

Stand Alone Recovery Policy Terms

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About these Policy Terms

This section sets out the usual terms of the Stand Alone Recovery policy. This wording is not a legally binding contract of insurance with us unless:

- (i) We accept a completed Application Form and issue a Policy Schedule to the policy owner. The Policy Schedule not only confirms the policy owner's cover, it also contains important details of the policy owner's insurance; and
- (ii) The policy owner has paid and continues to pay the premium.

1. Insurance

- 1.1 We agree to pay the policy owner the benefits under this policy if you suffer a Trauma Condition during the period of the policy. The policy provides worldwide insurance cover 24 hours a day. Section 4 outlines the rules about benefit payments.
- 1.2 We do not have to pay any benefits under the policy and we will cancel the policy if the premium has not been paid in full for each life insured.
- 1.3 If the policy insures more than one person and a claim becomes payable in respect of a life insured, the policy will continue to cover the remaining person(s) for whom the sum insured has not become payable under the policy. The premium must continue to be paid for the remaining life/lives insured.

2. Persons

- 2.1 **policy owner** – is the person or company named as the policy owner in the Policy Schedule. The policy owner also pays the premiums under the policy. All benefits are payable to the policy owner.
- 2.2 **you/your** – is the person whose life is insured under the policy. This policy may insure up to ten (10) people. If so, the amount and type of benefit/s for each person are shown on the Policy Schedule.
- 2.3 **we/us/our** – is ING Life Limited (ABN 33 009 657 176), the life insurance company issuing this policy.

3. Period of the Policy

- 3.1 The insurance cover under this policy commences on the Policy Start Date and expires on the Policy Expiry Date (both dates are stated on the Policy Schedule).

3.2 Renewal

The policy is subject to renewal by the policy owner each year. The first renewal date is 12 months after the Policy Start Date. At each renewal date the Renewal Notice varies the Policy Schedule to the extent it specifies. Benefits are advised to the policy owner along with the corresponding premium required for the next 12 months.

4. Benefits

The following Benefits are payable during the period of the policy. The Benefits are shown on the Policy Schedule.

4.1 Trauma

If you suffer one of the Trauma Conditions which first manifests during the period of the policy and satisfy the survival period, the sum insured will be paid.

The survival period means surviving any 14 days without life support after the date of occurrence.

We will pay the sum insured once only. The maximum amount we pay in respect of a Trauma Condition is \$2,000,000. In determining this amount, we will count the sums insured for all policies issued by us on your life for which Trauma Cover is in force.

Trauma Cover ceases on the earlier of the Policy Expiry Date or the renewal date prior to your 65th birthday.

We require the diagnosis and certification of a condition:

- by a medical practitioner (a registered and qualified medical practitioner in Australia or another country approved by us), not being the policy owner, you or the respective partner or spouse; and
- agreed to by our medical adviser.

For the following Trauma Conditions the medical practitioner must be an appropriate specialist physician approved by us: Heart Attack, Cancer, Coronary Artery Surgery, Angioplasty, Stroke.

Benefit Reductions

The sum insured is reduced by any amount paid under this policy.

Trauma Conditions include:

- Advanced Dementia and Alzheimer's Disease
- Angioplasty *^
- Aorta Surgery *
- Aplastic Anaemia
- Benign Brain Tumour
- Blindness
- Cancer *
- Cardiomyopathy
- Chronic Kidney Failure
- Chronic Liver Disease
- Chronic Lung Disease
- Coma
- Coronary Artery Surgery *

- Deafness
- Diplegia
- Encephalitis
- Heart Attack *
- Heart Valve Surgery *
- Hemiplegia
- Loss of Independent Existence
- Loss of Speech
- Major Head Trauma
- Major Organ Transplant
- Multiple Sclerosis
- Occupationally Acquired HIV
- Paraplegia
- Parkinson's Disease
- Primary Motor Neurone Disease
- Primary Pulmonary Hypertension
- Quadriplegia
- Severe Burns
- Stroke *

* There is no cover and no benefit will be payable in respect of these conditions if the condition first manifests during the first 90 days after the Policy Start Date or the date of any reinstatement. Should you choose to increase your level of cover the 90 day period applies to the amount of increased cover. The 90 day period will not apply if this policy replaces a policy issued by another insurer and:

- The 90 day exclusion or qualifying period has expired for the same condition or event in the policy being replaced. (Including exclusion or qualifying periods applied to the policy after it went into force, for example, reinstatement or increases);
- The policy to be replaced is cancelled after the issue of the new policy; and
- No claim is payable or pending under the policy to be replaced.

Where the benefit under this policy exceeds that of the policy being replaced the 90 day exclusion will apply to the excess.

^ The Angioplasty condition applies where the sum insured is \$100,000 or greater at the date of the event. Payment under this policy is 10% of the life insured's sum insured at the date of the event up to a maximum of \$20,000. The sum insured is reduced by the amount paid for this benefit. This benefit is payable once only.

Medical definitions for the Trauma Conditions are in section 10.

4.2 Death Benefit

If you suffer one of the Trauma Conditions which first manifests during the period of the policy and:

- do not satisfy the survival period; and
- die;

we will pay \$10,000 only. No other benefit is payable. The policy will expire on payment of the death benefit.

4.3 Optional Accelerated Buy Back Benefit

For an additional premium, this option may be selected at the Policy Start Date. If we pay the full Trauma Benefit under the policy, we will offer cover for death and terminal illness **only** at the same level as the sum insured that was paid by us.

We will do so 12 months after paying the Trauma Benefit and on the following basis:

- The offer is taken up by the policy owner within 30 days of us making the offer;
- The premium rate will be that applying under our Leading Life Policy applicable when the option is taken up, but will take into account any non-standard premium loading applying under this policy;
- This offer does not apply if we have paid a Trauma Benefit for you in respect of Occupationally Acquired HIV or Loss of Independent Existence;
- No Index Linking, Future Insurability or Business Protection Options are available; and
- The cover offered will otherwise be on the same terms containing the same conditions, limitations and exclusions as the Life Cover and Terminal Illness Benefit available under our Leading Life Policy applicable when the option is taken up, except that any conditions, limitations or exclusions applying under this policy will also apply to the Life Cover and Terminal Illness Cover offered.

4.4 Replacement of a policy issued by another insurer

If we issue this policy on the condition that it replaces a policy issued by another insurer and the policy being replaced is not cancelled, the benefits paid under this policy will be offset or reduced to the extent of any benefits the policy owner is entitled to under the policy being replaced.

5. Changing the Sum Insured

5.1 The policy owner may apply to us to decrease or increase benefit levels. Any increase in benefit levels will be subject to our acceptance and payment of an additional premium by the policy owner.

The minimum increase allowed is an amount which is purchased by an additional \$100 annual premium.

5.2 Index Linking

This benefit applies only if it is shown on the Policy Schedule.

We will offer to increase the sum insured at each renewal date by 3% or the Indexation Factor, whichever is greater. The policy owner may decline to accept our offer to increase benefits. This will not affect any further offer we make.

The maximum initial sum insured which can be indexed is a total of \$1,500,000 for each life insured.

Index Linking ceases for the Trauma Benefit when the sum insured reaches \$2,000,000.

This maximum applies to the total of all policies issued by us on each life insured.

The sum insured will increase automatically at the renewal date unless the policy owner notifies us in writing within 30 days of the renewal date that the policy owner wishes the sum insured to remain at the existing level.

We will cease to offer Index Linking on the earlier of:

- (i) the renewal date prior to your 65th birthday; or
- (ii) where the Premium Freeze is exercised.

The policy owner may request Index Linking to recommence after it has ceased. Reinstatement of this option will be at our discretion and may be subject to our underwriting requirements.

5.2.1 The Indexation Factor

- (i) We determine the indexation factor each year.
- (ii) It is determined as the percentage change in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the 12-month period ending on 31 December each year.
- (iii) We will use the indexation factor from the end of the next month following the month in which the December CPI is published. It will be used until the next indexation factor is determined.
- (iv) If the CPI is not published we will calculate the indexation factor from another retail price index which in our Actuary's opinion is the closest to it.
- (v) If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increases in the CPI will first be offset against the previous reduction(s) in the CPI when we determine the next indexation factor.

5.3 Premium Freeze

At a renewal date when you are aged 35 or above, the policy owner may elect to pay the same annual premium as for the previous year. Premium Freeze is only available if you pay your premiums on a stepped basis (see section 6.3).

If the Premium Freeze is selected:

- (i) Your sum insured will reduce to the amount that can be purchased by that premium;
- (ii) Index Linking of the sum insured will cease; and
- (iii) The policy fee will continue to be adjusted each year by the indexation factor.

The Premium Freeze can only be cancelled with our approval.

6. Premium, Charges and Fees

6.1 The premium is calculated by us at the Policy Start Date and at each renewal date. The minimum annual premium is \$200.

6.2 Premium Rates

We calculate the premium by reference to a table of premium rates for the benefits selected. A table of premium rates is available upon request. In setting the premium rates we take into consideration the risk group and costs of setting up and administering the policy.

Premium rates cannot increase for an individual policy within a defined risk group unless, on actuarial advice, all premium rates for all policies in that defined risk group are increased.

6.3 Premium Options

You may select from the following premium options:

Stepped Premium

If you choose stepped premium, the premium is re-calculated on each renewal date of your policy based on your age at that time. Premiums will also change when your sum insured changes (including where the sum insured changes with Index Linking). Premium payments can be switched from stepped to level after the stepped premium option has been in force for a minimum of four years.

Level Premium*

If you choose level premium, the premium rate is calculated on an aged based premium rate determined by your age as at the Policy Start Date. This rate will apply until the renewal date before age 65.

- If you wish to have your sum(s) insured indexed then the premium payable for the amount of the increased sum(s) insured will be based on your then current age and the level premium for that age. This increased amount becomes a separate amount of sum(s) insured and has a corresponding separate premium amount.
- If you wish to reduce the sum(s) insured, we first reduce the earliest level premium option sum(s) insured and premium (and so on).
- Premium payments can be switched from level to stepped after the level premium option has been in force for a minimum of four years.

* Like stepped premium rates, the level premium rates can also be reviewed (see section 6.2).

6.4 Policy Fee

A policy fee must also be paid. The current annual policy fee is \$57.90 and \$115.80 if the policy insures more than one person. For policies starting after 28 February 2004, the above amounts will be increased by the latest Indexation Factor determined by us (see section 5.2.1). The policy fee will be adjusted at each renewal date using the Indexation Factor applying at that time and will be advised to the policy owner in the renewal notice.

6.5 Government Charges

There may be Stamp Duty, tax, excise, or other government charges on the policy or its benefits, in addition to the premium. We reserve the right to increase the premium to cover any increase in the charges.

6.6 Administration

We have the right to charge a fee to recoup the costs of administering any function required of us in respect of this policy, by any Commonwealth, State or Territory Government.

6.7 Processing Fees

Where the policy owner has nominated to pay the premium or premium instalment by direct debit or credit card, the following processing fees apply:

- For direct debits from your nominated bank or financial institution account – a processing fee applies each time we lodge a debit with our bank (currently 14 cents).

Please refer to the Direct Debit Service Agreement for further details on direct debit payment arrangements. A copy is available in the World of Protection Product Disclosure Statement.

- If the direct debit payment is dishonoured by your nominated bank or financial institution or the payment from your nominated credit card is not processed by your card provider we charge a fee of \$7.00.

Please Note: If the premium is paid by direct debit or by credit card then it is important that we are advised of any changes to your nominated account or credit card details.

We may increase or vary these processing fees by prior written notice to the policy owner.

6.8 Payment of Premium

Premiums must be paid by the renewal date or the instalment date. If it is not paid when due, we will provide the policy owner with 30 days written notice of cancellation of the policy.

Premiums may be paid by instalments if agreed by us and via an approved payment method and will be subject to a payment frequency loading as determined by us from time to time.

At the time of publishing these policy terms, half-yearly instalments require a 3% loading on the annual premium. Monthly instalments require a 5% loading on the annual premium.

Where your premium is paid by monthly instalments and you cancel your policy, we will not refund any instalment paid.

6.9 Multiple Lives Insured

Where there is more than one life insured under the policy, the premium payable is calculated in respect of each life insured. In order to pay the premium in full, it must be paid for each life insured.

6.10 Meaning of Premium

References to the premium include the policy fee, Stamp Duty and any administration charges.

7. Claims and Payments

The policy owner claiming to receive the benefits payable under this policy must establish his or her right to do so and the happening of the relevant event in a form specified by us.

Payment of a benefit under this policy is also subject to proof of the policy owner's entitlement in such manner as we may reasonably request, including proof of your age in the form of a birth certificate.

If your age has been understated the benefit/s under the policy will be those that the premium paid would have purchased at your correct age. If it was overstated we will refund the appropriate over paid premium.

In the event of a claim for a Trauma Condition, the policy owner must at his or her expense provide us with all the information and details that we may reasonably require to assess the claim.

You must undergo any medical examination or examinations which we may require and which will be conducted at our expense.

We may upon written request of the person or persons entitled to give a discharge for the sum/s insured, pay to the relevant authority the whole or any part of any duty or duties payable in respect of the estate on your death and such payment shall to the extent of the amount paid, discharge us from liability under this policy.

All amounts payable under this policy shall be paid in Australian currency in Australia.

8. Exclusions

We will not pay any benefits under this policy for anything we have excluded from the policy.

We will not pay any benefit if you suffer a Trauma Condition at any time during the period of the policy as a result of your intentional or deliberate act or omission.

9. Termination of the Policy

This policy will terminate and our liability to pay any benefit will cease automatically on the first to happen of the following:

- (i) the end of the period of the policy; or
- (ii) your death; or
- (iii) upon the full payment of the sum insured in respect of each life insured; or

- (iv) the date we receive notification from the policy owner to cancel the policy.

We may cancel the policy if the premium has not been paid. In addition, we can cancel the policy in accordance with our legal rights.

10. Medical Definitions

For the purposes of this policy, the following important definitions apply. We require the diagnosis and certification of a condition:

- by a medical practitioner (a registered and qualified medical practitioner in Australia or another country approved by us), not being the policy owner, you or the respective partner or spouse; and
- agreed to by our medical adviser.

For the following Trauma Conditions the medical practitioner must be an appropriate specialist physician approved by us: Heart Attack, Cancer, Coronary Artery Surgery, Angioplasty, Stroke.

Advanced Dementia and Alzheimer's Disease

Means the unequivocal diagnosis of dementia including Alzheimer's Disease made by a medical practitioner who is a consultant neurologist confirming dementia due to failure of the brain function with 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 you or others.

Angioplasty

Means undergoing for the first time of Angioplasty, (with or without an insertion of a stent or laser therapy) that is considered necessary by Angiographic evidence to correct a narrowing or blockage of one or more coronary arteries.

Aorta Surgery

Means the undergoing of open heart surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

Aplastic Anaemia

Means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow.

Benign Brain Tumour

Means a non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment as confirmed by a medical practitioner who is a consultant neurologist. The tumour must result in permanent neurological deficit causing at least a permanent 25% impairment of whole person function. The presence of the underlying tumours must be confirmed by imaging studies such as CT Scan or MRI. Cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine are not covered.

Blindness

Means the permanent loss of sight of both eyes, whether aided or unaided, as a result of disease, illness or injury such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Cancer

Means the presence and diagnosis of one or more malignant tumours including leukaemia, lymphomas and Hodgkin's disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue. The following cancers are not covered by this policy:

- (i) tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN-3), or which are histologically described as pre malignant.

(Note: Carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment);

- (ii) Melanomas of less than 1.5mm maximum thickness and which are also less than Clark Level 3 depth of invasion as determined by histological examination;
- (iii) All hyperkeratoses or basal cell carcinomas of the skin;
- (iv) All squamous cell carcinomas of the skin unless there has been a spread to other organs;
- (v) Prostatic cancers which are histologically described as TNM Classification T1 (or are of another equivalent or lesser classification); and
- (vi) Chronic lymphocytic leukaemia less than Rai Stage 1.

Cardiomyopathy

Means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment.

Chronic Kidney Failure

Means end stage renal disease which requires permanent dialysis or renal transplantation.

Chronic Liver Disease

Means end stage liver failure together with permanent jaundice, ascites and encephalopathy.

Chronic Lung Disease

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

Coma

Means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours and resulting in a neurological deficit causing at least a permanent 25% impairment of whole person function.

Coronary Artery Surgery

Means Coronary Artery by-pass graft surgery that is necessary to correct or treat coronary artery disease causing inadequate myocardial blood supply.

Deafness

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

Diplegia

Means the permanent and total loss of function of both sides of the body due to disease, illness or injury, but excluding Diplegia Facialis.

Encephalitis

Means the severe inflammation disease of the brain resulting in neurological deficit causing at least a permanent 25% impairment of whole person function.

Heart Attack

Means the death of a portion of heart muscle arising from inadequate blood supply to the relevant area. The basis for diagnosis shall be supported by the following clinical features being present and consistent with a heart attack and will include either:

- (i) recent electrocardiographic (ECG) changes; and diagnostic elevation of cardiac enzymes CK-MB;

or

- (ii) levels of Troponin I of 2.0µg/L or greater, or Troponin T of 0.6µg/L or greater, or their equivalent, and a left ventricular ejection fraction of less than 50%.

Heart Valve Surgery

Means the undergoing of open heart surgery to correct or replace cardiac valves as a consequence of heart valve defects or abnormalities.

Hemiplegia

Means the permanent and total loss of function of one side of the body due to disease, illness or injury.

Loss of Independent Existence

Means a condition as a result of a disease, illness or injury whereby you are totally and irreversibly unable to perform at least two of the following five 'activities of daily living':

- (i) bathing and showering;
- (ii) dressing and undressing;
- (iii) eating and drinking;

- (iv) using a toilet to maintain personal hygiene;
- (v) moving from place to place by walking, wheelchair or with assistance of a walking aid.

Loss of Speech

Means the complete and irrecoverable loss of speech as a result of disease, injury or illness. The loss of the ability to speak must be established for a continuous period of six months.

Major Head Trauma

Means cerebral injury resulting in neurological deficit causing at least a permanent 25% impairment of whole person function confirmed by a medical practitioner who is a consultant neurologist.

Major Organ Transplant

Means the medically necessary human to human organ transplant from a donor to you of one or more of the following complete organs:

- (i) kidney;
- (ii) heart;
- (iii) lung;
- (iv) liver;
- (v) pancreas; or
- (vi) the transplant of bone marrow.

Multiple Sclerosis

Means a disease characterised by demyelination of nervous tissue, more than one episode of well defined neurological deficit, persisting neurological abnormalities and at least a permanent 25% impairment of whole person function.

You need not necessarily be confined to a wheelchair.

The disease must be diagnosed by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and Nuclear Magnetic Resonance (NMR) evidence of lesions of the central nervous system.

Occupationally Acquired HIV

Means infection with the Human Immunodeficiency Virus (HIV) where the virus was acquired as a result of an accident occurring during the course of your normal occupation and sero-conversion of the HIV infection must occur within six months of the accident. HIV infection acquired by any other means including sexual activity or recreational intravenous drug use is excluded.

Any accident giving rise to a potential claim must be reported to us within seven days of the incident and supported by a negative HIV antibody test taken after the accident. We must be given access to test independently all the blood samples used.

Paraplegia

Means the permanent and total loss of use of both arms or both legs resulting from illness, disease or injury.

Parkinson's Disease

Means Parkinson's Disease which cannot be controlled with medication and showing signs of progressive incapacity with at least a permanent 25% impairment of whole person function all diagnosed by a medical practitioner who is a consultant neurologist.

Primary Motor Neurone Disease

Means amyotrophic lateral sclerosis with significant persistent neurological deficit resulting in at least a permanent 25% impairment of whole person function all unequivocally diagnosed by a medical practitioner who is a consultant neurologist.

Primary Pulmonary Hypertension

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 4 of the New York Heart Association classification of cardiac impairment.

Quadriplegia

Means the permanent and total loss of use of both arms and both legs resulting from disease, illness or injury.

Severe Burns

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

- (i) 20% or more of the body surface area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart; or
- (ii) the whole of both hands, requiring surgical debridement and/or grafting; or
- (iii) the whole of the face, requiring surgical debridement and/or grafting.

Stroke

Means a cerebrovascular accident or event producing a neurological deficit lasting more than 24-hours. There must be clear evidence:

- (i) of the onset of objective neurological deficit;
- (ii) on a CT, MRI or similar scan that a stroke has occurred; and
- (iii) of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

Transient ischaemic attacks, cerebral events due to reversible neurological deficits, migraine, hypoxia or trauma, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

11. General

11.1 Statutory Funds

Premiums from the Stand Alone Recovery policy will be placed in our Statutory Fund No.1 and the policy will be written in that fund. We reserve the right to transfer all or any of the benefits under this policy to any new or existing statutory fund or subfund in that statutory fund with the permission of the appropriate prudential regulator (if necessary).

11.2 No Surrender Value

This policy provides insurance cover only. The benefits under this policy do not include an investment component. The policy has no surrender value.

11.3 Transferring Ownership (Assignment)

The policy owner may assign the ownership of the policy by completing the Memorandum of Transfer contained in the Policy Schedule and having the assignment registered with us.

Note: Failure to register the assignment with us may prejudice the rights of the new owner to claim under this policy.

11.4 Joint Ownership

Where there is more than one policy owner, unless otherwise stated in the Application Form, this policy shall be owned by them as joint tenants.

11.5 Australian Law and Courts

This policy is governed by the law that applies within the Commonwealth of Australia and the Courts of that Commonwealth. Its States and Territories have jurisdiction over any matter under this policy.

11.6 Headings in these Policy Terms

Headings appear in this document as an aid to interpretation of the relevant section or provision.

12. Other Important Information

12.1 Taxation

Please refer to our current Product Disclosure Statement for information about taxation of premiums and benefits under this policy.

12.2 Changes

Any changes to the circumstances described in this policy or to any communication to the policy owner/s will be notified to the policy owner/s in the Policy Schedule or Renewal Notice following the change.

12.3 Cooling-off Period

If we accept your application for the policy and issue a Policy Schedule, you have 14 days to check the details to ensure the policy meets with your needs. This is called the 'cooling-off period'. You may cancel the policy during this period by giving us notice in writing and by returning the Policy Schedule. If you do this we will refund any money you have paid as premiums under the policy and cancel the policy with effect from the Policy Start Date.

12.4 Customer Concerns

If you have any concerns or complaints about your policy please refer them to us. We pride ourselves in our customer service and we will endeavour to solve your concerns quickly and fairly.

All concerns should be directed to:

The Consumer Affairs Manager
ING Life Limited
GPO Box 75
Sydney NSW 2001

Toll Free 133 667
Fax 02 9234 8095

In the unlikely event that any concerns are not resolved to your satisfaction you may contact the Financial Industry Complaints Service Limited. The service is independent and industry sponsored and has been set up to advise and assist customers. If unresolved, the Complaints Review Panel can make a ruling that is binding on us.

Concerns to the Financial Industry Complaints Service Limited can be directed to:

The Manager
Financial Industry Complaints Service Limited
PO Box 579
Collins Street West Post Office
Melbourne VIC 8007

Toll Free 1300 780 808
Fax 03 9621 2291

www.fics.asn.au