

Suncorp Financial Protection Plan Product Disclosure Statement



Suncorp Financial Protection Plan

Product Disclosure Statement

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This document is the Product Disclosure Statement (PDS) for the Suncorp Financial Protection Plan. The PDS contains:

- Suncorp Yearly Renewable Term Life Insurance Benefit information
- Suncorp Trauma Insurance Benefit information
- Suncorp Income Protection Insurance Benefit information
- Glossary
- Interim Cover

You should read this PDS carefully before making a decision to purchase any Suncorp Financial Protection Plan product.

This PDS will assist you to decide whether these products will meet your needs. Any advice contained in this PDS has been prepared without taking into account your particular objectives, financial situation or needs. For that reason before acting on the advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs.

Life insurance is provided by Suncorp Life & Superannuation Ltd ABN 87 073 979 530 ('Suncorp'). Suncorp-Metway Ltd ABN 66 010 831 722 and its related companies (except Suncorp) do not guarantee Suncorp and are not liable for any of the policies, products or services provided by Suncorp.

Note:

Information in this PDS is based on the continuance of present taxation laws and their interpretation.

The only way to apply for a Suncorp product described in the following pages is to complete and submit the Application Form. Your adviser can assist you in completing this form. Each product described in this PDS may be purchased separately.

The Insurance types described in this document are not savings plans. The primary purpose is to provide a benefit in the event of specified events occurring.

When reading this PDS please refer to the Glossary on pages 55 to 58 for the meaning of various terms used in this PDS.

If you terminate your Policy at any time (other than during the Cooling-Off Period) you will not get anything back.



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About the Suncorp Group

Suncorp Life and Superannuation Ltd is part of the Suncorp Group. The Suncorp Group comprises Australia's 6th largest bank and second largest general insurance group. Suncorp-Metway Ltd, the parent company in the Suncorp Group, ranks in the top 25 Australian companies in terms of market capitalisation.

The Suncorp Group provides financial solutions for individuals and businesses. Its diverse range of products and services include banking, insurance, investment, superannuation and financial planning and are provided through various companies in the Suncorp Group.

Customers can access services through an extensive network of retail branches and centres, as well as via the Internet and telephone.

The Suncorp Group was formed in 1996 with the merger of three groups: Suncorp, Metway Bank and QIDC Groups. Since then the Suncorp Group has acquired AMP's GIO general insurance business in Australia, putting the Suncorp Group at the forefront of financial services. The Suncorp Group's heritage dates back to 1902, a long and proud history of helping Australians achieve financial independence and security.

The Benefits of Wealth Creation and Protection

'Wealth creation' involves saving and investing your money in order to achieve specific financial and lifestyle goals.

Your goals might include growing your capital and generating regular income. It may also include protecting what you already have.

There are many strategies and financial products you can use to try to create wealth, including superannuation and managed investments. You can also invest directly in shares, property, fixed interest and cash.

Likewise, there are many life insurance products such as term life, trauma and income protection insurance to help protect your wealth against unforeseen events.

The right approach to wealth creation and protection varies from person to person but the fundamentals remain the same – setting goals and putting together a plan to ensure they are met.

A properly accredited advisor can help you design a plan that is right for you, taking into account your personal situation, your goals, needs and wants.

Suncorp Wealth Management

The Suncorp Wealth Management division offers life insurance, superannuation and managed investments. This division also includes the funds management activities of Suncorp Metway Investment Management Ltd (SIM) ABN 31 068 147 651.

Products and services provided for Suncorp Wealth Management's retail consumers and small businesses include superannuation (personal, allocated pension and employer sponsored), managed investments (unit trusts), life insurance (term life, trauma and disability income) and financial planning and advice.

Life Insurance

Suncorp Term Life Insurance (“Term Life Insurance”) covers the Insured Person’s life and pays a lump sum on their death or diagnosis of a terminal illness. The benefit received can help:

- meet funeral expenses;
- secure your family’s future through the creation of an estate;
- repay your mortgage and other debts;
- protect your business or by covering key business employees.

You can choose either Suncorp Yearly Renewable Term Life Insurance (“Yearly Renewable Term Life Insurance”) or Suncorp Superannuation Term Life Insurance (“Super Term Life Insurance”).

Trauma Insurance

Suncorp Trauma Insurance (“Trauma Insurance”) pays a lump sum benefit if the Insured Person is diagnosed with a critical medical condition. It helps to protect the Insured Person and their family against a major financial loss. The benefit you receive could be used to pay medical costs, repay debts, finance a change of career, pay for essential modifications to your home and provide an income.

Income Protection

Suncorp Income Protection Insurance (“Income Protection Insurance”) protects one of your most important assets – your ability to earn an income. It provides a monthly benefit payment of up to 75% of your pre-tax income if you are unable to work due to sickness or injury. You may even be eligible for a benefit if you are able to work at a reduced capacity.

Additional insurance can also be included to cover the expenses essential to the operation of a business.

For information on Super Term Life Insurance please refer to the Suncorp Superannuation Term Life Insurance Product Disclosure Statement available from your adviser.

What are the Risks?

You should be aware of the risks involved before buying any life insurance policy. Read this PDS carefully before making a decision on the type of Policy and the extent of cover you require.

Some of the risks associated with life insurance include:

- your Policy may not suit your needs; or
- your level of cover may be insufficient; or
- you may not be able to obtain the cover that you need because of your health or circumstances.

It’s important that your policy meets your needs both now and in the future. Considering your future needs now while you are healthy can ensure you have the appropriate cover throughout your life.

Suncorp Financial Protection at a Glance...

This summary of the key features of the Suncorp Financial Protection Plan does not replace or override the full descriptions of the conditions and features outlined in this Product Disclosure Statement.

Type of Insurance	Risk Covered	Benefit
<i>Under this insurance</i>	<i>If this happens to an Insured Person*</i>	<i>We pay or provide this benefit</i>
Term Life Insurance		
Yearly Renewable Term Life Insurance	Death	Agreed Lump Sum
	Terminal Illness	Maximum \$2 million for Terminal Illness – remainder payable on death
Optional Benefits:		
Total & Permanent Disablement (TPD)	Permanent Disability (inability to work)	Agreed Lump Sum
Trauma Insurance	Specific defined critical conditions	Agreed Lump Sum
Future Insurability	Decline of Insured Person's future health	Additional cover without health declaration
Waiver of Premium on Trauma	Future premiums post traumatic event	Premiums waived to age 65
Trauma Insurance		
Standard	Specific defined critical conditions	Agreed Lump Sum
Optional Benefits:		
Future Insurability	Decline of Insured Person's future health	Additional cover without health declaration
Comprehensive	Specific defined critical conditions	Agreed Lump Sum
Optional Benefits:		
Future Insurability	Decline of Insured Person's future health	Additional cover without health declaration
Income Protection Insurance		
Standard	Total or Partial Disability – inability to work as a result of sickness or injury	A replacement income of up to 75% of your Average Weekly Income
Optional Benefits:		
Claims Escalation	Off-sets effect of inflation	Income benefit retains purchasing power
Business Expenses	Total or Partial Disability	Reimbursement of on-going business costs
Comprehensive	Total or Partial Disability – inability to work as a result of Sickness or Injury.	A replacement income of up to 75% of your Average Weekly Income
Optional Benefits:		
Business Expenses	Total or Partial disability	Reimbursement of on-going business costs
Day 3 Accident	Injury	Income benefit available from date of Injury
Guaranteed Agreed Value	Variation in Insured Person's Income	A replacement Income of an agreed amount

* Most of the Benefits are defined in the Glossary. You must satisfy the conditions in those definitions before a benefit becomes payable.



How Much Does it Cost?

Premiums

Your Premium pays for your insurance cover and the cost of setting up and administering your insurance.

All premiums for the following insurance is paid into the Suncorp Life No. 1 Statutory Fund:

- Yearly Renewable Term Life Insurance;
- Standard Trauma Insurance;
- Comprehensive Trauma Insurance;
- Standard Income Protection Insurance;
- Comprehensive Income Protection Insurance.

Premium Components

The Premium you pay is determined by multiplying your level of cover (the "Sum Insured") by the applicable Premium rate. Depending on the type of insurance and level of cover chosen, your Premium rate may be based on some or all of the following factors: age, sex, Waiting Period, Benefit Period, health, occupation, pursuits or smoking status.

In addition, your Premium may also include:

- a policy fee based on the frequency of payment;
- a loading if you pay more frequently than yearly;
- a discount or a loading, depending on the level of Sum Insured selected;
- stamp duty; and
- amounts relating to additional benefits.

For an illustration on how Premiums can vary, please refer to page 52.

Premium Guarantee

The Premium rates are guaranteed not to change for 12 months from your Policy Commencement Date. After this date, we may vary the rate of Premium payable for all policies of the same kind as yours. The Premium will then be charged at the new rates set by Suncorp and will apply from your next Renewal Date.

Your Premiums will be recalculated each year to reflect;

- the increase in the Insured Person's age; and
- any increase in the Sum Insured by way of indexation.

Your Sum Insured may be increased each year by the greater of the rise in the Consumer Price Index (CPI) over the year or 3%. This increase is subject to age and Sum Insured limitations.

Please contact us if you want a table of Premium rates.

Premium Payments

You must pay your first Premium on the Policy Commencement Date. Second and subsequent Premiums are payable by the next due date (which depends on how frequently you wish to pay) for as long as you want the insurance to continue or until your cover runs out, as explained in this PDS.

You have up to 30 days, from your Due Date to pay your second and subsequent Premiums. This period is called the 'Days of Grace'.

Payment Methods

You can pay your Premiums either yearly, half-yearly, monthly or by payroll deduction. When you pay your Premium more frequently than yearly or by payroll deduction, your total annual Premium will include a loading to cover administrative costs on these payments, as follows:

Payment Frequency	Loading	Payment Type		
		Cheque	Direct Debit	Credit Card
Yearly	Nil	✓	✓	✓
Half yearly	4%	✓	✓	✓
Monthly	8%	✗	✓	✓
Payroll Deduction	8%	✗	✗	✗

"✓" means the payment type is available for the payment frequency specified.

"✗" means the payment type is not available for the payment frequency specified.

Suncorp reserves the right to:

- withdraw payroll deductions as a method of payment in the future; and/or
- increase these loadings.

If we decide in the future to alter either of the above, you will be given at least 3 months' written notice.

You can vary your method of payment by contacting our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super').

Premium Freeze

Premiums can vary with the Insured Person's age and usually increase on renewal as the Insured Person grows older. You can however nominate on renewal to continue to pay your current Premium, and not an increased Premium. To do so you must contact our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super') and we will reduce your Sum Insured to allow for any increase in the rate of Premium for the Insured Person's age. This adjustment will be made provided the minimum Sum Insured and minimum Premium requirements for your Policy are satisfied.

If you don't pay your Premium

Your Policy will be terminated without any refund of Premium if you don't pay the full amount of your Premium within the Days of Grace period. We will not be liable for any claims after the last day of the Days of Grace if the Policy is terminated in this way.

If the Insured Person dies, is diagnosed with one of the specified critical conditions or becomes totally or partially disabled, within the Days of Grace, we will pay the Benefit due less any unpaid Premium.

Similarly, if you have chosen any of the optional Benefits and you are entitled to payment of the Benefit within the Days of Grace, we will pay the Benefit due less any unpaid Premiums.

Reinstatement

Should your Policy terminate because Premiums have not been paid within the Days of Grace, we may consider reinstatement of your Policy on the:

- satisfactory completion of an application for revival, including evidence of the current health of the Insured Person; plus
- full payment of the Premium due; and
- full payment of all Premium arrears.

The reinstatement must be requested within 2 years after the Due Date of the outstanding Premium. We have full discretion to refuse your application for revival, or to impose conditions if we accept it.

What are the Charges?

All the charges are fully described in this section. Suncorp will not apply any other charges without your consent (other than Government taxes and charges).

Policy Fee

A Policy fee will apply for each insurance you buy and the amount payable will depend on the frequency of your Premium payment and the type of cover, as follows:

Policy	Yearly	Half-Yearly	Monthly	Payroll Deduction
Yearly Renewable Term Life Insurance	\$60	\$31.20	\$5.40	\$2.49
Trauma Insurance	\$60	\$31.20	\$5.40	\$2.49
Income Protection Insurance	\$75	\$39.00	\$6.75	\$3.12

The Policy fee may be increased each year by up to the greater of the percentage increase in CPI over the year or 10%. The increase will be applied to your insurance from your next Renewal Date.

There is no additional Policy fee for optional Benefits included, or where more than one person is insured, under one Policy.

Policy Document Replacement Fee*

If you lose your PDS or Policy Document Notice you need to complete a lost policy declaration which can be obtained by ringing our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super'). A fee of \$50 will be charged to replace your PDS and Policy Document Notice.

* These charges can alter. If we decide at any time in the future to alter these charges, you will be given at least 3 months' written notice.

What is Paid to your Adviser?

A percentage of your Premium is paid as commission to your adviser. In some instances, your adviser is paid a salary instead of a commission.

The commission is for the professional advice and service provided initially and every year for the life of your insurance. Your adviser uses commissions to pay business expenses as well as it being a source of income.

If you increase your insurance cover and your Premium increases, commission will be paid on the increase.

Commissions are not additional costs to you because they are paid from your annual Premiums. If your insurance is cancelled in the first year, some or all of the commission, must be repaid to Suncorp by your adviser.

The amount paid to your adviser forms part of the total Premiums and where other sales methods are used lower Premiums may not necessarily result.

Future Upgrade

We constantly aim to improve our products, which means future improved versions of this Policy may be introduced. If this happens, and where you will not be disadvantaged by any terms and conditions of the new version, your insurance will automatically be upgraded to the new version. We will give you written notice of the changes and when they come into effect.

Any Sickness or Injury for which the Insured Person has received advice or treatment prior to the improvement being offered may exclude you from being eligible for payment under any improved conditions.

Taxation Information

This information is based on our interpretation of tax laws that were current at the date of preparation of this PDS. Future legislative changes may impact on the taxation treatment outlined in this section.

Advice should be sought from a tax adviser or the Australian Taxation Office in relation to your own individual circumstances. The table below summarises the tax deductibility of premiums and the tax treatment of benefit payments.

These comments are a guide only, based on current understanding of tax laws.

Tax Deductibility of Premiums	
Type of Cover	Tax Deductible?
Yearly Renewable Term Life Insurance (with or without TPD)	Premiums are generally not tax deductible*
Trauma Insurance	Premiums are generally not tax deductible*
Income Protection Insurance	Premiums are generally tax deductible. There are certain exceptions.

* The taxation treatment of Premiums and claims may alter if the Policy owner is an employer and the Insured Person is their employee.

Taxation of Benefit Payments	
Type of Cover	Assessable Income
Yearly Renewable Term Life Insurance (with or without TPD)	Payments made in the event of death or disability are generally not subject to income tax*
Trauma Insurance	Payments made in the event of major trauma are generally not subject to income tax*
Income Protection Insurance	Payments made in the event of death or disability are generally assessable for personal income tax. There are certain exceptions.

* The taxation treatment of Premiums and claims may alter if the Policy owner is an employer and the Insured Person is their employee.

Information on your Policy

Once Suncorp is prepared to offer you cover, you will be sent a Policy Document Notice which, together with this PDS and your application, are the terms and conditions of your insurance with Suncorp.

However, we reserve the right to vary any of the terms and conditions in this PDS before issuing you with a Policy Document Notice.

Please read the Policy Document Notice and the Policy terms and conditions in this PDS carefully.

The Policy Document Notice:

- will contain specific terms for your cover and any additional Benefits included;
- will state the extent to which the terms and conditions set out in this PDS and your Application Form apply to you; and
- may contain terms and conditions which may override those contained in this PDS (where this is the case, the overrides will be clearly stated).

You should keep your Policy Document Notice and this PDS in a safe place. They will be required when you make a claim.

Your Duty of Disclosure

Our decision to insure you is based on the collective information provided in the Application Form that includes the declaration signed by you, and other supporting documents.

Before you enter into a contract of insurance with Suncorp, you have a duty under the *Insurance Contracts Act 1984*, to disclose to Suncorp every matter that you know or could reasonably be expected to know, is relevant to the decision of Suncorp whether to accept your application for insurance and, if so, on what terms.

You have the same duty to disclose those matters to Suncorp before you 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 Suncorp;
- that is of common knowledge;
- that Suncorp knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by Suncorp.

If you fail to comply with the duty of disclosure and Suncorp would not have entered into the contract on any terms if the failure had not occurred, Suncorp may avoid the contract within 3 years of entering into it.

Suncorp, if entitled to avoid a contract of life insurance, may within 3 years of entering into it, elect not to avoid it but to reduce the sum that the Insured Person has 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 Suncorp.

If your non-disclosure is fraudulent, Suncorp may avoid the contract at any time.

Cooling Off Period

Suncorp wants you to be satisfied that you have made the right decision. After you sign-up for cover and Suncorp sends you the Policy Document Notice, you have 21 days to check that the insurance meets your needs – this is known as the cooling-off period. Within this time you may cancel your Policy without paying any charges.

To cancel your Policy you must notify us in writing or verbally. If you notify us verbally we will require you to answer certain questions to confirm your identity. In all cases we will require you to send to us your Policy Document Notice and your copy of the PDS.

If your Policy is cancelled within this cooling off period, we will refund any Premiums you have paid.

Frequently Asked Questions

How do I?	What should I do?
Apply for Cover?	Complete and sign an Application Form (available from your adviser) and satisfy our other requirements.
Increase my Cover?	Complete and sign an Application Form (available from your adviser) and satisfy our other requirements.
Decrease my Cover?	Contact us by phone or if your request is in writing please specify the policy number, the amount you wish to decrease the sum(s) insured to and ensure the Policy owner(s) have signed their consent.
Add a new Life Insured to my insurance? (not applicable to Income Protection Insurance)	Complete and sign an Application Form (available from your adviser) and satisfy our other requirements.
Change Payment Method?	Contact us by phone or in writing. The appropriate deduction authority will be forwarded to you for completion.
Change to Non-smoker conditions?	Contact us by phone or in writing and a non-smokers declaration will be forwarded to you for completion.
Change beneficiaries?	Contact us by phone or in writing and a Nomination of Beneficiaries form will be forwarded to you for completion.
Change Ownership of my insurance	Contact us by phone or in writing and a Memorandum of Transfer form will be forwarded to you for completion.

Note: For full contact details please refer to the inside front cover of this PDS.

Complaints and Dispute Resolution

We try to make sure that our level of service meets your expectations. However, sometimes problems occur. If you have a complaint or dispute, we have established a process to help you.


How to make a complaint or notify a dispute

If you have a complaint about this product or our services, please tell the people who provided your initial service. Or you can:

- **phone us on:** 13 11 55
(for the cost of a local call*)
- **fax us on:** (07) 3362 2904
- **write to us at:** Suncorp Life & Super Ltd
GPO Box 1453 (LS005)
Brisbane QLD 4001
- **email us on:** life&super@suncorp.com.au

What we will do

1. We will try to settle your complaint or dispute within 1 working day.
2. If we can't do this, we will phone you, email you or tell you in writing that we have received your complaint or dispute. You should get this notice within 3 working days.
3. We will try to settle more complicated complaints or disputes within 21 days, but in no more than 45 days.
4. If we can't settle your complaint or dispute quickly, we will write to you every 21 days giving you reasons for the delay.
5. Once we make a decision regarding your complaint or dispute, we will tell you in writing and include our reasons for reaching that decision.



If you are dissatisfied with our decision or the way we handled your complaint or dispute, please let us know. Otherwise, you can contact the Financial Industry Complaints Services (FICS).

Financial Industry Complaints Services (FICS)

FICS is a free service and a totally independent and impartial body. FICS will deal with your complaint or dispute directly or follow up the matter on your behalf. If this is unsuccessful, the matter will go to the FICS Review Committee for a decision. If you want more information on FICS, please ask us for a brochure.

You can contact FICS by:

- **phoning:** 1300 780 808
(for the cost of a local call*) or
- **writing to:** Financial Industry Complaints Services Limited
PO Box 579,
Collins Street West
MELBOURNE VIC 8007

* A higher charge may apply for public telephones and mobile phones.



Suncorp Yearly Renewable Term Life Insurance Overview

The details provided in this overview do not replace or override the full descriptions of the conditions and features outlined in this Product Disclosure Statement.

Feature	Yearly Renewable Term Life Insurance	
Product Description	Yearly Renewable Term Life Insurance pays a lump sum benefit if the Insured Person dies or is diagnosed with a terminal illness which will most likely result in death within 12 months of being diagnosed	
Benefit	Sum Insured	
Minimum Age at entry	18 next birthday	
Maximum Age at entry	75 next birthday	
Guaranteed Renewable up to Renewable Date before	99 next birthday	
Minimum Sum Insured	\$75,000	
Maximum Sum Insured	Assessed on individual circumstances at time of application	
Indexation of Sum Insured	The greater of increases in the Consumer Price Index (CPI) over the year or 3%	
Minimum Premium	\$200 per year (including policy fee)	
Policy Fee per annum	From \$60 to \$64.80 (including frequency loading)	
Premium Rates available	Males, Females, Smokers, Non-smokers, Age and by Occupation type	
Sum Insured Premium Loading	<\$125,000	10% loading
Sum Insured Premium Discounts	\$250,000 to \$499,999	10% discount
	\$500,000 to \$999,999	17.5% discount
	\$1 million to \$1,999,999	22.5% discount
	\$2 million +	25% discount
Standard Benefits (for further details of these Benefits please refer to page 16)	<ul style="list-style-type: none"> • Interim Cover • Life Cover Advance Payment Benefit • Automatic Indexation • Convertibility Option 	
Optional Benefits (for further details of these Benefits please refer to pages 17 - 23)	<ul style="list-style-type: none"> • Total & Permanent Disablement - choice of "Any" or "Own" Occupation Cover • Death Cover Retention (as an addition to "Any" or "Own" Cover TPD) • Trauma Insurance (Standard or Comprehensive) • Future Insurability • Waiver of Premium on Trauma • Comprehensive Trauma with TPD as a defined event 	

Suncorp Yearly Renewable Term Life Insurance

Suncorp Yearly Renewable Term Life Insurance (“Yearly Renewable Term Life Insurance”) pays a lump sum benefit if the Insured Person dies. A Yearly Renewable Term Life Insurance Policy may be taken out on your life or on the life of another person. There are other optional benefits available.

Entry and Expiry Ages

For Yearly Renewable Term Life Insurance the Insured Person must meet the age next birthday at entry requirements as specified in the table below.

Policy/Benefit	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Yearly Renewable Term Life Insurance	18 to 75	99
• Terminal Illness	18 to 75	99
• Automatic Indexation	18 to 64	65
• Total & Permanent Disablement (TPD) (Any or Own Occupation Cover)	18 to 60	99
• Death Cover Retention	20 to 60	65
• Trauma Insurance	20 to 60	75
• Waiver of Premium on Trauma	20 to 65	75
• Future Insurability	20 to 54	55

Subject to the Policy terms and conditions, the insurance cannot be cancelled unless it is requested by the policyholder or a claim is paid.

Your insurance and Benefits will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your insurance. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the days of grace; or
- the Insured Person dies; or
- the total Sum Insured has been paid under the Terminal Illness Benefit; or
- the Renewal Date before the benefits expiry age occurs (noted in the table above); or
- if the amount paid under the optional Trauma or Total and Permanent Disablement Benefits is equal to the Term Life cover Sum Insured (excluding the Death Cover Retention Option upon Total and Permanent Disablement).

Benefits (no additional cost)

The Sum Insured is payable should the Insured Person die. The Benefit will be paid to the nominated person, other than as specified on page 23 of this PDS.

Interim Cover

We will provide you with interim cover for up to 90 days while we are assessing your application (conditions apply). Please refer to page 59 for more details.

Terminal Illness Benefit

If a specialist Medical Practitioner, approved by Suncorp, diagnoses the Insured Person as suffering a medical condition that will most likely result in death within 12 months of being diagnosed (Terminal Illness), we will pay the Sum Insured. The maximum amount we will pay in respect of the Insured Person's Terminal Illness, is \$2 million for all insurance we issue on the life of the Insured Person. If the Insured Person is insured for more than \$2 million with us, we will pay the balance when the Insured Person dies. We will waive the premiums on the balance payable for up to twelve months (after which premiums will recommence). This cover ceases on the Renewal Date immediately prior to the Insured Person's 99th birthday.

The Sum Insured for Terminal Illness Benefit under this Policy is reduced by any amount paid under this Policy for:

- the optional Total and Permanent Disablement cover (unless Death Cover Retention upon Total and Permanent Disablement is attached); or
- optional Trauma Insurance.

Life Cover Advance Payment Benefit

This benefit provides a cash advance payment of up to \$20,000 of the Yearly Renewable Term Life Insurance death benefit, provided the Insured Person's death certificate is produced. This benefit is only available to a Policy Owner/s or Nominated Person who survives at the time of claim and who would be entitled to all or part of any death benefit that may become payable.

The Life Cover Advance Payment Benefit will be paid to claimants in the proportion to which they would be entitled to any death benefit that may become payable. After the Life Cover Advance Payment Benefit has been paid the death benefit is reduced by the amount of that payment. Payment of the Life Cover Advance Payment is not an admission of our liability to pay the death benefit.

In the event that the Life Insured has not disclosed or misrepresented relevant information which triggers a Life Cover Advance Payment, then Suncorp has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this benefit.

Automatic Indexation

We will automatically increase your Sum Insured by the greater of the increases in the Consumer Price Index (CPI) over the year or 3% per annum on each Renewal Date of your policy up to age 65.

Your Premiums will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person's age and the increased Sum Insured.

You can however decline the CPI increase, in which case your Sum Insured remains the same, or you can elect a "premium freeze", in which case your premium will remain the same, but your Sum Insured will be adjusted.

If we agree to pay a Benefit under this Policy, we will pay the Sum Insured that is stated on the Policy Document Notice after taking into account any variations that result from automatic indexation or from the premium freeze option.

The conditions of automatic indexation are as follows:

- The Sum Insured is automatically adjusted each year to take account of any increase in the CPI over the year (minimum of 3%) until the Renewal Date immediately prior to the Insured Person's 65th birthday.
- Premiums will increase in line with the increases in the Sum Insured, and usually increase with the Insured Person's age next birthday (and any extra Premium stated on the Policy Document Notice).
- Automatic Indexation will only apply up to a maximum sum insured of \$2 million for Total and Permanent Disablement (TPD) and \$1.5 million for Trauma. You may decline any increase in the Sum Insured by contacting us and paying the adjusted Premium for age only as shown on the CPI Indexation Notice.

Optional Benefits (extra cost)

The following additional benefits are available under your Yearly Renewable Term Life Insurance policy:

- Total & Permanent Disablement ("Any Occupation");
- Total & Permanent Disablement ("Own Occupation");
- Total & Permanent Disablement ("Any Occupation") with Death Cover Retention upon Total and Permanent Disablement;
- Total & Permanent Disablement ("Own Occupation") with Death Cover Retention upon Total and Permanent Disablement;
- Standard Trauma Insurance;
- Comprehensive Trauma Insurance;
- Comprehensive Trauma Insurance with Total & Permanent Disablement ("Any Occupation");
- Comprehensive Trauma Insurance with Total & Permanent Disablement ("Own Occupation");
- Waiver of Premium on Trauma;
- Future Insurability.

Optional Benefits only apply if selected by you and they are shown on your policy Document Notice.

For further details on the above Optional Benefits, see pages 18 to 23 of this PDS.

Total and Permanent Disablement – Optional (extra cost)

If you choose to include Total and Permanent Disablement (TPD), your Policy Document Notice will show the Sum Insured for this Benefit. Please note, your TPD Sum Insured cannot exceed your Yearly Renewable Term Life Insurance Sum Insured for the Insured Person.

Your TPD benefit will be payable if the Insured Person is Totally and Permanently Disabled. Totally and Permanently Disabled is where the Insured Person permanently:

- (A) suffers the loss of limbs or sight; or
- (B) is unable to work (only applies up to age 65); or
- (C) is unable to perform two or more Activities of Daily Living; or
- (D) is suffering from significant cognitive impairment;

as defined in the following sections.

(A) Loss of Limbs or Sight

means the total and permanent loss of use of:

- both feet; or
- both hands; or
- one hand and one foot; or
- the sight of one eye and the use of either one hand or one foot; or
- the sight of both eyes.

At the time of claim, where Trauma insurance with linked TPD is an optional benefit under Yearly Renewable Term Life insurance, the benefit for Loss of Limbs or Sight will only be payable once.

(B) Unable to Work

You have the choice between the “Any” and “Own” Occupation cover. For an additional premium, an “Own” occupation cover is available in respect of professional and white collar occupations. Your adviser will be able to tell you the Insured Person's occupation category. The maximum level of cover for both “Any” and “Own” occupation TPD is \$2 million.

“Any” Occupation Cover

A state of physical or mental incapacity which is caused by accident, sickness or disease which:

- (i) Results in the Insured Person being disabled and unable to work in any employed capacity for at least six consecutive months; and
- (ii) In the opinion of Suncorp, after considering medical evidence and/or other evidence, results in the Insured Person being unable ever to follow any occupation for which he or she is reasonably qualified by education, training or experience.

For the purpose of the (“Any” Occupation) cover, full time, unpaid, domestic work is considered an occupation.

“Own” Occupation Cover (only applicable to occupation classes SP, SM & SA - details on page 38)

A state of physical or mental incapacity which is caused by accident, sickness or disease and which:

- (i) results in the Insured Person being disabled and unable to work in any employed capacity for at least six consecutive months; and
- (ii) in the opinion of Suncorp, after considering medical evidence and/or any other evidence, results in the Insured Person being unable ever to follow the Insured Person's Occupation.

(C) Activities of Daily Living

The Insured Person must be permanently unable to perform two or more of the following Activities of Daily Living without the physical assistance of someone else. The inability to perform two or more of these activities must be continuous for at least 6 months before you are eligible to make a claim.

The Activities of Daily Living are:

1. bathing and showering;
2. dressing and undressing;
3. eating and drinking;
4. using a toilet to maintain personal hygiene;
5. getting in and out of bed, a chair or wheelchair;
6. moving from place to place by walking, wheelchair or walking aid.

(D) Significant Cognitive Impairment

In the opinion of Suncorp, after considering medical evidence, and/or any other evidence the Insured Person is suffering from significant cognitive impairment. Significant cognitive impairment means a deterioration or loss of intellectual capacity that requires the Insured Person to be under the continuous care and supervision of someone else.

Significant Cognitive Impairment must be continuous for at least 6 months before you are eligible to make a claim.

When we won't pay your Total and Permanent Disablement Benefit

We will not pay if the loss or incapacity upon which you are basing a claim for Total and Permanent Disablement is directly or indirectly caused or accelerated by any one of the following:

- Intentional self-inflicted injury performed by or under the Insured Person's instructions or attempted suicide of the Insured Person.
- Acts of war, whether declared or not, or by service in the armed forces.
- Any exclusion stated in your Policy Document Notice.

Death Cover Retention (Upon Total and Permanent Disablement) – Optional (extra cost)

Where Total and Permanent Disablement is attached, for an additional Premium you may nominate to include a Death Cover Retention Benefit on your Policy. This means, if the Insured Person meets the conditions for Total and Permanent Disablement as specified in this PDS, Suncorp will pay the Total and Permanent Disablement Benefit without reducing the Death Benefit. If you receive a Total and Permanent Disablement Benefit payment, your life insurance Premiums will be waived until the Renewal Date immediately prior to the Insured Person's 65th birthday.

Death Cover Retention Benefit is not available where Total and Permanent Disability is added as a critical condition to your Comprehensive Trauma Insurance benefit.

Trauma Insurance – Optional (extra cost)

You may choose to add one of two types of Trauma Insurance to your Yearly Renewable Term Life Insurance Policy - either **Comprehensive** or **Standard Trauma Insurance**. If you have included one of these Benefits on your Policy, this will be indicated on your Policy Document Notice, together with the amount of cover.

Please note:

- (i) Your Trauma Sum Insured cannot exceed your Yearly Renewable Term Life Insurance Sum Insured.
- (ii) If optional benefits of TPD and Comprehensive Trauma Insurance are added as options to Yearly Renewable Term Life Insurance, then the total of both benefits must not exceed the Yearly Renewable Term Life Insurance Sum Insured.

Under Comprehensive Trauma Insurance, you also have the option of including Total and Permanent Disablement as an additional Critical Condition (CCTPD).

The CCTPD benefit will cease on the Renewal Date immediately prior to the Insured Person's 75th birthday. The definition for CCTPD will be as per Total and Permanent Disablement on page 18. The CCTPD benefit will apply in the same manner as the other Critical Conditions under Comprehensive Trauma Insurance (page 29 to 35).

Under the optional Trauma Insurance cover, we will pay the percentage of Sum Insured (as specified in the Definitions of Critical Conditions section on pages 29 to 35 of this PDS) if the Insured Person is diagnosed by a Medical Practitioner as suffering from one or more of the Critical Conditions. When the Total and Permanent Disablement benefit is included under Comprehensive Trauma Insurance, the benefit payable will be 100% of the Trauma Sum Insured.

No Trauma Insurance Benefit will be paid if the Insured Person should die within fourteen days of suffering from or being diagnosed with one of the Critical Conditions. However, the Sum Insured under your Yearly Renewable Term Life Insurance cover will be paid.

Buy Back

Where Trauma Insurance is attached as an optional Benefit to Yearly Renewable Term Life Insurance, a one year buy back option is provided. This feature allows you to repurchase the amount of your Trauma Insurance benefit as Yearly Renewable Term Life Insurance cover in respect of the Insured Person. This happens one year after the total Trauma Sum Insured has been paid under your Trauma Insurance Benefit. This option is:

- Subject to the life insurance cover being reinstated at the same level as the Trauma Insurance Benefit that was paid to you;
- Subject to Suncorp policy terms and conditions and premium rates we offer at the time of reinstatement;
- Available without evidence of health;
- Provided on the same acceptance terms that were applied to the original Benefit; and
- Available for up to 30 days following the one year anniversary date of your Trauma Insurance benefit being paid.

Your Trauma Insurance cover will cease on whichever of the following happens first:

- you notify us in writing or verbally, that you wish to terminate this Benefit or your Policy. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the Days of Grace; or
- the Insured Person dies; or
- the payment of the total Sum Insured under your Trauma Policy; or
- the Renewal Date immediately prior to the Insured Person's 75th birthday.

The amount of your Yearly Renewable Term Life Insurance cover will be reduced by the total amount of all Trauma benefits paid.

Benefit Limitations

The following conditions apply to Total and Permanent Disablement (TPD) and Trauma benefits when attached to your Yearly Renewable Term Life Insurance Policy:

- the sum insured for either Comprehensive or Standard Trauma Insurance cannot exceed the Death Cover. However the amounts of cover do not have to be the same.
- the Sum Insured for Total and Permanent Disablement cannot exceed the Death Cover. However the amount of cover does not have to be the same.
- where Trauma Insurance and Total and Permanent Disablement are both added under a Yearly Renewable Term Life Insurance Policy, the total of the TPD and Trauma benefits cannot exceed the Death Cover.

Waiver of Premium (on Trauma) – Optional (extra cost)

The Waiver of Premium option is available if you purchase Yearly Renewable Term Life Insurance and Trauma Insurance as combined cover, or as stand alone insurance. Upon payment of the total Sum Insured under your Trauma Insurance, the Waiver of Premium Benefit will apply to your Yearly Renewable Term Life Insurance, provided it

is in force, at the time the total Sum Insured Benefit is paid under your Trauma Insurance. Premiums will be waived in respect of Death Cover (and Total and Permanent Disablement, Death Cover Retention and Future Insurability if applicable).

Where Trauma Insurance has been added as an optional benefit to your Yearly Renewable Term Life Insurance, your Death Cover Sum Insured will first be reduced by the amount of the Trauma Insurance Sum Insured paid before the Waiver of Premium Benefit applies.

Under this Benefit, we will waive premiums on your Yearly Renewable Term Life Insurance until the Renewal Date immediately prior to the Insured Person's 65th birthday.

During the period premiums are waived on your Yearly Renewable Term Life Insurance, indexation of your Sum Insured will continue to apply unless you had previously declined indexation.

If on the **Renewal Date** immediately prior to the Insured Person's 65th birthday, you wish to continue the Yearly Renewable Term Life Insurance, you must recommence payment of the premium. The premium payable will be based on the original acceptance terms for your Yearly Renewable Term Life Insurance and is recalculated in line with the then current age of the Insured Person and the premium rates then applying to that cover.

The Waiver of Premium (on Trauma) benefit will not apply to:

- Yearly Renewable Term Life Insurance Death Cover purchased under the Buy Back benefit;
- Increases to your Sum Insured under the Future Insurability Option; and
- Yearly Renewable Term Life Insurance policies where premiums are already waived under the Death Cover Retention Option.

Future Insurability – Optional (extra cost)

The Future Insurability Benefit provides the option to increase the Sum Insured (for Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term

Life Insurance because of certain changes in the Insured Person's personal circumstances or because of the occurrence of certain business events, in line with the following criteria and without having to provide evidence of the Insured Person's current state of health.

Personal Circumstances

Up until the Insured Person's 55th birthday, you can increase the Sum Insured (for Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance in any of the following personal circumstances:

- Where the Insured Person has commenced a relationship with a Spouse, and the relationship has continued for six months ("**Spouse Option**");
- The birth or adoption of a child by the Insured Person or the Insured Person's Spouse ("**Child Option**"); and
- The taking out of a loan secured by a mortgage or the increase in the amount lent under a mortgage in the Insured Person's name, for the purpose of buying or improving the Insured Person's principal place of residence ("**Mortgage Option**").

You may request an increase in Insurance in respect of the Life Insured in accordance with the following limits:

Life Event	Increase by:
Spouse and Child Option	The lesser of: <ul style="list-style-type: none"> • \$100,000; or • 25% of the Sum Insured at the Policy Commencement Date
Mortgage Option	The lesser of: <ul style="list-style-type: none"> • \$200,000; or • 50% of the Sum Insured at the Policy Commencement Date; or • the initial amount lent under the mortgage; or • the amount of any increase in the amount of monies lent under the mortgage

Business Events

Up until the Insured Person's 55th birthday, you can increase the Sum Insured (Death Benefit, Trauma Insurance and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance, on the occurrence of any of the following events:

- The increase in the Insured Person's value to a business, where the Insured Person is a Key Person to that business (**"Key Person Option"**).
- An increase in the Insured Person's financial interest in a business, whether as partner, shareholder or unitholder, and this Policy forms part of a buy/sell, share purchase or business succession agreement (**"Business Insurance Option"**).

You may request an increase in Sum Insured in respect of the Life Insured in accordance with the following limits:

Life Event	Increase by:
Key Person or Business Insurance Option	The lesser of: <ul style="list-style-type: none"> • \$300,000; or • 25% of the sum insured at the Policy Commencement Date; or • 5 times the average of the last 3 years consecutive annual increases in the Insured Person's gross remuneration package

You must supply financial evidence satisfactory to us from a professionally qualified and practising accountant or business valuer supporting the increase applied for. We may also require additional information. Such information may include copies of the audited business accounts, if available, and tax returns.

Conditions of increase without evidence of health

You may apply to increase the Sum Insured (for Death, Trauma and/or Total and Permanent Disablement) on your Yearly Renewable Term Life Insurance Policy on the following conditions:

- Only one Future Insurability Benefit may be applied for by you in any 12 month period;
- You must provide proof of the business event or personal circumstances which is satisfactory to us;
- The application to increase the Sum Insured must be made within 30 days of the personal circumstances occurring or, where applicable, 30 days of the Renewal Date following the business event occurring;
- The application to increase the Sum Insured must be made before the Insured Person's 55th birthday;
- No claims have been made or are eligible to be made under this Policy or any other insurance issued by us on the Insured Person;
- The total of the increases made under the Future Insurability Benefit do not exceed the lesser of the Sum Insured at the Policy Commencement Date and \$1 million (where multiple policies exist we will count the total of the Future Insurability Benefit increases in the sum/s insured for all insurance issued by us on the life of the Insured Person);
- The maximum cover available for Trauma Insurance is \$1.5 million and \$2 million for Total and Permanent Disablement Insurance for insurance with all companies;
- Future Insurability Benefit increases not taken up in any year may not be subsequently applied for in any following year;
- The total cover inclusive of any increases made under the Future Insurability Benefit for Trauma Insurance or Total and Permanent Disablement cannot exceed the level of death benefit under the policy; and
- The application to increase the Sum Insured can only be made if we issue this cover on standard terms and conditions.

When we won't pay your increased benefit

If you take out the Future Insurability Benefit, then during the first six months after the Benefit takes effect, the increased portion of Sum Insured will only be paid in the event of the Insured Person's:

- accidental* death; or
- suffering any of the listed Critical Conditions (Trauma) that is caused by an accident*; or
- Total and Permanent Disablement that is caused by an accident*.

* Caused wholly by violent, accidental, external and visible means.

If the Insured Person has any sickness where symptoms appear or treatment is sought prior to the end of this six month period that leads to a Death, Trauma or Total and Permanent Disablement claim after the six month period, then the increase in Sum Insured is not payable.

The above conditions only apply to the:

- **"Mortgage Option"** for Sum Insured increases to your Death Benefit under the Future Insurability Benefit.
- **"Spouse Option", "Child Option", "Mortgage Option", "Key Person Option" or "Business Insurance Option"** for Sum Insured increases to your Trauma and Total and Permanent Disablement Insurance benefits under the Future Insurability Benefit.

Convertibility Option

At any time before the Insured Person's 65th birthday, you may convert without further medical evidence, your Yearly Renewable Term Life Insurance Policy to any Suncorp policy which provides the same or equivalent benefits. The Sum Insured of the new policy cannot exceed the Sum Insured in force under your existing Yearly Renewable Term Life Insurance cover.

If your existing Policy includes Total and Permanent Disablement, this Benefit may also be converted to your new Policy without evidence of the Insured Person's health, provided that the amount of cover does not exceed your existing Total and Permanent Disablement Policy.

You must satisfy the minimum premium requirements for the new policy cover and the new policy will be subject to any underwriting terms and conditions that apply to your current Policy.

Nomination of Beneficiaries

You can nominate that your insurance is for the Benefit of another person. The Benefit on the Insured Person's death will then be payable to that other person, whether or not that person is a dependant. For a business taking out Key Person insurance, the business entity can take out the cover in its own name and will be entitled to receive the proceeds on the death of the Key Person. Alternatively, the Key Person can take out the insurance in his or her own name and nominate the business entity as the person to receive the Benefit on death.

If the person who takes out the Policy is also the Insured Person, the Benefit will be payable to that Insured Person's legal representative (or such other person permitted by law) if no-one is nominated as a beneficiary or if the nominated person predeceases the Insured Person.

In all other circumstances where a Benefit cannot be paid under this section, the Benefit will be paid as determined by Suncorp.

Multiple Insured Persons

Where your Policy Document Notice states that there is more than one Insured Person, and a claim is made in relation to one of those Insured Persons and that claim is paid, then the cover in relation to that Insured Person is terminated. Cover for any other Insured Person which is still in effect and on which a claim has not yet been made remains unaltered and in full force.

General Exclusions

Suicide

If the Insured Person commits suicide within 13 months of:

- the Policy Commencement Date; or
- the date of increase of insurance cover for the increased amount only (excluding Benefit indexation); or
- reinstatement of this insurance,

the Sum Insured or the relevant increase (including Life Cover Advance Payment Benefit) will not be paid by Suncorp.

All money held under the Policy, (including Premiums paid) will be retained by Suncorp.

Non-smoker Conditions

If the Insured Person has been declared a non-smoker, please read this carefully.

Your entitlement to non-smoker premium rates is based on the signed declaration that the Insured Person is a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of the Benefit to the amount that would be payable in respect of a smoker in the insured person's circumstances where the same amount of premium had been paid.

Criminal Activity

The Sum Insured shall not be payable if a claim results from the Insured Person being a voluntary participant in a criminal activity.

Additional Exclusions

When we process your application, we may decide to accept the application only on condition that claims arising out of certain activities related to the Insured Person's occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

How to Claim

Proof of Age

Proof of the Insured Person's age is required before Suncorp pays you any Benefits. If the Insured Person has not given their correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.

Any adjustments will be backdated to the time you first took out this Policy and will take into account the true age of the Insured Person at that time.

Yearly Renewable Term Life Insurance

To make a claim for death we require the following information:

- a death certificate of the Insured Person;
- proof of age of the Insured Person (if not already provided);
- the Policy Document Notice and this PDS;
- where the Sum Insured is greater than \$50,000, probate of the Insured Person's Will, or equivalent;
- a claim form;
- a Certified Copy of the Will.

Depending upon individual circumstances, additional information may be required by Suncorp.

Total & Permanent Disablement Benefit

To make a claim for Total and Permanent Disablement, you should notify us in writing within three months of the Insured Person becoming Totally and Permanently Disabled. Unless Part (A) of the Total and Permanent Disablement definition (see page 18) applies to the Insured Person, the Insured Person must be Totally and Permanently Disabled for six consecutive months before you are eligible to make a claim.

Before we pay any claim, we have the absolute right to satisfy ourselves as to the extent of the Insured Person's disability. Therefore, we reserve the right to request any medical or other evidence that we might reasonably need to assess your claim. The cost of providing medical evidence in support of your claim is your responsibility.

We reserve the right to appoint our own Medical Practitioner at any time to examine and assess the Insured Person.

Trauma Insurance Benefit

Please refer to Trauma Insurance Policy terms and conditions on pages 26 to 37 for full details of how to claim.

Payment of Benefits

Yearly Renewable Term Life Insurance

The amount of the Death Cover Benefit will be the amount shown on the last CPI Indexation Notice as the Sum Insured for the amount of Premium that was paid unless a change to your Sum Insured has been effected since the notice. All payments will be paid as a lump sum and made in Australian currency.

We are only liable to pay a Benefit if the insurance is current at the date of death or the occurrence of the insured event.

Total & Permanent Disablement Benefit

The amount of the Benefit will be the amount shown on the CPI Indexation Notice issued immediately preceding the date of the Insured Person's Total and Permanent Disablement unless a change to your Sum Insured has been effected since the notice. If you are entitled to payment of the TPD Benefit within the Days of Grace, then we will pay the Benefit due less any unpaid premiums.

The amount of your Yearly Renewable Term Life Insurance cover will be reduced by the total amount of any Total and Permanent Disablement Benefit paid to you. Your Premium will then reduce accordingly.

This may result in the Yearly Renewable Term Life Insurance cover ceasing altogether when the Total and Permanent Disablement Benefit has been paid in full. If the Death Cover Retention benefit (as described on page 19) is selected, then your Death Cover will continue without reduction.

All payments will be paid as a lump sum and made in Australian currency.

Trauma Insurance Benefits

The amount of the Benefit will be the amount shown on the CPI Indexation Notice issued immediately preceding the date of the Insured Person being diagnosed with one of the specified Critical Conditions (including CCTPD) unless a change to your Sum Insured has been effected since the notice. If you are entitled to payment of the Trauma Benefit within the Days of Grace, then we will pay the Benefit due less any unpaid premiums.

The amount of your Yearly Renewable Term Life Insurance cover will be reduced by the total amount of any Trauma Benefit paid to you. Your Premium will then reduce accordingly.

This may result in the Yearly Renewable Term Life Insurance cover ceasing altogether when the Trauma Benefit (including CCTPD) has been paid in full.

All payments will be paid as a lump sum and made in Australian currency.

Suncorp Trauma Insurance Overview

The details provided in this overview do not replace or override the full descriptions of the conditions and features outlined in this Product Disclosure Statement.

Feature	Standard Trauma Insurance	Comprehensive Trauma Insurance
Product Description	Pays a lump sum Benefit if the Insured person suffers and is diagnosed with any of the diseases or medical conditions and satisfies the definition of that disease or medical condition, as specified on pages 29 to 35 of this PDS.	As per Standard Trauma Insurance
Minimum Age at entry	20 next birthday	As per Standard Trauma Insurance
Maximum Age at entry	65 next birthday	As per Standard Trauma Insurance
Guaranteed Renewable up to Renewable Date before	75 next birthday	As per Standard Trauma Insurance
Minimum Sum Insured	\$50,000	As per Standard Trauma Insurance
Maximum Sum Insured	\$1,500,000 (amounts in excess of this will be considered upon request)	As per Standard Trauma Insurance
Indexation of Sum Insured	The greater of increases in the Consumer Price Index (CPI) over the year or 3%	As per Standard Trauma Insurance
Minimum Premium	\$200 per year (including policy fee)	As per Standard Trauma Insurance
Policy Fee per annum	From \$60 to \$64.80 (including frequency loading)	As per Standard Trauma Insurance
Premium Rates available	Males, Females, Smokers, Non-smokers, Age and Occupation type	As per Standard Trauma Insurance
Sum Insured Premium Loading	<\$75,000 15% loading	As per Standard Trauma Insurance
Sum Insured Premium Discount	>\$500,000 5% discount	As per Standard Trauma Insurance
Standard Benefits (Critical Conditions – see pages 29 to 35)	<ul style="list-style-type: none"> Heart Attack* Coronary Artery Bypass Grafting* Heart Valve Surgery* Aorta Surgery* Cardiomyopathy Stroke* Multiple Sclerosis Hemiplegia Diplegia Paraplegia Quadriplegia Tetraplegia Major Head Trauma Cancer* Major Organ Transplant Chronic Kidney Disease Chronic Lung Disease Chronic Liver Disease Blindness Deafness Loss of Speech Severe Burns Aplastic Anaemia 	<p>Comprehensive Trauma Insurance includes all Standard Trauma Insurance benefits plus:</p> <ul style="list-style-type: none"> Primary Pulmonary Hypertension Cardiac Keyhole Surgery (Partial Benefit)* Coronary Artery Angioplasty (Partial Benefit)* Coma Dementia & Alzheimer's Disease Parkinson's Disease Encephalitis Motor Neurone Disease Muscular Dystrophy Benign Brain Tumour Occupationally Acquired HIV Medically Acquired HIV Loss of Independent Existence Single Loss of Limb or Sight (Partial Benefit) Advancement Benefit (Partial Benefit)
Optional Benefits (for further details of these benefits please refer to page 28)	<ul style="list-style-type: none"> Future Insurability 	<ul style="list-style-type: none"> Future Insurability

Suncorp Trauma Insurance

Suncorp Trauma Insurance ("Trauma Insurance") pays a lump sum Benefit if the Insured Person suffers and is diagnosed with any of the diseases or medical conditions, and satisfies the definition of that disease or medical condition, as specified on pages 29 to 35 of this PDS. You can choose from two types of Trauma Cover:

- Suncorp Standard Trauma Insurance ("Standard Trauma Insurance"); or
- Suncorp Comprehensive Trauma Insurance ("Comprehensive Trauma Insurance").

Entry and Expiry Ages

To apply for Trauma Insurance the Insured Person must meet the following age next birthday at entry requirements.

Benefit/Policy	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Standard Trauma Insurance	20 to 65	75
Comprehensive Trauma Insurance	20 to 65	75
Future Insurability	20 to 54	55

Your insurance will terminate on whichever of the following happens first:

- you notify us in writing or verbally that you wish to terminate your cover. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the Days of Grace; or
- the Insured Person dies; or
- the Insured Person suffers one or more of the Critical Conditions and the total Sum Insured is paid; or
- the Renewal Date before the benefits expiry age occurs (noted in the table above).

Benefits (no additional cost)

Suncorp Trauma Insurance provides Interim Cover and the option of Future Insurability. Benefits are paid as a lump sum should the Insured Person be diagnosed with, and satisfy the definition of, one of the Critical Conditions. Refer to pages 29 to 35 of this PDS for definitions of the Critical Conditions.

Interim Cover

We will provide you with interim cover for up to 90 days while we are assessing your application (conditions apply). Please refer to page 59 for more details.

Automatic Indexation

We will automatically increase your Sum Insured by the greater of the increases in the CPI over the year or 3% per annum on each Renewal Date of your Policy up to age 65.

Your Premiums will also be recalculated each year, and the recalculation will change the Premium to reflect the increase in the Insured Person's age and the increased Sum Insured.

You can however decline the CPI increase, in which case your Sum Insured remains the same. Or you can elect a "premium freeze", in which case your premium will remain the same, but your Sum Insured will be adjusted (see page 7 for further details).

If we agree to pay a Trauma Benefit, we will pay the percentage of Sum Insured, plus any variations that result from automatic indexation for the relevant critical conditions.

The conditions of automatic indexation are as follows:

- The Sum Insured is automatically adjusted each year to take account of any increase in the CPI over the year (minimum of 3%) until the Renewal Date immediately prior to the Insured Person's 65th birthday.

- Premiums will increase in line with the increases in the Sum Insured, and usually increase with the Insured Person's age next birthday and any extra Premium stated on the Policy Document Notice.
- You may decline any increase in the Sum Insured by contacting us and paying the adjusted Premium for age only as shown on the CPI Indexation Notice
- Once the Sum Insured has reached \$1.5 million, indexation will cease to apply.

Optional Benefits (extra cost)

Future Insurability

The Future Insurability (Trauma) benefit provides the option to increase the Sum Insured on your Trauma Insurance Policy (Comprehensive & Standard) because of certain changes in the Insured Person's personal circumstances or because of certain business events, in line with the following criteria and without having to provide evidence of the Insured Person's current state of health.

The application to increase the Sum Insured can only be made if we issued your Trauma cover on standard terms and conditions.

Personal Circumstances

Up until the Insured Person's 55th birthday, you can increase the Sum Insured on your Trauma insurance in any of the following personal circumstances:

- Where the Insured Person has commenced a relationship with a Spouse, and the relationship has continued for six months ("**Spouse Option**");
- The birth or adoption of a child by the Insured Person or the Insured Person's Spouse ("**Child Option**"); and
- The taking out of, or increase in the amount lent under a mortgage in the Insured Person's name, with the purpose of buying or improving the Insured Person's principal place of residence ("**Mortgage Option**").

You may request an increase in Insurance in respect of the Life Insured in accordance with the following limits:

Life Event	Increase by:
Spouse and Child Option	The lesser of: <ul style="list-style-type: none"> • \$50,000; or • 25% of the Sum Insured at the Policy Commencement Date
Mortgage Option	The lesser of: <ul style="list-style-type: none"> • \$50,000; or • 50% of the Sun Insured at the Policy Commencement Date; or • the initial amount lent under the mortgage, or • the amount of any increases in the amount of monies lent under the mortgage

Business Events

Up until the Insured Person's 55th birthday, you can increase the Sum Insured on your Trauma Insurance on the occurrence of any of the following business events:

- The increase in the Insured Person's value to a business, where the Insured Person is a Key Person to that business ("**Key Person Option**").
- An increase in the Insured Person's financial interest in a business, whether as a partner, shareholder or unit holder, and this Policy forms part of a buy/sell, share purchase or business succession agreement ("**Business Insurance Option**").

You may request an increase in Insurance in respect of the Life Insured in accordance with the following limits:

Life Event	Increase by:
Key Person or Business Insurance Option	The lesser of: <ul style="list-style-type: none"> • \$50,000; or • 25% of the Sum Insured at the Policy Commencement Date; or • 5 times the average of the last 3 years consecutive annual increase in the Insured Person's gross remuneration package

You must supply financial evidence satisfactory to us, from a professionally qualified and practising Accountant or business valuer supporting the increase applied for. We may also require additional information. Such information may include copies of the audited business accounts, if available, and tax returns.

Conditions of increase without evidence of health

You may apply to increase the Sum Insured for Trauma Insurance on the following conditions:

- Only one Future Insurability (Trauma) Benefit may be applied for by you in any 12 month period;
- You must provide proof of the business event or personal circumstances which is satisfactory to us;
- The application to increase the Sum Insured must be made within 30 days of the personal circumstances occurring or, where applicable, 30 days of the Renewal Date following the business event occurring;
- The application to increase the Sum Insured must be made before the Insured Person's 55th birthday;
- No claims have been made or are eligible to be made under this Policy or any other insurance provided by us on the life of the Insured Person;
- The total of the increases made under the Future Insurability (Trauma) Benefit do not exceed the original Trauma Sum Insured at the Policy Commencement Date (where multiple policies exist we will count the total of the Future Insurability Benefit increases in the sum/s insured for all policies issued by us on the life of the Insured Person);
- Future Insurability Benefit increases not taken up in any year may not be subsequently applied for in any following year;
- The maximum cover payable for trauma insurance is \$1.5 million for all insurance with all companies; and

When we won't pay your increased Trauma Benefit.

If you take out the Future Insurability (Trauma) Benefit under the “**Spouse Option**”, “**Child Option**”, “**Mortgage Option**”, “**Key Person Option**” or “**Business Insurance Option**” then during the first six months after the Benefit takes effect, the increased portion of Sum Insured will only be paid in the event of the Insured Person suffering and being diagnosed with any of the listed Critical Conditions that are caused by an accident (ie. caused wholly by violent, accidental, external and visible means).

If the Insured Person has any sickness where symptoms appear or treatment is sought prior to the end of this six month period that leads to a Trauma claim after the six month period, then the portion of the Sum Insured increased under the Future Insurability (Trauma) Benefit will not be payable.

Definitions of Critical Conditions

The following definitions apply in respect of Standard and Comprehensive Trauma Insurance.

Please note:

- (i) Where a “**C**” is shown it indicates that Critical Condition is covered under **Comprehensive Trauma Insurance**.
- (ii) Where an “**S**” is shown it indicates that Critical Condition is covered under **Standard Trauma Insurance**.
- (iii) Unless otherwise indicated, the Benefit payable will be 100% of the Sum Insured.
- (iv) The “whole person function test”, where referred to in the definitions of Critical Conditions is to be assessed in accordance with the guidelines set out in the American Medical Association (1993) “Guides to the Evaluation of Permanent Impairment”, 4th edition, AMA:Chicago, Illinois.

(v) Activities of Daily Living

You are permanently unable to perform two or more of the following Activities of Daily Living without the physical assistance of someone else. The inability to perform two or more of these activities must be continuous for at least 6 months before you are eligible to make a claim.

Activities of Daily Living as stated in this PDS refer to:

1. bathing and showering;
2. dressing and undressing;
3. eating and drinking;
4. using a toilet to maintain personal hygiene;
5. getting in and out of bed, a chair or wheelchair;
6. moving from place to place by walking, wheelchair or walking aid.

HEART DISORDERS

Heart Attack (C and S)

This means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply to the relevant area. The diagnosis shall be supported by the following criteria being present and consistent with a heart attack:

EITHER

- (a) - Confirmatory new electrocardiogram (ECG) changes; and
 - Diagnostic elevation of cardiac enzyme CK-MB.

OR

- (b) - A reduction in the Left Ventricular Ejection Fraction to less than 50% measured 3 months or more after the event; and
 - An elevation of Troponin in excess of the level representing Minimal Myocardial Damage. For the purpose of this definition, Minimal Myocardial Damage is represented by a level of Troponin I of 2 µg/L or less, or Troponin T of 0.6 µg/L or less, or the equivalent.

Coronary Artery Bypass Grafting (C and S)

This means Coronary Artery Bypass Grafting to correct a narrowing or blockage of one or more coronary arteries.

Heart Valve Surgery (C and S)

This means the undergoing of open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities. Repair via valvotomy, catheter, keyhole or similar techniques are specifically excluded.

Aorta Surgery (C and S)

This means the undergoing of open chest surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal aorta.

Cardiomyopathy (C and S)

This means the impaired ventricular function of variable aetiology, resulting in permanent and irreversible physical impairments to the degree of at least Class 4 of the New York Heart Association Classification of cardiac impairment. Cardiomyopathy directly related to alcohol, drug or substance abuse is specifically excluded.

Primary Pulmonary Hypertension (C)

This 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.

Cardiac Keyhole Surgery (C)

Partial Benefit payable: 15% of Sum Insured subject to a minimum of \$10,000 and a maximum of \$25,000.

This means the actual undergoing of thoracoscopic, laparoscopic, 'minimally invasive' or 'keyhole' surgery to treat or repair:

- an obstruction of the aorta or a coarctation of the aorta; or
- a cardiac valve as a consequence of heart valve defects or abnormalities.

Investigative or diagnostic procedures are specifically excluded.

Coronary Artery Angioplasty (C)

Partial Benefit payable: 15% of Sum Insured subject to a minimum of \$10,000 and a maximum of \$25,000.

This means the undergoing of angioplasty (with or without atherectomy, laser therapy, or the insertion of a stent) that is considered necessary by a cardiologist to correct or treat coronary artery disease.

NERVOUS SYSTEM DISORDERS

Stroke (C and S)

This means a cerebrovascular accident or event producing objective neurological sequelae. There must be clear evidence:

- on a CT, MRI or similar scan that a stroke has occurred; and
- of infarction of brain tissue, intracranial or subarachnoid haemorrhage or embolisation from an extracranial source.

It excludes:

- Transient ischaemic attacks and neurological sequelae lasting less than twenty four hours;
- cerebral symptoms due to reversible ischaemic neurological sequelae, migraine, hypoxia or trauma; and
- vascular disease affecting the eye, optic nerve or vestibular functions.

Multiple Sclerosis (C and S)

This means the unequivocal diagnosis of Multiple Sclerosis which includes more than one episode of well defined neurological deficit with persisting abnormalities resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

Hemiplegia (C and S)

This means the total and permanent loss of function of one side of the body resulting from disease or injury of the spinal cord.

Diplegia (C and S)

This means the total and permanent loss of function of both sides of the body resulting from disease or injury of the spinal cord.

Paraplegia (C and S)

This means the total and permanent loss of function of both legs resulting from disease or injury of the spinal cord.

Quadriplegia (C and S)

This means the total and permanent loss of function of both arms and both legs resulting from disease or injury of the spinal cord.

Tetraplegia (C and S)

This means the total and permanent loss of function of both arms and both legs together with loss of head movement resulting from disease or injury of the spinal cord.

Major Head Trauma (C and S)

This means neurological deficit as a result of head injury causing permanent functional or cognitive impairment. The injury must be of sufficient severity to result in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living listed in on page 30.

Coma (C)

This means a state of unconsciousness with no reaction to external stimuli or internal needs, resulting in a documented Glasgow Coma Scale of 6 or less, for a continuous period of 72 hours and results in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the coma; or

- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

Coma directly resulting from alcohol, drug or substance abuse is specifically excluded.

Dementia & Alzheimer's Disease (C)

This means the unequivocal diagnosis of Alzheimer's Disease or other Dementia. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration or loss of intellectual capacity that results in a requirement for continual supervision to protect the Insured Person or others.

Dementia as a result of alcohol, drug or substance abuse is specifically excluded.

Parkinson's Disease (C)

This means the unequivocal diagnosis of Parkinson's Disease where the condition is permanent and:

- cannot be controlled by medication;
- shows signs of progressive impairment; and
- results in at least 25% impairment of the whole person function test which is permanent and solely attributable to the Parkinson's Disease or the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

Encephalitis (C)

This means the severe inflammatory disease of the brain which results in permanent neurological deficit causing:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

Motor Neurone Disease (C)

This means the unequivocal diagnosis of Motor Neurone disease, with significant persistent neurological deficit resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

Muscular Dystrophy (C)

This means the unequivocal diagnosis of Muscular Dystrophy, with significant persistent neurological deficit resulting in:

- at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

BODY ORGAN DISORDERS

Cancer (C and S)

This means any malignant tumour characterised by the uncontrolled growth and spread of malignant cells that requires treatment by surgery, radiotherapy, chemotherapy, biological response modifiers, or any other major interventionist treatment and includes cancers that are completely untreatable. Payment of the Sum Insured will cover numerous cancers such as breast cancer, bowel cancer, lung cancer and prostate cancer, subject to any exclusions set out below.

The following are included:

- Leukaemia;
- Hodgkin's Disease;
- Malignant lymphoma;
- Malignant bone marrow disorders;
- Melanomas which have a depth invasion of Clark Level 3 or 1.5mm or more in thickness;

- Carcinoma in situ of the breast is covered only if it results directly in the removal of the entire breast. The procedure must be performed specifically to arrest the spread of malignancy, and be considered the appropriate and necessary treatment;
- Tumors treated by endoscopic procedures alone.

The following are excluded:

- Chronic lymphocytic leukaemia Rai Stage 0;
- All skin cancers including malignant melanomas (except those specified above) unless there has been a spread to other organs;
- Prostatic cancers which are histologically described as TNM Classification T1 or are of other equivalent or lesser classification;
- Tumors 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;
- Dukes stage A colorectal cancer unless there has been a spread to other organs.

Benign Brain Tumour (C)

This means a life threatening, non-cancerous tumour in the brain giving rise to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment.

The tumour must result in:

- neurological deficit causing at least 25% impairment of the whole person function test which is permanent and solely attributable to the neurological deficit; or
- the Insured Person being permanently unable to perform any one of the Activities of Daily Living as listed on page 30.

The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI (Magnetic Resonance Imaging).

The following are specifically excluded: cysts, granulomas, cholesteatomas, malformations in or of the arteries or veins of the brain, haematomas, and tumours in the pituitary gland or spine.

Major Organ Transplant (C and S)

This means any medically necessary human to human organ transplant from a donor to the Insured Person of:

(a) one or more of the following organs:

- Kidney
- Liver
- Heart
- Pancreas
- Lung
- Small bowel; or

(b) the transplant of bone marrow

Chronic Kidney Failure (C and S)

This means end stage renal failure presenting as chronic irreversible failure of both kidneys to function as a result of which regular renal dialysis is instituted or renal transplantation performed. Chronic Kidney Failure related to or directly or indirectly caused by alcohol, drug or substance abuse is excluded.

Chronic Lung Disease (C and S)

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

Chronic Liver Disease (C and S)

This means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver disease related to alcohol, drug or substance abuse is excluded.

Blindness (C and S)

This means the complete and irrecoverable loss of the sight of both eyes (whether aided or unaided) as a result of Sickness or Injury. Loss of sight is defined as:

- acuity less than 6/60 in both eyes after correction; or
- A field of vision constricted to 20 degrees or less of arc; or
- A combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

Deafness (C and S)

This means the complete and irrecoverable loss of hearing of both ears (whether aided or unaided) as a result of Sickness or Injury.

Loss of Speech (C and S)

This means the complete and irrecoverable loss of speech (whether aided or unaided) as a result of Sickness or Injury. The loss of the ability to speak must be established for a continuous period of 3 months.

Severe Burns (C and S)

This means tissue injury caused by thermal, electrical or chemical agents causing third degree (full thickness) burns to at least:

- 20% of the body surface area as measured by The Rule 9 of the Lund & Browder Body Surface chart; or
- the whole of both hands and/or the whole of the face.

BLOOD DISORDERS

Aplastic Anaemia (C and S)

This means the acquired abnormality of blood production characterised by the total aplasia of bone marrow.

Occupationally Acquired HIV (C)

This means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident during the currency of the policy. The accident must occur during the course of carrying out normal occupational duties, or medical duties whilst acting in a voluntary capacity, with sero-conversion indicating HIV infection occurring

within six months of the accident. Infection in any other manner, including sexual activity or recreational or non-medical intravenous drug use is specifically excluded.

An HIV antibody test that shows a negative test must be taken within seven days after the accident and reported within 30 days. Access to all blood samples taken is required for independent tests, with the right to take additional samples as necessary.

Medically Acquired HIV (C)

This means accidental infection with Human Immunodeficiency Virus (HIV) which we believe after making reasonable enquiries, on the balance of probabilities, arose from one of the following medically necessary events which must have occurred to the Insured Person in Australia by a recognised and registered health professional:

- a blood transfusion;
- transfusion with blood products;
- organ transplant to the Insured Person;
- assisted reproductive techniques;
- a medical procedure or operation performed by a Medical Practitioner.

For Occupationally and Medically Acquired HIV, the following applies:

Infection in any other manner, including sexual activity or recreational or non-medical intravenous drug use is specifically excluded.

OTHER EVENTS

Loss of Independent Existence (C)

The Loss of Independent Existence Benefit will be paid if the Insured Person satisfies any one of the definitions as follows:

(A) Loss of Limbs or Sight

means the total and permanent loss of use of:

- Both feet; or
- Both hands; or

- One hand and one foot; or
- the sight of one eye and the use of either one hand or one foot.

At the time of claim, where both TPD and Trauma insurance are benefits under Yearly Renewable Term Life Insurance, the benefit for Loss of Limbs or Sight will only be payable once.

(B) Activities of Daily Living

You are permanently unable to perform two or more Activities of Daily Living (listed on page 30) without the physical assistance of someone else. The inability to perform two or more of these activities must be continuous for at least 6 months before you are eligible to make a claim.

(C) Significant Cognitive Impairment

In the opinion of Suncorp, after considering medical evidence and/or any other evidence the Insured Person is suffering from significant cognitive impairment. Significant Cognitive Impairment means a deterioration or loss of intellectual capacity that requires the Insured Person to be under continuous care and supervision by someone else.

Significant Cognitive Impairment must be continuous for at least 6 months before you are eligible to make a claim.

Single Loss of Limb or Sight (C)

Partial Benefit payable: 15% of Sum Insured subject to a minimum of \$10,000 and a maximum of \$25,000.

This means the total and permanent loss of use of:

- one foot; or
- one hand, or
- sight in one eye (to the extent 6/60 or less)

Advancement Benefit (C)

Partial Benefit payable: 25% of Sum Insured subject to a maximum of \$50,000.

The Advancement benefit will be paid when the Insured Person is diagnosed by a Medical Practitioner as suffering from:

- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Dementia or Alzheimer's Disease

For the purposes of the Advancement Benefit, these conditions have their normal medical meaning rather than the meaning defined in "Definitions of Critical Conditions" (pages 29 to 35).

The Advancement Benefit will also be paid if the Life Insured has been placed on a waiting list to receive a major organ transplant and that procedure is unrelated to any previous procedure or surgery undergone by the Insured Person.

The following conditions apply:

- Only one Advancement Benefit will be paid for the Insured Person. The Sum Insured for the Trauma coverage and for any attached death cover if applicable, is then reduced by the amount paid. The premium is then reduced accordingly.
- The Buy Back Benefit (see page 20) is not available for any benefit paid under the Advancement Benefit. The Buy Back Option is only available once the full Trauma Sum Insured has been paid.
- The Advancement Benefit does not apply to Interim Cover.
- In the event that the Life Insured has been misdiagnosed with any of the events triggering an Advancement Benefit, Suncorp has the right to request, and if necessary take action to recover, any payment made to a beneficiary under this benefit.

Multiple Insured Persons

Where your Policy Document Notice states that there is more than one Insured Person, and a claim is made in relation to one of those Insured Persons and that claim is paid, then cover in relation to that Insured Person is reduced or terminated (excluding Partial benefit payments). Cover for any other Insured Person which is still in effect and on which a claim has not yet been made remains unaltered and in full force.

General Exclusions

Specified conditions within 90 days

We will not pay any Benefit in the case of Cancer, Heart Attack, Stroke, Coronary Artery By-Pass Grafting, Cardiac Keyhole Surgery, Coronary Artery Angioplasty, Heart Valve Surgery or Aorta Surgery if the condition was diagnosed or the circumstances leading to diagnosis became apparent within 90 days after:

- the Policy Commencement Date; or
- an increase in the Benefit applied for, but only in respect of the increase (excluding CPI increases); or
- the most recent reinstatement of the insurance following payment of any overdue Premium.

Self Inflicted Conditions

No Benefit will be paid if the Critical Condition upon which the claim is based, results from an intentional act performed by you or the Insured Person or under your instructions or those of the Insured Person. Whether you or the Insured Person are sane or not, if you or the Insured Person commit an intentional act which results in a claim, no benefit is payable and all money paid under this insurance will be retained by Suncorp.

Specified Conditions within 14 Day Survival Period

No benefit will be paid if the Insured Person dies within 14 days of suffering from or being diagnosed with one of the Critical Conditions. If the Insured Person is totally dependant on

an artificial life support system, then the 14 day period will be extended by the time the Insured Person is dependant on the artificial life support system.

Non-smokers Conditions

If the Insured Person has been declared to be a non-smoker, please read this carefully.

Your entitlement to non-smoker premium rates is based on the signed declaration that the Insured Person is a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount that would be payable in respect of a smoker in the insured person's circumstances where the same amount of premium has been paid.

Criminal Activity

The Sum Insured shall not be payable if a claim results from the Insured Person being a voluntary participant in a criminal activity.

Additional Exclusions

When we process your application we may decide to accept the application only on condition that claims arising out of certain activities related to the Insured Person's occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

How to Claim

Proof of Age

You will be asked to give proof of the Insured Person's age before Suncorp pays you any Benefits under this Policy. If the Insured Person has not given their correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.

Any adjustments will be backdated to the time you first took out this Policy and will take into account the true age of the Insured Person at that time.

Our aim is to settle legitimate claims as quickly as possible. You must provide, at your expense, all the evidence and information we require.

For us to consider a claim, you must notify us in writing within fourteen days of the Insured Person first suffering, or being diagnosed as suffering (whichever occurs first), one of the Critical Conditions. We will send you the relevant forms to be completed.

Before we pay any claim, we have the absolute right to ascertain the extent of the Insured Person's condition. Therefore, we reserve the right to request any medical or other evidence that we might need to fairly assess your claim. The evidence must be to our satisfaction before we will admit your claim and pay the Benefit. We reserve the right to appoint our own Medical Practitioner at any time to examine and assess the Insured Person.

Payment of Benefits

If we receive proof that is satisfactory to us of:

- the occurrence of an insured event under this Policy; and
- the Insured Person's date of birth,

we will then pay the Benefit as outlined in the Critical Definitions section on pages 29 to 35 of this PDS. All payments will be made in Australian currency.

Proof of occurrence of any insured event must be supported by:

- evidence from appropriate Specialist Medical Practitioners; and
- confirmatory investigations including, but not limited to, clinical, radiological, histological and laboratory evidence.

If the insured event requires a surgical procedure to be performed, the procedure must be the usual treatment for the condition and be medically necessary. Our Medical Practitioners must support the occurrence of the insured event. We reserve the right to require the Insured Person to undergo an examination or other reasonable tests to confirm the occurrence of an insured event.

We are only liable to pay if your cover is in force at the time of claim, all Premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice (for information on how to replace lost documents, please see page 8).

We will pay the Trauma Insurance Benefit only if the Insured Person survives for more than fourteen days from the date the Insured Person first suffers or is diagnosed with (whichever comes first) one or more of the Critical Conditions and satisfies the definition as specified. Should the Insured Person die during this fourteen day period and your Trauma Insurance Benefit is an optional benefit on your Yearly Renewable Term Life Insurance Policy, the Death Benefit will be paid.

If the Insured Person is totally dependent on an artificial life support system, then the fourteen day period will be extended by the time the Insured Person is dependent on the artificial life support system.

The benefits are paid as lump sums. Once the whole amount of the Sum Insured in relation to an Insured Person on whom one or more claims have been made under this cover have been paid, trauma cover in relation to that Insured Person ends.

The Benefit is not paid on the occurrence of certain Critical Conditions if they occur within 90 days of the Policy Commencement Date, or any increase in the Benefit Applied for (excluding CPI increases) or any reinstatement of the Policy (please refer to the General Exclusions section on page 36 for more information).

Suncorp Income Protection Insurance Overview

The details provided in this overview do not replace or override the full descriptions of the conditions and features outlined in this Product Disclosure Statement.

Feature	Standard Income Protection	Comprehensive Income Protection
Product Description	Income Protection provides a replacement income of up to 75% of your Average Weekly Income if you are unable to work due to Sickness or Injury.	As per Standard Income Protection
Benefit	Income Benefit	Income Benefit (choice of Guaranteed Agreed Value or Indemnity)
Benefit Periods	2 year, 5 year, to age 65 next birthday Age 65 benefit period is not available to Heavy Unskilled Manual (S3) Occupations	2 year, 5 year, to age 65 next birthday
Waiting Period	A choice of 14, 30, 60, 90 or 180 days, 1 year or 2 years	As per Standard Income Protection
Minimum Age at entry	18 next birthday	As per Standard Income Protection
Maximum Age at entry	60 next birthday	As per Standard Income Protection
Guaranteed Renewable up to Renewal Date Before	65 next birthday	As per Standard Income Protection
Minimum Sum Insured	No minimum Sum Insured applies	As per Standard Income Protection
Maximum Sum Insured	A maximum Sum Insured of \$240,000 per annum applies (amounts in excess of this will be considered on application).	As per Standard Income Protection
Indexation of Sum Insured	the greater of increases in the Consumer Price Index (CPI) over the year or 3%	As per Standard Income Protection
Minimum Premium	\$300 per year (including policy fee)	As per Standard Income Protection
Policy Fee per annum	From \$75 to \$81.12 (including frequency loading)	As per Standard Income Protection
Eligible Occupational Categories*	SP - Nominated Professionals SM - Nominated Professionals (medical) SA - Professional White Collar S1 - Combined Clerical and Light Manual S2 - Light to Heavy Skilled Manual Worker S3 - Light to Heavy Unskilled Manual Worker	SP - Nominated Professionals SM - Nominated Professionals (medical) SA - Professional White Collar S1 - Combined Clerical and Light Manual S2 - Light to Heavy Skilled Manual Worker

* Your adviser will be able to tell you your occupation category.

Suncorp Income Protection Insurance Overview (Cont)

Feature	Standard Income Protection	Comprehensive Income Protection								
Premium Rates available	Males, Females, Smokers, Non-smokers, by Age, Waiting Period, Benefit Period and Occupation type	As per Standard Income Protection								
Sum Insured Premium Discounts	<table border="0"> <tr> <td>\$36,000 to \$59,999</td> <td>10% discount</td> </tr> <tr> <td>\$60,000 to \$84,999</td> <td>15% discount</td> </tr> <tr> <td>\$85,000 to \$119,999</td> <td>20% discount</td> </tr> <tr> <td>\$120,000+</td> <td>22.5% discount</td> </tr> </table>	\$36,000 to \$59,999	10% discount	\$60,000 to \$84,999	15% discount	\$85,000 to \$119,999	20% discount	\$120,000+	22.5% discount	As per Standard Income Protection
\$36,000 to \$59,999	10% discount									
\$60,000 to \$84,999	15% discount									
\$85,000 to \$119,999	20% discount									
\$120,000+	22.5% discount									
Standard Benefits (for further details of these benefits please refer to page 40)	<ul style="list-style-type: none"> • Interim Cover • Total Disability • Guaranteed Renewable • 24 hour World Wide Cover • Non-Smoker Discount • Indexation • Return to Work During the Waiting Period • Waiver of Premium • Concurrent Disability • AIDS Cover • Death Benefit • Rehabilitation Program (No Waiting Period) • Recurrent Disability (No Waiting Period) • Partial Disability 	<p>Comprehensive Income Protection includes all Standard Income Protection benefits plus:</p> <ul style="list-style-type: none"> • Extended Waiver of Premium • Transplant & Cosmetic Surgery • Leave Without Pay • Involuntary Unemployment • Specified Injury (No Waiting Period) • Specified Trauma (No Waiting Period) • Bed Confinement (No Waiting Period) • Rehabilitation Expense (No Waiting Period) • Family Accommodation (No Waiting Period) • Family Care • Claim Escalation 								
Optional Benefits (for further details of these benefits please refer to page 47)	<ul style="list-style-type: none"> • Claims Escalation • Business Expenses (\$3 occupations not included) 	<ul style="list-style-type: none"> • Business Expenses • Day 3 Accident Cover 								

Suncorp Income Protection

Suncorp Income Protection Insurance ("Income Protection Insurance") is designed to provide continuing income if you are unable to work due to Sickness or Injury. Generally, you must be working on a fulltime basis and meet the age next birthday requirements (as specified in the table below). People working on a part time basis will be considered on request.

Depending on the type of cover you want and are eligible for, you can choose from 2 types of policies:

- Suncorp Standard Income Protection ("Standard Income Protection"); or
- Suncorp Comprehensive Income Protection ("Comprehensive Income Protection")

Entry and Expiry Ages

For Income Protection Insurance you must meet the following age next birthday at entry requirements.

Benefit/Policy	Age Next Birthday at Entry	Expiry at Renewal Date Before Age
Standard Income Protection	18 to 60	65
Comprehensive Income Protection	18 to 60	65
Business Expenses	18 to 60	65

Your Policy will terminate on whichever of the following happens' first:

- you notify us in writing or verbally that you wish to terminate your cover. If you notify us verbally we will require you to answer certain questions to confirm your identity; or
- you don't pay the full amount of the Premium you are required to pay within the Days of Grace; or
- your death; or
- your permanent retirement, unless it is a result of your Total Disability; or
- the Renewal Date before the benefits expiry age occurs (noted in the table above).

Benefits (no additional cost)

Income Protection Insurance provides a replacement income of up to 75% of your Average Weekly Income (unless you have selected the Guaranteed Agreed Value Benefit (see page 47)). This is paid in the event of Sickness or Injury resulting in Total Disability or Partial Disability that prevents you from working.

The maximum insured Benefit on application shall be no greater than:

- 75% of the first \$250,000 per annum of income before tax; plus
- 50% of the next \$105,000 per annum;

to a maximum Sum Insured of \$240,000 per annum.

Amounts in excess of this will be considered upon application.

In the event of a claim, the Benefit payable will be reduced by:

- sick leave payments during the period of disability following the Waiting Period;
- workers compensation payments;
- social security or other payments made under statute, regulation or ordinance;
- payment under any other disability, injury or sickness policy and temporary disablement benefit if it was not disclosed to us when you applied for this Policy or when you last applied for an increase in cover; and
- income from your current employment or business.

Where your occupation is shown on your Policy Document Notice is rated as "SP - Nominated Professional" or "SM - Nominated Professional (Medical)", Suncorp shall have the right to only reduce Benefits in line with paragraph (iv) above, but no other reduction to your Benefits will apply.

However, if you receive any compensation that includes an amount for loss of income resulting from your disability for any period we have paid or will pay you Benefits under this Policy, you must, on demand by us, repay either the Benefits we have paid you or the amount you have been awarded for loss of income, whichever is the lower

amount. Compensation includes but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan.

If you receive compensation for future loss of income, Suncorp reserves the right to discontinue or reduce future benefits depending on the amount of any compensation paid.

Details of Total Disability and Partial Disability are provided in the Definition of Benefits section below.

If you are assessed by Suncorp as being disabled, you will receive your first Benefit payment 2 weeks after the expiry of your Waiting Period and, subject to Suncorp continuing to assess you as being disabled, every 4 weeks from then on for the maximum duration of your Benefit Period. Your Policy Document Notice will indicate your applicable Waiting Period and your Benefit Period.

Interim Cover

We will provide you with interim cover for up to 90 days while we are assessing your application (conditions apply). Please refer to page 59 for more details.

Indexation

With Income Protection Insurance, you will receive notification on each Renewal Date that you may increase your Sum Insured and Business Expense Sum Insured (see page 47) by the greater of the increases in the CPI over the year or 3% per annum, in order to keep pace with inflation. Should you wish to accept this increase in Sum Insured you must contact our Call Centre Consultants on 13 11 55 (and ask for 'Life and Super'). You can only increase your cover to a maximum of 75% of your Average Weekly Income unless you have selected the Guaranteed Agreed Value option under a Comprehensive Income Protection Policy (see page 47 for full details). Your Guaranteed Agreed Value Sum Insured will be automatically increased by the greater of the increases in the CPI over the year or 3% per annum. Your Premiums will be recalculated each year based on your age next birthday.

Even when you are receiving weekly disability Benefits, Suncorp will continue to offer indexation of your underlying insured Benefit. When your weekly disability Benefits cease, your cover will recommence at the indexed insured Benefit level.

Definition of Benefits

The following definitions apply in respect of Standard and Comprehensive Income Protection. Please note:

- (i) Where a "C" is shown it indicates that Benefit is covered under **Comprehensive Income Protection**.
- (ii) Where an "S" is shown it indicates that Benefit is covered under **Standard Income Protection**.

Total Disability (C and S)

If you are Totally Disabled at the end of the Waiting Period as a result of any Injury or Sickness, then you will receive an income Benefit for the duration of your Total Disability to a maximum of your chosen Benefit Period.

The Total Disability benefit will be paid if due to Injury or Sickness, you are:

- unable to perform at least one of the important duties of your occupation*; and
- not engaged in an occupation for which a person would normally expect to receive remuneration, profit or otherwise; and
- under the care of a Medical Practitioner and following the treatment prescribed by the Medical Practitioner.

An "important duty of your occupation" is a duty or duties of your occupation, which involves at least 20% of your working time in your principal occupation.

* For light to heavy unskilled manual occupations in our occupational category S3, after 2 years of Total Disablement as a result of the same Injury or Sickness, "your occupation" in the Total Disability benefit Definition is replaced by "any occupation for which you are reasonably suited by education, training or experience". Your adviser will be able to tell you your occupation category.

Partial Disability (C and S)

If you have a Comprehensive or Standard Income Protection Policy and you can return to work, but because of the continuing disability cannot

work for as long, or as efficiently, then an income Benefit may still be payable. The income Benefit will be paid in line with the proportionate loss of income from the end of the Waiting Period provided:

- you have been Totally Disabled for 14 continuous days* during the Waiting Period; and
- you return to work and have suffered a loss of income as a direct result of the Total Disablement, Injury or Sickness; and
- you remain under the regular medical care of a Medical Practitioner.

* The requirement to be Totally Disabled for 14 continuous days will be waived if in our opinion and based on medical advice, you are permanently or long term Partially Disabled.

Partial Disability benefits will be calculated as follows:

$$\frac{A - B}{A} \times \text{Weekly Benefit}$$

Where:

A = Average Weekly Income

B = Weekly Income Whilst Partially Disabled

For the first 3 months of a Partial Disability claim, if you are earning less than 20% of your Average Weekly Income, the full Total Disability benefit will be paid.

For Standard Income Protection Policies the following limitations apply:

- the maximum period for which Partial Disability Benefits will be payable is 2 years; and
- Partial Disability Benefits do not apply for S3 occupations.

Benefit Entitlements

Please refer to page 50 for full details.

Choice of Waiting Period (C and S)

For both Standard and Comprehensive Income Protection, you may choose one of the following waiting periods:

- 14 days;
- 30 days;
- 60 days;

- 90 days;
- 180 days;
- 1 year; or
- 2 years.

Choice of Benefit Period (C and S)

You have the choice of the following benefit periods:

- 2 years; or
- 5 years; or
- to age 65*

The Benefit Period is cumulative and is the maximum period of time you are able to receive Benefits for any one Injury or any one Sickness.

* Benefits to age 65 are not available for heavy unskilled manual occupations in our occupational category S3.

Guaranteed Renewable (C and S)

Suncorp cannot cancel your insurance unless:

- you request cancellation; or
- you do not pay your premium within 30 days of its Due Date; or
- you fail to comply with the duty of disclosure; or
- you reach the Renewal Date before age 65.

24 Hour World Wide Cover (C and S)

You will be covered 24 hours, 7 days a week for any disablement caused by Injury or Sickness (unless specified otherwise on your Policy Document Notice), which may occur anywhere in the world.

Non-Smoker Discount (C and S)

If you have not smoked tobacco or any other substance during the last 12 months, discounts are available.

Return to Work During the Waiting Period (C and S)

You may return to full time gainful employment during the Waiting Period for a total of 5 days or less (or 10 days or less if the Waiting Period is

greater than 30 days) without the Waiting Period beginning again. The days worked will simply be added to the end of the Waiting Period.

If during the Waiting Period you return to full time employment for more than 5 days (or 10 days if the Waiting Period is greater than 30 days), then the Waiting Period will recommence.

Waiver of Premium (C and S)

If you are being paid Total or Partial Disability Benefits, all Premiums for income protection and business expenses (where applicable) will be waived and the Policy will continue in force for the period you are on claim.

If you have a waiting period of 14, 30, 60 or 90 days, and we agree to pay you a Total Disability Benefit or a Partial Disability Benefit for Income Protection or Business Expense Cover, we will also refund premiums paid during the Waiting Period.

Extended Waiver of Premium (C)

This Benefit is an extension of the Waiver of Premium Benefit. It applies to all Premiums that fall due, for specified life insurance products offered by Suncorp, that you have in force at the time of your claim and while you are receiving Benefits. Specified life insurance products are Income Protection Insurance, Trauma Insurance, Term Life Insurance and Total and Permanent Disablement Cover taken out on or after 1st February 1998. The waiver does not apply to Premiums paid during the Waiting Period, nor Premiums paid for life cover effected under the Buy Back Benefit.

Concurrent Disability (C and S)

If you are disabled at any time as a result of more than one Injury or Sickness, payments under Comprehensive and Standard Income Protection are calculated under the provision which will provide you with the highest Benefit.

AIDS Cover (C and S)

You are eligible for disability Benefits under Comprehensive and Standard Income Protection should you become disabled through an AIDS related illness. Benefits commence from the end of the Waiting Period and are payable for the duration of the Benefit Period while you remain disabled.

Infection as a result of sexual activity or recreational or non-medical intravenous drug use is specifically excluded.

Should your occupation be that of a Surgeon, Medical Practitioner or Dentist (SM occupations) and you acquire HIV or Hepatitis B or C then there are two important points to be aware of:

1. There is no legal or professional requirement for you to disclose your status to your patients; and
2. In accordance with Department of Health guidelines, both the Australian Medical Association and Australian Dental Association recommend that their members do not perform "exposure prone" procedures. This includes procedures that require direct contact between the skin of the health care worker and sharp surgical instruments such as needles or sharp tissues (spicules of bone or teeth) in body cavities or in poorly visualised or confined body sites (including the mouth).

Scenario (A)

If you elect to disclose your condition to your patients then many of your patients may decide to seek medical treatment elsewhere. In addition, it may be difficult for you to attract new patients. Consequently, with a reduction in the number of patients, your income may be reduced.

Scenario (B)

In accordance with Department of Health guidelines should you choose to cease performing "exposure prone" procedures as recommended by the Australian Medical Association then your income may be reduced. You may elect to continue performing other duties that are not considered to be "exposure prone" (eg consulting work or lecturing). In such cases, if a high percentage of your income was generated from performing "exposure prone" procedures, then it is likely that your income will be reduced.

In either of the above two scenarios, Suncorp will consider that the Life Insured has fulfilled the criteria within the Income Protection Total

Disability definition (page 41) that reads “you are unable to perform at least one of the important duties of your occupation.” Should the Life Insured cease employment totally and fulfil all other conditions within the Total Disability definition, payment of Total Disability benefits would commence once the qualifying period has been met. Should the Life Insured elect to continue working and suffers a loss of income, he/she would be eligible to receive Partial Disability benefits in line with the conditions of the Income Protection policy.

Transplant and Cosmetic Surgery (C)

After the Policy has been in force or reinstated for six months, if you are Totally Disabled due to elective surgery for cosmetic purposes or donate an organ for organ transplant, your condition will be deemed to be a Sickness and the Benefit amount will be payable. You will be considered to have become Totally Disabled from the date of the operation and Benefits commence from the end of the Waiting Period and are payable for the duration of the Benefit Period while you remain Totally Disabled.

Leave Without Pay - maternity, paternity, sabbatical, study or compassionate leave (C)

Provided you continue to pay Premiums, your Policy can be continued for up to 12 months while you are on unpaid leave for maternity or paternity leave, sabbatical leave, study leave or compassionate leave.

After this time and provided Premiums continue to be paid, a claim will be paid provided you are disabled under the following definition:

- you are unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- you are not engaged in an occupation for which a person would normally expect to receive remuneration, profit or otherwise; and
- you are under the care of a Medical Practitioner and are following the prescribed treatment.

Should disability occur whilst you are on leave without pay, Benefits will be paid from the end of the Waiting Period for as long as you remain disabled, to a maximum of the Benefit Period applicable to your Policy.

Involuntary Unemployment (C)

Your Policy can be continued for up to 12 months while you are involuntarily unemployed and actively seeking employment. To continue the Policy you must notify Suncorp within 3 months of becoming involuntarily unemployed. Premiums must continue to be paid whilst you are involuntarily unemployed. If you still remain unemployed after 12 months, the Policy will terminate.

If you become unemployed other than through involuntary means your Policy will automatically terminate.

If you return to full time paid employment within 12 months of the Policy terminating under this clause, the Policy can be re-instated without us re-assessing your health or personal circumstances. However, Suncorp reserves the right to review your occupation and income details.

Claim Escalation (extra cost for Standard Income Protection only) (C and S)

Whilst you are receiving claim Benefits, your weekly Benefit will be indexed on a quarterly basis in line with the percentage increase in the CPI during the quarter, subject to a maximum of 10% per annum.

Death Benefit (C and S)

If you die whilst receiving a Benefit for Total or Partial Disability in respect of Comprehensive or Standard Income Protection Policies, Suncorp will pay your Legal Personal Representative a further Benefit equal to half of the annual Sum Insured.

Specified Injury (C)

You can receive Benefit payments as a result of a specified Injury, as listed in the Table of Benefits on the next page. This Benefit is paid whether or not you are working. Benefits will begin from the date of the specified Injury regardless of the Waiting Period. Once the Specified Injury Benefit ceases and if you still satisfy the definition of Total or Partial Disability, your Benefit payments will continue. Payments under this Benefit will cease should you die.

The Specified Injury Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit (see page 46). If more than one specified Injury is suffered, the Benefit will be calculated on the Injury that provides the longest claim period. The Benefit payable will be as per the table below. The payment of any Benefit will be subject to the exclusions listed under "General Exclusions" on page 49.

If you suffer from one of the events listed in the Table of Benefits below, contact us immediately for advice. The notification of your disability must be received by us immediately after the occurrence of the event. Should an event occur for which Suncorp would reject your claim as being as a result of an exclusion under your Policy, we reserve the right to not pay the Benefit.

Table of Benefits

Event	Payment
Paralysis (paraplegia, quadriplegia, tetraplegia, hemiplegia or diplegia)	60 months*
Loss of both feet or both hands or sight in both eyes	24 months
Loss of any combination of two of: a hand, a foot and sight in one eye	24 months
Loss of one leg or one arm	12 months
Loss of one foot or one hand or sight of one eye	12 months
Loss of thumb and index finger of the same hand	6 months
Fracture of the:	
1. thigh, pelvis	3 months
2. leg (between knee and foot), knee cap, upper arm, shoulder bone	2 months
3. Skull (except bones of the nose or face)	2 months
4. forearm, jaw, collarbone	1 month

* If the Benefit Period selected is 2 years, then the maximum payment period is 24 months.

"Fracture" means any fracture resulting from an accident requiring fixation, immobilisation or plaster cast as treatment of the affected area within 48 hours of the accident.

"Loss" means the total and permanent loss of:

1. the use of the hand from the wrist or foot from the ankle joint; or
2. the use of the arm from the elbow or leg from the knee joint; or
3. the use of the thumb and index finger from the first phalange joint; or
4. sight, to the extent that there is irrecoverable total loss of any eye or sight in the eye.

If more than one specified Injury is suffered, Suncorp will pay the Specified Injury Benefit which provides the greatest Benefit.

Specified Trauma (C)

When you suffer a specified medical condition covered under this Benefit, the Benefit amount will be paid immediately upon confirmation of diagnosis for 6 months even if you are working.

If you die during the payment period we will pay the greater of:

- the amount due for the balance of the payment period; and
- the Death Benefit.

The Specified Trauma Benefit will be paid instead of any Total or Partial Disability Benefit or the Bed Confinement Benefit (see page 46). If you are still disabled at the end of the payment period, any other disability payments will be determined under the appropriate conditions of this Income Protection Policy.

The Specified Trauma Benefit is only payable once for each specified medical condition during the term of the Policy. If you suffer more than one of the listed specified medical conditions at the same time, we only pay you the specified Trauma Benefit for one listed medical condition.

Medical Conditions covered are as follows:

- Heart Attack
- Heart Valve Surgery
- Chronic Kidney Failure
- Severe Burns
- Major Head Trauma
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Coronary Artery By-Pass Grafting
- Major Organ Transplant
- Aplastic Anaemia
- Cancer
- Aorta Surgery
- Stroke
- Multiple Sclerosis
- Encephalitis
- Cardiomyopathy

Please refer to pages 29 to 35 for definitions of these medical conditions.

This Benefit will not apply in the case of cancer, heart attack, heart valve surgery, coronary artery by-pass grafting, aorta surgery or stroke if the condition was diagnosed or the circumstances leading to diagnosis became apparent within 90 days after:

- the Policy Commencement Date; or
- an increase in the Benefit applied for, but only in respect of the increase (excluding CPI increases); or
- the most recent reinstatement of the Policy following payment of any overdue Premium.

Bed Confinement (C)

If the Insured Person is confined to bed (completely bed bound) by a Medical Practitioner for a period of more than three consecutive days during the Waiting Period, and the Medical Practitioner has certified that during the period of confinement the Insured Person requires daily medical care by a registered nurse, we will pay 1/30th of the monthly Benefit for each day the Insured Person requires daily medical care. This Benefit will commence immediately the disability is confirmed by a Medical Practitioner (including the first three days) and may extend to the end of the Waiting Period, subject to a maximum period of 90 days. No Waiting Period applies to this Benefit.

The Bed Confinement Benefit will not be paid if you are eligible to receive a benefit under the Specified Injury or Specified Trauma Benefits.

Rehabilitation Program (C and S)

Suncorp are willing to offer you assistance regarding suitable rehabilitation or appropriate re-training programs. We will discuss appropriate programs with you and your Medical Practitioner and the cost for these programs will be met by Suncorp. No Waiting Period applies to this Benefit.

Rehabilitation Expense (C)

If you suffer Total Disability and in the opinion of Suncorp your recovery would be enhanced or accelerated or your ability to return to gainful employment would be assisted by the purchase of special equipment such as wheel chairs or other aids, Suncorp will pay up to six times the monthly Benefit towards the costs of these aids. No Waiting Period applies to this Benefit.

Recurrent Disability (C and S)

If you should return to work but suffer a further disability due to the same cause within 26 weeks of your return to work, it will be considered to be a continuation of the previous Sickness or Injury and Benefits will resume immediately without the Waiting Period. The total claim amount payable as a result of the same or related Sickness or Injury is limited to the Benefit Period of your Policy.

Family Accommodation (C)

Suncorp will reimburse accommodation expenses (including meals) incurred by Immediate Family Members to a maximum amount of \$200 per day if Total Disability causes you to be confined to a hospital at a location greater than 100km from their normal place of residence. The Benefit will be paid for a maximum of 30 days for any one Sickness or any one Injury. No Waiting Period applies to this Benefit.

Overseas confinement is covered provided you have been overseas less than three months.

Family Care (C)

This Benefit provides for a monthly payment, after the Waiting Period, should you be Totally Disabled and Immobilised at home and a Medical Practitioner certifies that you require full time care. Should this care be provided by an Immediate Family Member whose income ceases due to the care they provide you, Suncorp will pay the lesser of:

- the monthly income forfeited by the Immediate Family Member in providing care to you; and
- 50% of the monthly Benefit; and
- \$3,000 per month.

This Benefit will be paid for a maximum of 3 months.

Optional Benefits (extra cost)

Optional Benefits only apply if selected by you and they are shown on your Policy Document Notice.

Guaranteed Agreed Value (C)

You may add the Guaranteed Agreed Value Benefit to your Comprehensive Income Protection Policy.

Your Sum Insured at commencement cannot exceed 75% of Average Weekly Income less business expenses. On claim a Benefit will be paid equal to your Sum Insured (including any indexation increases). This may mean your benefit exceeds 75% of your income prior to disability. An extra Premium applies for this Benefit.

The amount payable for any Total Disability under this option shall be subject to a guaranteed minimum of:

- the amount stated in your Policy Document Notice as the Sum Insured; and
- any increases by way of indexation; and
- any increases by endorsement that are agreed between you and Suncorp; and
- reduces by way of any reductions by endorsement that are agreed between you and Suncorp.

This Benefit is also subject to the following conditions:

- income is to be proven with supporting financial evidence for the preceding 2 years on application for insurance (as such, you will not be required to produce further proof of income when making a claim);
- it is not available for business expenses.

Day 3 Accident (C)

The Day 3 Accident Benefit may be added to Comprehensive Income Protection Policies only.

In addition, this Benefit will only apply if you have selected a 14 or 30 day Waiting Period and will cease at the earlier of the following:

- (i) the Total Disablement ceasing;
- (ii) the expiry of the Waiting Period;
- (iii) the Policy expiry date; or
- (iv) termination of the Policy.

If as a result of an Injury:

- (i) the Insured Person suffers Total Disablement during the Waiting Period; and
- (ii) Total Disablement continues for a period of more than three (3) consecutive days, Suncorp will pay 1/30th of the monthly Benefit for each day that the Total Disablement continues during the Waiting Period (including the first three (3) days). We will not pay this Benefit for any period during which the Bed Confinement Benefit or Specified Injury Benefit are payable.

The appropriate financial evidence must be submitted at the time of claim unless you have Guaranteed Agreed Value as stated on your Policy Document Notice.

Business Expenses (C and S)

The Business Expenses Benefit may be added to Comprehensive and Standard Income Protection policies for either sole traders or partnerships as indicated in the Application Form. Business Expenses Benefit protects the business while you are Totally Disabled or Partially Disabled due to Injury or Sickness by covering certain monthly expenses of the business.

A minimum Sum Insured of \$6,000 per annum applies for this Benefit. No business expenses will be paid if the business is sold or business expenses cease to be incurred.

The Business Expenses Benefit only applies if shown in the Policy Document Notice. This Benefit is payable for a maximum period of 12 months however, the Benefit Period may be extended if at the end of the 12 month maximum Benefit Period, the Benefits we have paid to you add up to less than the Sum Insured. This extension may be up to 6 months, but not beyond the Renewal Date before you turn age 65. The cumulative total of Benefits paid under this Policy cannot exceed the annual Sum Insured.

Total Disability for Business Expenses

If you become Totally Disabled, then after the end of the Waiting Period we will pay a Benefit to you. Your Waiting Period will be stated in your Policy Document Notice. Please refer to page 41 for a definition of Total Disability.

Partial Disability for Business Expenses

If you become Partially Disabled, then after the end of the Waiting Period we will pay a Benefit to you. Your waiting period will be stated in your Policy Document Notice. Please refer to page 41 for a definition of Partial Disability.

Business expenses we pay for

You can insure for up to 100% of the normal day to day running expenses of the business. These expenses include, but are not limited to:

- accounting and audit fees;
- bank or other financial institution charges;
- office cleaning costs;
- electricity, property and water rates for business premises;
- equipment and motor vehicle leases;
- business related insurance premiums but not including Premiums for this Policy;
- interest payments;

- office leasing fees;
- payroll tax for employees;
- office rent or mortgage payments (interest only, not principal) which solely relate to the conduct of the business;
- salaries for employees not involved in the generation of revenue (excluding Immediate Family Members who are employees) or the cost of a replacement;
- superannuation contributions for employees (excluding Immediate Family Members who are employees);
- telephone costs;
- dues to professional bodies; and
- any other expenses agreed to by us.

Business expenses we won't pay for

We will not pay for:

- goods, wares or merchandise or trade in stock;
- depreciation of real estate;
- remuneration, however paid, to you or to any other person who directly contributes to your earnings or that of the business;
- remuneration, however paid, to Immediate Family Members;
- costs associated with sub letting during the period of disablement;
- any expenses which are not regularly paid or payable; or
- taxes (including Goods and Services Tax) levied in respect of the expenses or outgoings of your business, (including taxes levied pursuant to the Income Tax Assessment Act), or in respect of Benefits payable under this Policy.

Non-assignment of Policy

This Policy is a contract between you as the Policyowner and Suncorp. It may not be assigned to any other person, company or organisation. We will not be bound by any assignment, mortgage, or charge on this Policy and will disregard any such dealing.

General Exclusions

Suncorp will not pay for Total Disablement or Partial Disablement resulting from:

- intentional self-inflicted injury performed by you or under your instructions or attempted suicide;
- you falling pregnant (including participation in an IVF or similar program, normal discomforts such as morning sickness, backache, varicose veins, ankle swelling or bladder problems), giving birth, miscarrying or having an abortion. However, if you spend more than three months Totally Disabled from the date your pregnancy ends your period of Total Disability will start at the end of that three months;
- declared or undeclared war; or
- service in the armed forces.

Non-smokers Conditions

If you have declared yourself to be a non-smoker, please read this carefully.

Your entitlement to the non-smoker premium rates is based on your signed declaration that you are a non-smoker. If this declaration is found to be false, we may refuse to pay a Benefit. Alternatively, we may reduce the amount of Benefit to the amount payable to a smoker in your circumstances where the same amount of premium had to be paid.

Criminal Activity

No benefit shall be payable if a claim results from being a voluntary participant in a criminal activity and during any period where the Insured Person is incarcerated.

Additional Exclusions

When we process your application we may decide to accept the application only on condition that claims arising out of certain activities related to your occupation or pastimes, or claims for certain types of conditions will be excluded. Any such exclusion will be stated on your Policy Document Notice.

The following additional exclusions apply for the Standard Income Protection Policy:

Suncorp will not pay any benefits (Total or Partial) resulting from:

- chronic fatigue syndrome or fibromyalgia
- mental disorder

A mental disorder is defined as any disorder classified in the Diagnostic and Statistic Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA) which is current at the start of the period of Total or Partial Disability.

Such disorders include, but are not limited to, stress (including post traumatic stress), physical symptoms of a psychiatric illness, mental disorders due to a general medical condition, anxiety, depression, psychoneurotic, psychotic, personality, emotional or behavioural disorders related to substance abuse and dependency which includes alcohol, drug or chemical abuse dependency.

If the DSM is discontinued, we will use the manual chosen as its replacement by the APA or its successor organisation.

How to Claim

Proof of Age

You will be asked to give proof of your age before Suncorp pays you any Benefits under this Policy. If you have not given your correct age, the amount of the Benefit or the amount of the Premium may be adjusted by us.

Any adjustments will be backdated to the time you first took out this Policy and will take into account your true age at that time.

Making a Claim

If you fall ill or have an accident that could result in a claim, contact us immediately for advice.

The notification of your disability must be received by us immediately after the occurrence of the disability and no later than the expiry of the Waiting Period.

If you do not notify us during the Waiting Period, at the discretion of Suncorp some or all of your Benefits may not be paid.

Before we pay any claim, we have the absolute right to satisfy ourselves as to the extent of your disability. We reserve the right to request any medical, financial or other evidence that we might reasonably need to assess your claim. You will also be asked to supply evidence on a monthly basis of your continuing disability. The cost of providing medical evidence in support of your claim is your responsibility. We reserve the right to appoint our own Medical Practitioner at any time to examine and assess you.

We are only liable to pay, if cover is in force and all Premiums due have been paid within the Days of Grace and you produce this PDS and your Policy Document Notice.

Benefit Entitlements

Income Protection Insurance

The Benefit payable in respect of any week will be the lesser of 75% of your Average Weekly Income and your Sum Insured (unless you have selected the Guaranteed Agreed Value Benefit (see page 47)). In the event of a claim, you will be requested to provide details of your Income earned over the

past 3 years. Your Benefit may be adjusted in accordance with the definition of Average Weekly Income contained on page 55 (unless you have selected the Guaranteed Agreed Value Benefit (see page 47)).

Any Benefit payment will be paid in Australian currency and reduced by the amount of the following entitlements you receive while disabled:

- (i) sick leave payments during the period of disability following the Waiting Period;
- (ii) workers compensation payments;
- (iii) social security or other payments made under statute, regulation or ordinance;
- (iv) payment under any other disability, injury or sickness policy and temporary disablement benefit if it was not disclosed to us when you applied for this Policy or when you last applied for an increase in cover; and
- (v) income from your current employment or business.

If any of these regular payments are paid other than monthly or as a lump sum, we will convert them to monthly payments for our calculation. If a lump sum, this will normally be 1/100th of the Benefit for a period of eight years.

Where your occupation as shown on your Policy Document Notice is rated as "SP - Nominated Professional" or "SM - Nominated Professional (Medical)", Suncorp shall have the right to only reduce Benefits in line with paragraph (iv) above, but no other reduction to your Benefits will apply.

We will ignore any other income or regular payments including:

- investment income; and
- amounts paid as compensation because of your pain and suffering; and
- lump sums that are paid because you are Totally and Permanently Disabled.

However, if you receive any compensation that includes an amount for loss of income resulting from your disability for any period we have paid or will pay you Benefits under this Policy, you must, on demand by us, repay either the Benefits we have paid you or the amount you have been

awarded for loss of income, whichever is the lower amount. Compensation includes but is not limited to, amounts received under legislation (other than social security), common law settlement, paid sick leave from your employer or any other disability income, sickness or accident plan.

If you receive compensation for future loss of income, Suncorp reserves the right to discontinue or reduce future benefits depending on the amount of any compensation paid.

Business Expenses

Amount of Benefit - Total Disability & Partial Disability

The Benefit payable will be the lesser of:

1. The weekly* insured Benefit (plus any unused portion of the previous month's Benefit); and
2. Allowable weekly* business expenses less your weekly* Income while disabled (excluding deductions for business expenses) subject to the following:
 - Pre-paid or accrued business expenses, or business expenses which are paid or payable in a lump sum, will be apportioned over the period of time of disablement or on an indemnity basis at the discretion of Suncorp.
 - If more than one person generates income in the business, we distribute the expenses equally between you and the other person/s, to determine your share.
 - If you ask us to distribute the business expenses unequally between you and any other person/s in the business at the commencement of the Policy, we may agree to do so.
 - Benefits are only paid if receipts are produced within ninety (90) days of the date the business expenses were incurred.
 - No Benefit will be payable if your allowable weekly Income (excluding deductions for business expenses) exceeds your allowable weekly business expenses.

* Payments are calculated for each 4 weeks of disability.

Offsets - Business Expenses

If you receive Business Expenses Benefits from other policies on your life, we will reduce the Business Expenses Benefit we pay by the amount of those benefits.

When Benefits Stop for Income Protection and Business Expenses

Payments will cease with any one of the following events, whichever happens the earliest:

- termination of the Policy; or
- the death of the Insured Person; or
- the end of the Benefit Period in respect of any one Injury or any one Sickness; or
- the date on which you cease to be disabled.

The date on which you cease to be disabled will be whichever one of the following happens earliest:

In the case of Total Disability:

- The date on which you begin to engage in your occupation as stated in your Application Form, or any other occupation for which a person would normally expect to receive remuneration, profit or otherwise.

In the case of Partial Disability:

- The date on which you resume all your full-time duties in the occupation stated in your Application Form, or any other occupation for which a person would normally expect to receive remuneration, profit or otherwise.

In the case of either Total Disability or Partial Disability:

- The date on which Suncorp, acting reasonably on the advice of Medical Practitioners, determines that you are no longer disabled.

How Benefit Payments are Made

If you become disabled, you will receive your first disability Benefit payment two weeks after the end of the Waiting Period. This payment will be for the period of two weeks only and no Benefit is payable in respect of your Waiting Period. The Waiting Period you nominate will appear on your Policy Document Notice.

Subsequent payments will be for each subsequent four weeks of disability and will be paid at the end of each four week period.

How Premiums Can Vary

The tables for Yearly Renewable Term Life and Standard and Comprehensive Trauma Insurance, illustrate how premiums can vary by gender, age, smoking status and Sum Insured.

The tables for Standard and Comprehensive Income Protection Insurance, illustrate how premiums can vary by gender, age, smoking status and occupation category.

Yearly Renewable Term Life

	Age Next Birthday	Sum Insured of \$100,000	Sum Insured of \$200,000	Sum Insured of \$500,000	Sum Insured of \$1,000,000
Male non-smoker	20	\$206.30	\$326.00	\$608.63	\$1,090.75
	30	\$200.00	\$212.00	\$373.50	\$649.00
	40	\$200.00	\$258.00	\$468.38	\$827.25
	50	\$338.30	\$566.00	\$1,103.63	\$2,020.75
Male smoker	20	\$287.70	\$474.00	\$913.88	\$1,664.25
	30	\$214.00	\$340.00	\$637.50	\$1,145.00
	40	\$307.50	\$510.00	\$988.13	\$1,803.75
	50	\$712.30	\$1,246.00	\$2,506.13	\$4,655.75
Female non-smoker	20	\$200.00	\$204.00	\$357.00	\$618.00
	30	\$200.00	\$200.00	\$286.88	\$486.25
	40	\$200.00	\$204.00	\$357.00	\$618.00
	50	\$262.40	\$428.00	\$819.00	\$1,486.00
Female smoker	20	\$200.00	\$294.00	\$542.63	\$966.75
	30	\$200.00	\$286.00	\$526.13	\$935.75
	40	\$233.80	\$376.00	\$711.75	\$1,284.50
	50	\$483.50	\$830.00	\$1,648.13	\$3,043.75

Standard Trauma Insurance (Stand Alone)

	Age Next Birthday	Sum Insured of \$100,000	Sum Insured of \$200,000	Sum Insured of \$500,000	Sum Insured of \$1,000,000
Male non-smoker	20	\$217.00	\$299.46	\$621.71	\$1,178.31
	30	\$217.00	\$327.67	\$688.70	\$1,312.31
	40	\$327.67	\$590.24	\$1,312.31	\$2,599.52
	50	\$883.19	\$1,701.28	\$3,951.03	\$7,836.96
Male smoker	20	\$282.10	\$499.10	\$1,095.85	\$2,126.60
	30	\$312.48	\$559.86	\$1,240.16	\$2,415.21
	40	\$662.94	\$1,260.77	\$2,904.82	\$5,744.53
	50	\$2,022.44	\$3,979.78	\$9,362.47	\$18,659.83
Female non-smoker	20	\$217.00	\$286.44	\$590.78	\$1,116.47
	30	\$217.00	\$329.84	\$693.86	\$1,322.62
	40	\$320.08	\$575.05	\$1,276.23	\$2,487.36
	50	\$702.00	\$1,338.89	\$3,090.35	\$6,115.60
Female smoker	20	\$226.77	\$388.43	\$833.01	\$1,600.92
	30	\$298.38	\$531.65	\$1,173.16	\$2,281.21
	40	\$636.90	\$1,208.69	\$2,781.13	\$5,497.15
	50	\$1,469.09	\$2,873.08	\$6,734.05	\$13,403.01

Comprehensive Trauma Insurance (Stand Alone)

	Age Next Birthday	Sum Insured of \$100,000	Sum Insured of \$200,000	Sum Insured of \$500,000	Sum Insured of \$1,000,000
Male non-smoker	20	\$217.00	\$332.01	\$699.01	\$1,332.92
	30	\$217.00	\$353.71	\$750.55	\$1,436.00
	40	\$350.46	\$635.81	\$1,420.54	\$2,775.97
	50	\$962.40	\$1,859.69	\$4,327.25	\$8,589.40
Male smoker	20	\$312.48	\$559.86	\$1,240.16	\$2,415.21
	30	\$335.27	\$605.43	\$1,348.38	\$2,631.67
	40	\$717.19	\$1,369.27	\$3,162.50	\$6,259.91
	50	\$2,212.32	\$4,359.53	\$10,264.37	\$20,463.64
Female non-smoker	20	\$217.00	\$314.65	\$657.78	\$1,250.46
	30	\$217.00	\$353.71	\$750.55	\$1,436.00
	40	\$339.61	\$614.11	\$1,369.00	\$2,672.90
	50	\$766.01	\$1,466.92	\$3,394.42	\$6,723.75
Female smoker	20	\$249.55	\$434.00	\$941.24	\$1,817.38
	30	\$318.99	\$572.88	\$1,271.08	\$2,477.06
	40	\$677.04	\$1,288.98	\$2,971.82	\$5,878.53
	50	\$1,610.14	\$3,155.18	\$7,404.04	\$14,742.98

Standard Income Protection Insurance

30 Day to age 65	Age Next Birthday	Sum Insured of \$40,000 SP/SI Occupations ^A	Sum Insured of \$40,000 SA Occupations ^A	Sum Insured of \$40,000 S1 Occupations ^A	Sum Insured of \$40,000 S2 Occupations ^A
Male non-smoker	20	353.53	421.56	489.60	731.72
	30	398.93	478.32	557.71	842.46
	40	603.53	734.07	864.61	1356.92
	50	1225.48	1511.51	1797.53	2738.45
Male smoker	20	407.96	489.60	571.25	861.79
	30	462.44	557.71	652.98	994.68
	40	707.96	864.61	1021.25	1612.03
	50	1454.30	1797.53	2140.77	3269.87
Female non-smoker	20	489.60	591.66	693.71	1056.90
	30	557.71	676.80	795.88	1223.00
	40	864.61	1060.41	1256.22	1994.69
	50	1797.53	2226.57	2655.61	4066.99
Female smoker	20	571.25	693.71	816.18	1252.00
	30	652.98	795.88	938.78	1451.33
	40	1021.25	1256.22	1491.19	2377.35
	50	2140.77	2655.61	3170.46	4864.11

Comprehensive Income Protection Insurance

30 Day to age 65	Age Next Birthday	Sum Insured of \$40,000 SP/SM Occupations ^Δ	Sum Insured of \$40,000 SA Occupations ^Δ	Sum Insured of \$40,000 S1 Occupations ^Δ	Sum Insured of \$40,000 S2 Occupations ^Δ
Male non-smoker	20	\$444.24	\$534.96	\$625.68	\$1,382.07
	30	\$504.79	\$610.64	\$716.49	\$1,603.54
	40	\$734.07	\$897.24	\$1,060.41	\$2,473.02
	50	\$1,427.38	\$1,763.88	\$2,100.39	\$4,770.33
Male smoker	20	\$516.82	\$625.68	\$734.54	\$1,642.21
	30	\$589.47	\$716.49	\$843.51	\$1,907.98
	40	\$864.61	\$1,060.41	\$1,256.22	\$2,951.35
	50	\$1,696.58	\$2,100.39	\$2,504.19	\$5,708.12
Female non-smoker	20	\$625.68	\$761.75	\$897.83	\$2,032.42
	30	\$716.49	\$875.27	\$1,034.05	\$2,364.63
	40	\$1,060.41	\$1,305.17	\$1,549.93	\$3,668.84
	50	\$2,100.39	\$2,605.14	\$3,109.89	\$7,114.81
Female smoker	20	\$734.54	\$897.83	\$1,061.12	\$2,422.63
	30	\$843.51	\$1,034.05	\$1,224.58	\$2,821.28
	40	\$1,256.22	\$1,549.93	\$1,843.65	\$4,386.33
	50	\$2,504.19	\$3,109.89	\$3,715.60	\$8,521.50

Notes:

1. Premium amounts inclusive of Policy Fee and stamp duty, but are exclusive of additional options.
2. Stamp Duty applied at Queensland rates. Stamp Duty varies according to your state of residence.
3. Premiums displayed are annual amounts excluding frequency loadings (refer to page 8).
4. Life Insured is assumed to be accepted as standard rates.
5. A personalised quotation is available upon request from your adviser or by calling 13 11 55 (and ask for 'Life and Super').
6. These Premiums are current as at 29 September 2003 and are subject to change without notice by Suncorp.

^Δ For a description of these occupation categories refer to page 38.

Glossary

Where any of these words appear in this PDS or the Policy Document Notice, whether the first letter is in upper case or lower case, then their meanings are as defined below:

A

AIDS: Acquired Immunodeficiency Syndrome (AIDS) as defined by the World Health Organisation. AIDS is a viral disease caused by the Human Immunodeficiency Virus. The virus destroys white blood cells that help protect against infections and cancer.

Application Form: The application form which is used when applying for Yearly Renewable Term Life Insurance, Trauma Insurance and Income Protection Insurance.

Average Weekly Income: The average weekly income (however distributed) you earned by personal exertion in your main occupation (second jobs are not counted). The average is calculated over the three years, or one year, immediately before your Injury or Sickness, whichever gives the greater result. It is based on your gross Income after business expenses have been deducted, but before personal deductions and income tax are taken out.

Your Average Weekly Income will be increased by the increases in the CPI after each 12 month period you remain on claim.

Average Business Expenses: The average business expenses incurred during the 12 month period immediately before the date of disablement, or, if not available, the last financial year of the business.

B

Benefit: A specific benefit, as stated in the Policy Document Notice, relating to the Sum Insured under the insurance.

Benefit Period: The maximum period of time for which Income Protection Insurance Benefits will be paid for any one Sickness or any one Injury. Benefits are payable after expiration of the Waiting Period and prior to the expiry date of the Benefit.

C

CPI: The Consumer Price Index: All Groups Australia that is published by the Australian Bureau of Statistics.

CPI Indexation Notice: The letter we send to you annually setting out the adjustments to your Sum Insured and Premium to take account of any increase in the CPI over the year and the Insured Person's age.

Critical Conditions: The medical conditions set out in the Suncorp Trauma Insurance Overview on page 26 and as defined on pages 29 to 35.

D

Days of Grace: The period of 30 days we allow for payment of your first Premium and all subsequent Premiums.

Due Date: The date that your Premium is payable. Your first Premium is payable on the Policy Commencement Date and then each year on the Renewal Date for as long as the Policy continues. The Policy Commencement Date is shown on your Policy Document Notice.

F

Financial Protection Plan: The PDS for Yearly Renewable Term Life Insurance, Trauma Insurance and Income Protection Insurance.

H

HIV: Infection that has occurred when, in our opinion, blood tests indicate either the presence of any human immunodeficiency virus or antibodies to the virus.

I

Immediate Family Member:

- your legal husband or wife;
- a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you;
- your mother, father, mother-in-law, father-in-law; or
- your child or the child of your spouse.

Immobilised: The inability to perform two of the Activities of Daily Living as defined on page 30.

Income: Where the Insured Person directly or indirectly owns all or part of a business from which regular income is earned, income is defined as the income earned by the business due to the Insured Person's personal exertion or activities, less their share of business expenses calculated on a monthly basis.

Where the Insured Person does not directly or indirectly own all or part of a business from which regular income is earned, income is defined as the monthly value or remuneration paid by the Insured Person's employer in respect of the performance of the duties of the Insured Person's usual occupation. This will be determined by calculating the amount the Insured Person would have received as a salary by way of total remuneration package (before tax is deducted), including salary, fees, commission, regular bonuses, overtime and fringe benefits.

Income from additional occupations will not be considered.

Injury: This is bodily injury not caused by Sickness or intentional self-infliction which occurs during the life of your Insurance.

Insured Person: The Insured Person shown on the Policy Document Notice. Where the lives of two or more persons are insured, then the term "Insured Person" refers to each of those persons.

Insured Person's Occupation: The Insured Person's occupation at the Policy Commencement Date.

K

Key Person: A person who is demonstrated to be crucial to the operation of the business.

L

Legal Personal Representatives: The persons appointed to manage your estate under a grant of probate or letters of administration.

M

Medical Practitioner: A registered medical practitioner recognised by a Medical Registration Board or Council in Australia or New Zealand (or other country approved by us). Other than for the definition of the policy owners occupation, this excludes the Policyowner, the Insured Person or a Nominated Person under this insurance or any Immediate Family Member or relative of either the Policyowner or the Insured Person acting as a medical practitioner.

N

Nominated Person: the person or person's nominated by you in accordance with the Nomination of Beneficiaries section (page 23).

P

Partial Disability: As defined on page 41. Partial Disablement and Partially Disabled have corresponding meanings.

PDS: Product Disclosure Statement

Policy: Your Insurance comprising the terms and conditions set out in this PDS, your Application Form and the Policy Document Notice.

Policy Commencement Date: The date from which insurance takes effect. This date is shown on your Policy Document Notice and applies so long as your Premium has been paid and acknowledged by Suncorp.

Policy Document Notice: The document we send you which provides your Policy number and details of your cover. Your Policy Document Notice also shows what optional Benefits you have included with your insurance.

Policyowner:

Yearly Renewable Term Life Insurance

The legal entity named as policy owner on the Policy Document Notice, or another legal entity to which the insurance is subsequently assigned.

Trauma Insurance

The legal entity named as policy owner on the Policy Document Notice, or another legal entity to which the insurance is subsequently assigned.

Income Protection

The Insured Person.

Premium: The amount you pay us for the insurance.

R

Renewal Date: The anniversary of the Policy Commencement Date as shown on your Policy Document Notice.

Renewal Notice: The notice we send you for renewal of your insurance.

S

Sickness: A disease or illness which becomes apparent while you are covered by a Suncorp Trauma or Income Protection Insurance Policy.

Spouse: Your legal husband or wife or a person living with you as your spouse on a domestic basis in good faith. He or she can be the same sex as you.

Sum Insured: The amount we will pay under the terms and conditions of your insurance.

T

Terminal Illness: A medical condition that will most likely result in death within 12 months of being diagnosed by a specialist Medical Practitioner approved by Suncorp. (see page 16).

Total Disability: As defined on page 41.

Total Disablement and Totally Disabled have a corresponding meaning.

For occupations in our occupational category S3 (heavy unskilled manual occupations), after 2 years of Total Disablement as a result of the same Injury or Sickness, "your occupation" is replaced by "any occupation for which you are reasonably suited by education, training or experience".

Total and Permanent Disablement: As defined on page 18. Totally and Permanently Disabled has a corresponding meaning.

Trauma Insurance: Suncorp Trauma Insurance (see page 26).

W

Waiting Period: Under an Income Protection Insurance Policy, you agree that no Benefit is payable to you during a certain number of days after your Injury or Sickness commences. The exact number of days is shown on your Policy Document Notice. No Waiting Period applies to Specified Injury, Specified Trauma, Bed Confinement, Rehabilitation Program, Rehabilitation Expense, Recurrent Disability or Day 3 Accident Option if it has been selected and a claim has been accepted by us for this Benefit.

We, us, our, Suncorp: Suncorp Life & Superannuation Ltd ABN 87 073 979 530.

Y

Yearly Renewable Term Life Insurance: Insurance covering the Insured Person for the term of the Policy, with no savings component.

You, your:

Yearly Renewable Term Life Insurance –

The Policyowner named on the Policy Document Notice.

Trauma Insurance – The Policy Owner named on the Policy Document Notice.

Income Protection Insurance - The Insured Person named on the Policy Document Notice.

Interim Cover

While your application is being processed, we provide Interim Cover for you. Benefits are paid from the Suncorp Life No.1 Statutory Fund.

The level of cover and circumstances in which we will pay vary according to the policy applied for and our standard underwriting guidelines and practices. Please refer to the appropriate product or products below for full details of how Interim Cover will be paid for each product.

What we mean by Total and Permanent Disablement, Total Disability and when we will and won't pay for business expenses are described in the relevant sections of this PDS (see page 51).

Availability of Interim Cover

Interim Cover is available to you provided that:

- (i) any previous insurance on the person to be insured was accepted by Suncorp or any other Life Office at standard rates and without exclusion; and
- (ii) the Person to be Insured must be between ages:
 - 18 to 75 for Yearly Renewable Term Life Insurance (Death);
 - 20 to 65 for Trauma and Total & Permanent Disablement Insurance;
 - 18 to 60 for Income Protection and Business Expenses Insurance; and
- (iii) the level of sum insured applied for is financially justifiable.

Commencement of Interim Cover

Interim Cover commences when your completed application form and a deposit of one month's Premium has been submitted to Suncorp.

Period of Interim Cover

Interim Cover will cease when one of the following occurs:

1. your policy commences;
2. 90 days after the date of application;

3. your application is declined;
4. you withdraw your application; or
5. Suncorp advises you in writing that your application will not be accepted at standard rates or without modifications.

Your Application for Financial Protection Plan

If you claim under Interim Cover for any person to be insured, we will take this into account in considering your application for insurance on that person. The insurance applied for may be declined or have special conditions imposed as a result.

Yearly Renewable Term Life Insurance

If the application is for Yearly Renewable Term Life Insurance we will pay the benefit if the person to be insured should die during the period of interim cover.

If the application is also for Total and Permanent Disablement (TPD) cover we will pay a benefit on the earlier of the person to be insured's:

- death; or
- becoming totally and permanently disabled as a result of injury or illness first occurring during the period of Interim Cover. The "any occupation" definition will be used for assessment purposes (refer to page 18).

Amount payable:

Death

The amount paid will be the lesser of:

- (i) \$1,000,000; or
- (ii) the proposed sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

TPD

The amount paid will be the lesser of:

- (i) \$500,000; or
- (ii) the proposed sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional benefits attaching to Yearly Renewable Term Life Insurance (eg. Trauma and TPD) will be the proposed sum insured to a maximum of \$500,000.

Trauma Insurance

If the application is for Trauma Insurance we will pay the benefit if the person to be insured should suffer one of the following critical conditions as a result of injury or illness first occurring during the period of Interim Cover (refer to pages 29 to 35 for definitions of the Critical Conditions):

- Coma*
- Severe Burns
- Blindness
- Paraplegia
- Quadriplegia
- Hemiplegia
- Diplegia
- Tetraplegia
- Major Head Trauma
- Loss of Independent Existence*

* These conditions are not covered if you have applied for Standard Trauma Insurance.

Amount payable:

The amount paid will be the lesser of:

- (i) \$500,000; or
- (ii) the proposed sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

The maximum we will pay for all additional benefits attaching to Yearly Renewable Term Life Insurance (eg. Trauma and TPD) will be the proposed sum insured to a maximum of \$500,000.

Income Protection Insurance

If you have applied for Income Protection Insurance (Comprehensive or Standard) we will pay the benefit if the person to be insured is Totally Disabled as a result of illness or injury first occurring during the period of Interim Cover. "Total Disability" has the same meaning as in the relevant section of the PDS (see page 41).

Amount payable:

The amount paid will be the lesser of:

- (i) \$5,000 per month; or
- (ii) the proposed monthly sum insured; or
- (iii) the sum insured we would accept for you under our normal underwriting guidelines.

The benefit is payable each month that the person to be insured remains continuously Totally Disabled after the end of the applied for waiting period. The benefit is payable for a maximum period of 12 months.

Business Expenses Insurance

If you have applied for Business Expenses Insurance we will pay the benefit if the person to be insured is Totally Disabled as a result of illness or injury first occurring during the period of Interim Cover. "Total Disability" has the same meaning as in the relevant section of the PDS (see page 41).

Amount payable:

The amount paid will be the lesser of:

- (i) \$5,000 per month; or
- (ii) the proposed monthly sum insured; or
- (iii) the proposed person's share of the allowable business expenses actually incurred during the period of Total Disability; or
- (iv) the sum insured we would accept for you under our normal underwriting guidelines.

The benefit is payable each month that the person to be insured remains continuously Totally Disabled after the end of the applied for waiting period. The benefit is payable for a maximum period of 6 months.

When benefits will not be paid

In addition to reasons listed in this PDS under the heading 'General Exclusions', we will not pay any benefits if the application is one which we would not normally accept under our standard underwriting guidelines and practices. Benefits will also not apply where death, TPD, Trauma or Total Disability is caused by:

- (i) suicide or intentional self inflicted injury performed by you or the Person to be insured or under your instructions or those of the Insured Person; or
- (ii) any physical condition, sickness or injury for which the person to be insured had any symptoms of or received advice or treatment for prior to applying for this Policy or policies; or
- (iii) participation in certain occupations, sports, industries, pursuits or pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

Please ask and we will advise whether the person to be insured's occupation, sports, industry, pursuits or pastimes fall within these certain occupations, industries, pursuits and pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.


Interim Cover Conditions:

The following terms and conditions apply to the Interim Cover.

1. This Interim Cover will not apply if the person to be insured dies, becomes Totally & Permanently Disabled, suffers a traumatic event or becomes Totally Disabled as a result of:
 - intentional self-inflicted injury or suicide;
 - any physical condition, sickness or injury for which the person to be insured had any symptoms of or received advice or treatment for prior to applying for this Policy or policies; or
 - participation in certain occupations, sports, industries, pursuits or pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

Please ask and we will advise whether the person to be insured's occupation, sports, industry, pursuits or pastimes fall within these certain occupations, industries, pursuits and pastimes that would cause Suncorp ordinarily in the course of its business to reject your application.

2. A deposit of one month's premium is received with your application;
3. Any previous insurance on the person to be insured must have been accepted by Suncorp or any other Life Office at standard rates and without exclusion;
4. The person to be insured must be between 18 to 75 for Yearly Renewable Term Life Insurance; 20 to 65 for Trauma Insurance and 18 to 60 for Total & Permanent Disablement Insurance, Income Protection Insurance and/or Business Expenses Insurance;
5. The level of Sum Insured is financially justifiable;
6. Interim cover does not apply if the cover being proposed is to be a replacement policy for existing cover where the existing cover is still in force;
7. Interim Cover does not apply if the application for insurance would normally be declined or deferred under our standard underwriting guidelines;
8. If under our standard underwriting guidelines we would have reduced the sum insured to less than what had been proposed for we will also reduce the amount payable under the Interim Cover benefit to what we would have offered;
9. If under our standard underwriting guidelines we would have modified or applied an additional loading on your policy as a result of your medical history we will reduce the level of interim cover based on the proposed premium and the terms we would have offered;

- 
10. Interim cover does not apply if the claim is a result of war, terrorism, service in the armed forces or the person to be insured's voluntary participation in a criminal act;
 11. Interim cover only applies if you have fully completed the application form and have paid the first instalment premium; and
 12. Interim cover only applies if the cause of the claim happens in Australia or New Zealand.

This Interim cover will cease when one of the following occurs:

1. your policy commences;
2. 90 days after the date of application;
3. your application is declined;
4. you withdraw your application; or
5. Suncorp advises you in writing that your application will not be accepted at standard rates or without modifications.

Direct Debit Request (DDR) Service Agreement

This DDR Service Agreement forms part of the terms of the Direct Debit Request ('DDR') and should be read in conjunction with the DDR form.

DDR - SUNCORP FINANCIAL PROTECTION PLAN

We will process a direct debit to the account nominated on the DDR for the amount of the life/superannuation contribution (plus any applicable Government charges, GST and processing fees) on the date that it is due in accordance with the terms and conditions of your policy provided by Suncorp Life & Superannuation Limited.

You will need to be notified of the amount of your life/superannuation contribution by Suncorp Life & Superannuation Limited.

Changing your DDR Service Agreement

We will provide you with 14 days notice if we change any of the terms of the DDR Service Agreement.

Stopping or Cancelling your DDR

You may defer, alter, stop or cancel your DDR at any time by providing at least 5 business days notification in writing to:

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS056)
Brisbane Qld 4001
or telephone us on 13 11 55
(and ask for 'Life and Super')

Requests to vary the details of the account to be debited must be by way of completion of a new DDR form and in terms of the operating authority for the account.

DDR Dispute Resolution

If you wish to dispute a DDR transaction you can contact us as follows and we will arrange for your disputed transaction to be investigated and where appropriate, for a correction to be made.

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS056)
Brisbane Qld 4001
Or telephone us on 13 11 55
(and ask for 'Life and Super')

If we are unable to resolve the dispute to your satisfaction you should contact the financial institution where the account to be debited is held to complete and lodge a DDR Customer Claim form.

Non Business Days

If your DDR falls due on a weekend or public holiday we will process it on the next business day. If you are uncertain of the date your DDR will be processed you should contact your financial institution.

Returned or Dishonoured DDR's

If your DDR is dishonoured or returned unpaid by your financial institution for any reason we reserve the right to recover the funds from you and charge any additional fee that may apply.

Clear Funds

You should ensure that you have sufficient clear funds in your financial institution account to enable the DDR to be paid.

Your Records

We will not disclose any details of your DDR to any person or corporation unless required to do so by law, for operational reasons or unless the information is required in relation to a disputed transaction.

Your Account

You should be aware that some financial institutions may not allow a DDR to be processed to certain types of accounts. You should check your account details against a recent statement from your financial institution or check with your financial institution to ensure that a DDR can be processed to your account.

If you wish to make inquiries about your DDR you can contact us by writing to:

Manager Operations
Suncorp Life & Superannuation Limited
GPO Box 1453 (LS056)
Brisbane Qld 4001
Or telephone us on 13 11 55
(and ask for 'Life and Super')





Contact details

Enquiries

If you have enquiries, please call our **Call Centre Consultants on 13 11 55** (and ask for 'Life and Super') fax on **(07) 3362 2904**, or email: **life&super@suncorp.com.au**

Registered Office

Level 18
Suncorp Metway Centre
36 Wickham Terrace
Brisbane Qld 4000

