income Insurance Plan. We may offer renewal on existing or revised terms, or we may decline to offer renewal (refer to page 57).

The following summarises the benefits of the Income Insurance Plan:

- Total Disability Benefit
- Attempted return to work during the waiting period
- Partial Disability Benefit
- Rehabilitation Expenses Benefit
- Recurrent disability
- 100 per cent Superannuation Guarantee Contributions
- 24 hour worldwide cover
- Waiver of premium
- Unemployment and Leave Without Pay Continuation Benefit†
- Indexation Benefit, and
- Upgrade of Benefits.

† Not available to 'F' occupations.

Total Disability Benefit

If we certify you as totally disabled we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- A For the first two years of a claim you are:
- not capable of doing the important duties of your occupation, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

- B After the first two years of a claim, you are:
- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

Occupations classified 'BY', 'CY' and 'DY':

If you become totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are:

- not capable of doing the important duties of your regular occupation, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Occupations classified as 'F':

If you become totally disabled, we will pay you the Total Disability Benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness:

- A For the first two years of a claim you are:
- not capable of doing normal farming duties, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.
- B After the first two years of a claim, you are:
- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

'Farming' means being actively engaged in raising crops or animals for commercial purposes.

Attempted return to work during the waiting period

If you return to paid work during the waiting period and then the total disability recurs for the same, or related reasons, the waiting period will be extended by the number of days you returned to work. Where you return to work for more than five consecutive days, the waiting period starts again.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

Partial Disability Benefit

Occupations classified as 'MP', 'AA' and 'A':

If immediately after being totally disabled for at least 7 out of 12 consecutive days, you returned to work and, because of the disability you are partially disabled if:

(a) for the first 2 years of the claim, you are:

- not capable of doing the important duties of your occupation, and
- earn less than your pre-disability income, and
- under medical care.

(b) after the first 2 years of a claim, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- earn less than your pre-disability income, and
- under medical care.

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option the Partial Disability Benefit will be calculated differently. Please refer to the Indemnity Option on page 55.

Occupations classified as 'B', 'C' and 'D':

If immediately after being totally disabled for at least 14 days, you returned to work and, because of the disability you are partially disabled if:

(a) for the first 2 years of the claim, you are not capable of doing the important duties of your occupation, and

(b) after the first 2 years of a claim, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- earn less than your pre-disability income, and
- under medical care.

The amount we pay is worked out by applying the formula: $\frac{(A - B)}{A} \times C$

Where:

A equals the pre-disability income.

B is the average monthly income during the period for which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income in any consecutive 12 month period over the five years immediately before becoming totally disabled.

If you select the Indemnity Option, the partial disability benefit will be calculated differently. Please refer to the Indemnity Option on page 55.

Occupations classified as 'BY', 'CY', or 'DY':

If, immediately after being totally disabled for at least 14 days, you return to work and, because of the disability, are not capable of doing the important duties of your regular occupation and earn less than 75 per cent of your pre-disability income, we will pay you a proportion of your benefit. You must be under medical care.

The amount we pay for each month is the lower of:

- A - B, or
- C - B.

Where:

A equals 75 per cent of the pre-disability income.

B is the income during the month in which you are partially disabled. If income is a loss, then B will equal zero.

C is the total disability benefit, as varied in any way.

'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Occupations classified as 'F':

If you have been totally disabled throughout the waiting period and you immediately return to work in a reduced capacity (ie performing less than 75 per cent of your normal farming duties or working in another occupation earning less than 75 per cent of your pre-disability income), we will pay you 25 per cent of the Total Disability Benefit.

'Pre-disability income' means your highest average monthly income over the two years we have not been paying a benefit under the plan.

Applicable to all occupations:

If you have been totally disabled for at least 14 days and do not return to work but medical evidence demonstrates a capacity to work, we may pay a partial disability based on your capacity to return to work.

Unemployment and leave without pay continuation Benefit

This benefit is not available to occupations we classify as 'F'.

If you become unemployed or take leave without pay, you can continue your plan providing you continue to pay your premiums.

Occupations classified as 'BY', 'CY' or 'DY' only:

If immediately preceding a claim you have been unemployed or on unpaid leave you will not be entitled to a benefit under the plan. You can continue your plan.

Total Disability

Occupations classified as 'MP', 'AA', 'A', 'B', 'C' or 'D':

If immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are totally disabled if, because of an injury or sickness, you are:

- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by reason of education, training or experience, and
- not working in any occupation (whether paid or unpaid), and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Partial Disability

Occupations classified as 'MP', 'AA' and 'A':

If immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are partially disabled if immediately after being totally disabled for at least 7 out of 12 consecutive days, you returned to work and, because of injury or sickness, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- earn less than your pre-disability income, and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Occupations classified 'B', 'C' and 'D':

If immediately preceding a claim you have been unemployed for 15 months or on unpaid leave for 12 months, you are partially disabled if immediately after being totally disabled for at least 14 days, you

returned to work and, because of injury or sickness, you are:

- not capable of doing the important duties of any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
- earn less than your pre-disability income, and
- under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

Rehabilitation Expenses Benefit

If you are totally disabled for at least the length of the waiting period, and require rehabilitation, we will pay an additional amount (up to six times the Total Disability Benefit), for reimbursement of equipment and rehabilitation programme expenses certified by a doctor to be necessary for your rehabilitation.

This is only payable if these expenses are not reimbursable from other sources and we agree in writing before the expense is incurred.

Recurrent disability

If, following a disability claim for which we were paying you, you return to full-time work and are disabled again within 12 months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

However where the Benefit period is two years or five years, the disability must recur within six months since we last paid you. No waiting period applies and the benefit period does not start again if we are paying you because of a recurrence of the disability.

100 per cent Superannuation Guarantee Contributions

Superannuation Guaranteed contributions may be included in your income for the purpose of calculating your total monthly benefit. Typically you can only insure up to 75 per cent of your Superannuation Guarantee contributions. With this benefit you can insure 100 per cent of your Superannuation Guarantee contribution. During a claim we would pay a percentage of the monthly benefit to a complying superannuation fund. The percentage of the monthly benefit will be the same as the original percentage when the plan commenced.

For example, if your annual income (excluding your Superannuation Guarantee contributions) is \$100,000 you will be entitled to a total monthly

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

benefit of \$7,000. This monthly benefit consists of \$6,250 that would be paid to you and \$750 (or 10.7 per cent of \$7,000) paid to a complying superannuation fund in the event of a claim. If your monthly benefit has increased to \$8,000 under the Indexation Benefit we will pay 10.7 per cent of this amount to a complying superannuation fund.

24 hour worldwide cover

On acceptance of your plan, you are covered 24 hours a day and we will also cover you if you travel overseas.

Waiver of premium

If you are being paid a benefit under this plan (except Nursing Care Benefit), you do not have to pay the premium for this plan or other plans from the Insurance Product Disclosure Statements listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Indexation Benefit

Every year, up to age 65, we will increase your Total Disability Benefit by the greater of 3 per cent or the increase in the Consumer Price Index (CPI), without the need for medical evidence unless you decline the increase. Your premium will increase as a result of this increase in the benefit. However, we will not do this while you are receiving benefits, or not required to pay premiums.

Upgrade of Benefits

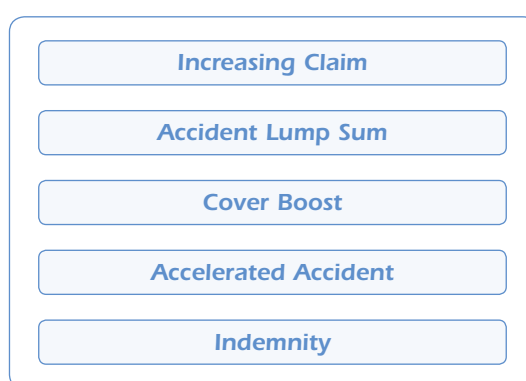
If we make any future improvements to this Income Insurance Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Optional benefits

Further protection is available through the options listed below. Pages 54 to 55 explain these options in detail.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, your option no longer applies your premium for this option will cease.



Further protection is available through the options listed below.

Optional benefits at an **extra** cost are:

- Increasing Claim Option (not available to occupations we classify as 'BY', 'CY' or 'DY')
- Accident Lump Sum Option
- Cover Boost Option (only available to occupations we classify as 'MP', 'AA' or 'A')
- Accelerated Accident Option (not available to occupations we classify as 'BY', 'CY' or 'DY').

An Indemnity Option is also available at a **reduced** cost.

Increasing Claim Option

This option is not available to occupations we classify as 'BY', 'CY' or 'DY.'

This option ensures your cover keeps pace with inflation while you are on a Total Disability or Partial Disability claim. If you become disabled, your Total Disability or Partial Disability benefits will increase each year (on your plan renewal date), in line with the CPI.

Accident Lump Sum Option

This option pays a nominated lump sum if, as a result of an accident, you die or suffer certain injuries within one year from the date of the accident. The percentage of the lump sum payable for death or for a particular injury is shown in the following table:

Table of losses	% of lump sum
Accidental Death	100%
Total and Permanent loss of use of:	
▪ Both hands or both feet	100%
▪ Entire sight in both eyes	100%
▪ One hand and one foot	100%
▪ One hand and entire sight in one eye	100%
▪ One foot and entire sight in one eye	100%
▪ One arm or one leg	75%
▪ One hand, one foot or entire sight in one eye	50%
▪ Thumb and index finger from same hand	25%
▪ Thumb or index finger	15%
▪ Two or more fingers	15%
▪ One finger	5%

Under this option we will pay you up to a maximum of 100 per cent of the lump sum, even if you suffer more than one injury as a result of different accidents. Your Total Disability Benefit will not reduce if we pay you for the same accident.

Cover Boost Option

This option is available only to occupations we classify as 'MP', 'AA' and 'A'.

Every three years, before age 55, you can increase the Total Disability Benefit by up to 20 per cent in addition to CPI adjustments without further health evidence.

You cannot increase the benefit if:

- you are on a claim
- the new Total Disability Benefit is more than 75 per cent of your average monthly income
- the new Total Disability Benefit is more than the current maximum benefit limit on new plans, or
- you have exceeded the maximum number of increases allowable under this option.

The maximum number is calculated by using the following formula:

$$\frac{55 - A}{3}$$

A equals your age when this option began.

Accelerated Accident Option

This option is not available to occupations we classify as 'BY', 'CY' or 'DY.'

This option is only available if you have a 14 or 30 day waiting period. If, during the waiting period, an accidental bodily injury causes you to be totally disabled for more than three days in a row, we will pay you a daily amount. For each day you are totally disabled, we will pay you 1/365th of 12 times of the total disability benefit.

Indemnity Option

This option must be selected if we classify your occupation as 'BY', 'CY', 'DY'

This option allows you to insure up to 75 per cent of your gross income (less any business expenses incurred but before tax). However, it is important to note that when making a claim, your benefit will be subject to the lesser of the benefit amount or 75 per cent of your average monthly income over the two years we have not been paying a benefit under the plan. Where you choose this option you will pay a reduced premium.

Exclusions

Your plan may contain certain exclusions, limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was reinstated, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

- you or the plan owner on purpose, or
- the commission of, or involvement in, an intentional criminal act, or
- uncomplicated pregnancy, miscarriage or childbirth, or
- war or war-like activities.

Complications arising from pregnancy which result in disablement are covered under the plan.

Other exclusions and limitations are set out in the section 'General Information'.

Income Insurance Plan – the detail

Product Disclosure Statement (PDS)

General information

The Benefit

The Total Disability Benefit is the amount you are insured for. It is calculated monthly and payable fortnightly in arrears.

Agreed value

If you make a claim for total disability, the Total Disability Benefit is what you will be paid, plus any CPI increases for inflation you are entitled to, even if your income drops after you take out the plan.

Your income at the time of taking out the plan will be verified at some stage with full and accurate financial information.

Indemnity

Where the Indemnity Option is selected the Total Disability Benefit is the lesser of the benefit you are insured for or 75 per cent of your average monthly income over the two years immediately prior to the claim. You should review your income regularly to ensure the plan still meets your needs, especially if your income has changed.

Amount of benefit insured

You may insure up to 75 per cent of your monthly income (less any business expenses incurred but before tax) subject to the maximum monthly benefit limit applicable at the time you applied for the plan.

However if you have the Indemnity Option, it is important to note that when making a claim, your benefit will be subject to the lesser of the benefit amount or 75 per cent of your average monthly income over the two years we have not been paying a benefit under the plan.

Income means either:

- if you own part or all of a business or practice, income is money generated by the business due to your own activity, after all expenses in earning that income have been deducted
- if you are employed, your income is your total package, including commissions, regular bonuses, superannuation and fringe benefits.

Income does not include investment or interest income.

However, if we classify your occupation as 'F' you may insure up to 30 per cent of your gross farm income (to a maximum of \$3,500 per month). You are only entitled to an indemnity version of this plan.

Offsets

We may reduce your Total Disability or Partial Disability Benefit if any amounts are received under legislation (other than social security) or any other disability income, sickness or accident plan that were not disclosed to us in your Application, for the injury or sickness you are claiming for under the plan. We will also not offset sick leave.

If you are a qualified registered medical practitioner or dentist, we will not reduce your Total Disability or Partial Disability Benefit by any amount received under legislation.

If you receive an amount from one of these sources you must promptly inform us in writing and provide us with full details of the amounts you have received. We may then reduce your Total Disability or Partial Disability benefit or recover the amount of any Total Disability or Partial Disability benefits overpaid to you by the amount from other sources.

No matter what your occupation, we won't reduce your Total Disability Benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any disability insurance indemnifying you against business expenses.

Waiting period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the premium you can afford (shorter waiting periods are generally more expensive) and how long you can maintain your lifestyle, without receiving a benefit from this plan.

Depending on your occupation category, you can choose a waiting period of 30, 60, 90, 180, 365 or 730 days. A 14 day waiting period is also available to occupations we classify as 'B' or 'C'.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

If we classify your occupation as 'BY' or 'CY', you can choose a waiting period of 14 or 30 days.

If we classify your occupation as 'DY' you can choose a waiting period of 30 days only.

If we classify your occupation as 'F' you can choose a waiting period of 14, 30, 60, 90 or 180 days.

Benefit period

The benefit period is the maximum period for which benefits are payable for any one claim. If we classify your occupation as 'MP', 'AA', 'A', 'B', 'C' or 'F' you can choose a benefit period of two years or five years, to age 60 or to age 65.

If we classify your occupation as 'D' you can choose a benefit period of two years or five years.

If we classify your occupation as 'BY', 'CY' or 'DY' you can choose a benefit period of one year or two years.

Not all waiting periods are available with all benefit periods.

Renewability of plans

Once your Application for the Income Insurance Plan has been accepted by us (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until it ends. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation or pastimes unless we classify your occupation as 'BY', 'CY' or 'DY'.

If your plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan) you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

If we classify your occupation as 'BY', 'CY' or 'DY' the plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal on existing or varied terms, or we may decline to offer renewal.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you permanently retire from the workforce
- on the expiry date of the plan
- if your plan is not renewed by us on the annual renewal date (for occupations we classify as 'BY', 'CY' or 'DY' only)
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

Additionally, if we classify your occupation as an 'F' your plan will terminate and the cover will cease if you stop farming for three months in a row for a reason other than disability, unless cessation of farming applies (see Cessation of Farming section below).

We will retain all premiums paid if the plan is cancelled.

Cessation of farming

Only applicable to occupations we classify as 'F'.

Two options are available if you cease farming for a reason other than total disability:

1 Replacement Plan

If, within three months of ceasing farming, you commence other full-time work and ask us in writing, we will issue a replacement guaranteed renewable Income Insurance Plan (indemnity only) without further health evidence. Financial evidence will be required to determine the level of cover under your new plan.

2 Terminate Plan

If you stop farming for three months in a row (for a reason other than total disability), the plan will terminate and cover will cease (unless you are entitled to and have exercised option 1 above). We may, at our discretion, reinstate the cancelled plan when you return to farming, subject to financial evidence.

Interim Insurance Cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. This cover does not apply where your waiting period is 90 days or more, nor does it cover you for any benefit besides total disability caused by an injury or sickness. Conditions apply. For details see page 85 of this Product Disclosure Statement.

Income Insurance Senior Professionals Plan – the detail

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

The Plan

The Income Insurance Senior Professionals Plan provides a monthly Total Disability Benefit if you are unable to work due to sickness or injury. This monthly Total Disability benefit is subject to 50 per cent of your pre-disability income (net of business expenses but before tax) at the time of making a claim, up to a maximum of \$6,000.

Under this plan pre-disability income is defined as your average monthly income over the last two years we have not been paying you a benefit under the plan.

This PDS for the Income Insurance Senior Professionals Plan is issued by The National Mutual Life Association of Australasia Limited ABN 72 004 020 437 AFS Licence No. 234 649. This PDS is dated 23 July 2007.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	60 to 69 next birthday	75

Please refer to page 77 for further details on premium structures.

Benefits

The benefits available under the Income Insurance Senior Professionals Plan are listed opposite.

The exclusions that apply are detailed on page 59. General information including the amount of cover, waiting periods and benefit periods available are outlined on page 60.

The Plan is available to white collar occupation groups which we classify as 'MP', 'AA', and 'A' (see Table opposite). Your financial adviser can assist you with your appropriate category.

Eligible occupation groups

Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists.
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk.

The following lists the benefits of the Income Insurance Senior Professionals Plan:

- Total Disability Benefit
- Specific Injury Benefit
- Upgrade of Benefits
- 24 hour worldwide cover, and
- Waiver of premium.

All plans are yearly renewable – refer to page 60.

Total Disability Benefit

We will pay a monthly benefit if you are totally disabled. You are totally disabled if, because of injury or sickness, you are not capable of doing the important duties of your regular occupation, and not working in any occupation (whether paid or unpaid), and under medical care. There is a waiting period before you are entitled to be paid.

'Important duties' means one or more duties which are important and essential in producing income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Benefit amount

When you make a claim for total disability, the benefit you are insured, for the 'monthly benefit', is what you will be paid, (subject to a maximum of 50 per cent of your pre-disability income) unless the following applies.

We may reduce your monthly benefit if any amounts are received from legislation (other than social security), or any other disability income, sickness or accident plan for the injury or sickness you are claiming for under the plan. We will reduce any benefit we pay you for total disability by the amounts which are paid from these sources.

We won't reduce your monthly benefit if you receive lump sum total and permanent disablement benefits, superannuation benefits or any business overheads disability insurance indemnifying you against any business expenses.

Specific Injury Benefit

Whether you are totally disabled or not, your Plan provides benefits for 13 specific injuries. We will pay you for the period of time set out in the table below. We will only pay you for one specific injury per claim, even if you suffer more than one injury. There is no waiting period for this benefit. The injuries covered are listed in the following table:

Specific injury	How long we pay you for
Loss	
Total and Permanent loss of use of:	
▪ One or more toes	2 months
▪ One or more fingers	1.5 months
Fracture	
Fracture – requiring a pin, traction, a plaster cast or other immobilising structure – of your:	
▪ Thigh shaft	3 months
▪ Pelvis, except coccyx	3 months
▪ Skull, except bones of face or nose	2 months
▪ Upper arm, including elbow and shoulder	2 months
▪ Shoulder blade	2 months
▪ Lower leg, including ankle, but excluding knee cap and foot	2 months
▪ Knee cap	2 months
▪ Collar bone	1.5 months
▪ Lower arm, including wrist, but excluding elbow and hand	1.5 months
▪ Hand, except fingers	1.5 months
▪ Foot, except toes	1.5 months

If, after the defined payment period ends, you are totally disabled because of the specific injury we are paying you for, we will pay you for total disablement after the waiting period, for as long as you are entitled to be paid under the terms of the Plan Document.

Upgrade of Benefits

If we make any future improvements to this Income Insurance Senior Professionals Plan, without any increase in our standard premium rates, we may pass these changes on to you without you having to

provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence.

You will not be detrimentally affected by any upgrade. If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

24 hour worldwide cover

On acceptance of your application, you are covered 24 hours a day, and we will also cover you if you travel overseas.

Waiver of Premium

If you are being paid a benefit under this plan or plans, you do not have to pay the premiums for this plan or plans from the Insurance Product Disclosure Statement list on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. As each plan is different, you should check your Plan Document to see which, if any, exclusions or unusual terms apply.

Certain exclusions or limitations may apply to the benefits you receive under the plan. For example, your plan does not cover you if injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, your plan does not cover injury or sickness caused by:

- pregnancy, miscarriage or childbirth – if they are uncomplicated, or
- the commission of, or involvement in, an intentional criminal act, or
- you or the plan owner on purpose, or
- war or war-like activities.

Income Insurance Senior Professionals Plan – the detail

Product Disclosure Statement (PDS)

General information

Amount of cover

You can insure up to the lesser of 50 per cent of your average monthly gross income (less any business expenses incurred but before tax) or \$6,000.

If you are an employee you can insure up to the lesser of 50 per cent of your average monthly total salary package or \$6,000. Income does not include investment or interest income.

However, it is important to note that when making a claim, your benefit will be subject to the lesser of the sum insured or 50 per cent of your average monthly income over the last two years we have not been paying a benefit under the plan.

Waiting periods

Your entitlement to be paid for total disability starts after the expiry of the waiting period you choose. The waiting periods you may choose from are 30 and 60 days. The waiting period begins when a doctor first certifies that you are totally disabled.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

Benefit periods

The benefit period is the maximum time we pay benefits for any one claim. You may choose a benefit period of 1 year or 2 years.

Your benefits may stop for other reasons, for example, if you die or if you no longer satisfy the relevant conditions for payment.

Renewability of plan

This plan is yearly renewable and will be reviewed on each annual renewal date. We may offer renewal or revised terms or we may decline to offer renewal.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you permanently retire from the workforce
- if we give you notice on any renewal date that your plan is to end
- on the expiry date of the plan
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain any premiums paid if your plan is cancelled.

Interim insurance cover

To give you some protection while we are assessing your Application, we provide interim insurance cover to you for total disability caused by an injury or sickness. Conditions apply. For details see page 85 of this Product Disclosure Statement.

Business Expenses Insurance Plan – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Business Expenses Insurance can provide your business with a basic payment if something stops you from earning your business an income, such as injury or sickness.

This insurance can help your business pay critical day-to-day expenses. You can use this money to:

- pay for your business' rent, electricity, water, gas;
- pay for employees' salaries and the cost of a medical locum (where fees incurred for the locum exceed the income generated);
- make regular business loan repayments.

You can also package your Business Expenses Income Plan with any of the Income Insurance Plans.

Business Expenses Insurance benefits

Our Business Expenses Insurance Plan provides you with the following benefits:

Benefit	Benefit description
Total Disability Benefit	Provides a benefit if you are unable to work due to sickness or injury. For full conditions see page 62.
Attempted return to work during the waiting period	Allows you to return to work for up to 5 days during the waiting period, without the waiting period starting again. For full conditions see page 62.
Recurrent disability	A benefit that allows you to recommence an earlier claim, if you suffer a relapse within 6 months, without the waiting period applying again. For full conditions see page 62.
Medical locum cover	Where you are a medical practitioner or dentist, the net cost of a medical locum is an allowable business expense. For full conditions see page 63.
Death Benefit	A benefit that pays you three times your benefit amount upon death. For full conditions see page 62.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 63.
Waiver of premium	This benefit waives your premiums for this plan, or any other plans that are listed on your insurance schedule where you are the life insured, when you are being paid a benefit. For full conditions see page 63.
Indexation Benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 63.
Upgrade of Benefits	Future improvements to the Business Expenses Insurance plan may be passed on to you. For full conditions see page 63.

Definitions in this document

In this PDS, any reference to 'us', 'our' or 'the insurer' means The National Mutual Life Association of Australasia Limited (NMLA), trading as AXA and AC&L.

Unless otherwise specified, 'you' means any potential customer who is likely to become the person insured.

Business Expenses Insurance Plan – the detail

Product Disclosure Statement (PDS)

The Plan

This plan protects your business if you are totally disabled and unable to work due to sickness or injury, by covering the monthly expenses of the business.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped or Level	18 to 60 next birthday	65

Please refer to page 77 for further details on premium structures.

Benefits

The Benefit

The benefits available under the Business Expenses Insurance Plan are listed opposite. For details on these benefits, please refer to pages 62 and 63 of this Product Disclosure Statement. The exclusions which apply are listed on page 63.

The Business Expenses Insurance Plan is available to all occupation groups we classify as 'MP', 'AA', 'A', 'B', 'C' and 'D' (see Table below) who are operating their own business and/or are self-employed. Your financial adviser can assist with your appropriate category.

Eligible occupation groups	
Occupation Group MP	Selected Medical Professionals
Occupation Group AA	Professionals whose working environment presents minimal accident/health risk. Includes selected medical specialists and dentists
Occupation Group A	White collar workers whose duties are primarily of a sedentary nature with minimal accident/health risk
Occupation Group B	Blue or white collar workers whose duties involve a moderate level of manual work with slight accident/health risk
Occupation Group C	Skilled occupations of a predominantly manual nature and semi-skilled occupations involving a moderate level of manual work, with some accident/health risk
Occupation Group D	Predominantly manual labour, physically strenuous work with significant accident/health risks

The following lists the benefits of the Business Expenses Insurance Plan:

- Total Disability Benefit
- Attempted Return to Work During the Waiting Period
- Recurrent disability
- 24 hour worldwide cover
- Waiver of premium
- Indexation Benefit, and
- Upgrade of Benefits.

Total Disability Benefit

If you become totally disabled we will pay you a benefit from the end of the waiting period. You are totally disabled if, because of injury or sickness you are not capable of doing the important duties of your regular occupation, and you are not working in any occupation (whether paid or unpaid), and you are under medical care.

'Important duties' means one or more duties which are important and essential in producing income.

'Medical care' means that you must be receiving and following treatment or advice recommended by a medical practitioner who has personally assessed you and been provided with full clinical details of your case and you will continue to be reviewed in these circumstances on at least a monthly basis unless the medical practitioner specifies otherwise.

Attempted return to work during the waiting period

If you return to paid work during the Waiting Period and then the total disability recurs for the same, or related reasons, the Waiting Period will be extended by the number of days you returned to work. Where you return to work for more than five consecutive days, the Waiting period starts again.

Death Benefit

If death occurs while the plan is still current we will pay a lump sum to your estate equal to three times the Total Disability Benefit.

Recurrent disability

If, following a disability claim for which we were paying you, you return to full-time work and are disabled again within six months from the same or related cause (while the plan is still current), the waiting period will not apply again. The claim will be treated as a continuation of the earlier claim and will be payable for up to the balance of the benefit period.

Medical locum cover

If you are a medical practitioner or dentist, the net cost of a medical locum is an allowable business expense.

The net cost of a medical locum is where the fees incurred for the locum exceed the income generated by the locum.

24 hour worldwide cover

On acceptance of your plan, you are covered 24 hours a day and we will also cover you if you travel overseas.

Waiver of premium

If you are being paid a benefit under this plan you don't have to pay the premium for this plan and other plans listed on this plan's insurance schedule where you are the life insured.

This benefit may also apply where you are the life insured on a plan from the Risk Protection Package Product Disclosure Statement (superannuation and non-superannuation versions), certain restrictions apply in this case. Full details are available by contacting your financial adviser or our Customer Service Centre.

Indexation Benefit

Every year, up to age 65, we will increase your Total Disability Benefit by the greater of three per cent or the increase in the Consumer Price Index (CPI) without the need for medical evidence unless you decline the increase. Premiums will increase as a result of this increase in the benefit. However, we will not do this while you are receiving benefits or not required to pay premiums.

Upgrade of Benefits

If we make any future improvements to this Business Expenses Insurance Plan, without any increase in our standard premium rates, we choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition. If you are on claim at the time of the upgrade, it will not apply until six months after your claim has ended.

Exclusions

Your plan may contain certain exclusions, limitations or unusual terms such as those set out below. As each plan is different, you should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

This plan does not cover you if your injury occurred or sickness commenced before the plan began, or was restored, unless you told us about it in your Application and we agreed to cover it.

Also, the plan does not cover disability caused by:

- you or the plan owner on purpose
- the commission of, or involvement in, an intentional criminal act,
- uncomplicated pregnancy, miscarriage or childbirth, or
- war or war-like activities.

Other exclusions and limitations are set out in the section 'General Information' below.

General information

The Benefit

The amount we pay you is calculated monthly and paid fortnightly in arrears. It will be the lesser of:

- the amount of benefit you are insured for at the time of disability, and
- the business expenses actually incurred whilst on claim in the operation of your business.

We may reduce the amount we pay you if you earn money from the business or your share of the business earns money, during a period for which we are paying you a benefit.

Amount of benefit insured

You may insure up to 100 per cent of allowable average monthly expenses that the business will continue to incur if you become totally disabled. Typical expenses of this nature include rent, electricity, water, gas, employees' salaries, net cost of a medical locum (where fees incurred for the locum exceed the income generated by the locum), and regular business loan repayments. Typical expenses do not include the salaries or wages of employees who contribute directly to your earnings or the earnings of your business (unless it is for the net cost of a locum).

You should review your business expenses regularly to ensure your level of cover remains appropriate (eg if you relocate your business premises).

Business Expenses Insurance Plan – the detail

Product Disclosure Statement (PDS)

Waiting period

The waiting period commences at the start of total disability, and must expire before you can begin receiving a benefit. You choose your waiting period, based on the premium you can afford (shorter waiting periods are generally more expensive) and how long you can maintain your lifestyle, without receiving a benefit from this plan.

Depending on your occupation category, you can choose a waiting period of 30, 60 or 90 days. A 14 day waiting period is available to occupations we classify as 'B' or 'C'.

Separate benefit amounts can have different waiting periods. This is called a split waiting period.

Benefit period

The benefit period is the maximum period for which benefits are payable for any one claim and is 12 months.

Where benefits paid are not equal to 12 times the Total Disability Benefit, the benefit period can be extended until an amount equal to 12 times the Total Disability Benefit has been paid.

Guaranteed renewable

Once your Application for Business Expenses Insurance Plan has been accepted by us (and provided premiums are paid and you comply with the plan terms), we guarantee to renew your plan every year until the plan ends. No further conditions will be placed on your plan, regardless of claims history or changes in health, occupation or pastimes.

Because the plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the plan, Your Duty of Disclosure arises as detailed on page 75.

When your plan will end

Your plan will end as soon as one of the following occurs:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you permanently retire from the workforce
- on the expiry date of the plan
- if you stop working for three consecutive months for a reason other than total disability
- you request in writing to cancel the plan
- you make a fraudulent claim, or
- you die.

We will retain all premiums paid if your plan is cancelled.

Life Insurance Superannuation Plan – a snapshot

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

Life Insurance can help your dependants cope financially after you die.

Life insurance pays a lump sum in the event of your death, which can be used to:

- pay off the mortgage or any others debts that may affect your family's financial future
- pay for child care or home help
- provide a reserve that can be used to replace income should the remaining spouse decide not to work

Life Insurance benefits

The Life Insurance Superannuation Plan provides you with the following benefits:

Benefit	Benefit description
Life insurance benefit	Provides a benefit in the event of your death. For full conditions see page 66.
Terminal illness benefit	Makes an advance payment of the life insurance benefit if you are terminally ill and have less than 12 months to live. For full conditions see page 67.
24 hour worldwide cover	You are covered 24 hours a day anywhere in the world. For full conditions see page 67.
Indexation benefit	Your benefit automatically increases with the Consumer Price Index. For full conditions see page 67.
Upgrade of benefits	Future improvements to the Life Insurance Superannuation Plan may be passed on to you. For full conditions see page 67.

Life Insurance Superannuation Plan – the detail

Product Disclosure Statement (PDS)

This section forms part of the PDS for this Plan and should be considered in conjunction with the 'Additional information' section on page 75.

The Plan

This PDS for Life Insurance Superannuation Plan is issued by N.M. Superannuation Pty Ltd (the Trustee). This Plan provides insurance for members within the Super Directions Fund (the Fund).

This Plan is only available where the Trustee is N.M. Superannuation Pty Ltd with membership in the Super Directions Fund.

If the plan owner is to be a trustee other than N.M. Superannuation Pty Ltd (for example, a self managed superannuation fund), the Life Insurance Superannuation Plan is not available. Only the Life Insurance Plan is available in this instance.

Definitions in this document

In this PDS and the relevant Application form, any references to 'us', 'we', 'our' or 'the Insurer' means The National Mutual Life Association of Australasia Limited (NMLA) trading as AXA and AC&L.

Unless otherwise specified, 'you' and 'your' means any potential customer who is likely to become the person insured.

Ownership of the Plan

This Plan is held under the Super Directions Fund (the Fund) RSE Number R1056433. Upon acceptance of your Application for membership of the Fund, N.M. Superannuation Pty Ltd will purchase a Life Insurance Superannuation Plan from NMLA to provide the benefits you have requested, subject to acceptance of the application for insurance by the Insurer. The Trustee owns the Life Insurance Superannuation Plan and holds it on your behalf, as a member of the Super Directions Fund. The Trustee is a 'licensed trustee' under the Superannuation Industry (Supervision) Act 1993 (SIS) and has an appropriate level of indemnity insurance.

In the event of a death claim being admitted, the Insurer will pay the sum insured to the Trustee, who will then provide the proceeds of the Plan to one or more of your dependants or to your legal personal representative. Where a claim has been admitted for Terminal Illness or for Total and Permanent Disablement, the Trustee will, subject to the release satisfying superannuation laws, provide you with the proceeds of the Plan in respect of a Total and Permanent Disability or Terminal Illness claim.

The Trustee will need to be satisfied that a condition of release, eg permanent incapacity, as defined under superannuation law, has been met prior to making any payment from the Fund.

If you do not meet a condition of release, the Total and Permanent Disablement benefit or Terminal Illness benefit must remain in the Fund until a condition of release has been met.

Membership of the Fund

Under the Plan, you will become a member of the Super Directions Fund. The Fund is a registered complying superannuation fund under Part IX of the Income Tax Assessment Act 1993. Your membership will be governed by the terms and conditions of the Trust Deed of the Fund (as amended from time to time).

The premium you pay for life cover and plan fee is the only cost to you; you pay no other fee or charge for being a member of the Super Directions Fund. The benefits to which you are entitled are limited to those specified under the Life Insurance Superannuation Plan. Payment of any benefit to you by the Trustee is subject to acceptance of a claim by AXA. Payment of premiums beyond age 65 is subject to you remaining eligible to contribute to superannuation. See page 74 for eligibility criteria.

Further information relating to the Fund can be obtained by requesting a copy of the Trust Deed or the Trustee's last Annual Report to members.

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	11 to 70 next birthday	75
Level	11 to 65 next birthday	75*

* Level premiums will alter to stepped premiums from age 70. Please refer to page 77 for further details on premium structures.

Benefits

Under the Plan, the Trustee will pay you or your dependants a lump sum amount if you:

- die, or
- are terminally ill with 12 months or less to live.

Life Insurance Benefit

The amount the Insurer will pay, as a lump sum, in the event of your death is the benefit amount that is noted in your Plan Schedule.

The following lists the additional benefits of the Life Insurance Superannuation Plan at no extra cost.

- Terminal Illness Benefit
- 24 Hour Worldwide Cover Benefit
- Indexation Benefit*
- Upgrade of Benefits

* Not available where there are employer contributions.

Terminal Illness Benefit

If you are diagnosed with a terminal illness and given 12 months or less to live, AXA will make an advance payment. The maximum amount payable from all plans held with us is the lesser of:

- \$2,000,000, or
- the benefit amount.

If your life insurance benefit is greater than \$2,000,000, the remaining life insurance benefit will be payable on death.

Terminal Illness

Any illness, which in the Insurer's opinion, will result in your death within 12 months, regardless of any treatment that might be undertaken. The Insurer's decision will be based on medical evidence provided to us by your doctor, and any other medical evidence that we may require.

In certain circumstances, a terminal illness benefit may not be permitted to be released from the Fund unless you satisfy the permanent incapacity condition of release, as defined under superannuation legislation.

24 Hour Worldwide Cover

On acceptance of your application, you are covered 24 hours a day and we will also cover you if you travel overseas.

Indexation Benefit

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65 unless you decline the increase. Premiums will increase as a result of this increase in the Benefit.

We will not increase the benefit by less than 5 per cent in any year and by any amount which would cause the life insurance benefit to exceed \$3,000,000 inclusive of the total benefit amounts under any other life insurance plans held with us for which you are covered.

This facility is not available if your employer is contributing towards premium payments.

Upgrade of Benefits

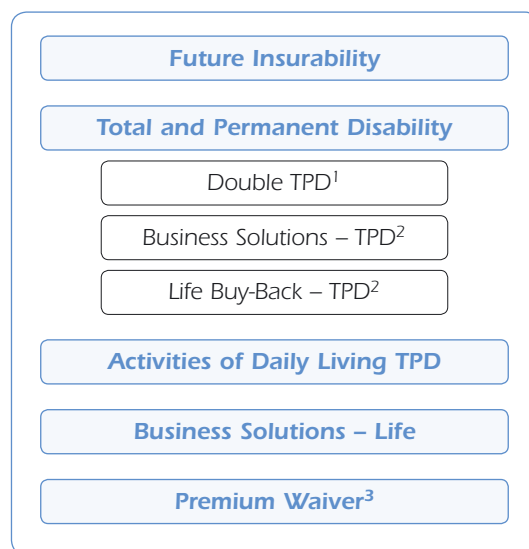
If the Insurer make any future improvements to the Life Insurance Superannuation Plan, without any increase in our standard premium rates, we may choose to pass these changes on to you without you having to provide us with any medical evidence, or evidence regarding your occupation, pastimes or place of residence. You will not be detrimentally affected by any upgrade.

If you are suffering a pre-existing condition at the time the improvement is provided, the improvement will not apply when assessing any claim affected by that pre-existing condition.

Optional benefits

Further protection, is available through the options listed below. Pages 67 to 71 explain these options in detail.

By selecting one of these options, your premium will increase. Where the option has been exercised resulting in an increase in your benefit, your premium will increase accordingly. If however, your option no longer applies your premium for this option will cease.



1 Can only be purchased where the Total and Permanent Disability Option has not been purchased or, cannot be held at the same time as a Total and Permanent Disability Option.

2 Only available if you purchase the Total and Permanent Disability Insurance or Double Total and Permanent Disability Insurance Option.

3 Can only be purchased where the Total and Permanent Disability Insurance or Double Total and Permanent Disability Insurance Option has not been purchased.

Future Insurability Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 40 next birthday	45*

* Or when the last option is exercised, whichever is earlier

The Future Insurability option gives you options to purchase additional life cover at future option dates without providing further health evidence. These option dates are specified dates, available on your 3rd, 6th, 9th, 12th and 15th plan anniversaries.

Life Insurance Superannuation Plan – the detail

Product Disclosure Statement (PDS)

These options can only be exercised until the plan anniversary following your 45th birthday.

You have a total of 45 days to take up the option of additional life cover. This increase period begins 30 days prior to the option date and continues until 15 days after the option date. In addition, if you marry, divorce, purchase a principal residence, are promoted or move to another job* or have a child (including through adoption), you may bring forward an option date. You must do this within 3 months of such an event taking place. You may be required to provide proof of the event. If you choose to bring forward an option date, you can also bring forward the next and all subsequent option dates.

The maximum amount of additional life insurance you can purchase in total for all increases is the lesser of five times the initial life insurance benefit at the commencement of the Plan and \$1,000,000. During an early increase period you have bought forward, you can purchase up to twice the benefit amount if two increase periods are due in the next five years. If only one increase period is due in the next five years, you can only purchase up to the benefit amount. Should you not exercise the full amount as stated in your insurance schedule at each increase date, the remaining amount for that increase date will be forfeited.

* If you are promoted or move to another job, your salary must increase by at least 25 per cent.

You cannot increase your benefit as a result of being promoted or moving to another job, if your salary increase is a result of a change to your salary packaging arrangement, you are self-employed, a controlling director, or you are able to decide on the amount of your salary.

Accidental Death Benefit

The Future Insurability option also includes some temporary additional protection during the option period of 45 days. During the option period, the benefit amount payable under the Future Insurability option upon your Accidental Death, will be the amount that applied before the option was taken up. The additional cover ceases at the end of the option period, or when the option is taken up, whichever is earlier.

Accidental Death is:

- the result of accidental bodily injury
- occurs within 90 days of sustaining the injury, and
- independent of any other cause.

Total and Permanent Disability (TPD) Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	75†
Level	16 to 60 next birthday	75*†

* Level premiums will alter to stepped premiums from age 65.

† On the first renewal date after age 65 only the 'Future Care' definition applies.

The option benefit amount is payable if you become totally and permanently disabled. The definitions of total and permanent disability are outlined as follows and will depend on whether you have the 'any occupation' version or the 'own occupation' version.

On the first renewal date after age 65, only the 'Future Care' definition will apply.

You are totally and permanently disabled if you:

- A are 'unable to work', or
- B suffer a 'specific loss', or
- C require 'future care'.

A 'unable to work' depends on which version of the option you hold:

- (i) if you hold the 'own occupation' version, the following applies:

you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow your own occupation.

In the event of a claim being admitted under the 'own occupation' version of the option, the Insurer will pay the benefit amount to the Trustee. The amount may not automatically be paid by the Trustee to you immediately, as the Trustee will have to consider whether you meet the permanent incapacity test under superannuation law (an 'any occupation' test).

If you do not meet this test, the amount will be held in the Fund on your behalf, until such time as entitlement to the Benefit is triggered as permitted by superannuation laws, for example, on your permanent retirement from the workforce on or after age 55 or any later preservation age that applies if you were born after 30 June 1960, or on your death.

(ii) if you hold the 'any occupation' version, the following applies:
you are unable to follow your own occupation for a continuous period of three months because of an injury or sickness and in our opinion, based on medical or other evidence, because of that injury or sickness, you are unlikely ever to be able to follow any occupation for which you could be reasonably suited by education, training or experience.

or

B specific loss' refers to the total and permanent loss of the use of:

- both hands
- both feet
- one hand and one foot
- the entire sight in both eyes
- one hand and the entire sight in one eye, or
- one foot and the entire sight in one eye.

or

C requires 'future care':

- because of an injury or sickness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below, without assistance:
 - bathing/showering
 - dressing/undressing
 - eating/drinking
 - using the toilet to maintain personal hygiene,
 - getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

On the first renewal date after age 65, the total and permanent disablement definitions outlined in paragraphs A and B no longer apply. However, provided you continue to pay your premium, future care, outlined in paragraph C, continues to apply until you turn 75.

Day One TPD

If you meet the definition of totally and permanently disabled as a result of one of the following medical conditions, we will waive the waiting period when assessing a claim made under paragraph A on page 68.

The medical conditions are:

- Alzheimer's disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple Sclerosis

- Muscular Dystrophy
- Paraplegia
- Parkinson's disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Rheumatoid Arthritis
- Tetraplegia

Other TPD Option features

Any payment under the TPD option reduces the amounts under the plan to which it is attached. This may mean the end of your cover if the benefit amount under your plan and Total and Permanent Disability option are the same.

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Your premium will increase as a result of this increase in the benefit.

We will not increase the TPD benefit by any amount which would cause the TPD benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any total and permanent disability insurance plans or options held with us under which you are covered.

Your Total and Permanent Disability option can also be tailored to include:

- Life Buy-Back option (TPD)

Double Total and Permanent Disability (TPD) Option

This option benefit amount is payable under the same circumstances as the TPD option on page 68.

The key additional feature of this option is, if the Insurer pays the Trustee a TPD benefit before you turn age 65, the Insurer will not reduce your life insurance benefit.

Furthermore, if the Insurer pays the Trustee a TPD benefit under this option, the Insurer will waive any future premiums under the plan (including the plan fee) for the life insurance plan and any options attached*. The Insurer will only waive premiums if the Insurer paid the TPD benefit before you turn age 65.

CPI increases will no longer apply if the Insurer waives the premiums.

Please refer to the examples on page 16 on how this option works.

* Where the life insurance benefit amount is greater than the amount paid for the TPD claim, future premiums will not be waived for that portion of the life insurance (and proportional options attached).

Life Insurance Superannuation Plan – the detail

Product Disclosure Statement (PDS)

Business Solutions Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The Business Solutions Option allows you to apply each year for future increases to your total and permanent disability sum insured in line with:

- the value of your business,
- the value of you to the business, or
- the value of the relevant business loan at the time of the increase.

You will not be required to provide medical evidence unless your Application for increase is:

- greater than 25 per cent of the original option sum insured (unless the increase amount is less than \$300,000), or
- you are receiving benefits under a plan held by us or another company.

When you exercise this option and apply for future increases, the Insurer will require financial and supporting evidence of the increases. The conditions that apply for increases are explained in detail in the Plan Document.

The Indexation Benefit will not be available for any plans covered under this option.

This option will expire in the following instances:

- the plan ends
- the sum insured has increased to the maximum amount permitted under this option
- you turn 65
- the original reason for cover no longer exists
- the start of any period for which you have not paid premiums under the plan, or
- you have made, or are entitled to make, a claim under the plan.

For the duration of this option, the maximum total increase to the total and permanent disability insurance benefit is the lesser of:

- four times the total and permanent disability benefit amount, or
- \$3,000,000 less the total benefit amounts under any total and permanent disability plans or options held with us under which you are covered.

Life Buy-Back Option – TPD

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* This option cannot extend beyond the term of the Total and Permanent Disability or Double Total and Permanent Disability Option.

Upon one year from payment of the total and permanent disability claim, you have 60 days to take out life insurance cover for an amount up to the total and permanent disability claim amount paid out by us.

The new plan will be based on the medical assessment carried out when the Life Buy-Back Option – TPD was purchased rather than your health when this option is exercised.

The Life Buy-back Option – TPD can be purchased with the Total and Permanent Disability or Double Total and Permanent Disability Option.

Activities of Daily Living Total and Permanent Disability (ADL TPD) Insurance Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 68 next birthday	75
Level	16 to 60 next birthday	75*

* Level premiums will alter to stepped premiums from age 65.

Under this option, the Insurer will pay the Trustee a benefit if, because of injury or illness, you are totally and permanently unable to perform at least two of the five 'activities of daily living' listed below without assistance:

- bathing/showering,
- dressing/undressing;
- eating/drinking,
- using the toilet to maintain personal hygiene,
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid.

Other ADL TPD Option features

Any amount payable under the option reduces the benefit amounts under the Plan, and options to which it is attached. This may mean the end of your cover if the benefit amount under your Plan and ADL TPD Insurance Option are the same.

To protect you against the effects of inflation, your cover is automatically increased each year by the increase in the Consumer Price Index (CPI) up to

age 65, with a minimum of 5 per cent per annum, unless you decline the increase. Your premium will increase as a result of the increase in the benefit.

We will not increase the benefit by any amount which would cause the ADL TPD benefit to exceed \$1,500,000 inclusive of the total benefit amounts under any total and permanent disability insurance plans or options held with us for which you are covered, when packaged with the TPD option or double TPD option.

Your ADL TPD Insurance Option can be tailored to include Total and Permanent Disability Insurance Option (including Double Total and Permanent Disability Insurance Option) where the benefit amount is \$3,000,000. ADL TPD Insurance Option is not available with Total and Permanent Disability Insurance Option where the Total and Permanent Disability Insurance Option benefit amount is less than \$3,000,000.

Business Solutions Option – Life

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	18 to 60 next birthday	65
Level	18 to 60 next birthday	65

The features of the Business Solutions Option – Life are the same as Business Solutions Option – TPD (see page 70). However for the duration of this option, the maximum total increase to the life insurance benefit is the lesser of:

- four times the life insurance benefit amount, or
- \$15,000,000 less the total benefit amounts under all life insurance plans or options held with us under which you are covered.

The Indexation Benefit will not be available for any plans covered under this option.

Premium Waiver Option

Availability of cover

Premium structure	Entry age	Expiry age
Stepped	16 to 60 next birthday	65*
Level	16 to 60 next birthday	65*

* Or when your plan ends, whichever is earlier

Under this option, if you become totally and permanently disabled, you will not have to pay any further premium for the Plan (including any options) that are attached to the Plan. For the purpose of

this option only, you are totally and permanently disabled if you:

- A are unable to work (any occupation version only),
- B suffer a specific loss, or
- C require future care.

For full details of these definitions, please refer to the Total and Permanent Disability (any occupation) definition on page 68.

The premium will only be waived once you have been assessed as totally and permanently disabled. The premium waived will be the annual premium inclusive of age related premium increases and CPI, but does not include:

- any premium increases for the Plan or any options attached to the Plan that are effective after the commencement date of any premium being waived, or
- any premium for options exercised after the commencement date of any premium being waived.

We will not waive any premium if your total and permanent disability is caused directly or indirectly by you performing an act or omission with the intention or likely outcome of causing harm to you.

This option is not available with the Total and Permanent Disability Insurance or Double Total and Permanent Disability Insurance Option.

Exclusions

Your plan may contain certain exclusions or unusual terms such as those set out below. You should carefully check your Plan Document to see which, if any, exclusions or unusual terms apply.

Death

No amount of life insurance cover is payable if you die as a result of suicide within 13 months of the commencement or reinstatement of the Plan.

This also applies for any increases to the life insurance benefit amount (apart from CPI increases), within 13 months of that increase.

Total and Permanent Disability

We will not pay you a total and permanent disability benefit if your total and permanent disability:

- is caused directly or indirectly by you performing an act or omission with the intention or likely outcome of causing harm to you, or
- results in your death within 8 days from the date you suffered the injury or illness which directly or indirectly caused your total and permanent disability.

Life Insurance Superannuation Plan – the detail

Product Disclosure Statement (PDS)

Statutory Fund

Life Insurance Superannuation Plans are written in a sub-fund of AXA's NMLA No. 4 Statutory Fund.

Guarantee

Provided you pay your premium (and charges) and comply with the terms and conditions of the Plan, we guarantee to renew your plan each year until it ends.

Because the Plan is guaranteed to be renewed every year once it begins, (provided you pay your premium (and charges) and comply with the terms and conditions of the Plan), you do not have a duty of disclosure on renewal. However, if you apply to vary, extend or reinstate the Plan, Your Duty of Disclosure arises as detailed on page 75.

When your plan will end

Your plan will end as soon as one of the following happens:

- your premium is more than 30 days late (see under 'Payment of Premiums' on page 77)
- you are paid a benefit under this plan which reduces the benefit amount to nil
- on the expiry date of the plan
- you request in writing to cancel the Plan
- you make a fraudulent claim
- you die, or
- you no longer meet the Eligibility Conditions outlined on page 74.

Under the Life Insurance Superannuation Plan, termination of your plan will also terminate your membership of the Fund.

Interim Accidental Death Cover

To provide you with some protection while we are assessing your Application, we provide interim insurance cover to you in the event of your accidental death. Death must occur within 90 days of the accident.

You do not have to pay any extra premium for this cover. Conditions apply. For details see page 82 of this Product Disclosure Statement.

Interim accidental Total and Permanent Disability cover

To provide you with some protection while we are assessing your Application, we provide interim cover to you in the event of your accidental Total and Permanent Disability. Conditions apply. For details see page 84 of this Product Disclosure Statement.

Life insurance benefit options for Fund members

The recipients of life insurance benefits from a superannuation fund are generally determined by the trustee of the Fund – at its discretion. For some members that means little certainty. That's why the Trustee offers Binding Nominations for people who hold the Life Insurance Superannuation Plan offered through the Fund.

Binding Nominations give you greater control over who receives your life insurance benefit under your Life Insurance Superannuation Plan.

You may still nominate a preferred dependant however this nomination is not binding on the Trustee of the Fund.

Preferred Dependant Nomination

With a preferred dependant nomination the Trustee will pay your life insurance benefits to one or more of your dependants or to your legal personal representative at the Trustee's sole discretion.

You should be aware that any directions that you may have included in your last will for the payment of your life insurance benefit under the Fund cannot legally bind the Trustee. However, the Trustee will take your expressed wishes into account. It is therefore advisable to update your will whenever your circumstances change.

The Trustee may be provided with a written indication of your preference for the disbursement of the benefit from the Fund in the event of death.

It is essential that you keep the Trustee fully informed of your current preferences for the payment of your benefits in the event of your death.

Binding Nominations

With Binding Nominations, you may nominate the specific individuals and the portion of the life insurance benefit they will receive under the Plan. If you select this option it is especially important that your nomination is reviewed every three years and/or if your circumstances change due to marriage, divorce or the birth of children.

If you choose this option you are able to nominate the specific individuals and the percentage of the life insurance benefit they will receive under the Plan. You will only be able to nominate individuals who are eligible under superannuation law. Please refer to page 73 for details.

How does a Binding Nomination work?

To make a Binding Nomination you will need to provide the personal details of your dependants to whom your life insurance benefit is to be paid. You may nominate up to five Dependants under this option. You will need to provide their full names, address details, dates of birth, sexes, their proportional entitlements of the life insurance benefit and their relationships to you. The life insurance benefit allocation for all of the Dependants must total 100 per cent.

The form must be fully completed, signed and dated by you, and witnessed by two people over 18 years of age who are not nominated on the form. The witnesses must also sign the form.

If you choose to make a Binding Nomination, the Trustee will pay your benefit to the person(s) you have nominated as long as your nomination:

- is valid
- has been made in the prescribed manner
- is received by the Trustee before your death
- has not expired, and the nominated person(s) is a Dependant (as defined in the governing rules of the Fund) or your legal personal representative.

In the event that your nomination has expired, your life insurance benefit will be paid at the discretion of the Trustee to one or more of your Dependants and/or legal personal representative.

Updating your Binding Nomination

Your nomination expires after three years. We strongly recommend that you review your nomination regularly as your personal circumstances change. The Trustee will send you a form before the end of three years to allow you to review your nomination. You may also update your nomination at any time by completing a new Binding Nomination form or by contacting our Customer Service Centre in writing.

Who will qualify as my Dependant?

The Trustee must ensure that the benefits are paid to your legal personal representative or 'Dependants' as defined in the Trust Deed and applicable law. A summary of the Trust Deed definition of a Dependancy is:

- The spouse, de facto, widow, widower, child or children (including any adopted child or step-child, ex-nuptial child or unborn child) of a member, or
- Any person who, in the opinion of the Trustee is, at the date of the member's death, either wholly or partially financially dependent on a member

or who has or had at the relevant date a legally enforceable right to look to that member for financial support.

- Any person who was at the date of your death in the opinion of the Trustee in an interdependency relationship with you (generally a close personal relationship between two persons who live together, where one or each of them provides the other with financial support, domestic support and personal care).
- Any person considered to be a dependant by the applicable requirements.

Taxation information

The tax information contained in this PDS is based on the Trustee's understanding of current legislation and of current ATO practice at 1 July 2007. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances. Therefore you should seek professional advice concerning your own taxation position.

Contributions

Contributions tax

All employer contributions paid to the Fund (including salary sacrifice contributions) and any contributions for which you claim a tax deduction are currently taxed at a rate of 15 per cent. A deduction of the tax will be made from these contributions as they are received into the Fund.

This 15% contributions tax may be reduced by deductions (available to the Fund) for items such as insurance premiums and tax offsets.

Concessional contributions cap

A cap of \$50,000 per person per year applies to concessional contributions from 1 July 2007. The cap is indexed. Excess concessional contributions incur an additional 31.5 per cent tax. The excess concessional tax is imposed on the individual.

A transitional cap of \$100,000 per person per year will apply for people who are aged 50 and over on the last day of a financial year in the five year period until 1 July 2012. This cap will not be indexed.

Non-concessional contributions cap

A cap of \$150,000 per person per year applies to non-concessional contributions from 1 July 2007. Members under age 65 on 1 July can make non-concessional contributions up to \$450,000 averaged over three years. Members aged 65 or over on 1 July can only make non-concessional contributions of up to \$150,000 in that year and each subsequent year to age 75. Non-concessional contributions in excess of this cap will be taxed at the top marginal rate.

Life Insurance Superannuation Plan – the detail

Product Disclosure Statement (PDS)

The Trustee is prevented by law from accepting a non-concessional contribution which is greater than three times the non-concessional cap. The Trustee is required by law to refund the excess contribution and is entitled to deduct an administration fee and any transaction costs and premiums that have been paid in relation to cover for a specific period.

There are some exceptions to the contribution rules. For more information please contact your financial adviser.

Providing a Tax File Number (TFN)

If you do not provide your tax file number the Trustee will not be able to accept any payment for premiums and your application for insurance will not be accepted.

Taxation

Depending on your circumstances, tax deductions or rebates for contributions used to fund the premiums may be available. Tax deductions (subject to certain restrictions) may be available for premiums paid by employers, employees who receive no employer support and the self employed or substantially self-employed.

Lump sum life insurance benefits paid directly to a person who is not a dependant (as defined under the Tax Act) are treated as a superannuation lump sum benefit and taxed accordingly.

A tax rebate may be available if contributions are eligible spouse contributions.

Additional information

Eligibility to make contributions

If aged under 65

Anyone under the age of 65 can contribute to superannuation at any time on their own behalf or for someone else who is under 65.

If aged between 65-74

Between the ages of 65 and 74, eligibility to contribute is subject to the member having worked at least 40 hours in a period of not more than 30 consecutive days in the financial year which the contribution is made.

Employer/member supported plans

There are two types of Life Insurance Superannuation Plans. These are:

- **Employer supported** – the employer pays the premium on behalf of the employee, and
- **Member supported** – the member pays the premiums.

Cancelling your plan

You may leave the Fund at any time by cancelling or transferring your plan. In these instances please note that any refund of premiums must be subject to preservation rules, governed by superannuation rules applicable at that time.

Complaint resolution

If you have a complaint, please advise the Trustee in writing, stating the precise nature of your complaint and the name and number of the Plan.

The address is:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

The Trustee has formal procedures in place to deal with any enquiries and complaints. If you are not satisfied with the Trustee's resolution or handling of your complaint, you may then contact the Superannuation Complaints Tribunal (SCT) from anywhere in Australia on 1300 780 808, for the cost of a local call. The Tribunal is an independent body set up by the Federal Government to help members or dependants to resolve superannuation complaints.

The Tribunal may be able to assist you to resolve your complaint, but only after you have made use of the Fund's own complaint handling process. Once the Tribunal accepts your complaint, it will attempt to resolve the matter through conciliation, which involves assisting the parties to come to a mutual agreement. If conciliation is unsuccessful, the complaint is formally referred to the Tribunal for a determination, which is binding on all parties. The Tribunal's address is:

Superannuation Complaints Tribunal,
Locked Bag 3060
GPO MELBOURNE VIC 3001
Telephone 1300 780 808

Additional information

Insurance

This section forms part of the PDS for each of the plans described in this booklet and is jointly issued by NMLA and N.M Superannuation Pty Ltd. It should be considered in conjunction with the individual part of the PDS for each plan.

Applying for cover

You can apply for one, or a combination of products, that are contained in this brochure.

How to apply for cover

To apply for any of the products contained in this brochure, you will need to complete a current Application form.

To assess your Application we need to obtain medical and financial information relevant to the type of cover you have selected to help us determine the following:

- if you are eligible for cover
- the premium that is appropriate to your Application, and
- whether any special conditions or exclusions should apply.

Our assessment of your Application will take into account such things as your health, occupation, income, residence and travel details, as well as factors such as sporting and recreational pastimes.

As this type of information is key to our assessment of your Application, it is important that all questions on the Application form, including the Personal Statement, are completed accurately and in full.

In some instances it may not be possible to provide you with the cover you originally applied for but it may be possible for us to offer you revised terms. In this situation we will send you a Revised Terms letter advising the terms we are able to offer you. You may be required to pay an additional premium or an exclusion may be applied to your plan.

Incomplete, missing or inaccurate information may result in you not being eligible to claim for benefits or for your plan to be altered, made void or cancelled. It is important that you read and understand your duty of disclosure and the implications of non-disclosure or misrepresentation when completing your Application.

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 be reasonably expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary, or reinstate a contract of life insurance.

Your duty, however, does not require 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, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) 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 three years of the commencement date, 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.

If we allow you to replace an existing contract of insurance* held with AXA or AC&L with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by the insurer, then you are not required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, the insurer will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's rights in relation to a breach to our duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

* Life Insurance, Trauma Insurance and Total and Permanent Disablement Insurance only

Additional information

Insurance

Requests for additional information

In some instances it may also be necessary for us to obtain further medical or financial information before your Application is finalised.

By providing a contact number in the Personal Statement, we can speed up your assessment by contacting you directly to obtain the additional information or to obtain clarification of information contained in your Application. If you prefer not to be contacted by telephone we will forward any requests for additional information in writing.

Although in many cases, completion of the Personal Statement at the back of the Application form is sufficient, it may be necessary to obtain medical or financial evidence especially for large sums insured, or where we need further details of your medical history.

Any additional details that you believe will assist us in assessing your Application can also help minimise our need to request additional information.

If you find there is insufficient space when completing any section(s) of the Application form, you can attach a page(s) containing further information to the Application. Where additional pages are attached please ensure you sign and date each page.

Completing an Application form

To ensure your Application is processed efficiently, please ensure that all information and details have been completed where requested. Your financial adviser will be able to assist you with this process.

The following checklist will also assist us to quickly process your Application:

- all relevant Application form questions have been answered
- the Personal Statement and (where applicable) Supplementary Personal Statement have been completed
- the Medical Authority forms have been signed and completed
- any alterations have been initialled;
- the Application has been signed and dated by you and the plan owner, and
- a deposit premium is required and can be paid by cheque* or credit card
- a deposit premium may be deducted for quarterly, half yearly or yearly credit card deductions provided the authority submitted with this application authorises this deduction

* If a deposit premium is not received for monthly or fortnightly payment, a one month's deposit premium will be deducted from your bank account or credit card

Where to send your Application

Once completed, please send your completed forms to our Customer Service Centre:

AXA
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

Privacy

As part of the Application process it is necessary to collect personal medical and financial information.

Our use and disclosure of the personal information you provide us in order to assess your Application is outlined on page 80 of this brochure.

Existing injuries or sickness

Please note that we will not pay a claim for an injury or sickness that occurred or began before the commencement date of your plan, unless you, informed us in writing about the injury or sickness when you applied for your insurance.

Information about your plan

Once we have processed and accepted your Application and first premium, you will receive the following:

- a Plan Document, setting out the terms and conditions of your plan, and
- a Plan Schedule, outlining the regular premiums and the cover you have chosen.

You should read these documents carefully and contact your financial adviser, or us, if you have any concerns.

Cooling-off period

After you sign up for your plan and receive your Plan Document, you have 14 days to check the plan meets your needs – this is known as the 'cooling-off period'.

Within this time you may cancel the plan and we will refund to you the premium paid. We require that your request be in writing.

Alterations

It is recommended that you review your cover on a regular basis. Once your cover commences you can apply to make an alteration to your plan or increase your benefits.

In this instance, you may be required to provide additional information. Your financial adviser can assist you at this time.

Premiums and charges

Premiums

Minimum premium

The minimum annual premium is \$200. This includes the plan fee and other charges. In certain circumstances only one plan fee may be payable. Refer to 'Plan fee waiver on additional plans' below for details.

Premium tables

Your premium depends on the benefits and benefit amounts you have chosen and your age, sex, smoking status, medical history occupation and general health. For all of the Income Insurance plans and Business Expense Insurance plans, your premium also depends on the waiting period and benefit period you choose.

Copies of our standard premium rate tables are available on request, by contacting your financial planner or customer service centre.

Payment of premiums

For the plan to remain current, you must pay the premium, including any charges, when they are due.

We may end the plan if the premium is more than 30 days late. However, we will give you a further 28 days written notice before we end it for this reason.

You may pay yearly, half-yearly, quarterly, monthly or fortnightly deductions from your bank account[†] or credit card*. You can also pay yearly by cash, BPAY, cheque or credit card (Visa and MasterCard only).

[†] Please refer to page 78 of this Product Disclosure Statement for full details of the Direct Debit Request Service Agreement.

* The Bank, Financial Institution or credit card provider may in its absolute discretion charge a fee for this service. In that event, we will pass the fee on to you.

Premium structure

There are two premium structures available to you:

Stepped premiums

The premium is adjusted each year at the renewal date according to your age.

However, you may choose to activate the 'Premium Freeze' facility at any time. By exercising this option, your premium stays the same each year while your benefit amount reduces, rather than your premiums increasing to maintain the same benefit amount. The Premium Freeze can be removed at any time without further health evidence.

Level premiums

Premiums, excluding charges, remain the same for a given level of cover throughout the term of the plan.

The plan term is specifically defined at commencement and may be less than the expiry age.

For our Life Insurance Plan, Life Insurance Superannuation Plan, Trauma Recovery Insurance Plan and Total and Permanent Disability Insurance Plan and Activities of Daily Living Total and Permanent Disability Insurance Plan, premiums will only change if:

- you request a change in your benefit amount (including by exercising an option)
- you choose to have your benefit amount automatically increased to keep pace with inflation (refer to the 'Indexation Benefit' that applies to the type of cover you have selected), or
- we review the premium rates for all plans of this type.

For our Income Insurance Plus Plan, Income Insurance Plan and Business Expenses Insurance Plan, premiums will only change if:

- you request a change in your Total Disability Benefit
- you choose to have your Total Disability Benefit automatically increased to keep pace with inflation (refer to the 'Indexation Benefit' that applies to the type of cover you have selected);
- we review the premium rates for all plans of this type, or
- we review your occupation category.

Plan fee waiver on additional plans

Subject to an agreement with us, if you have other plan(s) from this Product Disclosure Statement, from the Risk Protection Package or an AC&L plan, we may waive the plan fee on the second and subsequent plan(s). We will do this in instances where your spouse or other family member has a plan with us, or your business partner has a plan with us.

We will determine which plan fee is waived.

The Plan fee waiver provides you with the following benefits:

- one plan fee, and
- reduced minimum premiums for linked plans.

Additional information

Insurance

What are the charges?

All of the charges that apply to our plans are fully described in this section. We undertake not to apply any new charges, other than government taxes and charges, without your specific consent.

Plan fee

The plan fee helps pay for the establishment and administration of your plan. The current plan fee for each particular payment method and frequency is outlined below:

Payment frequency	Plan fee per payment
Fortnightly	\$2.50
Monthly	\$5.00
Quarterly	\$15.00
Half-yearly	\$30.00
Yearly	\$57.00

Instalment fee

An instalment fee applies if you choose to pay more frequently than yearly. The loading is 3.5 per cent of the annual premium for half-yearly cases and 7 per cent for all other premium frequencies.

Government stamp duty

A government stamp duty is imposed on most of the plans and options outlined in this document, based on the state in which the person insured lives.

The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased.

The stamp duty will be included in, or in addition to, the insurance premium. If the stamp duty is charged in addition to insurance premium, it will be shown as a separate item on the plan schedule.

State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

Variations

We reserve the right to vary charges as described below:

- the plan fee may be increased to account for the effects of inflation
- we can revise the premium rates for cover, however, any such changes to premium rates will be part of a general review that will apply to all plans of that type
- the premium rates for cover may increase with age, depending on the type of plan selected.

In the event of a material change to fees and charges, we will provide notification to you at least three months prior to the change occurring. All other changes, including those resulting from indexation or market variations will be advised in writing, following the change.

We can change the standard premium tables, fees or charges at any time to take account of any change to taxation or revenue laws.

Direct debit request service agreement

This charter outlines our and your responsibilities to ensure the smooth and secure operation of our direct debit agreement.

Our responsibilities

- We will only deduct premiums from your chosen account. Your Plan Schedule shows the premium amount and how often we have agreed to deduct it.
- We assure you that we will not disclose your bank details to anyone else, unless you have agreed in writing that we can, or unless the law requires or allows us to do this.
- If the payment date is a weekend or public holiday, we will debit your account on the next business day following the public holiday.
- We will give you at least 14 days notice when changes to the initial terms of this arrangement are made.

Your responsibilities

- Before sending us your account details, please check with your bank or financial institution that direct debit deductions are allowed on the account you have chosen.
- Please make sure that you have enough money in your account to cover payment of your premiums when due. Your bank or financial institution may charge a fee if the payment cannot be met.
- The bank or financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Changing your payment details

- you may cancel or change direct debit deductions at any time by contacting our Customer Service Centre on 132 987 or your financial adviser.

Can we help?

- if you have any queries about your direct debit agreement please contact our Customer Service Centre on 132 987 or your financial adviser.
- we undertake to respond to queries concerning disputed transactions within five working days of notification.

How to pay via BPAY

Telephone and internet banking – BPAY. Call your bank, credit union or building society to make this payment from your cheque or savings account. For further information: www.bpay.com.au

Taxation

The taxation information outlined in this document is based on the continuation of present laws and their interpretation and is a general statement only.

Individual circumstances may vary. You should consult your professional tax adviser for advice regarding your personal situation.

Life Insurance Plan, Total and Permanent Disability Insurance Plan and Trauma Recovery Insurance Plan (not applicable to the Life Insurance Superannuation Plan)

Premiums are generally not tax deductible. Lump sum payments made in the event of your death, disablement or major trauma are generally free of income tax in the hands of the plan owner.

Generally, lump sums paid to beneficiaries upon your death would not be assessable. Nomination of beneficiaries does not affect a plan's Capital Gains Tax (CGT) position, since there is no change in the beneficial ownership of the plan.

If you are in business and take out this cover for revenue purposes (for example, replacing business income if a key person dies), the premiums will generally be tax deductible and any benefits received will generally be assessed as income.

If you are in business and take out this cover for a capital purpose (for example, to buy out a partner's share in the business), then there is no tax deduction and no tax should normally be payable on the benefits.

CGT will not apply to proceeds received upon your death unless the recipient of the proceeds is not the original beneficial owner and that person acquired the right to the plan for money or other consideration.

Income Insurance Plus Plan, Income Insurance Plan, Senior Professional Insurance Plan and Business Expenses Insurance Plan

Generally, your premium is tax deductible under Section 8-1 of the Income Tax Assessment Act 1997 and any amounts we pay you are assessable income.

However, premiums paid for the Accident Lump Sum Option or the Occupationally Acquired HIV, Hepatitis B and Hepatitis C Option are not tax deductible and benefits received are not assessable for income tax.

Life Insurance Superannuation Plan

Please refer to page 73 for further details.

Goods and Services Tax (GST)

You do not have to pay GST on your premiums or any benefits you receive.

Applying for Benefits

How to apply for benefits under your plan

To apply for benefits you can contact your financial adviser, or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

When contacting us, you will be asked to provide the following details:

- plan number(s)
- full name of plan owner
- full name of person insured
- nature of claim, and
- name and address for correspondence.

Your Plan Document outlines important information regarding when you will be required to notify us.

Once we have been notified, we will send you information about our claims process and a claim form for the type of benefits you are applying for.

Completing a claim form

Before we can assess your eligibility for benefits, we will need you to complete a claim form. A claim form provides us with key information regarding the nature of your application.

To avoid delays, it is important that you complete and return the relevant forms as soon as possible.

Please ensure that all details requested on the claim form are complete and accurate, and where requested, any supporting documentation is attached to your application for benefits. Submission of an incomplete form will result in delays in your application being assessed.

Should you require assistance in completing a claim form, please contact our Customer Service Centre on 132 987.

Assessing your application for benefits

When assessing an application for benefits, we will review the circumstances surrounding your claim, in conjunction with the terms and conditions of your Plan Document.

Information regarding the benefits, definitions and exclusions that apply to your plan are contained in the Plan Document you received at the time your cover commenced. Depending on the type of plan you have selected, and the information you provided at the time you applied for cover, it may

Additional information

Insurance

be necessary for us to obtain further information in order to assess your claim. This may include such things as information about your health, financial and business affairs, other insurance claims or any other matter that we consider relevant to your claim.

Depending on the circumstances, we may review previous medical history and financial information relating to the type of cover you have and it is important that you completed the Application form and Personal Statement accurately as this may impact your eligibility for benefits. Please read the sections on page 75 outlining 'Your duty of disclosure'.

In accordance with the conditions of the type of cover you have selected, it will be your responsibility to provide financial information or satisfactory documentation when requested.

Where possible, we will notify you of any outstanding requirements to avoid lengthy delays in your application for benefits being processed. Additionally, we may access our network of qualified medical and financial specialists and consultants to assist you through the claims process. This may include arranging for one of our trained staff to visit you by appointment or to attend a specialist facility relevant to your application for benefits.

Benefit payments

Once we have established that your application for benefits has met the terms and conditions of your plan, we will arrange for your benefits to be paid.

We will notify you once your application for benefits has been approved.

For ongoing disability claims we will assist you wherever possible to facilitate your claim, recovery to good health and return to work where possible.

Enquiries and privacy

Enquiries

If you have an enquiry about your plan(s), please contact your financial adviser or our Customer Service Centre on 132 987 from anywhere in Australia for the cost of a local call.

Complaint resolution

This does not apply to the Life Insurance Superannuation Plan. Please refer to page 74 for further details.

If you have a complaint, please advise our Customer Service Centre in writing, stating the precise nature of your complaint and the name and number of the plan.

The Service Centre address is:

AXA Australia
Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

If you are not satisfied with our handling of your complaint, the Financial Industry Complaints Service is available to you. The Financial Industry Complaints Service is governed by an independent council which reports directly to the Federal Minister for Consumer Affairs. The Complaints Service can be contacted on 1300 780 808. Alternatively, you can write to:

Financial Industry Complaints Service
PO Box 579
Collins Street West
MELBOURNE VIC 8007

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also to AXA. We will only collect information about you and your immediate family background that is necessary for the purposes of assessing your Application for insurance or for the purposes of assessing any claim you may make under the policy. This includes information about health, financial situation, occupation and lifestyle.

If you are applying for the Life Insurance Superannuation Plan, we will also use this information to assess your application for and manage your membership of the Super Directions Fund. We will only use information about your dependants in the event of your death.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your Application for insurance and any subsequent claim, AXA may need to disclose your personal information to other parties, such as reinsurers, service providers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Group companies.

In the future, we may contact you about new products or special offers. If, at any time, you do not want to receive this information, you can opt out by telephoning 131 737 and quoting your plan number.

You are entitled to request reasonable access to information we have about you. Our policy on privacy is available from www.axa.com.au or by calling us on 132 987. If you have any complaints or questions

about the privacy of your personal information, please contact our Privacy Officer by writing to:

Group Privacy Officer
AXA Australia
PO Box 14330
MELBOURNE VIC 8001

If your complaint is not resolved by us to your satisfaction, you may write to the Privacy Commissioner at:

Office of the Federal Privacy Commissioner
GPO Box 5128
SYDNEY NSW 2001

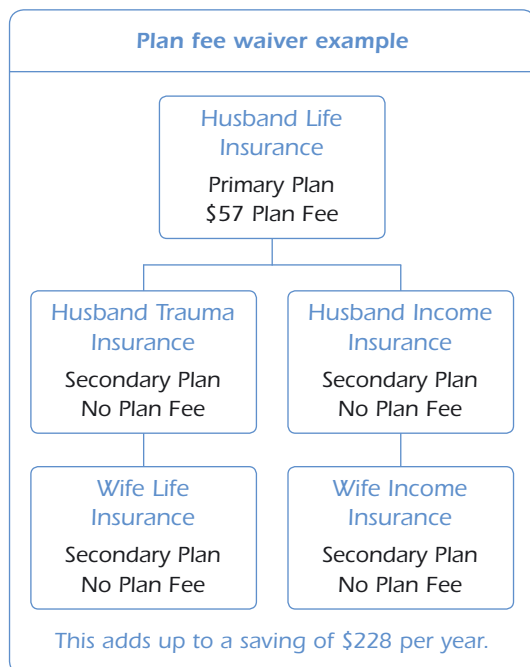
Plan fee waiver

Did you know that by packaging your insurance needs you will save money?

If you have another plan or plans from this Product Disclosure Statement, from the Risk Protection Package or from an AC&L plan, we may waive the plan fee on the second and subsequent plan(s).

We may also waive the plan fee if your spouse, other family members or business partner has a plan with us.

The plan fee waiver is available for up to 21 plans.



Please refer to page 77 for further details.

Interim Accidental Death Cover Certificate

This Certificate applies to the Life Insurance Plan and Life Insurance Superannuation Plan. This Certificate is not applicable where an existing contract of insurance held with AXA or AC&L is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA. AXA grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

What amount is payable on accidental death?

The amount proposed for death cover on the Person to be Insured up to a maximum benefit of \$1,000,000 under this and all similar certificates.

What type of plans are covered?

Plans providing a sum insured on death.

What do we mean by accidental death?

Death which:

- A is the result of accidental bodily injury, and
- B occurs within 90 days of sustaining such injury; and
- C is independent of any other cause.

When we won't pay?

Suicide, whether sane or insane.

Death as a result of or associated with:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat
- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter)
- (iii) taking intoxicating liquor or drugs, or
- (iv) an accident which occurred before the date shown below.

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA's Customer Service Centre.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- A The date on which you are notified by AXA of the assessment decision in relation to the Application.
- B If you withdraw the Application – the date of the withdrawal.
- C 45 days after this cover starts.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 75 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

X

Signature of financial adviser

/ /

Date

Interim Accidental Trauma Recovery Cover Certificate

This Certificate applies to the Trauma Recovery Insurance Plan. This Certificate is not applicable where an existing contract of insurance held with AXA or AC&L is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA. AXA grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

What amount is payable on accidental trauma?

The amount proposed for trauma recovery cover on the Person to be Insured up to a maximum benefit of \$250,000 under this and all similar certificates.

What type of plans are covered?

Plans providing a trauma recovery benefit amount.

What will we pay?

We will pay if the person to be insured suffers one of the following Trauma Events solely as a result of accidental bodily injury:

- Blindness
- Coma
- Diplegia
- Hemiplegia
- Loss of Capacity for Independent Living
- Major Head Injury
- Paraplegia
- Quadraplegia
- Severe burns

Full definition of the Trauma Events above can be found on pages 26 to 30.

When we won't pay?

Suicide, whether sane or insane.

We will not pay if the Trauma Event was caused by:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat

- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter)

- (iii) taking intoxicating liquor or drugs, or

- (iv) an accident which occurred before the date shown below.

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA's Customer Service Centre.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- A the date on which you are notified by AXA of the assessment decision in relation to the Application
- B if you withdraw the Application – the date of the withdrawal, or
- C 45 days after this cover starts.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 75 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

X

Signature of financial adviser

/ /

Date

Interim Accidental Total and Permanent Disability Cover Certificate

This Certificate applies to the Total and Permanent Disability Insurance Plan. This Certificate is not applicable where an existing contract of insurance held with AXA or AC&L is being replaced.

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA. AXA grants Interim Accidental Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

What amount is payable on accidental total and permanent disability?

The amount proposed for total and permanent disability cover on the Person to be Insured up to a maximum benefit of \$500,000 under this and all similar certificates.

What type of plans are covered?

Plans providing a total and permanent disability benefit amount.

What will we pay?

We will pay if the person to be insured becomes totally and permanently disabled as a result of an accidental bodily injury. The definition of total and permanent disablement is outlined on page 84 and for the purpose of interim accidental cover, will be based on the 'any occupation' version.

When we won't pay?

Suicide, whether sane or insane.

We will not pay if the total and permanent disability was caused by:

- (i) intentional self-injury, including intentional contracted infection by bacteria or virus, or any attempt thereat
- (ii) making or attempting to make a flight in an aircraft (otherwise than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter)
- (iii) taking intoxicating liquor or drugs, or
- (iv) an accident which occurred before the date shown below.

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA's Customer Service Centre.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- A the date on which you are notified by AXA of the assessment decision in relation to the Application
- B if you withdraw the Application – the date of the withdrawal, or
- C 45 days after this cover starts.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 75 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

X

Signature of financial adviser

/ /

Date

Interim Income Insurance Cover Certificate

This Certificate applies to all Income Insurance plans and Business Expenses plans.

Details (please print)

Insured/Proposer

Person to be insured

Thank you for submitting your Application to AXA. AXA grants Interim Income Insurance Cover to the proposer on the Person to be Insured named above without any extra premium being charged on the following conditions.

This cover does not apply where the waiting period proposed for is 90 days or more, nor does it cover the person insured for any benefit other than total disability.

All the conditions of the plan you proposed for relevant to the payment of a benefit for total disability apply to this cover, as modified by the following conditions:

What cover is provided?

The amount of cover provided is the lower of:

- the amount of the Total Disability Benefit proposed for excluding additional options, or
- the amount of the Total Disability Benefit we would allow under our usual underwriting rules.

The maximum amount we will pay in total under this cover is \$200,000.

When will we pay?

We will pay the amount of cover if the total disability of the person to be insured lasts for at least the length of the waiting period proposed for. The total disability must be caused by an injury which occurs after this cover starts, or by a sickness which is contracted and commences more than 30 days after this cover starts.

The benefit period under this cover will be the shorter of:

- the benefit period for injury or sickness proposed for, or
- two years.

When does interim cover commence?

This cover commences on the date your Application form and first premium payment, or an effective deduction authority for that amount (for fortnightly or monthly frequencies only), are received at AXA's Customer Service Centre.

Duration of interim cover

The cover provided by this Certificate is valid until the earliest of the following times:

- A the date on which you are notified by AXA of the assessment decision in relation to the Application
- B if you withdraw the proposal – the date of the withdrawal, or
- C 45 days after this cover starts.

No benefit will be payable under this cover for total disability caused by any injury which occurs, or a sickness contracted after this cover ends.

Exclusions

No benefit is payable under this cover if total disability is caused or contributed to by:

- an injury or sickness which the person insured had before this cover began that the plan owner or the person insured didn't tell us about
- the person insured or the plan owner on purpose
- uncomplicated pregnancy, miscarriage or childbirth
- war or war-like activities
- football injuries (all codes), or
- AIDS, AIDS related conditions or HIV infection.

We rely on what you tell us

You acknowledge that you have read the Duty of Disclosure section on page 2 of the Application form and page 75 of this Product Disclosure Statement and you acknowledge that the section also relates to this cover.

If you or the person to be insured did not follow those instructions, you may not be entitled to any cover under this certificate.

Signature of financial adviser

Date

This page has been left blank intentionally.

Application form

Page	Items to be completed
3	Application details
3	<input type="checkbox"/> Application summary
5	<input type="checkbox"/> Products and options
9	Personal statement
9	<input type="checkbox"/> Personal details
10	<input type="checkbox"/> Your health details
13	<input type="checkbox"/> Family history/sports and pastimes details
15	<input type="checkbox"/> Health questionnaires
20	<input type="checkbox"/> Occupation details
21	<input type="checkbox"/> Income details
23	<input type="checkbox"/> Business expenses details
25	Authorities
25	<input type="checkbox"/> Medical and financial authorities
27	<input type="checkbox"/> Payment authorities
28	Non-superannuation application <small>Including self-managed superannuation fund</small>
28	<input type="checkbox"/> Nomination of beneficiaries
29	<input type="checkbox"/> Declaration, consent and signatures
30	Superannuation application <small>N.M. Superannuation Pty Ltd</small>
30	<input type="checkbox"/> Nomination of dependants
32	<input type="checkbox"/> Tax file number (must be provided)
33	<input type="checkbox"/> Superannuation membership
34	<input type="checkbox"/> Financial adviser and commission details
36	<input type="checkbox"/> AXA administration

Important information for applicants

Please read these instructions carefully before starting this Application

Before you start

Before you sign this Application form, you should be aware that your adviser, The National Mutual Life Association of Australasia or N.M. Superannuation Pty Ltd is obliged to have provided you with the Product Disclosure Statement(s) for the product(s) you are applying for.

The Product Disclosure Statement(s) contain important information to help you to understand the product and to decide whether it is appropriate to your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

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 you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that the insurer knows or, in the ordinary course of business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure or misrepresentation

If you fail to comply with your duty of disclosure (or make a misrepresentation to us) and the insurer would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, the insurer may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) 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 three years of the commencement date, 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.

If we allow you to replace an existing contract of insurance* held with AXA or AC&L with the same type of cover for the same or lesser amount of

insurance, and you were previously underwritten by the insurer, then you are not required to disclose any further information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, the insurer will rely on the information that you previously provided in relation to the existing contract of insurance. For that reason, the insurer's right in relation to a breach to your duty of disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

- * Life Insurance, Life Insurance Superannuation Plan, Trauma Insurance and Total and Permanent Disablement Insurance only

Definitions in this Application

'Person to be insured' is the person whose life, health or income is to be insured under this Application. Most of the questions in this Application are about the Person to be insured.

'Adviser' refers to the financial adviser who is guiding you to complete this Application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan, the Plan owner is N.M. Superannuation Pty Ltd.

'You' either refers to the Plan owner under the plan or the proposed Person to be insured, where indicated.

'We' refers to the underwriter, The National Mutual Life Association of Australasia Limited, trading as AXA and AC&L. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

How to apply

- 1 Please read the Product Disclosure Statement for the product(s) you want to apply for.
- 2 Ask your financial adviser to assist you with the details in this form.
- 3 Use a black pen to complete this Application form.
- 4 Send your completed Application form to your financial adviser:

Financial adviser contact details

Application summary

► Before you complete this application:

- If you are altering an existing plan, please refer to your Plan Document for terms and conditions of your plan.

Please use a black pen to fill in this application.

Plan details

Date this Application signed

Plan/Application number

Plan owner type (tick one): Individual Business application

Application type (tick one): AXA Workplace Rewards Campaign New plan Conversion take-up Increase sum insured

Replace existing plan – Existing plan number

Add cover Re-submitted Application Continuation option Other (provide details in Adviser notes)

Is this plan fee to be waived? No Yes – to which plan number?

Full name of Plan Owner of linked plan

Concurrent applications

Is this application form attached to or submitted with a concurrent application form? No Yes – to which Application?

- Business partner(s)
- Another AXA product (eg Summit Generations)
- Spouse
- Another AXA/AC&L Insurance Application on the Person to be insured
- Children's Trauma

Please provide details below:

Name of insured	Date of birth	Plan number/Product name
	/ /	
	/ /	
	/ /	

Person to be insured

Is the person to be insured also the: Plan owner Payer of insurance premium

Title Family name (please print) Given name(s) Previous name (if applicable)

Marital status Date of birth / / Current age Country of birth

Sex Male Female

Occupation title and the industry that the Person to be insured works in?

Insurable income in last 12 months \$ (Personal exertion income after expenses but before income tax)

Residential address of Person to be insured

Street number and name Town/Suburb State Postcode Country

Home phone Business phone Mobile phone

Email address

The Person to be insured will need to complete the Signatures section on page 29 except, if applying for the Life Insurance Superannuation Plan, where the Person to be insured will need to complete the Superannuation application sections on pages 30 to 33.

Application summary (continued)

Plan owner(s) to be completed only if the plan owner is a company, an external trustee or an individual other than the life to be insured. Not to be completed if applying the Life Insurance Superannuation Plan.

► **Only complete this section if Plan owner is different to the Person to be insured**

Plan owner is payer of insurance premium (only if not being paid by Person to be insured)

Title	Family/Company/Trustee name	Given names	Date of birth	Plan name
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

Only provide an ABN if the Plan owner is to be a company or a trustee:

Company ABN (Australian Business Number)

- - -

The Plan owner(s) will need to complete the Signatures section on page 29 later.

Address for correspondence

► **Only complete this section if different to the residential address of Person to be insured above**

Street number and name

Town/Suburb

State

Postcode

Country

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------

Products and options

Please tick this box if you would like us to obtain information from the Life Insurance Quote you have attached. If so, please go to Payment methods on page 8.

1 Life Insurance Plans

Sum insured

Life Insurance Plan

\$

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 70. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Options: Trauma Option

OR

Double Trauma Option

\$

Life Buy-Back (Trauma)

Business Solutions Option (Trauma)

\$

Comprehensive Cancer Option

Trauma Reinstatement Option

Total and Permanent Disability Option (TPD)

OR

Double Total and Permanent Disability Option

\$

Occupation category Any occupation Own occupation

Life Buy-Back (TPD)

Business Solutions Option (TPD)

\$

Activities of Daily Living TPD Option

Occupation category

Note: This option can only be combined with the Total and Permanent Disability Option or Double Total and Permanent Disability Option where the TPD sum insured exceeds \$3,000,000.

\$

Future Insurability Option

\$

Business Solutions Option (Life)

\$

Premium Waiver Option

Children's Trauma – No. of children

(Please complete a separate Children's Trauma Option Personal Statement for each child)

\$

Life Insurance Plans continue on the next page ►

Products and options (continued)

1 Life Insurance Plans (continued)

Sum insured
\$

Life Insurance Superannuation Plan

To be completed by the Person to be insured only if applying for the Life Insurance Superannuation Plan – N.M. Superannuation Pty Ltd. If the Plan Owner is an external trustee, please complete the Life Insurance Plan.

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 70. The plan expires at age 75 but if you wish for it to expire earlier, complete the required age in this box.

Options: Total and Permanent Disability Option (TPD)
OR

Double Total and Permanent Disability Option \$

Occupation category Any occupation Own occupation

Life Buy-Back (TPD) \$

Business Solutions Option (TPD) \$

Activities of Daily Living TPD Option \$

Occupation category

Note: This option can only be combined with the Total and Permanent Disability Option or Double Total and Permanent Disability Option where the TPD sum insured exceeds \$3,000,000.

Future Insurability Option \$

Business Solutions Option (Life) \$

Premium Waiver Option

2 Total and Permanent Disability Insurance Plan

Sum insured
\$

Total and Permanent Disability Insurance Plan

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 65. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Occupation category Any occupation Own occupation

Options: Business Solutions Option (TPD) \$

Children's Trauma – No. of children \$
(Please complete a separate Children's Trauma Option Personal Statement for each child)

3 Activities of Daily Living Total and Permanent Disability Plan

Sum insured
\$

Activities of Daily Living Total and Permanent Disability Plan

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 65. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Occupation category

4 Trauma Recovery Insurance Plan

Sum insured

Trauma Recovery Insurance Plan

\$

Premium structure: Stepped Level – to age Level premiums will alter to stepped premiums from age 65. The plan expires at age 99 but if you wish for it to expire earlier, complete the required age in this box.

Options: Total and Permanent Disability Option (TPD) \$

Occupation category Any occupation Own occupation

Business Solutions Option (TPD) \$

Activities of Daily Living TPD Option \$

Occupation category

Business Solutions Option (Trauma) \$

Comprehensive Cancer Option

Trauma Reinstatement Option

Children's Trauma – No. of children \$
 (Please complete a separate Children's Trauma Option Personal Statement for each child)

5 Income Insurance Plans

Benefit period: To age OR Years

Monthly benefit: \$ \$ (show split if required)

Will superannuation guarantee contributions be paid to your superannuation fund in the event of a claim? No Yes

If yes, how much is your superannuation guarantee contribution amount?

SGC amount: \$ \$ Note: Maximum is 9% of annual income. This will be paid to your superannuation fund in the event of a claim.

Total monthly benefit: \$ \$

Waiting period: days days (show split if required)

Sum insured

Income Insurance Plus Plan

Premium structure: Stepped Level
 Occupation category

Options: Indemnity \$
 Accelerated Accident Option
 Accident Lump Sum Option

Cover Boost Option
 Increasing Claim Option
 Occupationally Acquired HIV, Hepatitis B & C Option \$

Income Insurance Plans continue on the next page ►

Products and options (continued)

5 Income Insurance Plans (continued)

Sum insured

Income Insurance Plan

Premium structure: Stepped Level
 Occupation category

Options: Indemnity
 Accelerated Accident Option
 Accident Lump Sum Option
 Cover Boost Option
 Increasing Claim Option

\$

\$

Income Insurance Senior Professionals Plan

Occupation category

6 Business Expenses Insurance Plan

Business Expenses Insurance Plan

Premium structure: Stepped Level Occupation category

Benefit period:

Monthly benefit: \$ \$ (show split if required)

Waiting period: (show split if required)

The Total instalment and total yearly premiums fields *MUST* be completed for all applications.

Total instalment and yearly premiums

Including Yearly Plan Fee (if applicable)

Total yearly premium \$

Total instalment premium \$

- A deposit premium is required and can be paid by cheque* or credit card.
- If a deposit premium is not received for monthly or fortnightly payment, a one month's deposit premium will be deducted from your bank account or credit card.
- A deposit premium may be deducted for quarterly, half-yearly or yearly credit card deductions provided the authority submitted with this application authorises this deduction.

Payment method

Select one payment method and frequency:

Direct payment by cheque* or credit card (only available for yearly payments)

OR

Direct debit from bank account or credit card:

- Fortnightly – initial full month's deposit required
- Monthly
- Quarterly
- Half-yearly
- Yearly

(Optional) Choose a date for bank account deduction from 1st to 28th only

Please remember to complete a payment authority for your financial institution on page 27.

* Cheques should be made payable to AXA Australia

OR

North Account Number

Personal details

Warning: you have a duty to disclose all information relevant to our decision to accept your Application. We rely on this information to assess your Application. Any incorrect information may affect your entitlement to benefits.

You' refers to the Person to be insured (unless otherwise indicated).

Contact details for Person to be insured

We may need to contact you between 8am to 7pm regarding the details of your Application.

IMPORTANT: Please see page 2 for details of your Duty of Disclosure.

Daytime phone number ()	Hours you can be contacted
After hours phone number ()	Hours you can be contacted
Mobile phone number	Hours you can be contacted

Residence and travel details

Q1 Are you a permanent resident of Australia? No Yes If no, please provide details including the type of visa you hold:

Q2 Including annual holidays are you likely to live, travel or work overseas? No Yes If yes, please provide details:

Where	When	Duration

Insurance details

Q3 Are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**, including this one? Note: this includes benefits under superannuation, business or credit insurance or benefits provided by an employer.
 No Yes If yes – please provide details:

Name of company	Type of cover	Sum insured	Date commenced	To be replaced?
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes
			/ /	<input type="checkbox"/> No <input type="checkbox"/> Yes

Important note: If this application for insurance is intended to replace the existing plan(s) highlighted in the table above, when AXA notifies you that it has accepted your application for insurance, you must cancel such plan(s). If you do not cancel the existing plan(s) highlighted in the table above, any claim made by you to AXA for the insurance applied for and accepted may not be considered.

Q4 Has **any company** refused or applied loadings, restrictions or exclusions to a proposal on your life, superannuation, sickness, accident, trauma, income insurance, business expenses, lump sum disablement or disability insurance? No Yes
 If yes, please provide full details including reason, date, company name and type of cover.

Q5 For any type of trauma, lump sum disablement, disability/income insurance, sickness, accident, unemployment, armed forces pension or allowance, worker's compensation, common law or third party benefit:

(a) Have you ever made a claim? No Yes
 (b) Do you intend to make a claim? No Yes
 (c) Are you currently receiving benefits? No Yes
 (d) Are you entitled to receive benefits? No Yes

If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
			/ /
			/ /

Your health details

To be completed by the Person to be insured.

'You' refers to the Person to be insured.

Doctor details

Q6 Provide below the details of your current General Practitioner (GP)/medical centre and the details of your last consultation.

Name of GP/medical centre

Street number and name

Town/Suburb

State

Postcode

Phone number

Facsimile

How long have you been his/her patient?

 years

Date of last consultation	Reason	Result
/ /		

Personal habits

Q7 Do you smoke or have you ever been a smoker?

No ► Go to Q8

Yes What do you or did you smoke?

Cigarettes Pipes Cigars Other If other, please specify

On average, how many do you or did you smoke daily?

If you have stopped, when? month year

Q8 How many standard drinks containing alcohol do you consume per week on average? standard glasses per week
[standard drink = 1 nip spirits, 100ml wine, 10oz/285ml beer]

Q9 Have you ever been advised to reduce your tobacco or alcohol consumption? No Yes

If yes, please advise previous amount, duration, reason for reduction or cessation:

Q10 Do you or have you ever used recreational drugs or non-prescription drugs? No Yes

If yes, please give details:

Personal health history

Q11 (a) What is your: Height Weight

(b) Has your weight varied in the last 12 months? No Yes

If yes, please tick one of the following and provide the amount and reason:

Gain Loss Amount (kgs)

Your health details (continued)

'You' refers to the Person to be insured.

Personal health history (continued)

Q12 At any time in your life have you **ever** suffered from, received advice for, or experienced symptoms of the following (**even if you have not seen a doctor**):

- (a) No Yes Arthritis, bone fracture, joint injury, eg **hip, ankle, knee, elbow, wrist, shoulder**, or experienced symptoms of muscle or joint disorder, gout, tendonitis or tenosynovitis
- (b) No Yes Heart condition, rheumatic fever, chest pain, **high blood pressure, raised cholesterol**, vein or circulatory disorder
- (c) No Yes Cancer, tumour of any kind, growth, breast lump, **cyst, mole** or **skin lesion**
- (d) No Yes Anaemia, leukaemia, haemophilia or any other blood disorder
- (e) No Yes **Asthma**, bronchitis, lung condition, breathing or respiratory disorder, sleep apnoea
- (f) No Yes Disorder of the kidney, bladder or prostate, urinary complaint or kidney stone
- (g) No Yes **Back or neck disorder, spinal condition, sciatica, whiplash**
- (h) No Yes **Mental illness, depression, anxiety, nervous condition, stress or post traumatic stress disorder**
- (i) No Yes **Chronic fatigue**, fibromyalgia, fibrositis, myalgia, **chronic pain syndrome**
- (j) No Yes Diabetes or thyroid disorder
- (k) No Yes Indigestion, gastric or duodenal ulcer, hernia
- (l) No Yes Bowel disorder, irritable bowel syndrome
- (m) No Yes Gall bladder or liver disorder, Hepatitis (please advise type, eg A, B, C or other)
- (n) No Yes Epilepsy, stroke, headaches, migraines, disorder of the brain or nervous system, dizziness, fainting, memory loss
- (o) No Yes Disorder of the ears, eyes or speech
- (p) No Yes Psoriasis, eczema, dermatitis or other skin condition
- (q) No Yes Sexually transmitted disease
- (r) No Yes Any other illness, injury, operation or disability
- (s) No Yes Have you ever been admitted to hospital for a reason other than one of the above conditions?

Females only

- (t) No Yes Are you currently pregnant? If yes, please advise expected date of delivery
- (u) No Yes Have you ever had any complications with pregnancy or childbirth?
- (v) No Yes Have you ever had an abnormal breast ultrasound or mammogram?
- (w) No Yes Have you ever had an abnormal pap smear?

If you answered 'YES' to any of the items in Q12, please provide details in the table below, EXCEPT for any condition in bold text above for which you should complete the relevant section of Q21 instead. If you answered 'NO' to all items, go to Q13.

Item No. eg (f)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Time off work	Degree of recovery %
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%
	/ /				%

Personal health history (continued)

Q13 In addition to the conditions you have already mentioned in this application. (There is no need to repeat information you have already provided in this application.)

Have you in the last five years (not including colds or flu):

- (a) No Yes Had any blood test, inherited disorder, counselling of any kind, review of a previously diagnosed condition or any diagnostic test of any nature eg genetic test, x-ray, medical test?
- (b) No Yes Used or are you currently using any medication (taken by mouth, injections, inhaled spray, cream, ointment) for any symptoms, sickness, injury or medical condition?
- (c) No Yes Had any sickness, symptom or injury that prevented you from performing any of the duties of your usual occupation for more than three consecutive days?

If you answered Yes to any of the items above, please provide details in the table below.

Item No. eg (b)	Date	Details of condition, advice or symptom including nature of treatment	Name and address of doctor, hospital or health professional consulted	Date treatment or medication ceased (if applicable)	Time off work	Degree of recovery %
	/ /			/ /		%
	/ /			/ /		%
	/ /			/ /		%

Q14 In addition to the conditions you have already mentioned in this application, have you consulted any other doctors, medical centres or health professionals (eg Chiropractors, Physiotherapists, Naturopaths, Osteopaths, Podiatrists, Herbalists etc) in the last two years?

No Yes – please provide names, dates, addresses, reasons and results of any consultations:

Q15 Do you contemplate seeking any medical advice, investigation or treatment including surgery in the near future? No Yes

If yes, please provide name of doctor, date of consultation if known and condition:

Q16 (a) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection? No Yes

For example, some signs are: unexplained weight loss, swollen glands or persistent diarrhoea.

(b) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes

Note – HIV risk situations include but are not limited to:

- sex with or as a prostitute;
- sex with an intravenous drug user;
- contact with someone else’s blood (for example, through injection or scratch with a used needle);
- anal intercourse (except in a relationship between you and one other person only and neither of you have had sex with anyone else for at least three years).

Family history/sports and pastimes details

Q17 Has either one of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? No Yes

If yes, please provide details in the table below:

Direct family member (please state their relationship to you but not their name)	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)

Q18 Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities?

- (a) No Yes **Aviation (other than a fare paying passenger on a licensed public service)**
- (b) No Yes **Motor racing (including car, bike and boat)**
- (c) No Yes **Underwater diving**
- (d) No Yes Football
- (e) No Yes Motor bike riding, including trail bike riding
- (f) No Yes Any other hazardous activity, pursuit or sport not previously disclosed (including, but not limited to: rock climbing, hang-gliding, ocean racing, martial arts, horse riding, or any other motor sports)

If you answered 'YES' to items (d), (e) or (f), please provide details of each activity in the table below. For any activity in bold text above please complete the relevant section of Q19. If you answered 'NO' to all items above, go to Q21.

Item No. eg (f)	Activity or sport	Location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?
					<input type="checkbox"/> Amateur <input type="checkbox"/> Professional
					<input type="checkbox"/> Amateur <input type="checkbox"/> Professional

Q19 Detailed sports and pastimes questionnaires

► Only complete the relevant sections of this question if you answered 'yes' to Question 18 a, b, or c above.

(a) Aviation questionnaire

- 1 Do you hold a Department of Transport licence to fly aircraft? No Yes – please state type and period held:
- 2 Do you intend to change the scope of your present licence? No Yes – please provide details:
- 3 Have you ever had an accident or been charged with violating civil aviation regulations? No Yes – please provide details:

Detailed sports and pastimes questionnaires continue on the next page ►

Sports and pastimes details (continued)

Q19 Detailed sports and pastimes questionnaires (continued) ►

(a) Aviation questionnaire (continued)

- 4 Do you always use recognised Department of Transport airfields? No Yes – please provide details:
- 5 Please provide details of the type(s) of aviation you are involved in (eg commercial, private, agricultural, aero club, helicopter, ultralight aircraft)
- 6 Please provide details of the number of annual hours flown:
- (i) in total as a pilot
- (ii) in the last 12 months
- (iii) expected each year in the future
- 7 Do you intend to engage in any form of aviation other than the above categories? (eg ballooning, paragliding)
 No Yes If yes, please provide details:

(b) Motor racing questionnaire

- 1 Vehicle type Engine size Maximum speed
- 2 Number of times per annum
- 3 Professional Amateur
- 4 Category of racing (eg, touring cars)
- 5 Events (eg, off-road or speedway)

(c) Underwater diving questionnaire

- 1 Type of diving
- 2 Average depth
- 3 Maximum depth
- 4 Number of times per annum
- 5 Professional Amateur
- 6 What certification do you hold?
- 7 Do you participate in sink hole, wreck or other hazardous diving? No Yes – please provide details, including how often:
- 8 Do you dive at night? No Yes – please provide details:
- 9 Have you ever had a diving accident or sickness? No Yes – please provide details:

Q20 Do you wish to be covered for the sports and pastimes activities you have disclosed in this Application? No Yes
 (Note: this is subject to approval by AXA underwriting)

Q21 Detailed health questionnaires

► Only complete the relevant health questionnaires, if you answered 'yes' to any items in bold text in Q12.

(a) Joint disorders and pain questionnaire (eg knee, hip, elbow, wrist, shoulder, ankle)

- 1 Please state specific condition/symptoms and diagnosis made
- 2 When did you **first** suffer from this disorder?
- 3 When did you **last** suffer from this disorder?
- 4 Please state which knee, ankle, elbow, wrist or shoulder was affected:
- 5 Please describe symptoms fully:
- 6 What was the cause or nature of the disorder?
- 7 What was the nature of the treatment? If surgery, please provide details, eg plates or screws inserted/removed, arthroscopy
- 8 Have you had any recurrence of this disorder? No Yes – when and under what circumstances?
- 9 Please provide names and addresses of all doctors and health professionals consulted in relation to your joint disorder or pain and the approximate dates of consultations:
- 10 How long, if at all, have you been symptom free?
- 11 How much time have you lost from your employment due to this disorder?

(b) High blood pressure/high cholesterol questionnaire

- 1 When were you first advised that you had raised blood pressure/raised cholesterol?
- 2 What was your blood pressure/cholesterol reading at the time of diagnosis?
Blood pressure Cholesterol
- 3 (a) What was the last blood pressure/cholesterol reading, and when was this taken?
Blood pressure Date
Cholesterol reading Date
- (b) Is the reading above consistent with others when checked? No Yes
If no, what is a typical reading?
- 4 When is your next check-up due?

High blood pressure/high cholesterol questionnaire continued on next page ►

Q21 Detailed health questionnaires (continued) ►

(b) High blood pressure/high cholesterol questionnaire (continued)

5 How often are you required to see your doctor for reviews/check-ups?
 Monthly Quarterly Twice yearly Annually Other – details

6 Are you currently taking any medication for your blood pressure/cholesterol levels?
 No – go to question 8
 Yes, please provide the name of any medication you take and the daily dosage

7 Has your treatment type or dosage changed within the last 12 months?
 No – go to question 9
 Yes, please provide the details below:

When was it changed?	What was changed?	Why was it changed?

8 Have you ever been prescribed medication for blood pressure/cholesterol?
 If no, how has the condition been managed?

If yes, when and why have you ceased taking this medication?

9 Have you undergone or been referred for any other investigations (eg resting or exercise ECG, 24hr holter monitor, urinalysis, echocardiogram)?
 No Yes – please provide details:

10 Has any underlying cause been found for your raised blood pressure/cholesterol?
 No Yes – please provide details:

(c) Cyst/mole/skin lesion questionnaire

1 What is the site of the cyst/mole/skin lesion?

2 Please indicate the condition(s) you have had, or received treatment for:
 Hyperkeratosis or solar keratosis Sebaceous (fatty) cyst
 Melanoma Basal cell carcinoma (BCC)
 Mole or Naevi Squamous cell carcinoma (SCC)
 Other (please describe):

3 Date of diagnosis

4 Was the cyst/mole/skin lesion removed? No Yes
 If yes, please provide date and method (ie by surgery, freezing or otherwise):

If no, please provide reason why it was not removed:

Cyst/mole/skin lesion questionnaire continued on next page ►

Q21 Detailed health questionnaires (continued) ►

(c) Cyst/mole/skin lesion questionnaire (continued)

5 Were any special tests, investigations or treatment required? No Yes

If yes, please provide details:

6 Was the cyst/mole/skin lesion reported to be: Malignant Benign Do not know

7 Do you have, or are able to obtain a copy of the histopathology/laboratory testing results? No Yes

If yes, please attach a copy of these results.

8 Have you been or are you required to attend for any further treatment or follow-up since the original removal? No Yes

If yes, please provide details of date(s) and what was advised?

9 Was the doctor you consulted different from your usual doctor? No Yes

If yes, please provide full details:

(d) Asthma questionnaire

1 When was your asthma diagnosed? /

2 When did you **first** have symptoms? /

3 When did you **last** have symptoms? /

4 Approximately how many times per year do you get symptoms?

5 Do the attacks occur in a particular season or during exercise? No Yes – please provide details:

6 How much time have you lost from work (or school) in the past due to asthma?

7 Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (detail aerosol spray, tablets or injections, amounts and number of times per day):

8 Please provide details of the doctor who you consult for your asthma:

9 When did you **last** consult this doctor for asthma? /

10 Have you ever been treated for your asthma with steroids (eg Prednisone)? No Yes – please provide details, including dates:

11 Have you ever been hospitalised for asthma? No Yes – please provide details:

12 In the last three years, have you had a chest X-Ray or respiratory function test? No Yes – please provide dates and results:

Health questionnaires (continued)

Q21 Detailed health questionnaires (continued) ►

(e) Back/neck disorder/spinal condition/sciatica/whiplash questionnaire

1 Neck disorder Back disorder – please clarify which part of the back is/was painful (eg upper, lower, middle):

2 When did you **first** suffer from this disorder?

3 When did you **last** have any symptoms?

Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:

4 What was the cause of the disorder (eg accident)?

5 Are you still receiving treatment? No Yes

6 What is or was the nature of the treatment? Please include details of any medication, physical therapy or surgery:

7 Have you had any investigations such as an X-Ray, CT Scan or MRI? No Yes – what were the results?

8 Have you had any recurrence of this disorder? No Yes – when and how often?
(Include number of recurrences, the causes and how long they lasted)

9 Please provide names and addresses of all doctors and health professionals consulted in relation to your back or neck disorder and approximate dates of consultations:

10 How long, if at all, have you been symptom free?

11 How much time have you lost from your employment due to this disorder?

Q21 Detailed health questionnaires (continued) ►

(f) Mental illness/depression/anxiety/nervous condition/stress/post traumatic stress disorder questionnaire

1 Have you ever suffered from, or had treatment for, or been diagnosed with any of the following? Please tick.

- Stress Anxiety Chronic Fatigue Inability to sleep
- Depression Fears or phobias Chronic pain Compulsive Disorder
- Other – please specify:

2 What was the date of the **first** symptom?

/ /

3 What was the date of the **last** symptom?

/ /

4 Please describe your symptoms fully:

5 Please advise of the cause of your disorder

6 How long did you suffer from the disorder?

7 Have you had any recurrence? No Yes – please provide full details:

8 How long, if at all, have you been free of any signs or symptoms?

9 Please provide details and nature of treatment for this condition, eg were you treated with tranquillisers or other drugs, did you undergo counselling, therapy or surgery?

10 When did treatment cease?

/ /

If ongoing treatment – please provide details (eg dosage and type of medication, counselling):

11 Please provide names and addresses of all doctors and health professionals consulted for these disorders, including approximate dates of consultations:

12 Name of doctor or health professional **last** consulted for this disorder and the date of the **last** consultation:

13 How much time have you lost from your employment due to this disorder?

14 Are you currently fit and well and able to do your work without stress or discomfort? No Yes

If no, please provide details:

Occupation details

To be completed by the Person to be insured only if applying for: Income Insurances, Business Expenses Insurance or Total and Permanent Disability Insurance.

If you have not applied for plans listed in the box above

▶ go to page 25

'You' refers to the person to be insured (unless otherwise indicated).

Q22 Please give details of your current and previous occupation or jobs over the last five years, including any period unemployed, travelling, studying, etc. If you have a second occupation please give details in Q29 below.

	From	To	Occupation	Employer	Tick which is applicable			
					Employed by own company	Self-employed	Partnership	Employee
Current principal occupation	/ /	Present			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous occupation	/ /	/ /			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 How many hours per week do you spend at your principal occupation? hours

Q24 How many weeks per year do you spend at your principal occupation? weeks per year

Q25 In your principal occupation, what percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed	
Sedentary/Administrative		%
Supervising manual work		%
Light manual		%
Heavy manual		%
Home duties (include details of dependants including ages and any other relevant information)		%
Other (including hazardous duties, eg handling dangerous substances, working at heights)		%
Total duties		100%

Q26 Please give details of your specific qualifications (eg degree, trade certificate):

Q27 Do you work from home? No Yes
 If yes, provide details of actual work you perform at home, your work set-up (eg separate office) and frequency and type of contact with clients:

Q28 Do you intend to change your occupation? No Yes If yes, please provide details below:

Q29 Do you have a second occupation? No Yes If yes, please provide details below including specific duties:

Q30 Number of hours per week worked and annual income derived from second occupation hours \$

Q31 Have you or any business with which you have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? No Yes
 If yes, (a) when (b) date of discharge

Income details

To be completed by the Person to be insured only if applying for: Income Insurances, Business Expenses Insurance or Total and Permanent Disability Insurance.

What is Insurable income?

This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work.
It does not include investment or interest income.

Q32 Insurable income

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

- ▶ **If you are self-employed, in a partnership or an employee of your own company, please complete the 'For self-employed' section below**
- ▶ **If you are an employee, please complete the 'For employees' section on page 22**

For self-employed

- ▶ **Only complete this section if you are self-employed. This includes sole traders, partners, or if you are an employee in your own company.**

(a) Do you receive any income from any investment sources (eg rental income, dividends)?

No Yes – please advise the source(s) and amount(s) per annum:

(b) How many people do you employ?

(c) What percentage of the business do you own? %

If not 100% owner, please provide percentage ownership and include roles/duties of the other owners.

(d) Please provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available. **Do not include any amounts paid to you which are paid from past profits, capital or loans.**

Year ending	Gross income for entire business	Less all expenses incurred in earning that income	Equals net business income before tax	Your share of net business income	Wages/salary/super drawings/director's fees paid to you	Your total income
30 / 6 /	\$	\$	\$	\$	\$	\$
30 / 6 /	\$	\$	\$	\$	\$	\$

(e) If you have applied for income insurance, did you include superannuation contributions in the calculation of the Monthly Benefit?

No Yes – if yes, how much? \$ (Maximum is 9% of insurable income. This amount will be allocated to a complying Superannuation Fund in the event of a claim.)

(f) What proportion of total business income is from your personal exertion?

(g) If you become disabled, would all or part of your income (including investment income) continue?

No Yes – please provide the following details:

(i) What type and proportion of total business income would continue if you were not working?

(ii) Is there an agreement in place (written or otherwise) in relation to this entitlement and when it may cease?

No Yes – please provide further details:

(h) Has your business had a net operating loss over either of the last two financial years? No Yes

If yes, please provide copies of your full company accounts for the last two financial years, including any associated entities.

(i) So far this financial year, is your business trading profitably? No – please provide details in the space below Yes

Income details (continued)

To be completed by the Person to be insured only if applying for: Income Insurances, Business Expenses Insurance or Total and Permanent Disability Insurance.

What is Insurable income?

This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work.

It does not include investment or interest income.

Q32 Insurable income (continued)

Please disclose all income figures that accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

- ▶ If you are self-employed, in a partnership or an employee of your own company, please complete the 'For self-employed' section on page 21
- ▶ If you are an employee, please complete the 'For employees' section below

For employees

- ▶ Only complete this section if you are an employee and do not have any ownership in your employer's business.

(j) Do you receive any income from any investment sources (eg rental income, dividends)?

No Yes – please advise the source(s) and amount(s) per annum:

(k) Please give details of your total remuneration package from all sources currently and for the last two financial years.

Please include any additional benefits (eg pre-tax superannuation contributions, regular bonuses and commissions, fringe benefits):

Current remuneration

Last financial year

Previous financial year

\$

/ /

\$

/ /

\$

(l) If you have applied for Income Insurance, did you include superannuation contributions in the calculation of the Monthly Benefit?

No Yes – if yes, how much? \$ (Maximum is 9% of gross income. This amount will be allocated to a complying Superannuation Fund in the event of a claim.)

(m) If you become disabled, would all or part of your employment income continue? No Yes – please answer (i) and (ii):

(i) What is the income amount that would continue, for how long, and the source (eg salary, sick pay, company profits, investments, rental)?

(ii) Is there an agreement in place (written or otherwise) that determines when this entitlement will cease? No Yes – details:

Business expenses details

To be completed by the Person to be insured only if applying for Business Expenses Insurance

If you have not applied for plans listed in the box above

▶ or go to page 25

Q33 Business structure

Company Partnership Trust Sole proprietor

Date the business was purchased/started

Q34 Business details

Business name

Business street number and name

Town/Suburb

State

Postcode

Q35 Employees

Number of income producing employees: Full time Part time

Number of non-income producing employees: Full time Part time

Q36 If a partnership/company, number of partners/directors

Q37 Percentage of business income derived from your personal exertion %

Q38 If you were to become totally disabled, what would be the reduction in business income? %

Please provide a brief explanation of what would happen to the business if you were to become disabled:

Q39 Monthly expenses of the business over the last 12 months

Monthly expenses

(i) Rent or mortgage interest payments	\$ <input type="text"/>
(ii) Electricity, gas, water, heating	\$ <input type="text"/>
(iii) General insurance premiums	\$ <input type="text"/>
(iv) Cleaning	\$ <input type="text"/>
(v) Telephone	\$ <input type="text"/>
(vi) Leasing of equipment or motor vehicles	\$ <input type="text"/>
(vii) Property rates and taxes	\$ <input type="text"/>
(viii) Dues to professional bodies	\$ <input type="text"/>
(ix) Accountant's fees	\$ <input type="text"/>
(x) Salaries and associated costs (eg superannuation contributions) for employees who do not generate revenue	\$ <input type="text"/>
(xi) Other fixed expenses (please provide details below)*	\$ <input type="text"/>
(xii) Total monthly expenses (Total of (i) to (xi) above)	\$ <input type="text"/>
(xiii) Percentage of expenses in (xii) above that you are responsible for	<input type="text"/> %

* Details of other expenses

For qualified registered medical practitioners or dentists classified as MP or AA only.

Q40 Net Locum Cost¹

1 Net Locum Cost is the estimated cost of engaging a locum to replace you while you are totally disabled and unable to work due to sickness or injury, less any income this person generates. Only complete this question if you estimate locum expense will exceed income generated by the locum.

This page has been left blank intentionally.

Medical and financial authorities

To be completed by the Person to be insured for all applications.

Medical authorities

► Please complete ALL medical authorities below because many health professionals prefer an original signature.

Authority to release medical information to AXA

Person to be insured name

I, authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Authority to release medical information to AXA

Person to be insured name

I, authorise any medical practitioner, doctor, health professional, hospital or clinic to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Authority for AXA to release medical information to usual doctor

► Only complete this section if you authorise AXA to release medical information to your doctor upon an adverse assessment of your application.

Person to be insured name

I, authorise NMLA trading as AXA to advise

Doctor of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this Application. I also authorise AXA to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured

Date signed

Financial authority

► Only complete this section if you want your accountant or financial adviser to release information to AXA.

Authority to release financial information to AXA

Person to be insured name

I, authorise my accountant/financial adviser to release to the insurer (NMLA trading as AXA and its group of companies), all information which the insurer requests for the purpose of assessing my Application for insurance. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured

Date signed

Accountant/financial adviser name

Accountant/financial adviser address

Accountant/financial adviser contact number

This page has been left blank intentionally.

Payment authorities

To be completed by the person to pay the insurance premium for all applications.

► Before you complete this page, please read the terms and conditions of this facility in the Product Disclosure Statement(s).

Option 1 – Direct debit authority from bank account

► Only complete this section to pay your insurance premiums by direct debit.

Note: please refer to your financial institution to check your account offers direct debiting.

Account holder name or company name (name in full)

If company account – please provide ABN (Australian Business Number) - - -

I/We

request you, until further notice in writing, to debit from my/our account described in the schedule below, any amounts which The National Mutual Life Association of Australasia Ltd (the User) (User ID 109) may debit or charge me/us through the direct debit system.

Your financial institution may charge a small fee for the direct debit arrangement. This will be reflected in your account statement.

Account holder address

Street number and name Town/Suburb State Postcode

Frequency of direct debit (tick one): Fortnightly Monthly Quarterly Half-yearly Yearly

Name and address of financial institution

Bank/financial institution name

Street number and name Town/Suburb State Postcode

The schedule

Account in name of BSB number - Account number

Account holder signature(s)

Signature – account holder 1 Date signed Signature – account holder 2 (if applicable) Date signed

Office use only

Plan number

Option 2 – Credit card authority

► Only complete this section to pay your insurance premiums by credit card.

I authorise AXA to debit my credit card account, the initial deposit premium or future premiums as indicated in the schedule below:

Credit card type: MasterCard Visa

Credit card number - - - Expiry date -

Initial deposit premium \$

Note: the deposit premium will be deducted when this application is received by AXA.

AND/OR

Future premium deductions (fortnightly, monthly, quarterly, half-yearly, or yearly) as indicated on page 6 of this Application.

Name as shown on credit card

Cardholder's street number and name Town/Suburb State Postcode

Cardholder's signature Date signed

Should your credit card details change at any time (eg card number, expiry date) then we will be unable to process your payment. You will need to complete a new direct debit authority form. To do this, please contact our Customer Service Centre.

Non-superannuation application

To be completed by the Plan owner only if you are applying for the Life Insurance Plan.

Nomination of beneficiaries

'You' refers to the **Plan owner** (ie The person who has the authority to decide how the benefit is dispersed).

Nominate beneficiaries – only for Life Insurance Plan

► Only complete this page if you have applied for the Life Insurance Plan

You can choose who and how your death benefit is paid in the event of the death of the Person to be insured.

Please nominate between one and five people to receive the payment of benefits in the table below.

Plan owner declaration

Plan owner name(s)

I/We the Plan owner(s), nominate the person(s) named below to receive any proceeds that may become payable under this plan, as a result of the death of the Person to be insured.

	Full name, address and phone numbers of nominated person	Sex		Date of birth	% of death benefit*	Relationship of the nominated person to the Plan owner
		M	F			
1		<input type="checkbox"/>	<input type="checkbox"/>		%	
2		<input type="checkbox"/>	<input type="checkbox"/>		%	
3		<input type="checkbox"/>	<input type="checkbox"/>		%	
4		<input type="checkbox"/>	<input type="checkbox"/>		%	
5		<input type="checkbox"/>	<input type="checkbox"/>		%	
					100%	

* Percentages must be whole numbers

I understand that:

- There should not be more than five nominees.
- Payment of benefits will be made on the basis of the latest nomination received in writing by AXA Australia.
- If there is no nomination, or the nomination has been revoked, benefits will be paid to the Plan owner (or their estate).
- Nominated beneficiaries should seek advice from their taxation adviser regarding the potential taxation implication of any benefit received.
- If a nominated beneficiary predeceases the person insured, then that nominated beneficiary's benefit will be paid to the Plan owner (or their estate).
- The Plan owner may vary the nomination at any time by completing a Nomination of Beneficiary form and forwarding it to AXA Australia.

Signature of Plan owner

X

Date signed

| |

Non-superannuation application

Declaration, consent and signatures

To be completed by the Person to be insured and by the Plan owners except where applying for the Life Insurance Superannuation Plan.

Plan number

If applying for the Life Insurance Superannuation Plan, please complete the Superannuation application sections on pages 30 to 33.

This Application form is effective from 23 July 2007.

► **Before you sign this Application form, you should:**

- be aware that your financial adviser or AXA is obliged to have provided you with the Product Disclosure Statement(s) for the product(s) you are applying for; and
- read the **Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs.

Declarations and consent

- **Product Disclosure Statement** – I/We have been provided with and have retained for my/our use the current Insurance Product Disclosure Statement dated 23 July 2007.
- **Duty of disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure Notice on page 2, and fulfilled my obligations in accordance with my duties as explained in the Product Disclosure Statement. (Warning: you have a duty to disclose all information relevant to the insurer's decision to accept your Application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to a financial adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Product Disclosure Statement, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and financial information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I/We understand that if I withhold consent, AXA Australia may not be able to provide the products and services requested.
- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained in the Product Disclosure Statement. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/we can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the Person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Product Disclosure Statements (PDSs) are updated from time to time. Please ensure that you have read the most up-to-date PDS and supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit our website www.axa.com.au or call AXA Customer Services on 132 987.

Signature of Person to be insured

If the Person to be insured is the same person as the Plan owner ► go to 'Signature of Plan owner – only for individuals'.

Print full name of person to be insured	Signature	Date signed
<input type="text"/>	X	

Signature of Plan owner – only for individuals

For plan owners aged 16 years or over

Print full name of plan owners	Signature	Date signed
<input type="text"/>	X	

Print full name of plan owners	Signature	Date signed
<input type="text"/>	X	

For plan owners aged under 16 years

Please provide details for a parent **OR** guardian

Print full name of parent or guardian	<input type="text"/>	
Print full name of plan owner	Signature of parent or guardian	Date signed
<input type="text"/>	X	

Signatures of Plan owners – only for companies and Trustees (including self-managed superannuation funds)

Company seal	Print full name of company/self-managed superannuation fund	
<input type="text"/>	<input type="text"/>	
Signature 1	Signature 2	Date signed
X	X	

- Company seal and two directors or director and secretary; or
- Company seal and one signature noted as 'sole director and secretary' where the company has only one director; or
- The signature of a person whose name is clearly written, with the words 'XXX for and on behalf of XYZ Pty Ltd'.

Superannuation application

Nomination of dependants

To be completed by the Person to be insured only if applying for the **Life Insurance Superannuation Plan**. This does not need to be completed if the Plan owner is a trustee of a superannuation fund other than the Super Directions Fund.

► **Before you complete this page:**

- you should read the 'Binding Nomination Solutions' section of the Product Disclosure Statement, and
- discuss your needs with your financial adviser.

Please note: you can change your nomination at any time by notifying the Trustee of the Super Directions Fund in the approved form.

Binding nomination (Trustee must pay specific people you have selected)

(a) Direct the Trustee to pay my death benefit to up to five people exactly as follows (ie no Trustee discretion)

	Full name, address and phone numbers of nominated person	Sex M F	Date of birth	% of death benefit#	Relationship of nominated person to the Life insured
1		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	%	<input type="checkbox"/> Financial dependant <input type="checkbox"/> LPR* <input type="checkbox"/> Spouse <input type="checkbox"/> IR+ <input type="checkbox"/> Child
2		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	%	<input type="checkbox"/> Financial dependant <input type="checkbox"/> LPR* <input type="checkbox"/> Spouse <input type="checkbox"/> IR+ <input type="checkbox"/> Child
3		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	%	<input type="checkbox"/> Financial dependant <input type="checkbox"/> LPR* <input type="checkbox"/> Spouse <input type="checkbox"/> IR+ <input type="checkbox"/> Child
4		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	%	<input type="checkbox"/> Financial dependant <input type="checkbox"/> LPR* <input type="checkbox"/> Spouse <input type="checkbox"/> IR+ <input type="checkbox"/> Child
5		<input type="checkbox"/> M <input type="checkbox"/> F	/ /	%	<input type="checkbox"/> Financial dependant <input type="checkbox"/> LPR* <input type="checkbox"/> Spouse <input type="checkbox"/> IR+ <input type="checkbox"/> Child
				100%	

- # Percentages must be whole numbers.
- + Interdependency Relationship
- * LPR is your Legal Personal Representative, eg the executor of your will.

OR

(b) Confirm or revoke an existing binding nomination

- I confirm my current nomination as detailed in the letter accompanying this form and understand that this extends the term of this nomination for a period of three years from the date that I sign this form, once received by the Trustee. (Note: you are not required to have this form witnessed).
- I revoke my current binding nomination.

Declaration, acknowledgement and signature

Member declaration

Do not sign this declaration unless in the presence of both witnesses.

I have read the information in the 'Binding Nomination Solutions' section of the Product Disclosure Statement and understand that:

- in the event of my death, the Trustee will pay the death benefit in accordance with this nomination
- unless I revoke or amend it before it expires, this nomination will cease to be valid in three years' time
- this nomination revokes any previous nomination which I may have made.
- I declare that at the date of this Application I have answered all questions accurately.
- I am aware that if I do not make a Binding Nomination, the Trustee has the right to select the person or persons to whom to pay the benefit in the event of my death. I ask that the Trustee consider the preferred dependant(s) mentioned above when making a selection.
- I acknowledge that my binding nomination is not valid unless completed to the satisfaction of the Trustee and received at the Customer Service Centre.

Signature of member

Date signed

X

/ /

Nomination of dependants continues on the next page ►

Superannuation application

Nomination of dependants

(continued)

To be completed by the Person to be insured only if applying for the **Life Insurance Superannuation Plan**. This does not need to be completed if the Plan owner is a trustee of a superannuation fund other than the Super Directions Fund.

Witness declarations

Note: Each witness must be an independent person and cannot be a nominated beneficiary.

I declare that:

I am over 18 years of age and am not a person nominated above, and that this nomination was signed by the member in my presence.

Witness 1 – full name	Signature	Date signed
<input style="width: 95%;" type="text"/>	X	/ /

I am over 18 years of age and am not a person nominated above, and that this nomination was signed by the member in my presence.

Witness 2 – full name	Signature	Date signed
<input style="width: 95%;" type="text"/>	X	/ /

OR

Preferred dependant (The trustee of the Super Directions Fund will consider your preference but is not bound by this nomination. Witnesses are not required for a preferred dependant nomination.)

Title	Name and address of dependant(s)	Sex		Date of birth	Relationship to member	% of death benefit*
		M	F			
		<input type="checkbox"/>	<input type="checkbox"/>	/ /		%
		<input type="checkbox"/>	<input type="checkbox"/>	/ /		%
		<input type="checkbox"/>	<input type="checkbox"/>	/ /		%
		<input type="checkbox"/>	<input type="checkbox"/>	/ /		%
		<input type="checkbox"/>	<input type="checkbox"/>	/ /		%
						100%

or My Personal Legal Representative

* Percentages must be whole numbers.

Signature of member	Date signed
X	/ /

Superannuation application

Tax file number

To be completed by the Person to be insured only if applying for the **Life Insurance Superannuation Plan**. This does not need to be completed if the Plan owner is a Trustee of a superannuation fund other than the Super Directions Fund.

► **Only complete this page if you are applying for superannuation cover with the Life Insurance Superannuation Plan.**

Note: the Plan owner is the Trustee of Super Directions Fund.

This section must be completed by the Person to be insured applying for the Life Insurance Superannuation Plan. Applications cannot be accepted without a Tax file number.

Tax file number — only for the Life Insurance Superannuation Plan

Family name

Given name(s)

Date of birth

Telephone number

I have read the information (below) and agree to provide my tax file number (tick one only) Yes No

Tax file number

Signature

Date

Your tax file number is confidential. Before you provide your tax file number we are required to tell you the following:

Under the Superannuation Industry (Supervision) Act 1993, your superannuation fund is authorised to collect your TFN, which will only be used for lawful purposes.

These purposes may change in the future as a result of legislative change. The trustee of your superannuation fund may disclose your TFN to another superannuation provider, when your benefits are being transferred, unless you request the trustee of your superannuation fund in writing that your TFN not be disclosed to any other superannuation provider.

It is not an offence not to quote your TFN. However giving your TFN to your superannuation fund will have the following advantages (which may not otherwise apply):

- your superannuation fund will be able to accept all types of contributions to your account(s);
- the tax on contributions to your superannuation account/s will not increase;
- other than the tax that may ordinarily apply, no additional tax will be deducted when you start drawing down your superannuation benefits; and
- it will make it much easier to trace different superannuation accounts in your name so that you receive all your superannuation benefits when you retire.

What happens if I do not quote my TFN

It is a condition of issue of the Life Insurance Superannuation Plan that you provide us with your tax file number. If you do not provide us your tax file number, we cannot process your application.

If you require further information, please contact the ATO Superannuation Helpline on 131 020 or your financial adviser.

Fund Trustee: N.M. Superannuation Proprietary Limited ABN 31 008 428 322

Fund Administrator: The National Mutual Life Association of Australasia Limited ABN 72 004 020 437

Superannuation application

Superannuation membership

To be completed by the Person to be insured only if applying for the **Life Insurance Superannuation Plan**. This does not need to be completed if the Plan owner is a trustee of a superannuation fund other than the Super Directions Fund.

► Before you complete this Superannuation application, you should:

- read the Life Insurance Superannuation Plan – N.M. Superannuation Pty Ltd Product Disclosure Statement, and
- discuss your needs with your financial adviser.

'You' refers to the Person to be insured.

Member details

Title (tick one) Dr Mr Miss Mrs Ms

First name

Second name

Family name

Q1 Current employment status

- Employee ► Go to Question 2
- Self employed (sole trader, partnership)
- Employed by own company ► Go to Question 3

Q2 Does your employer contribute to an existing superannuation fund on your behalf? Yes No**Q3** Have you selected an employer supported plan (ie your employer pays part or all of your premiums)? No Yes

Company name and address

Declarations and consent

- **Product Disclosure Statement** – I have been provided with and have retained for my/our use the current Life Insurance Superannuation Plan Product Disclosure Statement dated 23 July 2007.
- **Duty of disclosure** – I acknowledge that I have read the Duty of Disclosure Notice on page 2, and fulfilled my obligations in accordance with my duties as explained in the Product Disclosure Statement. (Warning: you have a duty to disclose all information relevant to the insurer's decision to accept your Application).
- **Truth and accuracy** – I have checked the truth, accuracy and completeness of the information submitted with this Application form, and all statements in writing given in support of this Application which shall, subject to law, form the basis of the contract of insurance. I have not given any further information relevant to the risks to a financial adviser of the insurer or the insurer itself.
- **Application** – I apply to N.M. Superannuation Pty Ltd for membership in the Super Directions Fund and ask the trustee to propose to the insurer to provide insurance on the usual conditions set out in the Product Disclosure Statement, including any modifications to the plan which the insurer considers appropriate given the information submitted in connection with this Application form. I declare that I am eligible to contribute to superannuation. I agree to notify the Trustee of the Fund in writing immediately if I cease to be gainfully employed or if I cease to be eligible to contribute to the Fund. I also acknowledge that if the plan which I have selected provides death benefits only, it is appropriate for my current needs and I understand that I should review my binding nomination every three years and as my circumstances change.
- **Changes make contract void** – I agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and financial information** – I give the insurer and trustee permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I understand that if I withhold consent, AXA may not be able to provide the products and services requested.
- **Privacy** – I have read and understood the Privacy Disclosure Statement contained in the Product Disclosure Statement. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I acknowledge that I can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this Application** – is subject to the insurer searching its records for any other business with the Person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Product Disclosure Statements (PDSs) are updated from time to time. Please ensure that you have read the most up-to-date PDS and supplementary PDS where applicable, prior to completing this application form. To ensure that you have the most up-to-date PDS please check with your financial adviser, visit our website www.axa.com.au or call AXA Customer Services on 132 987.

Signature of Person to be insured

Print full name of person to be insured

Signature

Date signed

Financial adviser and commission details (continued)

To be completed by the Adviser for all applications.

Adviser notes

--

Mailing address for Application form

Please send the completed Application form, with deposit premium to our Customer Service Centre:

AXA Australia
 Customer Service Centre
 PO Box 14330 MELBOURNE VIC 8001

Commission payment and release basis (Note: Commission style must be the same as the policy you are increasing or replacing)

Percentage splits must be whole numbers between 0% and 100% in increments of 10%.

Product	Commission type	New Business	Renewal
All plans	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
Life	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
Life Super	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
Trauma	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
TPD	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
IP	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%
BEP	<input type="checkbox"/> Up front <input type="checkbox"/> Flat <input type="checkbox"/> Hybrid	%	%

Principal servicing adviser

Account name	Account number	Phone
<input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 95%;" type="text"/>

New Plan Commission splits (Note: Standard commission splits are not available for AXA Workplace Rewards applications)

New Plan Commission

Account name	Account number	% split*	State	Business Development Manager/Consultant
		%		
		%		
		%		
Total		100%		

* Percentage must be whole numbers

Renewal Business Commission splits

Renewal Business Commission

Account name	Account number	% split*	State	Business Development Manager/Consultant
		%		
		%		
		%		
Total		100%		

* Percentage must be whole numbers

AXA Workplace Rewards

AXA Workplace Rewards

AXA Workplace Rewards name	AXA Workplace Rewards number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Plan number

Service centre only

Deposit paid	Date	Amount	Receipt number	Account/By
	/ /	\$		
	/ /	\$		
Total		\$		

Previous business No Yes – Give details

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			

Plan number			
Person insured			
Benefit symbol			
Code acceptance			
Assessment			
Special conditions			
Amount of risk			
Reinsurance			
Status and commencement date			



www.axaadvantage.com.au

AC&L



Australian Casualty & Life
Trademark of The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No. 234649
GPO Box 5339 Sydney NSW 2001

The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No. 234649
Member of the Global AXA Group
447 Collins Street Melbourne VIC 3000

07316-04-07S